



**Northeast Michigan Community Mental Health Authority Board  
May 2019 Meeting**



- ☔ **Board Meeting –  
Strategic Planning [Part  
One], Thursday, May 9 at  
3:00 p.m.**
- ☔ **Eric Kurtz – Environmental  
Scan**

*All meetings held at 400 Johnson Street, Alpena, MI in the Board Room unless otherwise indicated.*

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**  
**BOARD MEETING – STRATEGIC PLANNING [PART 1]**  
**May 9, 2019 at 3:00 p.m.**  
**A G E N D A**

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Acknowledgement of Conflict of Interest**
- V. Appointment of Evaluator**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes ..... (See pages 1-6)**
- VIII. Information and/or Comments from the Public**
- IX. Environmental Scan ..... Eric Kurtz**
- X. FY19 Budget Amendment ..... (Available at Meeting)**
- XI. May Monitoring Reports**
  - 1. Treatment of Consumers 01-002..... (See pages 7-14)**
  - 2. Budgeting 01-004 ..... (Available at Meeting)**
  - 3. Financial Condition 01-005..... (Available at Meeting)**
- XII. Board Policies Review and Self-Evaluation**
  - 1. Board Job Description 02-003.....[Review & Self Evaluate]. (See pages 15-16)**
  - 2. Board Core Values 02-014 [Review & Self Evaluate] ..... (See page 17)**
- XIII. Linkage Reports**
  - 1. Northern Michigan Regional Entity Update**
    - a. April 24 Meeting..... (Verbal Update)**
    - b. March 27 Meeting ..... (See pages 18-22)**
  - 2. Board Association**
    - a. Spring Conference Update .....(Verbal)**
      - i. Proposed By-Laws revisions ..... (See pages 23-45)**
- XIV. Operational Report..... (Available at meeting)**
- XV. Chair's Report**
  - 1. CMH PAC Last Call..... (See page 46)**
  - 2. Appointment of Voting Delegates for Spring Conference.....(Verbal)**
  - 3. Disclosure of Ownership Forms Update .....(Verbal)**
- XVI. Director's Report**
  - 1. Director's Update ..... (See pages 47-48)**
    - a. Suicide Prevention – Unlimited Community License Approval**
    - b. Performance Based Incentive Payment**
    - c. Community Health Worker Certificate Program Scholarships**
  - 2. QI Council Update..... (See pages 49-55)**
- XVII. Information and/or Comments from the Public**
- XVIII. Next Meeting – Thursday, June 13 at 12:00 p.m.**
  - 1. Set June Agenda ..... (See page 56)**
  - 2. Meeting Evaluation ..... (All)**
- XIX. Adjournment**

MISSION STATEMENT

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

**Northeast Michigan Community Mental Health Authority Board**

**Board Meeting**

**April 11, 2019**

**I. Call to Order**

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

**II. Seating of Board Member**

Gary Wnuk – Alcona County

Mark Hunter – Alpena County

Lester Buza – Presque Isle County

Judy Jones – Alpena County

Terry Larson – Presque Isle County

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

Present: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk

Absent: Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, Lee Ann Bushey, Lynne Fredlund, Julie Hasse, Judy Hutchins, Cathy Meske, Larry Patterson, Mary Pingot, Nena Sork, Jen Whyte, Peggy Yachasz

**IV. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**V. Acknowledgement of Conflict of Interest**

No conflicts were identified.

**VI. Appointment of Evaluator**

Gary Nowak appointed Judy Jones as evaluator for this meeting.

**VII. Report of the Nomination's Committee**

Gary Nowak reported the Nomination's Committee made their recommendations for officers at the March meeting. A copy of the minutes of their meeting was included in the mailing indicating the following recommendations for the Slate of Officers:

Eric Lawson, Chair

Roger Frye, Vice Chair

Bonnie Cornelius, Secretary

Gary Nowak, Past Chair

Gary Nowak called for nominations from the floor.

**VIII. Election of Officers**

***Terry Larson nominated Eric Lawson for Chair position as recommended.*** Gary Nowak called for other nominations three times. ***Moved by Albert LaFleche, supported by Bonnie Cornelius to close nominations and a unanimous ballot be cast for Eric Lawson for the Chair position.*** Motion carried.

Terry Larson noted the changes made this year does not reflect any negative results with the current leadership and providing opportunities for the other members of the Board to serve in leadership roles

was the reason the Nomination's Committee provided this recommendation. Eric Lawson thanked Gary Nowak for the many years of service.

Eric Lawson assumes the role of Chair.

***Terry Larson nominated Roger Frye as Vice Chair and Bonnie Cornelius as Secretary respectively.*** Eric Lawson called for other nominations three times. ***Moved by Albert LaFleche, supported by Lester Buza to close the nominations and a unanimous ballot be cast for Roger Frye for the Vice Chair position and Bonnie Cornelius as Secretary.*** Motion carried.

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

There were no comments presented.

**X. Approval of Minutes**

***Moved by Gary Nowak, supported by Steve Dean, to approve the minutes of the March 14, 2019 meeting as presented.*** Motion carried.

**XI. Compliance Audit Report**

Mary Pingot, Audit Manager of Straley Lamp & Kraenzlein, presented the Compliance audit report to the Board. She reviewed the Compliance portion and the Internal Control Compliance portion of the audit. She reported there was one instance of immaterial noncompliance. The issue identified was a result in verbal revisions to reimbursement rates in clinical contracts without the increase reflected in the written contract. There were no examination adjustments as a result of this. She reported the Agency has put in measures to correct this. The internal controls to address this finding were put in place during March 2019.

***Moved by Gary Nowak, supported by Roger Frye, to accept and file the Compliance audit for Fiscal Year 2019.*** Motion carried.

**XII. April Monitoring Reports**

**1. Budgeting 01-004**

Larry Patterson reviewed the Revenue and Expense report for month ending February 28, 2019. He reported the change in net position is \$93,914. Larry reviewed the line items with negative variances. Larry reviewed the items listed in Contract settlement items which include Medicaid Funds, Healthy Michigan Funds and General Funds. He reported the Rent line item variance will be addressed in a budget correction in the amended budget presented to the Board at their May meeting. This variance is due to the transfer of direct operation of the Clubhouse to Touchstone.

Larry Patterson noted the General Fund deficit has turned around. Cathy Meske reported this will reinstate the full activities of the Monday Night Activity program, which had been reduced recently. This swing can happen in General Funds can occur when an individual is reinstated with Medicaid and the services which were initially charged to General Funds due to the Medicaid lapse are then transferred back to Medicaid.

Larry Patterson reported last month Board members questioned the amount of bad debt write off the Agency has. He notes \$38,199 was the amount for last fiscal year and this fiscal year we have budgeted \$42,000 in that line.

**2. Communication and Counsel 01-009**

Cathy Meske informed the new Board members, monitoring reports are a means of evaluation of the Director to assure the Director is abiding by the limitations the Board has established in policy. Cathy Meske reported the focus during the past year addressed the costs associated with Autism, the 298 Pilots and integration of physical and behavioral health.

Cathy Meske noted Lynne Fredlund gave a great training to the Board on policy governance and stressed the Board is the voice of the four counties we serve.

***Moved by Gary Nowak, supported by Judy Jones, to approve the April Monitoring Reports as presented.*** Motion carried.

**XIII. Board Policy Review and Self Evaluation**

**1. Financial Condition 01-005**

Board members reviewed the policy. Eric Lawson requested clarification about bullet #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. Cathy Meske provided clarification. Eric Lawson suggested putting "previous" or "original discrete original fund balances" or "discrete previous fund balance". After discussion it was determined to use the wording "equal or greater to the original" making bullet #4 to now read "Conduct inter-fund shifting in amounts greater than can be restored to a condition of equal or greater to the original discrete fund balances by certain, otherwise unencumbered revenues within 30 days." ***Moved by Gary Wnuk, supported by Albert LaFleche, to revise Policy 01-005 as discussed.*** Motion carried.

**2. Communication and Counsel 01-009**

Board members reviewed the policy and there were no revisions recommended.

**3. Governing Style 02-002**

Board members reviewed the policy and there were no revisions recommended.

**4. Cost of Governance 02-013**

The budget numbers have been adjusted for the current fiscal year.

***Moved by Bonnie Cornelius, supported by Lester Buza, to approve the revisions to Policy 02-013 Cost of Governance.*** Motion carried.

**XIV. Linkage Reports**

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

**a. Board Meeting March 27, 2019**

Cathy Meske provided Board members with a brief overview of the NMRE and the purpose behind the regional board. Diane Hayka reported this Agency's board has three representatives serving on the NMRE Board: Roger Frye, Terry Larson, and Gary Nowak.

Cathy Meske provided a brief summary of the local match received from the counties and how these funds are utilized. Gary Nowak reported the SUD Committee reviews requests for liquor tax and the NMRE Board approves those requests.

**b. Board Meeting February 27, 2019**

The minutes for the NMRE Board meeting of February 27, 2019 were included in the materials mailed.

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

The Spring Board Conference is scheduled for June 10 & June 11 in Novi, MI. Gary Nowak, Eric Lawson, Judy Jones, and Bonnie Cornelius have all indicated a willingness to attend.

**3. Consumer Advisory Council**

The minutes from the Consumer Advisory Council were distributed at this meeting. Lynne Fredlund provided a brief overview of the CARF educational presentation to the Consumer Advisory Council, noting CARF includes getting stakeholder input from those served by the Agency. Lynne Fredlund noted CARF is an accrediting body and by receiving this accreditation it provides deemed status and eliminates the need for the Department to conduct an intense audit.

**XV. Operation's Report**

Nena Sork reviewed the Operation's Report for month ending March 31, 2019. Nena addressed the drop in the number of pre-screens being conducted by our clinical staff. She reports she is tracking the data

for this item since the transfer of crisis after-hour coverage to ProtoCall. She reports the numbers have dropped which results in less inpatient admissions and also less pre-screen costs for clinician time.

Nena Sork also reported since the transition to Touchstone for clubhouse services, the census has increased for participation.

For "Other Contracted Residential Services" the numbers have also decreased. She notes an End was established to reduce individuals from specialized residential placement and she notes with the most recent transfer, the Agency has exceeded the goal.

Nena Sork reviewed the unduplicated count of those individuals served by counties.

Mark Hunter inquired as to what consumers are pre-screened – are they only individuals referred to us or all. Nena Sork noted it would be for all individuals with Medicaid or no insurance. Cathy Meske noted the Mental Health Code requires the community mental health service programs to provide pre-screen services. She noted our staff also work to coordinate transportation to other facilities when needed.

## **XVI. Chair's Report**

### **1. Executive Committee Report**

Gary Nowak reported the Committee negotiated a salary and benefit rate with incoming Executive Director, Nena Sork. The recommendation is to begin with a salary of \$120,000 with a review conducted at the end of six months from July 1. This will be a three-year contract.

***Moved by Steve Dean, supported by Roger Frye, to approve the award of the Director position to Nena Sork and authorize the Board Chair to enter into the contract as recommended.***

Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Pat Przeslawski. Motion carried.

### **2. CMH PAC Campaign**

The CMH PAC campaign is underway. This pledge needs to be made in May as the pledges need to be submitted by June just prior to the Spring Board Conference. Board members can turn their pledges in to Diane Hayka.

### **3. Section 222 & Conflict of Interest**

This survey is an annual requirement and Board composition must be certified. This also addresses conflict of interest. Board members were requested to submit their paperwork to Diane Hayka so the certification can be finalized.

### **4. Strategic Planning Discussion**

Cathy Meske reported Eric Kurtz, CEO at NMRE, will be attending the May meeting to provide an environmental scan. This will be a forecast of the future of mental health. He will address the strengths and weaknesses of the public mental health system.

The June Board meeting will continue in the strategic planning process with a report on the current Ends and the progress toward those Ends. Cathy Meske reports Nena Sork will then work with the Board at the July meeting to develop Ends for the next fiscal year.

## **XVII. Director's Report**

### **1. Director Report Summary**

Cathy Meske reviewed the activities she participated in since the last report. She reports the Operations Committee is an advisory board to the NMRE Board.

She notes she sits on the Board for the Northern Michigan Opioid Response Consortium and this is a grant-funded board working to develop a plan to address the opioid crisis.

Cathy Meske reported union negotiations have gotten underway.

She also reported a meeting with Centria Administration was held and she is looking forward to an improved relationship with this provider. She reports the meeting also focused on service provision to the expanded population group.

Cathy Meske also noted the Milliman report deadline is April 15 and we have informed the state the deadline will not be met. This is not a contractual requirement.

Board members will begin hearing more about Section 928 of the Code. This addresses the local funds being utilized to draw down Medicaid. This eliminated the possibility of using those dollars for individuals without Medicaid. She noted Christine Gebhardt met with legislative staff yesterday to plead their case in taking back the local funds. Cathy reported while we do get more dollars in Medicaid it is the responsibility of the state to provide Medicaid funding. She provided information about the ratios between Medicaid/GF from a few years back to now and the impact on service provision.

Cathy Meske reported she and Nena Sork will be attending meetings with the County Commissioners over the course of the next month or two. She will be sharing the Annual Submission and will also touch on the success stories of the Agency.

Cathy Meske noted there were handouts today with good information related to the Problems, Solutions and Quality of Mental Health Services.

Cathy Meske reported CMS has reviewed the 1115 Waiver reported they will only accept the portion of the waiver related to substance use. The other services will be classified as I Waiver, those service basically addressing B3 services. She notes this is a big item and a lot of money is spent on these type of services. There will need to be assessments to determine medical necessity. They are looking to have this in place by October 1, 2019.

Eric Lawson inquired about the status of Caro hospital. Cathy Meske noted this project is on hold. One reason is the lack of capacity of staffing. She reports there has been a consultant firm hired to review and determine possible location.

## 2. **Annual Submission**

Cathy Meske reported she will be attending the County Commissioner meetings. She reports a public hearing was held to gather input from stakeholders to identify what they determine are priority needs for the community. She reports this year the state requested a follow-up to what was done on the priority needs established at the last public hearing.

Cathy Meske reported there was a bump in funding from the state to cover the DCW pass through.

Eric Lawson noted an error on the Community Needs Assessment in 2009 population for Alpena County. This will be corrected and resubmitted to the state.

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

There was no information or comments presented.

## **XIX. New Business**

### 1. **Establishment of Regular Meeting Date**

The consensus was to keep the meeting date and time the same. The Board will continue to meet the second Thursday of the month at 3:00 p.m.

***Moved by Gary Nowak, supported by Gary Wnuk, to set the meeting date as the second Thursday of the month beginning at 3:00 p.m.*** Motion carried.

2. **Appointment of Standing Committees**

Eric Lawson appointed the following members to the Board’s Standing Committee:

**Recipient Rights Committee**

Pat Przeslawski, Board Representative  
Judy Jones, Board Representative  
Steve Dean, Alternate  
Tom Fredlund  
Renee Smart-Sheppler  
Lorell Whitscell  
Barbara Murphy  
Ruth Hewett, Recipient Rights Officer

3. **Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, May 9, 2019 at 3:00 p.m.

**1. Set May Agenda**

The May agenda items were reviewed. Eric Lawson noted the next few months the major focus will be on Strategic Planning.

4. **Evaluation of Meeting**

Judy Jones noted the meeting began on time. She reports the budget and policies were explained well by Larry Patterson. She notes the Board members had good questions and the new Board members were welcomed and also had good questions. The meeting moved along at a good pace.

5. **Adjournment**

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

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder



Available at meeting



## Recipient Rights Advisory Committee Minutes April 17, 2019

The meeting was called to order at 3:55 p.m. in the Administrative Conference Room, NEMCMH, 400 Johnson Street, Alpena, MI on April 17, 2019 by Chair Pat Przeslawski.

**Present:** Judy Jones, Barb Murphy, Patricia Przeslawski, Renee Smart-Sheppler and Lorell Whitscell  
**Absent:** Tom Fredlund (excused)  
**Staff:** Ruth Hewett  
**Guests:** Mark Hunter

**I. Old Business.** None.

**II. New Business.**

NEW MEMBER INTRODUCTION: Barb Murphy, Peer Support Specialist, was introduced as the newly appointed member on the committee. Barb gave a brief synopsis as to what a peer support specialist's role is with the agency.

COMMITTEE COMPOSITION SURVEY: Since committee appointments were made in April, a composition survey was conducted. Results will be available by the next meeting.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the second quarter of FY 18-19, 1/1/19 – 3/31/19. Complaints totaled 23 of which 20 were opened for investigation, 1 was handled as an intervention, 1 contained no Code protected right, and 1 was outside the rights office jurisdiction. There were 15 substantiations with one investigation pending. All remedial actions were taken with the exception of two. Lorell moved to review the report, supported by Barb, motion carried.

SEMI-ANNUAL RIGHTS REPORT: The semi-annual rights report covering 10/1/18 through 3/31/19 rights activity was presented. This is a culmination of the past two quarterly reports and is due to the state by 6-30-19. Since one investigation is pending at this time, it will be completed before the due date and the committee will see the results on the next quarterly report when they meet in July. Moved by Renee to review the report, supported by Lorell, motion carried.

**III. Educational Session.** Copies of section 330.1757 Recipient rights advisory committee; appointment by community mental health services program board of the Mental Health Code were distributed and reviewed as to the composition and role of the RRAC.

**IV. Other Business.**

The next meeting will be July 17, 2019 in the Admin Conference Room at 3:15 p.m.

**V. Adjournment.**

Lorell moved to adjourn the meeting, supported by Judy. The meeting adjourned at 4:20 p.m.

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Patricia Przeslawski, Chairperson

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: January, February & March 2019:**

I. COMPLAINT DATA SUMMARY		<u>FY 18-19</u>					<u>FY 17-18</u>			
A. Totals	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
Complaints Received:	14	23				23	19	24	21	
Investigated:	13	20				20	18	17	20	
Interventions:	-0-	01				02	01	02	-0-	
Substantiated:	06	15 + 1 pending				13	09	10	14	
Outside Jurisdiction:	-0-	01				01	-0-	01	-0-	
No Code Protected Right:	01	01				-0-	-0-	04	01	

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	3	3		2
Abuse III	2	2		1 + 1 pend
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	2	2		2
Rights Protection System	1	1	0	1
Admiss/Dischrg-2 <sup>ND</sup> Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	5	4	1	5
Treatment Environment	1	1	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	1	1	0	1
Suitable Services	6	6	0	3
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>21</b>	<b>20</b>	<b>1</b>	<b>15 + 1 pd</b>

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from prev qtr:		
Suit Services	NEMCMH	Doc Counseling/Training
Actions this qtr:		
Abuse II	NEMCMH	Suspension
Abuse II	NEMCMH	Terminated
Abuse III	NEMCMH	Terminated
Neglect III	Beacon Residential	Pending
Neglect III	NEMCMH	Quit before action taken
Rights System-Ret/Har	NEMCMH	Terminated
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Policy Rev/Dev.
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Written Reprimand
Confidentiality	NEMCMH	Suspension
Personal Property	Angie's AFC	Other
Serv Suited to Cond	NEMCMH	Verbal Reprimand
Serv Suited to Cond	Wiacek	Pending
Serv Suited to Cond	Centria	Training

d. Summary of Incident Reports: January, February & March 2019

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'19	'18	'19	'18	'19	'18	'19	'18
01.0 Absent without leave (AWOL)	02	02	02	01		04		02
02.0 Accident – No injury	03	11	06	04		13		09
02.1 Accident – With injury	23	24	11	08		35		29
02.2 Accident – Serious injury	-0-	-0-	-0-	-0-		-0-		-0-
03.0 Aggressive Acts – No injury	24	35	06	13		41		36
03.1 Aggressive Acts – w/ injury	04	04	03	-0-		11		02
03.2 Aggressive Acts – Ser inj	-0-	-0-	-0-	-0-		-0-		-0-
03.3 Aggressive Acts – Property Destruct	-0-	02	01	-0-		11		02
04.0 Death	04	05	06	03		05		07
05.0 Fall – No injury	10	06	22	11		18		06
06.0 Medical Problem	44	29	54	24		65		57
07.0 Medication Delay	10	10	08	08		12		07
07.1 Medication Error	32	15	27	06		22		22
07.2 Medication Other	57	82	44	36		52		59
07.3 Medication Refusal	20	61	05	06		25		08
08.0 Non-Serious Injury – Unknwn cause	04	05	03	-0-		08		09
09.0 Other	49	35	44	25		50		49
10.0 Self Injurious Acts – No injury	-0-	09	03	02		04		07
10.1 Self Injurious Acts – w/injury	07	04	02	06		09		07
10.2 Self Injurious Acts – Serious injury	-0-	-0-	-0-	-0-		-0-		-0-
Challenging Behavior	25	14	13	11		34		37
Fall – with injury	10	18	12	10		14		07
Arrests	08	15	07	07		20		14
Total	336	386	279	181		453		376

D. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	26.00	50.00
Hours Used in Training Received	46.50	51.50
Hours Used in Site Visits	6.00	6.00
E. Monitoring Activity	Quarter	YTD
Incident Report Received	279	615
F. Source of All Complaints:	Quarter	YTD
Recipient:	03	04
Staff:	09	17
ORR:	06	09
Gdn/Family:	-0-	02
Anonymous:	05	05
Comm/Gen Pub:	<u>-0-</u>	<u>-0-</u>
Total	23	37

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Ruth M. Hewett, Recipient Rights Officer

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Date

Rights Office Director: Ruth Hewett

Reporting Period: 10/1/2018 to 3/31/2019

Number of Consumers Served (unduplicated count): 1,868 (CMH) FTE's: 2  
 Number of Admissions:                      (LPH/U) Hours/40                     

**Section I: Complaint Data Summary**

**Part A: Agency Totals**

Allegations	37	(this will self-fill)
Interventions	1	(this will self-fill)
Investigations	33	(this will self-fill)
Interventions Substantiated	1	(this will self-fill)
Investigations Substantiated	20	(this will self-fill)

**COMPLAINT SOURCE**

Recipient	4
Staff	17
ORR	9
Guardian/Family	2
Anonymous	5
Community/General Public	0
<b>Total Complaints Received</b>	<b>37</b>

**TIMEFRAMES OF COMPLETED INVESTIGATIONS**

Category	Total	≤30	≤60	≤90	>90
Abuse/Neglect I & II	5	4	0	0	1
All others	28	25	1	0	1

1 pdg

**Part B: Aggregate Summary**

**1. Freedom from Abuse**

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	abuse class I	1	1	0	0	1	0
72221	abuse class II - nonaccidental act	0	0	0	0	0	0
72222	abuse class II - unreasonable force	3	3	2	0	3	0
72223	abuse class II - emotional harm	0	0	0	0	0	0
72224	abuse class II - treating as incompetent	0	0	0	0	0	0
72225	abuse class II - exploitation	1	1	0	0	6	0
7223	abuse class III	3	3	1	5	2	0
7224	abuse class I - sexual abuse	0	0	0	0	0	0

1 pending

**2. Freedom from Neglect**

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
72251	neglect class I	0	0	0	0	0	0
72252	neglect class I - failure to report	0	0	0	0	0	0
72261	neglect class II	0	0	0	0	0	0
72262	neglect class II - failure to report	0	0	0	0	0	0
72271	neglect class III	3	3	2	0	13	0
72272	neglect class III - failure to report	1	1	1	0	1	0

3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	notice/explanation of rights	0	0	0	0	0	0	0	0
7520	failure to report	0	0	0	0	0	0	0	0
7545	retaliation/harassment	1			1	1	0	0	0
7760	access to rights system	0	0	0	0	0	0	0	0
7780	complaint investigation process	0	0	0	0	0	0	0	0
7840	appeal process/mediation	0	0	0	0	0	0	0	0

4. Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	second opinion - denial of hospitalization	0	0	0	0	0	0	0	0
4190	termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	0
4510	admission process	0	0	0	0	0	0	0	0
4630	independent clinical examination	0	0	0	0	0	0	0	0
4980	objection to hospitalization (minor)	0	0	0	0	0	0	0	0
7050	second opinion - denial of services	0	0	0	0	0	0	0	0

5. Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0	0	0	0
7044	religious practice	0	0	0	0	0	0	0	0
7045	voting	0	0	0	0	0	0	0	0
7047	presumption of competency	0	0	0	0	0	0	0	0
7284	search/seizure	0	0	0	0	0	0	0	0

6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	family dignity & respect	0	0	0	0	0	0	0	0
7112	receipt of general education information	0	0	0	0	0	0	0	0
7113	opportunity to provide information	0	0	0	0	0	0	0	0

7. Communication & Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	visits	0	0	0	0	0	0	0	0
7262	contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	0
7263	access to telephone, mail	0	0	0	0	0	0	0	0
7264	funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	0
7265	written and posted limitations, if established	0	0	0	0	0	0	0	0
7266	uncensored mail	0	0	0	0	0	0	0	0

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	disclosure of confidential information	5	1	1	4	4	2	2	0
7485	withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	0
7486	correction of record	0	0	0	0	0	0	0	0

**Northeast Michigan CMH Authority**

**Semi-Annual Report**

7487	access by p & a to records	0	0	0	0	0	0	0	0
7501	privileged communication	0	0	0	0	0	0	0	0



9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	safe environment	1	0	0	1	0	0	1	0
7082	sanitary/humane environment	0	0	0	0	0	0	0	0
7086	least restrictive setting	0	0	0	0	0	0	0	0

10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	restrictions/limitations	0	0	0	0	0	0	0	0
7400	restraint	0	0	0	0	0	0	0	0
7420	seclusion	0	0	0	0	0	0	0	0

11. Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	safeguarding money	0	0	0	0	0	0	0	0
7302	facility account	0	0	0	0	0	0	0	0
7303	easy access to money in account	0	0	0	0	0	0	0	0
7304	ability to spend or use as desired	0	0	0	0	0	0	0	0
7305	delivery of money upon release	0	0	0	0	0	0	0	0
7360	labor & compensation	0	0	0	0	0	0	0	0

12. Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	possession and use	1	0	0	1	1	4	1	0
7282	storage space	0	0	0	0	0	0	0	0
7283	inspection at reasonable times	0	0	0	0	0	0	0	0
7285	exclusions	0	0	0	0	0	0	0	0
7286	limitations	0	0	0	0	0	0	0	0
7287	receipts to recipient and to designated individual	0	0	0	0	0	0	0	0
7288	waiver	0	0	0	0	0	0	0	0
7289	protection	0	0	0	0	0	0	0	0

13. Suitable Services

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	dignity and respect	6	0	0	6	3	2	5	1
7003	informed consent	0	0	0	0	0	0	0	0
7029	information on family planning	0	0	0	0	0	0	0	0
7049	treatment by spiritual means	0	0	0	0	0	0	0	0
7080	mh services suited to condition	8	0	0	8	5	5	5	1
7100	physical and mental exams	0	0	0	0	0	0	0	0
7130	choice of physician/mental health professional	0	0	0	0	0	0	0	0
7140	notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	services of mental health professional	0	0	0	0	0	0	0	0
7160	surgery	0	0	0	0	0	0	0	0
7170	electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	psychotropic drugs	0	0	0	0	0	0	0	0
7190	notice of medication side effects	0	0	0	0	0	0	0	0

14. Treatment Planning

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	person-centered process	0	0	0	0	0	0	0	0
7122	timely development	0	0	0	0	0	0	0	0
7123	requests for review	0	0	0	0	0	0	0	0
7124	participation by individual(s) of choice	0	0	0	0	0	0	0	0
7125	assessment of needs	0	0	0	0	0	0	0	0

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

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	prior consent	0	0	0	0	0	0	0	0
7242	identification	0	0	0	0	0	0	0	0
7243	objection								
7244	release to others/return	0	0	0	0	0	0	0	0
7245	storage/destruction	0	0	0	0	0	0	0	0
<b>TOTALS</b>		<b>34</b>	<b>1</b>	<b>1</b>	<b>33</b>	<b>20</b>	<b>18</b>	<b>40</b>	<b>2</b>

17. No Right Involved

Code	Category	Received
0000	no right involved	2

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	1

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Six Months Ending March 31, 2019**  
**50.0% of year elapsed**

	Actual March Year to Date	Budget March Year to Date	Variance March Year to Date	Budget FY19	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	\$ 42,154	\$ 48,500	\$ (6,346)	\$ 97,000	43.5%
2 Private Contracts	25,542	28,665	(3,123)	57,331	44.6%
3 Grants from Local Units	135,186	245,886	(110,700)	491,772	27.5%
4 Interest Income	3,759	5,000	(1,241)	10,000	37.6%
5 Medicaid Revenue	12,584,393	12,429,294	155,099	24,858,588	50.6%
6 General Fund Revenue	313,195	354,944	(41,748)	709,887	44.1%
7 Healthy Michigan Revenue	596,713	672,306	(75,593)	1,344,612	44.4%
8 3rd Party Revenue	197,244	320,550	(123,306)	641,100	30.8%
9 SSI/SSA Revenue	250,127	250,556	(429)	501,112	49.9%
10 Other Revenue	42,936	23,938	18,998	47,876	89.7%
11 <b>Total Revenue</b>	<b>14,191,249</b>	<b>14,379,639</b>	<b>(188,390)</b>	<b>28,759,278</b>	<b>49.3%</b>
<b>Expense</b>					
12 Salaries	6,114,286	6,522,908	408,622	13,045,816	46.9%
13 Social Security Tax	274,571	320,662	46,091	641,324	42.8%
14 Self Insured Benefits	1,006,138	1,314,696	308,558	2,629,392	38.3%
15 Life and Disability Insurances	108,579	116,928	8,348	233,855	46.4%
16 Pension	499,604	511,583	11,979	1,023,166	48.8%
17 Unemployment & Workers Comp.	95,761	119,838	24,078	239,676	40.0%
18 Office Supplies & Postage	18,206	24,094	5,888	48,188	37.8%
19 Staff Recruiting & Development	74,757	60,783	(13,973)	121,567	61.5%
20 Community Relations/Education	532	1,187	654	2,373	22.4%
21 Employee Relations/Wellness	30,737	26,036	(4,701)	52,072	59.0%
22 Program Supplies	217,203	234,332	17,130	468,665	46.3%
23 Contract Inpatient	523,314	561,755	38,441	1,123,509	46.6%
24 Contract Transportation	52,311	65,627	13,316	131,253	39.9%
25 Contract Residential	2,547,703	2,705,640	157,937	5,411,280	47.1%
26 Contract Employees & Services	1,657,134	1,765,681	108,546	3,531,361	46.9%
27 Telephone & Connectivity	55,240	57,893	2,654	115,786	47.7%
28 Staff Meals & Lodging	10,298	19,097	8,799	38,194	27.0%
29 Mileage and Gasoline	207,791	226,309	18,518	452,618	45.9%
30 Board Travel/Education	5,266	6,832	1,566	13,664	38.5%
31 Professional Fees	37,765	27,856	(9,909)	55,712	67.8%
32 Property & Liability Insurance	50,878	30,355	(20,523)	60,711	83.8%
33 Utilities	86,327	86,303	(24)	172,605	50.0%
34 Maintenance	88,696	92,738	4,042	185,477	47.8%
35 Rent	133,571	116,684	(16,887)	233,367	57.2%
36 Food (net of food stamps)	28,392	28,756	364	57,512	49.4%
37 Capital Equipment	11,601	56,768	45,167	113,535	10.2%
38 Client Equipment	5,965	14,235	8,269	28,469	21.0%
39 Miscellaneous Expense	33,367	39,217	5,850	78,435	42.5%
40 Depreciation Expense	126,214	129,831	3,617	259,661	48.6%
41 Budget Adjustment	-	(904,984)	(904,984)	(1,809,967)	0.0%
42 <b>Total Expense</b>	<b>14,102,206</b>	<b>14,379,639</b>	<b>277,433</b>	<b>28,759,278</b>	<b>49.0%</b>
43 <b>Change in Net Position</b>	<b>\$ 89,043</b>	<b>\$ (0)</b>	<b>\$ 89,043</b>	<b>\$ (0)</b>	<b>0.3%</b>
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ (157,827)				
46 Healthy Michigan Funds (Over) / Under Spent	185,189				
47 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 27,362</b>				
48 General Funds to Carry Forward to FY20	\$ 20,012				
49 General Funds Lapsing to MDHHS	67,024				
50 <b>General Funds (Over) / Under Spent</b>	<b>\$ 87,036</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**March 31, 2019**

	<b>Total Business- Type Activities <u>Mar. 31, 2019</u></b>	<b>Total Business- Type Activities <u>Sept. 30, 2018</u></b>	<b>% Change</b>
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 2,827,819	\$ 4,482,901	-36.9%
Restricted cash and cash equivalents	860,798	830,103	3.7%
Investments	750,000	750,000	0.0%
Accounts receivable	2,512,019	963,495	160.7%
Inventory	15,885	15,885	0.0%
Prepaid items	307,971	341,099	-9.7%
Total current assets	<u>7,274,492</u>	<u>7,383,484</u>	<u>-1.5%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,386,667	1,512,881	-8.3%
Total non-current assets	<u>1,466,667</u>	<u>1,592,881</u>	<u>-7.9%</u>
Total assets	<u>8,741,159</u>	<u>8,976,365</u>	<u>-2.6%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	1,600,192	1,881,100	-14.9%
Accrued payroll and payroll taxes	530,039	623,667	-15.0%
Deferred revenue	23,444	3,852	508.6%
Current portion of long-term debt (Accrued Leave)	71,704	69,148	3.7%
Total current liabilities	<u>2,225,379</u>	<u>2,577,767</u>	<u>-13.7%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	789,093	760,955	3.7%
Total liabilities	<u>3,014,473</u>	<u>3,338,722</u>	<u>-9.7%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	1,466,667	1,592,881	-7.9%
Unrestricted	4,260,019	4,044,762	5.3%
Total net position	<u>\$ 5,726,686</u>	<u>\$ 5,637,642</u>	<u>1.6%</u>
<b>Net Position Beginning of Year</b>			
Revenue	5,637,642		
Expense	14,191,249		
	<u>(14,102,206)</u>		
Change in net position	89,043		
<b>Net Position March 31, 2019</b>	<u>\$ 5,726,686</u>		

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

14.1% or 51 days  
8% - 25%

Financial Statement Consolidated  
Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/1/18 - 3/31/19

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	66,189.80
	-----
Revenue:	
Contributions	2,417.79
	-----
Increase(Decrease)	2,417.79
	-----
Ending Balance	68,607.59
	=====
RESERVE	
Beginning Balance	17,618.08
	-----
Revenue:	
Interest and Dividends	929.93
Realized Gain(Loss)	1,419.35
Unrealized Gain(Loss)	(3,864.46)
	-----
Total Revenue	(1,515.18)
	-----
Expense:	
Transfer To Spendable This FY	3,528.96
Administrative Fees	526.75
	-----
Total Expense	4,055.71
	-----
Increase(Decrease)	(5,570.89)
	-----
Ending Balance	12,047.19
	=====
SPENDABLE	
Beginning Balance	5,974.24
	-----
Revenue:	
Transfer From Reserve	3,528.96
	-----
Total Revenue	3,528.96
	-----
Expense:	
	-----
Total Expense	0.00
	-----
Increase(Decrease)	3,528.96
	-----
Ending Balance	9,503.20
	=====

04/08/2019  
3:34 PM

Financial Statement Consolidated  
Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

Page 2

10/1/18 - 3/31/19

BALANCE SHEET		YTD
Assets:		
Investment Pool		90,157.98
		-----
Total Assets		90,157.98
		=====
Current Liabilities:		
		-----
Liability\Fund Balances:		
Endowment		68,607.59
Reserve		12,047.19
Spendable		9,503.20
		-----
Total Liability\Fund Balances		90,157.98
		-----
Total Liabilities and Equity		90,157.98
		=====

GOVERNANCE PROCESS

(Manual Section)

**BOARD JOB DESCRIPTION**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

August 8, 2002  
May 10, 2018

●1 **POLICY:**

The job of the board is to represent the people of Alpena, Alcona, Montmorency and Presque Isle counties in determining and ensuring appropriate organizational performance. To distinguish the board's own unique job from the jobs of its staff, the board will concentrate its efforts on the following job "products" or outputs:

1. The link between the organization and the people of Alpena, Alcona, Montmorency and Presque Isle counties.
2. Written governing policies which, at the broadest levels, address:
  - A. *Ends:* Organizational products, impacts, benefits, outcomes, recipients, and the relative worth of these Ends or products (what good for which needs at what cost).
  - B. *Executive Limitations:* Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
  - C. *Governance Process:* Specification of how the board conceives, carries out and monitors its own task.
  - D. *Board-CEO Relationship:* How power is delegated and its proper use monitored; the CEO role authority and accountability.
3. The assurance of CEO performance (as outlined in policy number 03-004 page 1 of 1, Monitoring Executive Performance 2 A and 2B).
4. Maintain regular communication with the County Board of Commissioners in Alcona, Alpena, Montmorency and Presque Isle counties through regular reports with a copy maintained by the CEO.
5. Actively promote involvement of consumers, former consumers, family members and advocacy groups in planning, implementing and evaluating mental health services.

6. Actively participate in the planning of health and social services within its service area by involvement with local and regional health service agencies, school districts and pertinent members and groups of the community through regional coordinating councils and multi-purpose collaborative bodies.
- 
- 2 **APPLICATION:**  
  
The Northeast Michigan Community Mental Health Authority Board
  - 3 **DEFINITIONS:**
  - 4 **REFERENCES:**
  - 5 **FORMS AND EXHIBITS:**



GOVERNANCE PROCESS

(Manual Section)

**BOARD CORE VALUES**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

November 7, 2002  
May 10, 2018

●1 **POLICY:**

The board will create a set of core values that speak to the beliefs of the ownership of the organization as well as staff. These core values shall not be interpreted as ENDS statements, rather the board's guiding principles.

1. Consumer focus shall be at the heart of all activities. Support of consumer independence is paramount, and to the extent consistent with consumer wishes and confidentiality limitations, the constructive involvement of a consumer's family shall be supported.
2. Honesty, respect and trust are values that shall be practiced by all.
3. We will be supportive and encouraging to bring out the best in one another. While we recognize our responsibility to participate, and we need the ability to disagree and confront, we should do so in a fashion that personal offense is neither given nor taken, and no one need fear retaliation.
4. Understanding of progress and movement toward a continuously improving environment is a responsibility for all.

These core values will be reviewed and reaffirmed on an annual basis.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board and staff

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM, MARCH 27, 2019  
NMRE BOARD ROOM, GAYLORD**

<b>BOARD MEMBERS IN ATTENDANCE:</b>	<b>Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Gary Klacking, Terry Larson, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Joe Stone, Don Tanner, Nina Zamora (on phone)</b>
<b>BOARD MEMBERS ABSENT:</b>	<b>Dennis Priess, Richard Schmidt, Karla Sherman</b>
<b>CEOs IN ATTENDANCE:</b>	<b>Christine Gebhard, Chip Johnston, Karl Kovacs, Cathy Meske, Diane Pelts</b>
<b>NMRE STAFF IN ATTENDANCE:</b>	<b>Jessica Davis, Eric Kurtz, Valerie McBain, Pam Rasmussen, Deanna Yockey, Dee Whittaker, Carol Balousek</b>
<b>PUBLIC IN ATTENDANCE:</b>	<b>Chip Cieslinski, Sue Winter</b>

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 Dennis Priess, Richard Schmidt, and Karla Sherman were absent with notice for the meeting on this date; all other NMRE Board members were in attendance.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

The minutes of the February meeting of the NMRE Governing Board were included in the materials for the meeting on this date.

**MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE FEBRUARY 27, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY DON TANNER. MOTION CARRIED.**

APPROVAL OF AGENDA

Mr. Kamps called for approval of the meeting agenda. A change was made under the “Presentation” portion of the Agenda; the presentation on this date will be given by Sue Winter on the topic of Medication Assisted Treatment.

**MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE MARCH 27, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS AS AMENDED; SECOND BY MARY MAROIS. MOTION CARRIED.**

CORRESPONDENCE

1. The minutes of the February 7<sup>th</sup> PIHP CEOs meeting.

2. The State of Michigan Department of Health and Human Services FY19 Behavioral Health Capitation Rates for Autism Program Effective January 1, 2019
3. A letter dated February 28, 2019 to the NMRE Board of Directors from SUD providers (ATS, Harbor Hall, Sunrise Centre, Catholic Human Services, Ten16 Recovery Network, Munson Healthcare) responding to recent process changes at NMRE.
4. Medicaid Autism Services Workgroup Recommendations Report dated March 1, 2019.
5. A memorandum from Jeff Wieferrich to PIHP CEOs and Substance Use Disorder Directors dated March 5, 2019 regarding SUD ASAM Level of Care Provider Reenrollment Process.
6. Promotional flyer from CMHAM highlighting achievements within Michigan's Public Mental Health System.
7. Email correspondence from Robert Sheehan to Members of the CMHAM Executive Board and Steering Committee, Board Chairpersons, CEOs of CMHs, PIHPs, and Provider Alliance members dated March 14<sup>th</sup> reporting the latest on funding advocacy work.
8. Email correspondence from Jeff Wieferrich dated March 19, 2019 with attached Press Release announcing MDHHS Request for Information for federal Integrated Care for Kids Model designed to improved children's health.
9. Document corresponding to the above referenced Press Release outlining the Integrated Care Model for Kids.
10. Email correspondence from Alan Bolter to PIHP CEOs sharing revised boilerplate language.
11. Save the Date for Peer Conference 2019 taking place May 29<sup>th</sup> – 31<sup>st</sup> in Lansing.

Mr. Kurtz highlighted the letter from SUD providers dated February 28<sup>th</sup> (item #3 above). He drafted a response on behalf of the NMRE Board which was distributed during the meeting on this date. Mr. Kamps provided opportunity for Board Members to read the response. Mr. Kovacs voiced support of the response and added that Mr. Kurtz has conducted the issue appropriately and responsibly. Mr. Kamps voiced that the NMRE Board is always open to comment from the public during Board meetings. He approved of there being no offer from the Board to entertain a special meeting. Consensus was reached to allow Mr. Kurtz to send the response to SUD providers on behalf of the NMRE Board of Directors.

Mr. Kurtz also drew attention to the ASAM level of care reenrollment information (item #5 above) that ties into the need for a full continuum of substance use disorder services.

#### ANNOUNCEMENTS

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

#### PUBLIC COMMENTS

Let the record show that Chip Cieslinski spoke about the letter from SUD Providers to the NMRE Board dated February 28, 2019 referenced under "Correspondence." He gave Mr. Kurtz credit for meeting with providers and conducting very open conversations. Mr. Cieslinski voiced appreciation of the open lines of communication and the NMRE Board's willingness to learn about the SUD process. He is hopeful there will be more forums and opportunities to discuss ongoing issues in the coming weeks and months.

#### REPORTS

##### **Board Chair Report/Executive Committee**

Let the record show that no meetings of the NMRE Executive Committee have occurred since the February NMRE Board Meeting.

##### **CEO's Report**

The NMRE CEO Monthly Report for March 2019 was included in the materials for the meeting on this date.

Mr. Kurtz stated he is making the rounds meeting with District Courts, Probation Officers, and Court Officers regarding the use of block grant funding. Authorizing the highest level of care right out of the jail system is not appropriate. Good conversations are taking place. Mr. Larson shared that Presque Isle and Cheboygan Counties both have new probate and circuit court judges; he offered to facilitate and accompany Mr. Kurtz to meetings.

Mr. Stone asked about the status of the Caro hospital. The latest news is that the State is reevaluating the location of the \$115M psychiatric hospital. Dr. Gordon has indicated that a reexamination of the location was needed because the facility was experiencing staffing shortages. Based on these issues, the Department "has decided to seek outside consultation to review the proposed Caro Center project to determine what is in the best interest of Michiganders who need critical state hospital services."

Mr. Kurtz acknowledged it will be a while before details are known, though a more central location is a consideration (Grayling, Mt. Pleasant). Mr. Stone offered to accompany Mr. Kurtz on visits with newly appointed Judges.

Mr. Tanner asked about Contract Negotiations. Mr. Kurtz reported they are going "ok." He has made it known to the committee that savings needs to be discussed as does the ability for the CMHSPs to retain some Medicaid savings. His initial impression is that they appear open to input.

Christine Gebhard mentioned that McLaren Northern Michigan has a new CEO. She indicated it may be time to revisit an inpatient psychiatric unit, namely in the Cheboygan facility. Mr. Kurtz offered to join the discussions.

Mr. Kamps announced he will be attending a meeting April 4<sup>th</sup> with judges in Traverse City.

#### **SUD Board Report**

The minutes from the March 4, 2019 meeting of the NMRE Substance Use Disorder Oversight Board were included in the materials for the meeting on this date. The next meeting is scheduled for 10:00AM on May 6<sup>th</sup>.

#### **Financial Report**

The NMRE Monthly Financial Report for January 2019 was included in the materials for the meeting on this date.

- Traditional Medicaid showed \$51,830,640 in revenue and \$53,206,949 in expenses, resulting in a net deficit of \$1,376,309 for four months ending January 31, 2019. Medicaid ISF was reported as \$9,630,303. Medicaid Savings was reported as \$1,717,292.
- Healthy Michigan Plan showed \$5,776,387 in revenue and \$6,415,913 in expenses, resulting in a net deficit of \$639,526.
- Behavioral Health Home showed \$85,195 in revenue and \$33,295 in expenses, resulting in a surplus of \$51,900.
- SUD showed all funding source revenue of \$4,624,996 and \$4,900,902 in expenses, resulting in a deficit of \$275,906.

Deanna Yockey is working with Mr. Kurtz on revenue projections for FY19; current numbers are within \$450K of projection. Mr. Stone asked whether Autism funding can be pulled out of the financial report. Ms. Yockey responded it is received in a blended format with traditional Medicaid. Mr. Kurtz added that it might be able to be extracted from the Ernie Papke report. Mr. Kamps asked whether he is correct is assuming that community reinvestment spending was built into the budgets. Mr. Kurtz acknowledged that some of

the overages were planned. Mr. Kamps asked to have the planned reinvestment reflected on the financial report. Mr. Kurtz responded the Finance and Operations Committees plan to discuss the reinvestment initiatives in April.

Ms. Yockey reported revenue is currently \$1.2M above projection; this will be monitored closely. Mr. Kovacs expressed the Milliman attachment to the packet was helpful in understanding the revenue and impact of losing a DAB to TANF or HMP. DABs have significantly declined from FY18. Mr. Stone voiced, in response to the monthly revenue and expense reporting requirement, more data won't solve a funding issue. Mr. Kurtz agreed that current reporting requirements should inform the Department of any likelihood of failing regions.

**MOTION MADE BY ROGER FRYE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR DECEMBER 2018, SECOND BY GARY NOWAK. MOTION CARRIED.**

The regional liquor tax fund balance was reported as \$5,106,681. Ms. Gebhard expressed she is encouraging counties to tap into PA2 funds to serve individuals in the jail systems.

Ms. Yockey noted that NMRE received the full incentive payment for FY18; \$1.3M will be coming in April and pushed out to Boards.

NEW BUSINESS

**MDHHS-PIHP Contract Amendment No.2**

The Memorandum and Summary for Amendment No. 2 to the MDHHS-PIHP FY19 Contract were included in the materials for the meeting on this date. Mr. Kurtz explained most of the changes were based on CMS and CFR recommended changes. An Advisory Board related to Long-term Supports and Services is needed. Mr. Kurtz explained the NMRE has a Consumer Advisory Council currently; its membership may need expanding to meet the criteria. Mr. Kurtz also discussed medical loss ratio (MLR) requirements. The Department has suggested using the CMHSP's administrative cost report (ACR) plus PIHP admin to inform the MLR. Mr. Kurtz expressed that is not an accurate method of determining the MLR. He has a conference call scheduled for March 28<sup>th</sup> to discuss the matter with the Department.

**MOTION MADE BY GARY NOWAK TO AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER TO SIGN AMENDMENT NUMBER TWO (NO.2) TO THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2019; SECOND BY JOE STONE. MOTION CARRIED.**

**SUD Liquor Tax Requests**

1. Centra Wellness Network – Benzie and Manistee
2. District Health Department 10 – Missaukee and Wexford
3. Catholic Human Services – Ogemaw
4. Catholic Human Services/Keith Graves – All Counties
5. Ten 16/Project ASSERT – Ogemaw

**MOTION MADE BY JOE STONE TO APPROVE ALL FIVE LIQUOR TAX REQUESTS AS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON MARCH 4, 2019 AND REVIEWED DURING THE MEETING ON THIS DATE; SECOND BY GARY NOWAK. MOTION CARRIED.**

**NMRE Policies**

1. Consent to Share Information

2. Critical Incident, Risk Event, Sentinel Event, and Death Reporting
3. Mail Handling
4. Procurement

Mr. Nowak reported that the NMRE Board Policy Committee met prior to the meeting on this date to review the listed policies. After discussion, the recommendation for approval was made.

**MOTION MADE BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY CONSENT TO SHARE INFORMATION, CRITICAL INCIDENT, RISK EVENT, SENTINEL EVENT, AND DEATH REPORTING POLICY, MAIL HANDLING POLICY, AND PROCUREMENT POLICY; SECOND BY ANNIE HOOGHART. MOTION CARRIED.**

#### OLD BUSINESS

##### **Behavioral Health Home**

The expansion of the Behavioral Health Home to the 21-county region is moving forward. Mr. Kamps applauded. The number of diagnoses needed for participation will likely be reduced. A focus will be to look at comorbid conditions. Funding is available. The Department has identified 20,000 individuals, though a much smaller numbers (2%-3%) will actually enroll. Using OHH Model in terms of MDHHS direction. Jon Villasurda is taking the lead. CMS State Plan Amendment process will get underway. Timeline is likely Quarter 2 of Fiscal Year 2020. More information will be coming forward about rates.

#### PRESENTATION

##### **Medication Assisted Treatment**

Sue Winter, Executive Director of the NMSAD Recovery Center, was in attendance to report on Medication Assisted Treatment (MAT). First and foremost, she said, Opioid Use Disorder is a "brain disorder." Ms. Winter expressed the need to reduce the stigma associated with OUD. The length of methadone treatment was given as 12-18 months, though some individuals may require treatment for years. Mr. Stone asked about drug testing. Ms. Winter replied individuals are tested weekly at random. The importance of peer supports was discussed. It was noted that more education to the general public is needed.

#### COMMENTS

##### **Board**

- Mary Marois suggested some topics for future presentations to the Board: 1) entry into treatment and NMRE's involvement, and 2) inpatient hospital services.

##### **CMHSP CEO**

- Mr. Kovacs shared new crisis telephone number for Northern Lakes CMH as 833.295.0616.
- Ms. Gebhard expressed she is on a personal campaign regarding the local match draw down. She has been meeting with legislators to make it a "louder issue." Mr. Nowak asked if there is anything the Board can do to help. Ms. Gebhard responded, she will be in touch, possibly a Board Resolution in the future. Mr. Kurtz provided some history regarding local match funds. He stated another option is to enable CMHSPs to keep Medicaid savings to use as local funds.
- Cathy Meske announced she is retiring from Northeast Michigan CMH at the end of June; Nena Sork has been named as her replacement.

#### MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for 10:00AM on April 24<sup>th</sup>, 2019 at 1999 Walden Drive in Gaylord. Election of Board Officers will be an Agenda topic.

#### ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 12:13PM.




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**By-Laws Committee  
MEETING MINUTES  
March 29, 2019; 10:30 a.m.  
Teleconference 1 800 250-3900; Code 16927953#**

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**PRESENT**

Members: Jan Plas, Clint Galloway, Lois Shulman, Joe Stone, Nick Ciaramitaro

Staff: Monique Francis, Bob Sheehan

By Phone: Joan Flynn (Macomb), Sharon Beals (Tuscola)

Guests:

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- I. Call to Order  
Chair Jan Plas called the meeting to order at 10:32am.

- II. Review of Agenda

**Motion** to approve the agenda as presented.

**MOTIONED AND SECONDED:** Ciaramitaro/Stone  
**MOTION CARRIES**

- III. Review of markups to By-Laws

Jan Plas reviewed the items that he marked on page 1, wondering if the word “represents” was adequately being used in Article II. Group discussed the CMHAM name change, and it’s reasons for happening. In Article II, group agreed to leave represents, and add Affiliate Members after PIHPs.

Group then discussed Article III(B)1 on page 2 of the By-Laws, agreeing by consensus to add “or fees” after the word “dues” in line 1. Group also agreed by consensus to Copy section of line regarding confirming payment of dues/fees from Item 1 to Items 2 and 3. Add “Fees” to Item C title after “Dues”.

Article III(D)3 was discussed by the group, which allows for the 3 stand-alones to have 5 votes (Oakland, Macomb, and Wayne). Jan stated that he felt they should only have 3 votes, just like other CMHs. Nick and Joe both felt that the other CMHs had 3 votes, plus the 3 of the PIHP delegates. Jan stated that the PIHPs may not necessarily vote the same way as their CMHs in their regions. Group agreed by consensus to leave this section the way it is.

Page 3 Section E(2). Group agreed by consensus to add “3” after “2” to read “Article III(B) 2 and 3” in the title.

Group then discussed Article III(E)3(a, b and c) which describes the four “at large” representatives to be designated as voting members to the Association. While these four at large designees do spell out who they shall be representative of, the By-Laws do not currently specify that these should be from different agencies. Group agreed by consensus on page 3, Section 3 (a, b, and c) shall read “These four designees, from four separate organizations, shall represent.”

Group discussed termination of membership on page 4 and agreed no changes to be made.

On page 5, Article IV(F) "Quorum", group discussed the subject of what the makeup of the presence a quorum is. Jan stated that he felt the presence of the members is what's meant, but Bob explained that 50% of the organizations are what is meant by membership, when referring to Member Assembly. Group agreed with Bob. Group discussed using "member eligible to vote" in this section. Group agreed by consensus to remove "CMHSPs/PIHPs/"at large" Provider Representatives" and add "organizations". Group agreed by consensus not to change quorum to 50% plus 1 for the Member Assembly meetings, but leave it as 50%.

Page 5 Section G(2) – Group agreed by consensus to cross out "mailed" and add "by electronic notification of such meeting at least 7 days prior to said meeting." after "by".

Page 7 Section B (President). Jan stated that he felt this section needed to have Steering Committee added as another automatic Chair for the President. Add "and Steering Committee" after Executive Board on lines 5 and 6.

Page 9 Article VII(B) – Jan had a question about the regional representation on EB, but it is not the same as Member Assembly.

Group again discussed the quorum situation, agreeing to leave it at 50% for both EB and Steering Committee.

Page 12 – Group discussed the standing committees and how they are structured for voting. Bob suggested having the Chairs of the Standing Committees join a By-Laws future meeting to have a more in-depth discussion on this. Group agreed this was a good idea.

Group identified DCH typo on page 13 that needs to be changed to DHHS. Monique will correct.

Group also recommended adding "the most recent version of" prior to "Robert's Rules of Order" in Article XIV. Monique will add this in the first sentence only as was recommended by the Committee.

Group instructed Monique to remove the underlining of Article XV (Related Organizations) as this was inadvertently left underlined from a previous By-Laws update. Monique will remove.

**Motion** to approve all recommended changes.

**MOTIONED AND SECONDED: Ciaramitaro/Shulman**  
**MOTION CARRIES**

IV. Other Business

No other business brought forward.

V. Adjournment

Meeting Adjourned at 11:50am.

Respectfully Submitted,  
Monique Francis, Committee Clerk



Community Mental Health Association of Michigan  
Executive Board

Proposal: Amendment to Association by-laws to address potential vacancy in officer position

April 2019

**Background:** As the Executive Board members may know, the CMH Association recently learned that Lois Shulman, the Association's First Vice-President, was not reappointed to the Oakland Community Health Network Board of Directors. As a result, Lois is no longer a member of the CMH Association's Board of Directors and cannot run for the office of President.

Since Lois was the only candidate nominated for the position of President and the nominations have been closed, the position of Association's President will become vacant, at the close of the June 9 Member Assembly meeting.

To avoid the vacancy in the Presidency of the Association, the Association's Officers recently met to examine a number of options to address this issue. The options ranged from opening the nominations, mid-year (involving the re-convening of regional meetings to open up the nominations process and call for a special Member Assembly), to taking nominations from the floor. Both were seen as unnecessarily chaotic – the natural result of any mid-year process for an organization with membership spread across the country and any nomination-from-the-floor process with such a diverse membership. The complexity of this process is exacerbated by the requirement, in the Association's by-laws, that the candidates for president must be either currently serving as Association Officers or have served as Association Officers, in the past, and cannot have served as an officer for the immediately preceding six years.

As a result of a review of the benefits and detriments of each option, the Association's Officers developed a proposed approach, which includes a by-law change, to be presented to the Executive Board at its April 12 meeting and then, if approved by the Executive Board, presented to the Member Assembly on June 9.

**Proposed by-law change:** Addition of Article VI(I):

Article VI (I): In the event that a candidate for an Association officer position is the only candidate for the position and that person resigns from the Association Executive Board after the nominations period for officer positions is closed but before the election of officers is held, the incumbent, holding the position at the time, retains that position for the next year until the next regularly scheduled election of officers. This process shall be followed regardless of election, term, or other conditions outlined in other sections of the Association's by-laws.

**Recommendation of Officers:** The Officers of the Community Mental Health Association of Michigan recommends that the following by-law amendment be recommended, by the

Association's Executive Board, to the Association's Member Assembly for approval at its June 2019 meeting.

Article VI (I): In the event that a candidate for an Association officer position is the only candidate for the position and that person resigns from the Association Executive Board after the nominations period for officer positions is closed but before the election of officers is held, the incumbent, holding the position at the time, retains that position for the next year until the next regularly scheduled election of officers. This process shall be followed regardless of election, term, or other conditions outlined in other sections of the Association's by-laws.

Proposed By-Laws Changes  
For consideration – June 10, 2019 Member Assembly Meeting  
(language with ~~strikethroughs~~ are proposed deletions of current language;  
language in CAPS are proposed additions to current language)  
As approved by the By Laws Committee on 4/05/19

# BY - LAWS

## ARTICLE I NAME

The name of this corporation shall be the MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS, a Michigan non-profit corporation, operating under the assumed name of COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN, hereinafter referred to in these By-Laws as the "Association."

## ARTICLE II PURPOSE

The Association shall be an independent organization that represents community mental health services programs (CMHSPs), the Medicaid prepaid inpatient health plans (PIHPs) **AND AFFILIATE MEMBERS**. Its purpose is to promote collective action to improve funding, governmental relations, public awareness, education, training, cultural competency, development of community-based services and advocacy on behalf of consumers and providers of mental health, intellectual and developmental disabilities and substance use disorders services.

## ARTICLE III MEMBERSHIP

(A) Eligibility:

Any CMHSP/PIHP duly established under the provisions of P.A. 258 of 1974 as amended shall be eligible for membership in this Association. Any other agency, organization, or individual interested in mental health services, and whose objectives are not in conflict with the purposes of this Association, may be eligible for Provider Alliance or affiliate status membership in this Association.

(B) Membership Classifications:

The following are the membership classifications of the Association:

1. Full Member Status

Full member status with voting and other appropriate rights shall be extended only to CMHSPs/PIHPs as described in the Michigan Mental Health Code and confirmed by the payment of annual membership dues **OR FEES**. It should be noted that while the CMHSP/PIHP as a legal entity is the member, it is represented as specified in Subsection (D) below.

2. Provider Alliance Status

Provider Alliance status may be extended to any agency, organization, corporation, or individual whose purpose is the delivery and/or support of community mental health services and whose activities and goals are consistent with guidelines adopted by the Member Assembly under Article III (A) **AND CONFIRMED BY THE PAYMENT OF ANNUAL MEMBERSHIP DUES OR FEES**.

3. Affiliate Status

Affiliate status may be extended to any non-provider agency, organization, corporation, or individual interested in mental health services, and whose activities and goals are consistent with guidelines adopted by the member assembly under Article III (A) **AND CONFIRMED BY THE PAYMENT OF ANNUAL MEMBERSHIP DUES OR FEES**.

(C) Membership Dues/FEES:

Dues for the CMHSP and Affiliate membership shall be based on a formula approved by the Member Assembly. Annual fees (in lieu of dues) for the PIHPs shall be based on a formula developed to calculate the costs of providing the services and supports provided to the PIHPs through the Association and its staff.

(D) Voting Privileges of CMHSPs/PIHPs:

Voting privileges in the meetings of the Member Assembly shall be composed as follows:

1. Three (3) delegates from each member CMHSP: two (2) board members and one (1) CMHSP executive director (except for CMHSP that are stand-alone PIHPs, whose voting privileges will be as detailed in 3. below).
2. Three (3) delegates from each member Regional Entity PIHP: two (2) board members and one (1) PIHP executive director.
3. 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.

(E) Rights and Duties of Membership:

1. Persons representing full member status CMHSPs/PIHPs described in Article III (B) 1 shall be:
  - (a) Eligible to hold office, serve as a member of the Executive Board, and/or as chairperson or member of any committee;
  - (b) Entitled to participate in the meetings of the Member Assembly, regional meetings, or other meetings of the Association;
  - (c) Entitled to vote in the election of officers, regional representatives, members-at-large of the Executive Board, and on any matters of business coming before the membership at any meeting of the Member Assembly, according to the provisions of Article III (D) of these By-Laws;
  - (d) Entitled to receive mailings and publications of the Association;
  - (e) Entitled to attend and participate in programs sponsored by the Association;
  - (f) Entitled to participate in and receive services provided by the Association; and
  - (g) Entitled to receive and process data information requests provided by the Association.
2. All affiliate members described in Article III (B) **SECTIONS 2 AND 3** shall be entitled to:
  - (a) Receive mailings and publications of the Association;
  - (b) Attend and participate in designated programs sponsored by the Association;
  - (c) Attend meetings of the Member Assembly;
  - (d) Attend meetings of Standing Committees to provide input on the range of issues addressed by these committees. However, they are not voting members and, at the discretion of the co-chairpersons, attendance at a meeting or portion thereof may be limited to CMHSP, PIHP, and designated “at large” provider representatives.
  - (e) Subject to guidelines adopted by the Member Assembly, receive services provided by the Association; but
  - (f) Excludes the privileges of voting, holding office, serving as standing committee co chairs, or Executive Board membership except as described in Article III (E) 3.
3. Certain affiliate members as described in Article III (B) 2 shall be designated as “at large” provider representatives. These “at large” representatives shall be identified through a process determined by meetings of the affiliate provider membership. Both the process for identifying designees and the recommended designees shall be subject to approval by the Executive Board.

Individuals who serve as elected or appointed officers of advocacy organizations shall not be eligible to serve as such representatives.

- (a) Four (4) “at large” representatives as described in Article III (E)3 shall be designated as voting members to the Association’s Member Assembly meetings. These four designees, **FROM FOUR SEPARATE ORGANIZATIONS**, shall represent:
  - (1) Providers of services to children with serious emotional disturbances
  - (2) Providers of services to adults with psychiatric disorders
  - (3) Providers of services to persons with developmental disabilities.
  - (4) Providers of services to persons with substance use disorders
  
- (b) Four (4) “at large” provider representatives as described in Article III (E)3 shall be designated as voting members of the Executive Board. These four designees, **FROM FOUR SEPARATE ORGANIZATIONS**, shall represent:
  - (1) Providers of services to children with serious emotional disturbances
  - (2) Providers of services to adults with psychiatric disorders
  - (3) Providers of services to persons with developmental disabilities.
  - (4) Providers of services to persons with substance use disorders.
  
- (c) Four (4) “at large” representatives as described in Article III (E)3 shall be designated as voting members of each of the Association’s standing committees as described in Article X. Standing Committees. These four designees to each standing committee, **FROM FOUR SEPARATE ORGANIZATIONS**, shall represent:
  - (1) Providers of services to children with serious emotional disturbances
  - (2) Providers of services to adults with psychiatric disorders
  - (3) Providers of services to persons with developmental disabilities.
  - (4) Providers of services to persons with substance use disorders

(F) Termination of Membership:

- 1. Membership in the Association shall be automatically terminated for failure to pay dues/fees within 120 days of the beginning of the Association's fiscal year. Any exception to this policy requires approval of the Executive Board.
  
- 2. Any member may resign by submitting a letter of resignation to the Association Secretary.
  
- 3. Affiliate members may be terminated for cause based on conduct that is injurious to the Association or is contrary to or destructive of the purpose of the Association as described in Article II.

Termination for cause as described above may only occur upon a motion for termination approved by two thirds vote of the Executive Board. Such a motion shall only be made following a fair and reasonable procedure by which the affiliate member has the opportunity to defend the action(s) which form the basis for termination.

- 4. No portion of dues/fees paid by a member who resigns or whose membership is terminated is refundable.

**ARTICLE IV**

## MEETINGS OF THE MEMBER ASSEMBLY

(A) Function and Authority

The Member Assembly is the final authority for all matters before the Association related to policy making, goal setting and overall management of the organization and its resources and shall approve the Association strategic plan.

(B) Voting

Each Member CMHSP/PIHP shall designate its voting delegates to vote on matters coming before the Association, in accordance with Article III (D), each of whom shall have one vote. Each “at large” provider representative, in accordance with Article III (E)3(a), shall have one vote.

(C) Meetings of the Member Assembly:

The Association shall hold at least one (1) meeting of the Member Assembly annually. The sites of the meetings shall be at such locations within the State of Michigan as the Executive Board shall determine. Additional Member Assembly meetings can be called as outlined in Section IV (D) of the by-laws below.

(D) Special Meetings of the Member Assembly:

Special meetings of the Member Assembly may be called by the President or by a majority vote of the Executive Board or by a petition signed by at least fifty percent (50%) of member CMHSPs/PIHPs.

(E) Notice:

1. Written notice of the meetings of the Member Assembly shall be by mail, posted at least thirty (30) days prior to said meeting.
2. The notice of any special meeting or adjourned meeting shall be by the most expedient method possible and must be in a manner calculated to reach each member CMHSP/PIHP/”at large” Provider Representative at least seven (7) days prior to said meeting.
3. The notice of any meeting shall state the time and place of the meeting, and the purpose or purposes of the meeting. No action taken at such a meeting shall be invalid for want of notice if duly waived by two-thirds (2/3) of the delegates present and eligible to vote.

(F) Quorum:

The presence of fifty percent (50%) of the member ~~CMHSPs/PIHPs/”at large” Provider Representatives~~ **ORGANIZATIONS** eligible to vote shall constitute a quorum for the transaction of business at any meeting of the Member Assembly and the members may continue to transact business until adjournment notwithstanding the withdrawal of enough members to leave less than a quorum.

(G) Meeting Agenda:

1. An agenda of the items to be considered at each meeting of the Member Assembly shall be

established by the Executive Board and mailed to each member CMHSP/PIHP/"at large" Provider Representative not less than fifteen (15) days preceding a regular scheduled meeting. Items not on a regular agenda may be considered only with the approval of two-thirds (2/3) of the delegates present and eligible to vote.

2. Special Meeting Agenda:

The agenda for any special meeting called by the President, Executive Board or Association petition, shall be ~~mailed~~ **BY ELECTRONIC NOTIFICATION** with the notice of such meeting **AT LEAST SEVEN (7) DAYS PRIOR TO SAID MEETING**. The agenda of a special meeting may not be amended nor added to by vote of the membership present.

- (H) It shall be the intent of the Association to provide the membership with the opportunity for input on all issues affecting CMHSPs/PIHPs/"at large" Provider Representatives when the time frames for the resolution of issues and providing a system response allow for that input.

## ARTICLE V REGIONS

- (A) It is the intention of the Association to support a strong regional structure to facilitate local input to Association decision making and to identify and bring to the Association problems, issues and concerns. Regions may also function as informational forums and decision-making bodies for issues unique to their region. A CMHSP or PIHP Director may make a request to the Executive Board that it be transferred to another region. Such a transfer will be effective when approved by a majority vote of the Executive Board. When the Executive Board approves a transfer, Addendum A will be adjusted to reflect the new regional alignment.

- (B) The regions are defined as follows:

1. Northern
2. Central
3. Western
4. Southeast
5. Metro
6. Upper Peninsula

- (C) For purposes of regional designation, PIHP directors shall be in the region that contains their PIHP main office (as designated by the PIHP director).

See Addendum A for regional membership by CMHSP.

- (D) Each region shall be responsible for the following on an annual basis:

1. Electing a regional chairperson to preside over all regional meetings.
2. Electing a regional secretary to take minutes of all regional meetings and to be responsible for all



regional correspondence on Association matters.

3. Electing regional representatives to the Executive Board and selecting alternates for those representatives as described in Article VII (C) to present positions; raise issues identified by regions as having Association-wide impact; and report to the region on the Board's activities.
4. Appointing two regional representatives as liaisons to each of the Standing Committees of the Association as specified in Article X (C), and representatives to any special task forces, workgroups or ad hoc committees as requested by the President of the Association to present regional positions; participate in an Association-wide process of resolution and decision making; and report to the region of the group's activities.
5. Electing regional representatives to the Nominating Committee, By-Laws Committee, the Budget & Finance Committee and certain Related Organizations (see Addendum C).

## **ARTICLE VI** **OFFICERS**

(A) Officers:

Officers of this Association shall be a President who shall be a CMHSP or PIHP board member, a First Vice-President who shall also be a CMHSP or PIHP board member, a Second Vice-President, a Treasurer, a Secretary and the immediate Past President, all of whom must be CMHSP or PIHP board members or Executive Directors of CMHSPs or PIHPs. Not more than two (2) officers shall be from the same Association region as designated in Article V (B) and (C).

(B) President:

The President shall preside at all meetings but may, at the President's discretion, arrange for presiding officers at any meetings. The President shall appoint the co-chairpersons of all Standing Committees and be a member thereof. The President may appoint ad hoc committees as needed. The President shall notify the membership of the committee appointments upon completion thereof. The President shall be Chairperson of the Personnel Committee. The President shall be chairperson of the Executive Board **AND STEERING COMMITTEE**. The President shall perform such duties as are usually incumbent upon the office of President, or as may be authorized by resolution of the membership.

(C) Vice-Presidents:

1. In the absence of the President, the First Vice-President shall perform the duties of the President. Other duties of the Vice-Presidents will be at the discretion of the President
2. In the absence of the President and the First Vice-President, the Second Vice-President shall perform the duties of the President.

(D) Treasurer:

The Treasurer shall assure that all funds are received and disbursed or otherwise accounted for, that an

accurate accounting of all financial transactions is maintained, that an audit report of all receipts and disbursements is presented to the Executive Board on an annual basis, and that a financial report shall be submitted for review at each Member Assembly and Executive Board meeting. The Treasurer shall serve as chairperson of the Budget and Finance Committee.

(E) Secretary:

The Secretary shall assure that minutes of the official proceedings are kept and shall be responsible for records and files of the Association and the Executive Board. The Secretary shall assure that notices of all meetings will be sent to the membership of the Association and the Executive Board. The Secretary shall perform such duties as are usually incumbent upon the office of Secretary or as may be prescribed by the President, the Executive Board or the membership.

(F) Election and Term of Office:

Officers shall be elected by a vote of the official delegates present and representing Member CMHSPs/PIHPs/"at large" Provider Representatives as defined by Article III (D) at the annual meeting of the Member Assembly designated for the election of officers and shall take office at the adjournment of the spring electoral conference, unless the election of the officer(s) is at a meeting resulting from the death or removal of an officer, constituting the need for a special election. In those instances, that officer shall assume office at the adjournment of that meeting. Officers shall serve one year or until their successors have been elected. A vacancy occurring in any office shall be filled by a majority vote of the Executive Board. The candidate so elected shall serve the unexpired balance of the term. Officers may serve no more than two consecutive years in the same office.

For all offices except President, a Board Member or Director (CMHSP or PIHP) can serve no more than four (4) consecutive years as an Association officer, as elected by the membership, (excluding any time served when appointed to fill a vacancy by the Executive Board and years served as immediate Past President).

For election to the office of President, a Board Member must serve in at least one other officer position but not more than 6 consecutive years as an officer, including the position of President.

In addition, officers of the Association are prohibited from simultaneously serving as a co-chairperson of any Standing Committee.

(G) Election of Officers:

1. Nominations:

The President shall appoint the chair of the Nominating Committee. Each region shall designate one member to serve on the Committee. The Committee shall solicit from each CMHSP and PIHP suggestions for nominations for the officer positions beginning at least three months before the election. Nominations for office from individual CMHSPs and PIHPs shall be sent to the regional chairperson and to the Association office. All regions will consider nominations made by CMHSPs and PIHPs in their regions and recommend a roster of candidates to be nominated. Each region may nominate a candidate for each of the officer positions to be elected. The region shall send their roster of candidates to the Nominating Committee for submission to the membership. Persons may also be nominated for office by individual CMHSPs and PIHPs. If

the individual has not been selected as part of the regional roster, they shall be reported to the membership.

2. Notice:

The Nominating Committee shall mail a slate listing all nominees together with biographical data to all members at least forty-five (45) days prior to the annual meeting of the Member Assembly designated for the election of Association officers and the slate shall be presented to the membership at that meeting.

3. Election:

Officers shall be elected in the following order: President, First Vice-President, Second Vice-President, Treasurer, Secretary. There shall be no absentee or proxy voting.

(H) Removal from Office:

An elected officer may be removed from his or her position for misfeasance or nonfeasance when a two-thirds (2/3) vote of a meeting of the Member Assembly indicates that it would be in the best interests of the Association to do so. The Executive Board by majority vote may remove any elected officer who has accumulated three (3) unexcused absences at regular or special Executive Board meetings, or meetings incumbent upon his or her official duties within the elected officer's term of office.

- (I) **IN THE EVENT THAT A CANDIDATE FOR AN ASSOCIATION OFFICER POSITION IS THE ONLY CANDIDATE FOR THE POSITION AND THAT PERSON RESIGNS FROM THE ASSOCIATION EXECUTIVE BOARD AFTER THE NOMINATIONS PERIOD FOR OFFICER POSITIONS IS CLOSED BUT BEFORE THE ELECTION OF OFFICERS IS HELD, THE INCUMBENT, HOLDING THE POSITION AT THE TIME, RETAINS THAT POSITION FOR THE NEXT YEAR UNTIL THE NEXT REGULARLY SCHEDULED ELECTION OF OFFICERS. SHOULD THE OFFICE IN QUESTION BE PRESIDENT, THE PAST PRESIDENT WOULD ALSO RETAIN THAT POSITION FOR THE NEXT YEAR UNTIL THE NEXT REGULARLY SCHEDULED ELECTION OF OFFICERS. THIS PROCESS SHALL BE FOLLOWED REGARDLESS OF ELECTION, TERM, OR OTHER CONDITIONS OUTLINED IN OTHER SECTIONS OF THE ASSOCIATION'S BY-LAWS.**

## **ARTICLE VII** **EXECUTIVE BOARD**

- (A) The Executive Board has the charge and authority to manage the organization and act on behalf of the organization in a manner which is consistent with the policy, goals and purpose established by the full membership in meetings of the Member Assembly. The Executive Board shall implement and ensure the actions of the strategic plan. At the direction of the President and Executive Board, all policies will be reviewed on an annual basis.
- (B) There will be an Executive Board consisting of: the officers of the Association; regional representatives composed of three (3) representatives from each of the regions, one of these representatives shall be an

Executive Director and two (2) shall be board members; Standing Committee co-chairpersons; four (4) representatives of the PIHPs (collectively), as designated by the PIHPs, and four “at large” provider representatives, in accordance with Article III (E)3(b). Voting membership on the Executive Board is limited to the above.

(C) Regional Representatives:

1. Regional representatives to the Executive Board shall be elected by delegates in each region for three-year terms. One-third of the regional representatives shall be elected each year.

2. Vacancy:

The unexpired term of a regional representative to the Executive Board shall be filled in the manner as provided in this Article. When a regional representative resigns or is removed from office before his or her term expires, the appropriate regional alternate shall serve the remainder of the unexpired term. Should the alternate be unwilling or unable to serve, the region may elect a new regional representative to serve for the remainder of the unexpired term at its next regularly scheduled meeting or at a special regional meeting which may be called at the discretion of the regional chairperson. The new regional representative shall assume the duties of the regional representative he or she replaces immediately upon election.

The unexpired term of a PIHP representative to the Executive Board shall be filled by the PIHPs as designated. The new PIHP representative shall assume the duties of the PIHP representative he or she replaces immediately upon designation.

3. Removal:

A regional representative may be removed from his or her position for misfeasance or nonfeasance when a two-thirds (2/3) vote of the Association decides that it would be in the best interests of the Association to do so. The Executive Board by majority vote may remove any regional representative who has accumulated three (3) unexcused absences at Executive Board meetings, regular or special, within the regional representative's term of office.

A PIHP representative to the Executive Board may be removed from his or her position for misfeasance or nonfeasance when two thirds (2/3) vote of the Association decides that it would be in the best interests of the Association to do so. The Executive Board by majority vote may remove any PIHP representative who has accumulated three (3) unexcused absences at Executive Board meetings, regular or special, within the PIHP representative's term of office.

(D) Each region shall be represented by its designated representatives or their alternates. Each region shall select an alternate board member and an alternate Executive Director who may vote on matters before the Executive Board in the absence of the regional representative for whom they are designated as an alternate.

(E) The co-chairpersons of all Standing Committees shall be members of the Executive Board and shall report on the recommendations of their respective Committees at each meeting of the Executive Board.

(F) Executive Board Meetings:1. Meetings:

The Executive Board will meet at least six (6) times annually, at such time and in such place as it shall direct. Meetings of the Executive Board may be called by the President or by written notice signed by one-half (½) of the members of the Executive Board. Meetings may be conducted in person, by audio or video conference, or by a combination of the above.

2. Notice:

All meetings of the Executive Board shall be called by means of actual notice, written or oral, to each Executive Board member, at least seven (7) days prior to a meeting, stating the time, date, place and purpose of the meeting. No action taken at such a meeting shall be invalid for want of notice if duly waived by two-thirds (2/3) of the Executive Board.

3. Quorum:

The presence (including audio or video conference participation) of fifty percent (50%) of the members of the Executive Board eligible to vote shall constitute a quorum for the transaction of business at any meeting of the Executive Board and the members may continue to transact business until adjournment notwithstanding the withdrawal of enough members to leave less than a quorum.

## **ARTICLE VIII** **STEERING COMMITTEE**

- (A) The Steering Committee shall consist of the Association officers, Standing Committee co-chairpersons, and four (4) PIHP representatives (collectively) [as designated in Article VII (B)]. The presence (including audio and video conference participation) of fifty percent (50%) of the members of the Steering Committee shall constitute a quorum for the transaction of business at any meeting of the Steering Committee and the members may continue to transact business until adjournment notwithstanding the withdrawal of enough members to leave less than a quorum.
- (B) The Steering Committee shall serve as the Communication Committee. The Communication Committee shall endeavor to meet on a monthly basis with the mental health and substance abuse director within the Department of Health and Human Services (DHHS) and key administrative staff to discuss and resolve critical issues identified by Association members in a timely manner.
- (C) The Steering Committee shall determine the agenda for Executive Board meetings and deal with emergencies when the Executive Board is not meeting. The Steering Committee may act upon recommendations made by Standing Committees and make decisions regarding Association positions when time does not allow for a greater level of membership input. The Steering Committee shall receive updates from the Executive Directors' Forum and may refer the recommendations to the appropriate committee.

- (D) The Steering Committee shall be responsible for ensuring the development and monitoring of the strategic plan.
- (E) The Steering Committee may communicate Association positions on issues affecting mental health and substance abuse services or consumers to departments and agencies of state government, the Governor, the Legislature or the general public when the timing of resolutions of such issues requires an immediate response. A summary of these communications shall be provided to the Executive Board and the Member Assembly.

## **ARTICLE IX** **ADMINISTRATIVE COMMITTEES**

- (A) The Administrative Committees shall exist in the areas of Budget & Finance, Personnel and By-Laws.
- (B) Budget & Finance Committee: On an annual basis, each region and the PIHPs (collectively) shall be responsible for electing a representative to the Budget & Finance Committee. The Association officers will also serve on the Committee. The Association's Treasurer shall serve as chairperson. The Budget & Finance Committee will develop and monitor the budget for each fiscal year, which shall be October 1 to September 30 and shall recommend this budget and the annual dues to be levied to the Executive Board for approval and referral to the Member Assembly. The Committee shall also oversee financial operations of the Association.
- (C) Personnel Committee: The Association officers will serve as the Personnel Committee. The President shall serve as chairperson. The Personnel Committee will conduct an annual evaluation of the CEO, establish the CEO goals for the following year (based on the strategic plan), and the CEO compensation package based on input from the Executive Board, and present to the Executive Board for approval.
- (D) By-Laws Committee: On an annual basis, each region and the PIHPs (collectively) shall be responsible for electing a representative to the By-Laws Committee. The Association officers will also serve on the Committee. The President shall appoint the chair of the Committee. The By-Laws Committee will meet once, at a minimum, each year to discuss any revisions to the By-Laws.

## **ARTICLE X** **STANDING COMMITTEES**

- (A) Standing Committees shall exist in the areas of Contract and Financial Issues, Member Services, Legislation & Policy, and Children's Issues to provide a focused and formal setting for resolution of issues that have been identified by the membership as having Association-wide impact. A Standing Committee must meet the stipulation that its topic/interest withstands the test of time. Each Standing Committee shall have a statement of purpose, scope and function which is approved by the Executive Board and shall develop an annual plan for its activities. This annual plan shall be consistent with the strategic plan and be approved by the Executive Board.
- (B) Participation on all Association Standing Committees is encouraged. Every CMHSP and PIHP is entitled to a maximum of three votes at any meeting. Executive Directors may assign CMHSP and PIHP staff to attend Standing Committee meetings or subcommittees.

- (C) Committee decisions at meetings will generally be made by consensus of the persons attending. In cases where a vote is deemed necessary, the decision will be made by a vote of the persons attending. If the meeting is conducted by audio or video conference, decisions will be made in the same manner.
- (D) All regions shall appoint one board member and one Executive Director to each of the Standing Committees. The co-chairpersons of each committee shall be appointed by the President with the advice and input of the Executive Board. Each Standing Committee may have one co-chairperson who is a board member and one co-chairperson who is an Executive Director of a member CMHSP or PIHP. Co-chairpersons of Standing Committees are limited to six (6) consecutive years as co-chairperson of any Standing Committee.
- (E) The co-chairpersons of each Standing Committee shall have the authority to appoint subcommittees and assign chairpersons to those subcommittees as needed. Any subcommittees that are established shall make a report on a regular basis to the Standing Committee under whose authority they are formed. Standing Committee co-chairpersons may speak officially for the Association when specifically approved by the Executive Board, either in Board-approved committee annual plans or by specific Board action.
- (F) Standing Committee co-chairpersons shall be members of the Steering Committee and the Executive Board to enable them to report recommendations regarding matters that require immediate attention and to determine issues which may properly be placed before the Member Assembly in a timely manner. Standing Committees may not make any representations on behalf of the Member Assembly, unless the positions taken on the issue at hand have been affirmed by the Steering Committee at a minimum.
- (G) Standing Committees may direct the Association Executive Director to represent committee positions in preliminary work on issues affecting the community mental health system and to engage in preliminary research or follow-up on issues properly before each committee.
- (H) At the first Standing Committee meeting following the annual election of officers, each Standing Committee shall elect one vice co-chairperson from the committee who is a board member and one vice co-chairperson from the committee who is an Executive Director of a CMHSP or a PIHP.
- (I) Committee and other workgroup members (including sub-committee members, delegates to joint committees with ~~DCH~~ DHHS, etc.) are named as advisors. As such they have the responsibility to offer their experience and knowledge to the group and to communicate discussions, recommendations and their own positions back to the Association. They may not speak officially for the Association unless such a delegated or redelegated responsibility is clearly spelled out by the Executive Board.

## **ARTICLE XI** **STAFF**

The Executive Board will employ or otherwise provide for an Executive Director (CEO), who will employ other such staff as may be necessary to implement the purpose, policies, and goals of the Association within the approved budget. At no time may any Association staff serve as a delegate to the Association nor be entitled to vote as a representative of a member CMHSP.

## **ARTICLE XII** **RESOLUTIONS**

Resolutions which are submitted to the Association Secretary a minimum of sixty (60) days prior to the meeting of the Member Assembly will be considered by the membership at that meeting. In such cases, the resolution must be mailed to member CMHSPs, PIHPs, and "at large" Provider Representatives at least forty-five (45) days prior to the meeting.

## **ARTICLE XIII** **AMENDMENTS**

Amendments to these By-Laws may be made at any meeting of the Member Assembly [Association] by vote of the member CMHSPs, PIHPs, and "at large" Provider Representatives, provided the proposed amendments have been submitted to the member CMHSPs, PIHPs, and "at large" Provider Representatives not less than forty-five (45) days prior to such meeting in order to allow adequate time for regional review. Such amendments shall be adopted by two-thirds (2/3) of the delegates present and eligible to vote. Approval is not required from the By-Laws Committee for agency name changes contained within Addendums of the Association By-Laws.

## **ARTICLE XIV** **PARLIAMENTARY AUTHORITY**

The rules contained in **THE MOST RECENT VERSION OF** Robert's Rules of Order Revised shall govern this Association in all cases to which they are applicable and in which they are not inconsistent with these By-Laws. The Association may suspend Robert's Rules of Order Revised by a two-thirds (2/3) vote of the delegates present and eligible to vote. The Association may also establish its own "rules of order" to facilitate the functioning and inter-facing of the various substructures of the Association. These rules of order may be established or revised at any meeting of the Member Assembly by two-thirds (2/3) vote of delegates present and eligible to vote but would not require prior review -- although such prior review would be desirable if possible.

## **ARTICLE XV** **RELATED ORGANIZATIONS**

The Association may establish such subsidiaries and other related organizations as are necessary to effectively carry out its purpose. Changes to the Related Organizations, which are described in Addendum B, shall be approved by the Executive Board.

### **ADDENDUMS:**

- A. Association Regions
- B. Related Organizations



Revised December 3, 1993; January 25, 1994; May 26, 1996; February 3, 1999; October 14, 2003; March 1, 2006; October 23, 2007; May 20, 2009; May 18, 2011; October 16, 2012; October 28, 2014; May 20, 2015; May 11, 2016; May 15, 2017; October 21, 2018, **JUNE 10, 2019**

# ASSOCIATION REGIONAL STRUCTURE

<b>By-Laws Addendum A</b>
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## CENTRAL REGION

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BAY-ARENAC BEHAVIORAL HEALTH  
CMH FOR CENTRAL MICHIGAN (Clare, Gladwin, Isabella, Mecosta, Midland and Osceola Counties)  
GRATIOT INTEGRATED HEALTH NETWORK  
HURON BEHAVIORAL HEALTH  
LAPEER COUNTY CMH SERVICES  
ST. CLAIR COUNTY CMH SERVICES  
SAGINAW COUNTY CMH AUTHORITY  
SANILAC COUNTY CMH  
TUSCOLA BEHAVIORAL HEALTH SYSTEMS  
REGION #10 PIHP DIRECTOR

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## METRO REGION

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DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MACOMB COUNTY CMH SERVICES  
OAKLAND COMMUNITY HEALTH NETWORK

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## NORTHERN REGION

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AU SABLE VALLEY CMH AUTHORITY (Iosco, Ogemaw & Oscoda Counties)  
CENTRA WELLNESS NETWORK  
NORTH COUNTRY CMH AUTHORITY (Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska & Otsego Counties)  
NORTHEAST MICHIGAN CMH AUTHORITY (Alcona, Alpena, Montmorency & Presque Isle Counties)  
NORTHERN LAKES CMH AUTHORITY (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon & Wexford Counties)  
NORTHERN MICHIGAN REGIONAL ENTITY PIHP DIRECTOR

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## SOUTHEAST REGION

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CMH AUTHORITY OF CLINTON-EATON-INGHAM COUNTIES  
GENESEE HEALTH SYSTEMS  
LENAWEE CMH AUTHORITY  
LIFEWAYS (Hillsdale & Jackson Counties)

LIVINGSTON COUNTY CMH SERVICES  
MONROE COUNTY CMH AUTHORITY  
SHIAWASSEE COUNTY CMH SERVICES  
WASHTENAW COUNTY CMH  
MID-STATE HEALTH NETWORK PIHP DIRECTOR  
CMH PARTNERSHIP OF SOUTHEAST MI PIHP DIRECTOR

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## U.P. REGION

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COPPER COUNTRY CMH SERVICES (Baraga, Houghton, Keweenaw & Ontonagon Counties)  
GOGEBIC CMH AUTHORITY  
HIAWATHA BEHAVIORAL HEALTH (Chippewa, Mackinac & Schoolcraft Counties)  
NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS (Dickinson, Iron & Menominee Counties)  
PATHWAYS (Alger, Delta, Luce, Marquette Counties)  
NORTHCARE NETWORK PIHP DIRECTOR

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## WESTERN REGION

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ALLEGAN COUNTY CMH SERVICES  
BARRY COUNTY CMH SERVICES  
BERRIEN MENTAL HEALTH AUTHORITY  
CASS COUNTY CMH AUTHORITY (d/b/a Woodlands Behavioral Health)  
THE RIGHT DOOR FOR HOPE, RECOVERY AND WELLNESS  
KALAMAZOO CMH & SUBSTANCE ABUSE SERVICES  
MONTCALM CARE NETWORK  
HEALTHWEST  
NETWORK180 (Kent County)  
NEWAYGO COUNTY MENTAL HEALTH CENTER  
CMH OF OTTAWA COUNTY  
PINES BEHAVIORAL HEALTH SERVICES (Branch County)  
CMH & SUBSTANCE ABUSE SERVICES OF ST. JOSEPH COUNTY  
SUMMIT POINTE (Calhoun County)  
VAN BUREN COUNTY MENTAL HEALTH AUTHORITY  
WEST MICHIGAN CMH SYSTEM (Lake, Mason and Oceana Counties)  
LAKESHORE REGIONAL ENTITY PIHP DIRECTOR  
SOUTHWEST MICHIGAN BEHAVIORAL HEALTH PIHP DIRECTOR

**ADDENDUM B**  
**RELATED ORGANIZATIONS**

(A) Michigan Coordinated Behavioral Healthcare

1. Michigan Coordinated Behavioral Healthcare (MCBH) is a wholly-owned subsidiary of the Michigan Association of Community Mental Health Boards, operating under the assumed name of Community Mental Health Association of Michigan. Its purpose is to support CMHSPs and PIHPs in promoting, maintaining and improving a comprehensive range of community-based mental health services. It is able to offer services to members such as pension, health care and other fringe benefit plans.
2. MCBH shall be governed by a board of directors consisting of one member elected from each Association region plus the co-chairpersons of the Member Services Committee. Staff members of the Association shall serve as the officers of this subsidiary as defined in its **articles** [acts] of incorporation.
3. MCBH shall report at least annually to the Association Executive Board.

(B) Executive Directors' Forum

1. The Executive Directors' Forum is an informal grouping of the Association's executive directors. The purpose of the Executive Directors' Forum is to provide a venue for all CMHSP and PIHP executive directors to meet, discuss and agree on joint actions related to issues of current import.
2. The Executive Directors' Forum shall meet several times a year and elect its own officers.
3. The Forum may vote recommendations and other comments to be presented to the Association Executive Board or Steering Committee.

(C) CMH\*PAC

1. CMH\*PAC is a political action committee established by the Association under the Campaign Finance Act (P.A. 388 of 1974) and registered with the Michigan Secretary of State.

The Education & Advocacy Fund serves as a vehicle for corporate/organizational contributions on behalf of the Association membership in accordance with Section 501(c)(4) of the Internal Revenue Code, which allows a tax-exempt social welfare organization to engage in a certain amount of issue advocacy activities to promote or oppose issues without expressly advocating for their passage or defeat.

2. The purpose of the CMH\*PAC is to solicit voluntary contributions from CMH, PIHP, and Affiliate board members, executive directors and eligible employees to support Association lobbying activities. Expenditures from these contributions provide campaign support to state and

federal legislators who are familiar with and supportive of the public mental health and substance abuse system or who hold committee assignments having jurisdiction over health/mental health issues or positions of leadership.

The purpose of the Education & Advocacy Fund is to allow the Association to participate in certain political activities, such as sponsoring issue advocacy advertisements, donating to caucus committee corporate accounts, or donating to independent expenditure political committees. Contributions to this fund may be made from the operating budget or other funds of the Association.

Expenditures for both funds will be consistent with goals and procedures established and expenditures shall not exceed the amount established in the annual budget without approval of the Executive Board.

3. The CMH\*PAC and Education & Advocacy Fund shall be governed by a board consisting of the Executive Director and Associate Director of the Association, one member elected annually by each region, and up to three at-large members appointed annually by the President of the Association. The Executive Director shall chair this board. This board shall meet at least two (2) times annually to review CMH PAC and Education & Advocacy Fund related issues.
4. A full report of CMH\*PAC and Education & Advocacy Fund contributions and expenditures shall be provided at every Association Member Assembly and Executive Board meeting.

Available at meeting

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Eric Lawson  
**SUBJECT:** CMH PAC Update and Final Call  
**DATE:** April 29, 2019

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This is the last month for the local CMH PAC Campaign. Total contributions thus far from Board members are \$160 from 33.3% of the Board members participating. The Community Mental Health Association of Michigan [CMHAM] indicates "2019 will be a critical year in the Michigan Legislature. As you know, this year we saw a record number of new lawmakers come to Lansing - 75 new House and Senate members began on January 1, which means we need to get to know many new faces. In addition to the Legislature, we have a new Governor, Attorney General, and Secretary of State. With so much turnover in the Michigan Legislature and uncertainty surrounding the changes at the federal and state levels **it is critical we maintain an active presence - *WE MUST CONTINUE TO BUILD OUR PAC FUND*** and invest wisely in the future leaders."

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 May to allow for CMHAM to have this information available at the Spring Conference in early June. The submissions must be made by June 28<sup>th</sup> to be considered for the drawing.



**Executive Director Report  
April-May 2019**

This report is intended to brief the NeMCMHA Board of the director’s activities since the last Board meeting. The activities outlined are not all inclusive of the director’s functions and are intended to outline key events attended or accomplishments by the director.

Date	Subject
4/15/19	Participated in QI Council Meeting
4/18/19	Participated in the monthly Management Team meeting of the agency. (Review budget, clinical leadership, policy review, Majestic Update, CARF, succession planning for department directors and supervisors).
4/18/19	<p>Participated in Alpena County Suicide Prevention Workgroup to discuss community conversations regarding suicide prevention – We did discuss a movie (The Ripple Effect that is available for unlimited Viewing – cost of the Unlimited Community License is \$1495.00. (1) “Documentary: "SUICIDE - THE RIPPLE EFFECT" is a feature length documentary film and MOVEMENT, focusing on the devastating effects of suicide and the tremendous positive ripple effects of advocacy, inspiration and hope that are helping millions heal &amp; stay alive. Seen by over 250,000 people already, across 7 countries, this film is having a global impact. The film highlights the journey of Kevin Hines, who at age 19, attempted to take his life by jumping from the Golden Gate Bridge. Today Kevin is a world-renowned mental health advocate, motivational speaker and author who travels the globe spreading a message of hope, recovery and wellness. The film chronicles Kevin’s personal journey.” Cost of the Unlimited Community License is \$1495.00. <b>I would recommend the agency support suicide prevention by purchasing this license for the community at large.</b></p>
4/23/19	<p>Attended OPS – Discussed : Performance Based Incentive Payments (PBIP). Northeast will be receiving \$204,759 for FY 18. Specific to the PBIP: <b>I recommend equal distribution to staff based on full-time and part-time status during FY 18. If you recall, the board approved a similar distribution last year.</b></p> <p>928 Resolution Christine Gebhardt CEO of North Country CMHA is presenting the argument to her county commissioners sign a resolution to withhold local funding from the PIHP for the purpose of increasing the Medicaid Capitation Rate of the PIHP and strongly support the use of local county funds for local community mental health services and the state Senate and House of Representatives eliminate similar language in future funding appropriations.</p>



4/24/19	<p>Attended the NMRE Board Meeting – Highlights included a discussion regarding the financial status of the PIHPs throughout the state and Section 928 originally Section 428.</p> <p>Michigan Financing law (PS 84 of 2015) reads as follows: <b>Section 928. Each PIHP shall provide, from internal resources, local funds to be used as bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.</b> CMHs are required by contract with MDHHS to provide local funds to the MDHHS through the PIHP in the amount stipulated by our contract (NeMCMHA’s annual obligation is \$250,088 – this was capped in 1997) to fund the State’s obligation for drawing down additional Federal (Medicaid) funds. \$25.2 million in statewide CMH local funds draw down approximately \$47 million in Federal Medicaid. CMHSPs use county allocations for the draw down obligation.</p> <p>At the NMRE Board Meeting April 24, 2019 the Board instructed the CEO to develop a Letter of Support specific to allowing the CMHSPs to retain their county allocated funds and the state find other avenues to find the 25.2 million for the MA draw down from the Federal Government.</p> <p>We will investigate further the implications for supporting this request and inform the Board at a later date.</p>
4/25/19	<p>Participated in a meeting specific to <u>Community Health Worker Certificate Program</u> with agency staff: Lisa Anderson, Human Resources and Peggy Yachasz (SIP Program). This is the same program that our staff wrote a grant for funding of four staff to become certified. We learned last week, we not awarded the grant.</p> <p>The Michigan Community Health Worker Alliance (MiCHWA), in collaboration with Alpena Community College and Thunder Bay Community Health Service, Inc., is launching a MiCHWA Community Health Worker (CHW) Training Program in Alpena, MI. Individuals who successfully complete the program will receive a certificate of completion signed by MiCHWA. This includes training for 126 hours (in-class sessions, homework, exams, independent study and 40 hours of internship if currently not working as a CHW). Please see the Board Hand out for further information.</p> <p>Discussed providing four tuition awards of \$1,200.00 per award to selected (via application process) staff paid on the RTW salary scale which include our Direct Care, Community Support, SIP, CLS staff and Peer Support Workers. Spoke with Eric Lawson on 4/26/19 specific to the CHWC program. <b>Recommend the Board approve \$4,800.00 for four NeMCMHA staff to be trained as Community Health Workers.</b> The agency will have an expectation that staff who are awarded this opportunity would commit to continuing employment with this agency for one year post certification.</p>
	<p>Presentation to the Counties: Nena and I will be meeting with the County Commissioners on the following dates:</p> <p>Montmorency County: Wednesday May 8 at 9:00 am</p> <p>Presque Isle County: Friday May 31 at 9:00 am</p> <p>Alcona County: Wednesday June 5 at 10:00 am</p> <p>Alpena County : Tuesday June 25 at 1:00 pm</p>
4/28/19	<p>Received notification CARF will be at NeMCMHA from June Wednesday June 12 thru June 14. They may wish to attend our Board meeting. As you recall we will be reviewing the Board Ends at this meeting.</p>

# DRAFT



## QI Council Minutes

For Meeting on 04/15/19

10:15 AM to 11:00 AM

Board Training Room

**Meeting called by:** Genny Domke  
**Type of meeting:** Bi-Monthly  
**Facilitator:** Jamie McConnell  
**Note taker:** Diane Hayka via digital recorder  
**Timekeeper:** Lynne Fredlund

**Attendees:** Lynne Fredlund, Joe Garant, Jamie McConnell, Cathy Meske @ 10:25 a.m., Nena Sork, Angie Stawowy, Jen Whyte

**Absent:** Genny Domke (excused), Margie Hale Manley, Judy Szott

**QI Coordinator:** Lynne Fredlund

**Guests:**

### Agenda Topics

Jamie McConnell welcomed all and asked those in attendance to state their names for identification on the digital recorder. Jamie introduced Angela Stawowy as the Customer Satisfaction Committee's new representative to the Council.

### Review of Minutes

**Discussion:**

By consensus, the minutes of the February 18, 2019 meeting were approved with a correction made on the spelling of MacConnell to McConnell under Bullet #2 of Old Business.

**Action items:**

**Person responsible:**

Diane Hayka via digital recorder

**Deadline:**

ASAP

### Management Team

**Discussion:**

Nena Sork noted Management Team met on March 11, 2019 and discussed budgets and the importance of getting our budget to a PMPM (Per member per month) funding level. This meeting also focused on several policy revisions. Nena reports Windows 10 is being pushed out to staff by IS.

**Action Items:**

Report Monthly

**Person Responsible:**

Cathy Meske

# DRAFT

**Deadline:**

## Consumer Advisory Council

**Discussion:**

Lynne Fredlund reported she attended the Consumer Advisory Council on April 8<sup>th</sup> and provided an overview to the Council on CARF. They were open to the process and will be ready to meet with CARF reviewers when they arrive.

Lynne Fredlund also noted the minutes from the February meeting were also included in the materials for this meeting. She notes at that meeting the Council had an educational presentation related to recipient rights.

Council members typically review the Board's agenda to allow for input. They also get updates from the NMRE Board and the NMRE Regional Entity Partners (REP) group.

Council members are active in trying to re-establish a NAMI (National Alliance for Mental Illness) group in Alpena.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Cathy Meske

**Deadline:**

## CARF Committee

**Discussion:**

Lynne Fredlund

**Action Items:**

Report Monthly

**Person Responsible:**

Lynne Fredlund reported CARF had a meeting and they discussed the evidence books being compiled to address CARF standards. She reported there still is no definite date for the CARF Survey. She reports there needs to be a 30-day notice given and as of this time. It is probable the survey will be sometime the last three weeks of June.

The next meeting of the CARF committee will be spending time reviewing plans.

**Deadline:**

## Clinical Leadership Committee

**Discussion:**

Nena Sork reports the Clinical Leadership Team has been working to identify eligible trainings for Childrens' credits and methods of tracking these credits. She reported some clinicians are required to have a minimum of 24 hours of children's credits annually. She notes clinical staff needing this requirement will be requested to attempt to get at least six credits each quarter so it is not so overwhelming in the last few months of the year. She also noted trained clinicians in Family Psycho-Education (FPE) have been vacant with the retirement of some staff and they now have two staff trained with more scheduled. She reports there have also been additional staff trained in the Train-the-Trainers for LOCUS.

The Clinical Leadership Team has also reviewed policies and have developed a more detailed referral process for the Clubhouse. This will be done through Majestic for the referral process. The Team continues to monitor residential placements. She noted there have recently been three emergency placements needed.

# DRAFT

Nena reported the Team continues to develop forms for use in Majestic. She noted Jen Whyte will be reporting on information related to the Clinical Case Review process and the development of a process to make this less cumbersome.

Nena also reported the ACT Team will soon be fully staffed as of April 22<sup>nd</sup>.

She reported the next policy to be tackled by the Team will be the Self-Determination Policy.

**Action Items:**

Report Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## **Customer Satisfaction Committee**

**Discussion:**

Angie Stawowy reported she was not able to attend the last meeting and the minutes were not yet available. She reported the Committee's next meeting will entail reviewing the survey questions that have been used in the IDD Survey for the past few years.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Angie Stawowy

**Deadline:**

## **Resource Standards & Development Committee**

**Discussion:**

Jamie McConnell noted Genny Domke is not available to report; however, the minutes from the March 7 and April 4, 2019 meeting were included in the meeting materials for this meeting.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Genny Domke

**Deadline:**

## **Risk Management Committee**

**Discussion:**

Lynne Fredlund reported this committee met on February 25, 2019. She reported the meeting dates have been adjusted to accommodate attendees; however, the Committee will be going back to their original schedule of meeting the fourth week of the month.

Lynne Fredlund reported the quarterly reports on grievance and appeals was presented. Dayna Barbeau presented a report on total number of denials, reductions, suspensions and terminations for the first quarter. She noted the reports only contains data for those individuals with Medicaid as this report is sent to the NMRE, which controls our Medicaid only. There were no grievances, second opinions or administrative hearings requested for the quarter. There was one local appeal. The Risk Management Committee requested to get a similar report for

# DRAFT

those individuals who are non-Medicaid so there can be a comparison of statistics. Cathy Meske reports this General Fund for services needs to be somewhat different and should contain “denied – put on a waiting list” and “denied – not eligible for services” as with General Funds the requirements to provide services are different than that of Medicaid. She is not aware of whether there is a waiting list but there can be one if funds are not available. Nena Sork noted there is no waiting list at this point.

Lynne Fredlund noted the Behavior Support Committee will be providing a report to the Risk Management Committee at their next meeting on May 20, 2019. This will cover the period from December through April/May.

Lynne Fredlund provided Council members with an update of the Recipient Rights Committee.

She addressed the Risk Review committee noting many of the items she gets for review at this level are due to calls to 9-1-1. Many of these calls do not involve the whole group to review. She did report there were a couple of natural deaths the committee reviewed.

Lynne Fredlund reported the Risk Plan was updated and has been added to the Risk Management Policy.

The next meeting for the Risk Management Committee will be May 20, 2019.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## **Safety Committee**

**Discussion:**

Jamie McConnell reported the Safety Committee met in February but the March meeting did not have a quorum. She reported Ruth Hewett had attended the Safety Committee's February meeting and presented the Consumer Injuries and Falls Report for October 1, 2018 through December 31, 2018.

Jamie reported the Safety Committee reviewed a rough draft for the Environment of Care Manual addressing bedbug infestation. Some revisions were suggested and this will be incorporated and presented with revisions at the next Safety Committee meeting. She noted the sprinkler system issue addressed at their previous meeting has been corrected by removing the outdated tags hanging on the sprinklers.

The Environment of Care manual continues to be reviewed and will be updated with revised checklists. The Safety Committee reviewed the Drill Log Matrix. Jamie noted there are some blanks as the homes have until the end of the quarter to record their drills so some drills may have occurred after this was presented.

Jamie reported the Infection Control Activity Log report was presented to the Safety Committee.

Under New Business for the Safety Committee was a concern related to the generator at the Walnut Home. Walnut staff will be contacting maintenance when usage of the generator is needed or maintenance of the generator is needed.

**Action Items:**

**Person Responsible:**

Jamie McConnell

# DRAFT

**Deadline:**

**Utilization Management**

**Discussion:**

Jen Whyte reported the Utilization Management Committee minute were included in the materials for this meeting. She reports respite usage continues review. Each program supervisor is monitoring respite usage. Cathy Meske questioned the consensus statement related to keeping usage down. Cathy Meske reports respite is intended to be utilized for short-term/intermittent usage based on medical necessity. Jen Whyte also reported the Committee is working with supervisors to address the need to authorize respite more on point. Many authorizations are made which remain unused. It is hopeful with this review clinical staff can more accurately forecast the true amount of respite needed.

Jen Whyte reported the clinical case review has been a focus. This has been tested in some programs. Nena reported there was an element of training provided to correctly input the data which should resolve some of the issues identified.

Jen Whyte reported there was one change in the Clinical Documentation Standards.

Nena Sork inquired as to whether UM is looking at when certain assessments are required. Jen noted she had initially done some research and could not identify any requirement. Nena Sork noted the Clinical Leadership Team will be developing standards as to how often and when these assessments need to be completed.

**Action Items:**

Report Monthly

**Person Responsible:**

Jennifer Whyte

**Deadline:**

**Quality Oversight Committee - NMRE**

**Discussion:**

Lynne Fredlund reported this Committee met April 2. There are no printed minutes available. She reported the Committee discussed a new survey format to be used in the upcoming customer satisfaction survey. Not all the kinks are worked out yet. May 1 – May 31 will be the dates of the survey for adult case management and children case management. This survey will be processed through Survey Monkey. There will be a kiosk set up in the front lobby for use and case managers can also allow individuals to complete the survey on the iPads. The iPads will have a link on their desktop to get to the survey format. The following month, another program will be identified for survey.

She also reported the MDHHS review was scheduled for May 6 – May 29. This was rescheduled due to PCE conversion at one Board and CARF survey at this board. The survey will now begin on July 8. This survey will focus on HSW [Habilitation Supports] Waiver, SED [Serious Emotional Disturbance] Waiver and CWP [Children's Waiver Program] along with SU [Substance Use] Services. Lynne Fredlund noted this will not address ABA services.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

# DRAFT

## QI Member Concerns

**Discussion:**

No concerns identified.

**Action Items:**

**Person(s) Responsible:**

All members

**Deadline:**

## Project Team/Work Group Update

1. Persons Served Start Services within 14 days

**Discussion:**

Lynne Fredlund updated the Council on the status of the 14-day window review. She noted the interim plan will no longer be used as the initial date of service. This was put into place already so future quarters should show the reflection of that change. She reported the supervisors have been informed of the change.

**Action Items:**

**Person Responsible:**

**Deadline:**

2. ACT Program Review

**Discussion:**

Lynne Fredlund reported this review is to prepare the program for an upcoming MiFAST review. She has attempted to meet with the ACT supervisor and continue to try to get together. Lynne noted the ACT MiFAST doesn't just look at the ACT standards fidelity measures and general standards but also the IDDT [Integrated Dual Disorder Treatment] standards fidelity measures. Lynne Fredlund noted there are some reports available through Majestic to assist in providing data. She reported the IDDT group currently has non-credentialed staff running the group. Cathy Meske reported this Agency did not get the designation for IDDT but have been an IDDT look-alike. She reports the numbers are much too small if contained only to ACT program and this agency has included individuals in case management and other programs as appropriate.

**Action Items:**

**Person Responsible:**

**Deadline:**

## New Business

1. QI Activities List

**Discussion:**

Lynne Fredlund reported CARF wants a list of all improvement activities over the past three years. She reports there is so much more that could be added. She notes this listing just speaks to the ways QI is embedded within all the Committees, etc. Lynne notes this listing covers improvement activities for calendar year 2018.

# DRAFT

**Action Items:**

**Person Responsible:**

**Deadline:**

2. **CARF Update**

**Discussion:**

No discussion necessary as this item was covered in various topics above.

**Action Items:**

**Person Responsible:**

**Deadline:**

## **Adjournment**

**Discussion:** Next Meeting will be held on June 17, 2019, at 10:15 a.m. in the Board Training Room.

**Action Items:** By consensus, this meeting was adjourned at 11:00 a.m.



## **JUNE AGENDA ITEMS**

### **Policy Review**

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

### **Monitoring Reports**

Budgeting 01-004

Ends 04-001

### **Activity**

Strategic Planning – Part II [Ends Monitoring and Reporting]

### **Educational Session**

## **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**

Budget Amendment

### **Ownership Linkage**

### **Educational Session**

Environmental Scan – Eric Kurtz

Learn more:

<http://www.michwa.org/about/training/>

**Registration Open!**

## Community Health Worker Certificate Program



*The Michigan Community Health Worker Alliance (MiCHWA), in collaboration with Alpena Community College and Thunder Bay Community Health Service, Inc., is launching a MiCHWA Community Health Worker (CHW) Training Program in Alpena, MI. Individuals who successfully complete the program will receive a certificate of completion signed by MiCHWA. Successful completion of the program does not guarantee employment but does enhance your employability in the community health worker profession.*

**When:** In-class sessions on Wednesdays, May 15-August 21, 2019, and Fridays, September 6 and 13, 2019, from 8:00am - 5:00pm, including independent study hours to total 126 training hours. The training graduation will be on September 13<sup>th</sup>. There will be no class on May 29, July 3, and August 28.

**Where:** Alpena Community College, WCCT #104, 665 Johnson St, Alpena, MI 49707

**Commitment:** 126 Training Hours (in-class sessions, homework, exams, independent study) + 40 Internship Hours (*if not employed as a CHW*)

**Cost:** \$1200 per student

\*Fee includes participant access to MiCHWA CHW Registry for one year

### Registration Contact

Amanda Dort | Alpena Community College  
989-358-7451 or [dorta@alpenacc.edu](mailto:dorta@alpenacc.edu)

Dawn Stone | Alpena Community College  
989-358-7293 or [stonedawn@alpenacc.edu](mailto:stonedawn@alpenacc.edu)

### Instructor

Sandy Samp | Thunder Bay Community Health Service, Inc.  
989-785-5960 or [ssamp@tbchs.org](mailto:ssamp@tbchs.org)

### General Inquiries

Priscilla Hohmann | MiCHWA  
734-998-6042 or [phohmann@umich.edu](mailto:phohmann@umich.edu)

**ALPENA**  
**COMMUNITY COLLEGE**

**Registration open until May 1, 2019 or until class is filled.**

## DESCRIPTION

The curriculum is designed to train front-line health workers to provide culturally responsive services in Michigan communities. Each of the 8 core competencies are presented in modules that promote the development of skills needed to become gainfully employed as a community health worker and enhance the knowledge base of those already employed. The internship consists of field experiences in local agencies where the focus is for the student to apply and integrate their course work into practice. Students currently employed in a CHW role will complete internship at their place of work.

## TRAINING PRE-REQUISITES

- High School Diploma or GED
- Good oral and written communication skills
- Basic computer skills
- Independent work in community settings

*If not employer sponsored\**

- Interview with instructor

\*MiCHWA does not conduct a drug screen or background check; however, most employers require both.

# MiCHWA CHW Curriculum Objectives

## Objectives

### 1. Role, Advocacy and Outreach

- a. Identify the components of the Community Health Worker and explain and define the Community Health Worker role.
- b. Critique scenarios of the CHW role with appropriate and inappropriate boundaries.
- c. Identify an emergency and the appropriate response, which may include calling 9-1-1.
- d. Identify potentially dangerous situations that may arise and cause an accident, illness or injury.
- e. Describe measures to ensure personal safety while in the community.
- f. Identify personal time management styles and develop strategies for setting goals, prioritizing and organizing work.
- g. Demonstrate the skills necessary to be an effective liaison between provider and client and the client and agency.
- h. Recognize and report discrepancies between the service provided to and the actual experiences of the client.
- i. Advocate for individuals and communities.
- j. Expand on the concept of liaison to consider the CHW role in the community.

### 2. Communication Skills and Cultural Competence

- a. Demonstrate effective communication skills when collaborating with clients and members of the service team.
- b. Relate “culture” appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.
- c. Demonstrate active listening and interviewing skills to collect and share relevant information.
- d. Demonstrate empathy for those affected by mental illness and discuss the issues with sensitivity.
- e. Use conflict resolution strategies to deal with difficult behaviors and to realize empowerment in self and with clients.
- f. Recognize the uniqueness of and resulting implications of the community culture on the health and well-being of clients.
- g. Identify the differences among minority groups in Michigan and how to better communicate with members of those groups.
- h. Support clients and healthcare providers in “translating” culture-specific behaviors in to facilitate information disclosure, needed services and resources.
- i. Interact with clients and healthcare providers within the cultural context of the community and the US healthcare system.
- j. Demonstrate skills and abilities to work with and within diverse teams.

### 3. Organization and Resources: Community and Personal Strategies

- a. Demonstrate knowledge and skill in gathering appropriate and applicable community resources.



- b. Navigate and continue the process of locating resources in the community and add new information to the community map.
- c. Incorporate health determinants when applying principles of health promotion and disease prevention.
- d. Identify and use outreach strategies effectively in the community.
- e. Distinguish outreach from formal planning and how to use it effectively in the community.
- f. Demonstrate critical thinking as a framework for solving problems and decision making.
- g. Describe effective home visiting strategies and understand the importance of home visits and their principles and strategies.
- h. Use networking skills to ensure proper engagement for services and resources for clients and their families.
- i. Identify the skills and strategies needed to secure services and resources in the community through networking.
- j. Increase the capacity and wellbeing of the community through health promotion activities and disease prevention.

#### 4. Teaching and Capacity Building

- a. Work with clients to foster healthy behaviors.
- b. Collect client data including health, safety, determinants of health, and psychosocial issues.
- c. Identify three client priorities.
- d. Effectively help clients set SMART goals for healthy behavior change.
- e. Utilize a variety of teaching techniques with clients.

#### 5. Legal and Ethical Responsibilities

- a. Apply agency policies to the CHW role.
- b. Demonstrate an understanding of HIPAA and the importance of protecting confidentiality.
- c. Apply basic concepts of liability.
- d. Recognize the responsibility and implications of mandatory reporting.
- e. Describe how ethics influence the care of clients.

#### 6. Coordination, Documentation and Reporting

- a. Gather appropriate client and community information.
- b. Create a written record documenting events and activities in accordance with legal principles and practices.
- c. Examine the financial, health and social services information relevant to clients and client families.
- d. Use health care terminology correctly when recording in client records.

#### 7. Healthy Lifestyles

- a. Describe the elements of a healthy diet, including food groups, foods to choose more of, foods to limit, and portion control.
- b. Be able to read and interpret a food label.



- c. Discuss differing food cultures by exploring cultural eating habits and understanding how cultural beliefs and/or practices impact health.
- d. Discuss limited food access by learning practical ways to manage food costs.
- e. Identify supplemental food resources available through community or government-based programs.
- f. Describe what role exercise (physical activity) plays in a healthy lifestyle.
- g. Describe how much exercise is needed to gain health benefits.
- h. Describe what roles sleep plays in a healthy lifestyle.
- i. Describe how much sleep is needed to gain health benefits.
- j. Identify the effects of tobacco, smoking, nicotine, second hand smoke and emerging products.
- k. Define symptoms and causes of substance use disorders.
- l. Explain the reasons for taking medications as prescribed.
- m. Discuss common reasons medications are not taken as prescribed and how CHWs can help clients overcome barriers to taking medications.
- n. Discuss the client's role and responsibilities as a member of the health care team.
- o. Identify three main questions a client should ask their doctor.

## 8. Mental Health

- a. Define mental health and mental illness.
- b. Discuss the incidence and impact of mental illness and its cultural implications.
- c. Describe indicators of good mental health across the life cycle.
- d. Recognize the causes of mental illness and risk factors for developing mental illness.
- e. Identify symptoms and the importance of early interventions.
- f. List local mental health resources and identify barriers to accessing care.
- g. Promote mental health in self, clients, families, and communities.
- h. Define stress.
- i. Recognize common sources of stress (stressors) and stress responses/symptoms.
- j. Identify healthy stress management techniques.
- k. Recognize how to maintain lifestyle balance.



Northern Michigan Regional Entity

# Day of Recovery Education

**Together WE can be the change!**

"Planting the  
seeds of Recovery"

**Wednesday, May 29th, 2019**

10 am—3pm

(Registration & breakfast begin at 9am)

**Treetops Resort—Gaylord**

## "The Grievance and Appeals Process"

**Mari Hesselink, NMRE Customer Relations Specialist, RRO**



## "Communicating About Our Recovery with Friends and Family"

**Mary Jameson, LMSW**



### Breakout Sessions :

Recovery Yoga for All Abilities ~ Molly Stimac

The Red Flags of Recovery ~ Dee Whittaker, LPC, NCC, CAAD

Empowering YOU/ Decision Making ~ Carol Elstein, Ph.D

### Includes:

- ◆ Continental Breakfast & Lunch
- ◆ Health Checks
- ◆ Door Prizes
- ◆ Info Displays
- ◆ EnTerTainMent!!

If you have any questions or want to register by phone,

Call Dayna Barbeau at 989- 358-7755 to register by **Monday May 20th**

**Registration Information for NMRE Day of Recovery Education on Monday May 20th. Return to Dayna Barbeau**

Name (print) \_\_\_\_\_ Phone Number \_\_\_\_\_

City you live in \_\_\_\_\_

Name of CMH where you receive services \_\_\_\_\_

Do you need transportation help to attend this event YES \_\_\_\_\_ NO \_\_\_\_\_

Check all food preferences: Vegetarian \_\_\_\_\_ Gluten Free \_\_\_\_\_

Do you need any other accommodations to attend this event? \_\_\_\_\_

# May is Mental Health Awareness Month

## Observe it by taking

# Mental Health First Aid

Become prepared to assist someone who is developing a mental health problem or is experiencing a mental health or substance use related crisis.

Choose **Adult** or **Youth Mental Health First Aid**  
(or both!)



These **FREE** 8-hour courses are in **Alpena**  
at **First Presbyterian Church Social Hall**



**Youth Mental Health First Aid** will be 5:30 p.m.  
to 9:45 p.m.

Monday, **May 13** AND Tuesday **May 14**

**Adult Mental Health First Aid** will be 5:30 p.m. to 9:45 p.m.  
Monday, **May 20** AND Tuesday **May 21**



In the **adult** course, you'll learn risk factors and warning signs for mental health and addiction concerns in adults. The **youth** course is for anyone who lives with, works with, or cares about youth age 12-18. You'll learn the unique risk factors and warning signs of mental health problems in adolescents.



Both courses include a **5-step Mental Health First Aid Action Plan** you can use to help adults and young people in both crisis and non-crisis situations. Mental Health First Aid teaches about *recovery* and *resiliency* – the belief that individuals can and do get better.

**MENTAL HEALTH FIRST AID** training is for persons age 18 and over.

The eight-hour course is **valued at \$200 per person** and is **FREE** to participants, thanks to funding from **Northeast Michigan Community Mental Health Authority**

●  
*Certified Trainers are Carlene Przykucki and Mary Schalk of Partners In Prevention*

**Space is limited. Register by calling 989-356-2880.**



## Northeast Michigan Community Mental Health Authority

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona <i>Secretary</i>	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2020
Alcona	Gary R. Wnuk Home: 4969 Wildwood Trl/Barton City MI 48705 Mailing: PO Box 327 Lincoln MI 48742		(989) 848-5318	3-31-2021
Alpena	Steve Dean 2076 Partridge Point Road Alpena MI 49707		(810) 265-9330	3-31-2020
Alpena	Mark Hunter 614 S. Eighth Avenue Alpena MI 49707		(989) 356-3171	3-31-2022
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2022
Alpena <i>Chair</i>	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 <i>Vice Chair</i>	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 49779		(989) 734-7383	3-31-2022
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2022
Presque Isle <i>Past Chair</i>	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2020



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## PUBLIC NOTICE

Listed below is the schedule of monthly board meetings for the Northeast Michigan Community Mental Health Authority Board. Each meeting is scheduled to begin at **3:00 p.m.** in the Board's Offices, 400 Johnson Street, Alpena unless otherwise specified. Regular monthly Board meetings are to be held the second Thursday of each month.

### MONTHLY BOARD MEETINGS

May 9, 2019	@ 3:00 p.m. *
June 13, 2019	@ 3:00 p.m. *
July 11, 2019	@ 3:00 p.m. *
August 8, 2019	@ 3:00 p.m.
September 12, 2019	@ 3:00 p.m.
October 10, 2019	@ 3:00 p.m.
November 14, 2019	@ 3:00 p.m.
December 12, 2019	@ 3:00 p.m.
January 9, 2020	@ 3:00 p.m.
February 13, 2020	@ 3:00 p.m.
March 12, 2020	@ 3:00 p.m. **
April 9, 2020	@ 3:00 p.m. ***

\* Strategic Planning Session – 3 parts

\*\* Recognition is held each year in March honoring those Board members reaching notable milestones in their tenure with the Board during the previous year

\*\*\* The April meeting is the organizational meeting for the Board and meeting times for the remainder of the year are determined at that time which may affect the meeting dates above.

## Contents:

CMH Association and Member Activities:.....	2
CEI CMH Releases RFI for Youth Crisis Residential and Respite Care Services.....	2
CEI offers adult mental health first-aid training.....	2
CMHAM Committee Schedules, Membership, Minutes, and Information.....	3
News from Our Corporate Partners: .....	3
State and National Developments and Resources: .....	3
Centers for Medicare and Medicaid Services approves Michigan’s demonstration waiver for substance use disorder treatment services.....	3
ACMH announces Children’s Mental Health Awareness Day .....	4
Michigan organizations sponsor A National Imperative – Joining Forces to Strengthen Human Services in America .....	4
Andy's Place Permanent Supportive Housing Groundbreaking Celebration .....	5
Michigan Health Policy Forum announces Spring 2019 Forum .....	6
CHCS blog: Integrating Services for Children, Youth, and Their Families: Considerations and New Opportunities .....	6
Ascension Michigan to get \$3.6 million from Wilson foundation to train, retain caregivers.....	6
HCP-LAN announces alternative payment model road map .....	7
The opioid epidemic is increasingly killing black Americans. Baltimore is ground zero .....	8
State Legislative Update:.....	8
House Upcoming Budget Hearings.....	8
Whitmer Won't Sign Budget Without Road Funding Fix.....	9
Federal Update:.....	9
Court Blocks Medicaid Work Requirements in Arkansas, Kentucky .....	9
Education Opportunities: .....	10
Practicing Effective Management: A Two-Day Training for Improving Relationships and Results.....	10
Pain Management Training for Social Work Professionals – Required for Licensure Renewal .....	10
Dialectical Behavior Therapy (DBT) Trainings for 2018/2019 .....	11
Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019 .....	11
Motivational Interviewing College Trainings for 2018/2019 .....	12
Register Now for Fetal Alcohol Spectrum Disorder Trainings.....	12
Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings .....	12

## **CMHA WEEKLY UPDATE**

CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference.....	13
Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019.....	13
Eye Movement Desensitization and Reprocessing (EMDR) Trainings.....	13
35th Annual Developmental Disabilities Conference.....	14
NAMI Michigan Announces Annual Conference .....	14
2019 Michigan ACE Initiative Conference .....	15
Conference: The Whole Person Care Team .....	16
Miscellaneous News and Information: .....	16
Job Opportunity: CEO of Rose Hill Center .....	17
Job Opportunity: Executive Director of Network 180 .....	17
Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH .....	17
CMH Association’s Officers and Staff Contact Information: .....	17
CMHAM Officers Contact Information:.....	17
CMHAM Staff Contact Information:.....	17

## **CMH Association and Member Activities:**

### **CEI CMH Releases RFI for Youth Crisis Residential and Respite Care Services**

The Community Mental Health Authority for Clinton, Eaton, and Ingham Counties (CMHA-CEI) has released an RFI for Youth Crisis Residential & Respite Care services. CMHA-CEI is seeking to expand its youth crisis services to include a fully operational Crisis Residential Unit in addition to currently offered Respite Care services. CMHA-CEI has determined that these services will be most successful if operated by established contracted providers. Bidders may submit a proposal for either Crisis Residential or Respite Services, or both.

The full RFI is available on the CMHA-CEI website here: <http://ceicmh.org/rfi-youthcrisis>

### **CEI offers adult mental health first-aid training**

Below excerpts from a recent media story, carried in the State News, regarding the Mental Health First Aid program offered by CMH Authority of Clinton, Eaton, and Ingham Counties (CEI). Subscribe to Article

As the mental health movement in America continues to gain traction, more people want to learn the best way to care for their loved ones who show signs of mental illness. Community Mental Health Authority of Clinton, Eaton and Ingham Counties offers mental health first aid training.

Sabrina Thompson discovered this training through the South Church of the Nazarene in Lansing, and is a first-time participant. "I dealt with mental illnesses all my life, and I have younger siblings. I took this course just to find a way to help my friends and family if they were ever in a situation where they needed it," says Thompson.

This course was organized through Community Mental Health Authority of Clinton, Eaton and Ingham Counties in partnership with the American Foundation for Suicide Prevention. This 8-hour session prepares members of the community to provide mental health first aid.

## **CMHA WEEKLY UPDATE**

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Mental health first aid is the initial help given to a person showing symptoms of mental illness or in a mental health crisis. Trainings are targeted toward adults. They teach parents, caregivers, teachers, family members, human and health service workers and other citizens how to help individuals who are experiencing mental health challenges.

The instructors of this program, Julie Barron and Becki West, work in communities around Lansing. They specialize in mental illness and recovery.

The full story is available at;

<http://news.jrn.msu.edu/2019/04/agency-offers-adult-mental-health-first-aid-training/>

### **CMHAM Committee Schedules, Membership, Minutes, and Information**

Visit our website at <https://www.cmham.org/committees>

## **News from Our Corporate Partners:**

## **State and National Developments and Resources:**

### **Centers for Medicare and Medicaid Services approves Michigan's demonstration waiver for substance use disorder treatment services**

Below are excerpts from a recent press release on the approval, by the federal Centers for Medicare and Medicaid Services (CMS), of Michigan's substance use disorder 1115 waiver.

The Michigan Department of Health and Human Services today announced that the Centers for Medicare and Medicaid Services (CMS) has approved Michigan's application for a new Medicaid 1115 Demonstration Waiver for Substance Use Disorder (SUD) Services. This project is expected to improve health outcomes for Medicaid beneficiaries by increasing access to high quality opioid use disorder/SUD care and expand the provider networks available to serve Michigan residents.

This demonstration will allow Michigan to broaden residential substance use disorder services in the state's existing network of SUD providers. Additionally, the demonstration provides the state the ability to use Medicaid funding to pay for services in residential and withdrawal management treatment facilities that would otherwise be excluded from federal reimbursement.

"The opioid crisis has affected nearly all Michiganders in some way, and I am pleased that Michigan is going to be able to expand services for individuals seeking help with substance use disorders," said Robert Gordon, MDHHS director. "Demonstration projects like this help develop new best practices that can be scaled here and across the country as we all work to address this critical public health emergency."

The state and CMS expect that offering a full continuum of SUD treatment and recovery supports based on American Society of Addiction Medicine (ASAM) and SUD-specific program standards will result in improved health outcomes and sustained recovery.

This demonstration seeks to accomplish these efforts by:

## **CMHA WEEKLY UPDATE**

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- Establishing an integrated behavioral health delivery system that includes a flexible and comprehensive SUD benefit and the Michigan continuum of care.
- Enhancing provider competency related to the use of ASAM criteria or other nationally recognized SUD-specific program standards for patient assessment and treatment.
- Expanding the treatment continuum of residential care including medically necessary use of qualified residential treatment facilities regardless of the size of the facility, withdrawal management programming and medication assisted treatment and recovery.
- Expanding the use of recovery coach delivered support services.
- Establishing coordination of care models between SUD providers, primary care and other behavioral health providers.

Michigan will begin to provide SUD services through this demonstration starting Oct. 1, 2019.

### **ACMH announces Children's Mental Health Awareness Day**

The Association for Children's Mental Health (ACMH) would be honored if you would join ACMH, families, youth, state legislators, policymakers and community partners from across Michigan at the 2019 Children's Mental Health Awareness Day Luncheon which will be held:

Tuesday, May 7th  
from 11:30 a.m. – 1:30 p.m.  
Senate Hearing Room  
Ground floor of Boji Tower  
124 W. Allegan Street  
Lansing

This year's event is focused on the importance of mental health awareness in schools and will feature a statewide Youth Panel who will share their lived experience and expertise. Topics will include education about children's mental health needs, basic suicide prevention, and community resources for youth and families.

Please join our discussion and share your expertise. Together we will explore strategies and supports for families, youth, parents, school staff, providers and community members on this important topic!

Attendance is free so don't delay - RSVP today! RSVP by email to: [acmhterri@sbcglobal.net](mailto:acmhterri@sbcglobal.net) or calling our state office at 517-372-4016.

If you have questions or need additional information please contact Terri at [acmhterri@sbcglobal.net](mailto:acmhterri@sbcglobal.net) or call 517-242-0793.

### **Michigan organizations sponsor A National Imperative – Joining Forces to Strengthen Human Services in America**

Below is a recent invitation to join human services providers and advocates from across the county in a dialogue-rich event on efforts to strengthen the nation's human services systems.

Dear Distinguished Colleague,

You are cordially invited to attend a dynamic and solutions-oriented cross-sector conversation entitled: 'A National Imperative – Joining Forces to Strengthen Human Services in America' .

## **CMHA WEEKLY UPDATE**

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Please take a moment to complete the following Survey Monkey to confirm/decline your attendance.: <https://www.surveymonkey.com/r/G9N78NK> .

Should you know of a colleague, who would positively add to the discussion, please feel free to forward this email and Survey Monkey.

We are looking forward to an exciting and impactful convening. Your dynamic skill-sets, dedication and expertise are key to making this a successful conversation! We look forward to seeing you **on Tuesday May 7, 2019 at The MTG Space, 4039 Legacy Parkway, Lansing, MI 48911**. Should you have any questions, please do not hesitate to contact the event liaison: Ms. Laura Lefever at The Children's Center main office at 313.831.5535.

Please complete the survey, mark your calendar and make plans to attend this exciting event!

Warm regards,

Lenora Hardy Foster  
Chief Executive Officer and President  
Judson Center

Debora Matthews  
President and CEO  
The Children's Center

Janet Reynolds-Snyder  
Executive Director  
Michigan Federation for  
Children and Families

### **Andy's Place Permanent Supportive Housing Groundbreaking Celebration**

Below is a recent announcement of the groundbreaking ceremony for a permanent supportive housing groundbreaking celebration for Andy's Place, a pioneering effort in the support of persons in recovery.

Andy's Place Permanent Supportive Housing Groundbreaking Celebration

Monday, April 29th, 2019  
2:00 p.m.

Andy's Place Apartments  
2388 West Michigan Avenue  
Blackman Charter Township,  
Jackson, Michigan

Please join community leaders, the funding and development team and our special guests to break ground at Andy's Place -- a new 50-unit residential facility developed collaboratively with the local treatment courts to respond to the Michigan opioid addiction crisis.

Speakers:

Governor Gretchen Whitmer, State of Michigan  
Senator Mike Shirkey  
Gary Heidel, MSHDA  
Mark McDaniel, CEO, Cinnaire  
Hon. Harvey Hoffman, Permanent Supportive Recovery Housing Advocate  
Mike Hirst, Permanent Supportive Recovery Housing Advocate

Development Partnership:  
Milner and Caringella Inc. (MCI) & Community Action Agency

Refreshments will be served.

## **CMHA WEEKLY UPDATE**

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RSVP: Krista Wriston - [wriston@cinnaire.com](mailto:wriston@cinnaire.com)

### **Michigan Health Policy Forum announces Spring 2019 Forum**

Below is a recent “save the date” announcement from the Michigan Health Policy Forum, of which CMHA is a member.

Michigan Health Policy Forum announces Spring 2019 Forum

Save the Date: May 20, 2019  
“New People and New Priorities”

The next Michigan Health Policy Forum will be held on May 20, 2019, at the Kellogg Center on the campus of Michigan State University. The Forum will begin at one o'clock and the theme will be “New People and New Priorities.” Healthcare leaders from the Whitmer Administration and the Legislature will discuss the compelling health care issues facing Michigan in the coming years.

We hope you will be able to join us on May 20. When the agenda is finalized, it will be mailed out and registration will open at that time.

To get on the Health Policy Forum mailing list to learn more about this spring forum and other Health Policy Forum events, contact:

<https://michiganhpf.msu.edu/index.php/spring-forum-2019>

### **CHCS blog: Integrating Services for Children, Youth, and Their Families: Considerations and New Opportunities**

The Center for Health Care Strategies recently announced a new blog on integrated care for children and families. That blog is discussed below.

When Melissa Bailey, senior fellow at the Center for Health Care Strategies, worked in the Vermont state government — for close to two decades — integrating services for children, youth, and families was a key focus for creating a system that is supportive and helps families live better lives. Over time, she has come to realize that “integration” is a term that gets used a lot, but means different things to different people. For state government and service providers, it often means streamlined requirements, payment, and oversight. For children, youth, and their families, integration means easier access to services, elimination of conflicting service requirements or eligibility, and reduction of multiple case managers — obstacles to actually getting the care they need and getting that care earlier in order to avoid more intense treatment needs later. Ideally, integration would incorporate both of these perspectives, which is something the Center for Medicare and Medicaid Innovation’s new Integrated Care for Kids (InCK) Model seeks to do.

In this new blog post, Ms. Bailey draws from her experiences integrating services for children in Vermont that can help inform efforts of sites seeking to participate in the InCK funding opportunity to develop an integrated model for serving children and their families.

The blog can be read at:

[https://www.chcs.org/integrating-services-for-children-youth-and-their-families-considerations-and-new-opportunities/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=d8939ff378-InCK+Blog+04%2F10%2F2019&utm\\_medium=email&utm\\_term=0\\_bbc451bf-d8939ff378-152144421](https://www.chcs.org/integrating-services-for-children-youth-and-their-families-considerations-and-new-opportunities/?utm_source=CHCS+Email+Updates&utm_campaign=d8939ff378-InCK+Blog+04%2F10%2F2019&utm_medium=email&utm_term=0_bbc451bf-d8939ff378-152144421)

### **Ascension Michigan to get \$3.6 million from Wilson foundation to train, retain caregivers**



## **CMHA WEEKLY UPDATE**

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Below is a recent news story on the announcement, by the Ralph C. Wilson Foundation, of its funding of an effort to reduce the turnover of entry-level health caregivers.

- Wilson foundation putting \$15 million toward pilot programs in Southeast Michigan, western New York and Cleveland
- Ascension Michigan has struggled with high caregiver turnover
- 4,000 caregivers expected to come through program during pilot

The Ralph C. Wilson Jr. Foundation is putting \$15 million behind a three-year pilot aimed at better supporting and retaining entry-level caregivers at health systems in Southeast Michigan, western New York and Cleveland.

Locally, Ascension Michigan, which has seen high turnover among those employees, will receive \$3.6 million to implement a program developed by the Cleveland Clinic to provide entry-level employees training and life skills coaching to increase job satisfaction and, by association, retention.

The Cleveland Clinic and Buffalo-based Catholic Health are also receiving grants as part of the Transformational Healthcare Readiness through Innovative Vocational Education (THRIVE) pilot, which will include match amounts from each health system that bring total funding to \$20 million.

As the Wilson Foundation began to study the caregiver landscape and issues tied to it in its regional focus areas of Southeast Michigan and Western New York, "we learned very quickly that retention rates were a significant problem across both of our regions," said Amber Slichta, vice president of programs for the Wilson foundation.

The full story can be found at:

[https://www.crainsdetroit.com/nonprofit/ascension-michigan-get-36-million-wilson-foundation-train-retain-caregivers?utm\\_source=morning-newsletter-wednesday&utm\\_medium=email&utm\\_campaign=20190410&utm\\_content=article3-headline](https://www.crainsdetroit.com/nonprofit/ascension-michigan-get-36-million-wilson-foundation-train-retain-caregivers?utm_source=morning-newsletter-wednesday&utm_medium=email&utm_campaign=20190410&utm_content=article3-headline)

### **HCP-LAN announces alternative payment model road map**

Below is the recent announcement, by the Health Care Payment Learning and Action Network (HCP-LAN) regarding its newest resource for healthcare providers and payers moving to alternative payment models/value based payment arrangements.

We're very excited to announce that the Roadmap for Driving High Performance in Alternative Payment Models is now live and available for your use! Starting today, you can explore this interactive, web-based tool, full of promising practices and strategies to help payers, providers, and others accelerate the design and implementation of successful APMs.

Take the Roadmap for a test drive by following [this link: https://hcp-lan.org/apm-roadmap/](https://hcp-lan.org/apm-roadmap/)

All Roadmap information and resources are archived on our webpage. We welcome you to reach out with any questions you have and would love to hear your feedback on the tool. Feel free to e-mail us at [apmroadmap@rippleeffect.com](mailto:apmroadmap@rippleeffect.com).

### The opioid epidemic is increasingly killing black Americans. Baltimore is ground zero

Below are excerpts from a recent Vox story on the impact of the opioid crisis on black Americans.

## The Highlight BY Vox

Part of Confronting America's opioid epidemic

The latest disaster in Baltimore's deadly and worsening opioid epidemic was a small one: The addiction treatment van, now 13 years old, wouldn't start.

The white GMC truck, open four mornings a week and parked outside the city jail, is an attempt to close a gap in the city's struggling addiction treatment system. But as the breakdown showed, even the attempts to plug holes in the system sometimes themselves have holes. With the van out of service, doctors and nurses took to their own cars to see patients, some of them already skeptical about getting treatment.

The cramped van, funded by private foundations and run by the Behavioral Health Leadership Institute, has a narrow hallway, a tiny kitchen, and two offices so small I could barely stretch my arms. It was back up and running by the time I visited, offering buprenorphine, one of the two medications considered the gold standard for opioid addiction treatment, to patients.

The full article can be found at:

<https://www.vox.com/policy-and-politics/2019/3/22/18262179/baltimore-opioid-epidemic-overdose-addiction-treatment>

## State Legislative Update:

### House Upcoming Budget Hearings

1. House Health and Human Services subcommittee of the Standing Committee on Appropriations Rep. Mary Whiteford, Chair

**DATE: Monday, April 8, 2019**

TIME: 1:00 PM

PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

**AGENDA: Public Testimony on the FY 2019-20 Executive Budget Recommendation for the Department of Health and Human Services**

OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

## **CMHA WEEKLY UPDATE**

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2. House Health and Human Services subcommittee of the Standing Committee on Appropriations, Rep. Mary Whiteford, Chair

**DATE: Thursday, April 11, 2019**

TIME: 1:30 PM or after committees are given leave by the House to meet, whichever time is later.

PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

AGENDA: **Department of Health and Human Services Presentations:  
-FY 2019-20 Executive Budget Recommendation for Behavioral Health and State Hospitals,  
and Information Technology and Public Testimony on the DHHS FY 2019-20 Budget  
Recommendation**

OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

### **Whitmer Won't Sign Budget Without Road Funding Fix**

Gov. Gretchen Whitmer said this week she will not sign any FY20 spending plan that doesn't include a road-funding piece, a response to House and Senate Republicans ranking road funding third on their 2019 session priority list behind auto-insurance reform and the budget. Senate Majority Leader Mike Shirkey (R-Clarklake) said last week that the road funding issue and the budget process are separate, as far as the Senate Republicans are concerned.

"People need to prepare to work here and stay here until the job is done because that budget is absolutely interlinked," Whitmer said. "Our ability to fund our education system, to clean up drinking water is linked with our ability to rebuild roads in this state. So, I'm not signing anything until it's all done together." Asked if this meant this could put state government into a potential shutdown-like situation, Whitmer said, "We're not going to shut down because we're going to stay working here all summer long to get this done. "I am serious about it. The people of the state elected me because I believe they want me to fix the damn roads. They want honesty in budgeting. They want real solutions, not half measures and shell games and that's exactly what I put on the table."

An answer doesn't have to be a 45-cent-a-gallon gas tax, she repeated. If their alternative gets the state \$2.5 billion in additional funding on a yearly basis for the next 10 years, "I'm all ears. But until then, let's get serious about talking about my budget and getting it passed to fix these problems."

The scenario Whitmer is trying to head off is the Republicans sending her an FY20 spending plan with possibly some additional road-funding dollars, but nothing close to \$2.5 billion. Under the 2015 road-funding plan, the state is required to put in \$325 million in additional income tax money into the roads.

## **Federal Update:**

### **Court Blocks Medicaid Work Requirements in Arkansas, Kentucky**

On Wednesday, a district court judge issued a pair of decisions blocking Medicaid work requirements in Kentucky and Arkansas. Consistent with an earlier ruling, the court found that the federal government had failed to justify how adding employment requirements advanced Medicaid's central statutory objective to provide medical assistance to the state's citizens. The impact of the ruling is likely to extend beyond these two states and complicate Trump Administration plans to expand Medicaid work requirements more broadly.

IMPLICATIONS

## CMHA WEEKLY UPDATE

While Judge James Boasberg's ruling applies only to Kentucky and Arkansas' programs, his reasoning for overturning the Centers for Medicare and Medicaid's (CMS) decision to approve these initiatives could extend to the other seven states that CMS has approved for work requirements in addition to the seven other states whose waiver applications are currently being reviewed by the federal government. Joan Alker, head of Georgetown's Center for Children & Families, told Politico, "The judge's ruling is a wake-up call for states considering work requirements or other barriers to coverage in Medicaid."

Although the decision did not outlaw Medicaid work requirements outright, it makes clear that the Department of Health and Human Services (HHS) Secretary does not have unlimited authority to approve waivers or "refashion the program Congress designed in any way they choose." In other words, as Joan Alker explains "Medicaid was designed by Congress to be a health insurance program for low income people and the Trump Administration can not arbitrarily change that."

### WHAT'S NEXT?

HHS must now reevaluate Kentucky and Arkansas' waiver approvals and decide whether they will seek an appeal. As a result, HHS may hold off on announcing any additional work requirement approvals — and states may wait to submit their requests — until this legal battle reaches its conclusion.

Kentucky Gov. Matt Bevin (R) has threatened to reverse the state's Medicaid expansion if his Medicaid reforms do not survive legal challenges.

## Education Opportunities:

### Practicing Effective Management: A Two-Day Training for Improving Relationships and Results

TBD Solutions is hosting its next Practicing Effective Management Training May 8th & 9th at the Grand Rapids Chamber of Commerce. This training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.



Since 2016, TBD Solutions has proudly trained over 250 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, maintaining a 98% satisfaction rate.

Cost for this two-day training is \$500, and lunch is provided. Group discounts are also available. To learn more or register for the training, visit [www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505](http://www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505). For questions about the training, email [training@TBDSolutions.com](mailto:training@TBDSolutions.com).

### Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** *This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.*

April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

**Location:**

# **CMHA WEEKLY UPDATE**

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Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

**Training Fee:** (includes training materials)

\$39 CMHAM Members

\$47 Non-Members

**To Register:**

[Click Here to Register for the April 25 from 9-11 Training!](#)

## **Dialectical Behavior Therapy (DBT) Trainings for 2018/2019**

### **5-Day Comprehensive DBT Trainings**

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

Dates/Locations:

May 20-24, 2019 | Detroit Marriott Livonia | [REGISTER HERE](#)

June 3-7, 2019 | Best Western, Okemos | [REGISTER HERE](#)

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

## **Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019**

Course Description:

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

## **CMHA WEEKLY UPDATE**

---

**This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.**

Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:

April 26, 2019 | Hotel Indigo, Traverse City | [REGISTER HERE](#)

June 19, 2019 | Okemos Conference Center | [REGISTER HERE](#)

### **Motivational Interviewing College Trainings for 2018/2019**

#### **4 Levels of M.I. Training offered together at 4 convenient locations!**

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

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Remaining Dates/Locations:

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

### **Register Now for Fetal Alcohol Spectrum Disorder Trainings**

Register now for three Fetal Alcohol Spectrum Disorder Trainings with presenter Dan Dubovsky, MSW – a National FASD Specialist. Registration online at [www.cmham.org](http://www.cmham.org) - We have 300 training spaces available.

May 6 – Mackinaw City

May 8 – Ann Arbor

May 9 – Kalamazoo

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo

## **CMHA WEEKLY UPDATE**

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- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

### **CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference**

The Annual Substance Use Disorder/Co-Occurring Disorder Conference brought in over 1,300 attendees last year. We would love for you to join us by sharing your expertise, research or showcasing a successful program!

20th Annual Substance Use Disorder/Co-Occurring Disorder Conference  
“Innovative Strategies for Today’s Challenges”  
September 15, 2019: Pre-Conference Institutes  
September 16 & 17, 2019: Full Conference  
Cobo Center, Detroit, MI

[Click Here to Download the Presentation Submission Form.](#)

Submit your completed form to Alexandra Risher [arisher@cmham.org](mailto:arisher@cmham.org) by Friday, May 10, 2019.

*Note: Hotel reservations and Conference registration is not available at this time.*

### **Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019**

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

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

Trainings offered on the following date.

- April 24 – Troy [Click Here to Register for April 24](#)

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

\$115 CMHAM Members

\$138 Non-Members

### **Eye Movement Desensitization and Reprocessing (EMDR) Trainings**

Trauma Recovery/EMDR Humanitarian Assistance Programs presents Eye Movement Desensitization and Reprocessing (EMDR). EMDR Basic Training consists of Weekend I 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. Location of Training:

Kellogg Hotel and Conference Center, 219 S Harrison Rd, East Lansing, MI 48824

Dates: May 16-18, 2019 (Thursday-Saturday). Registration: 8:00am-8:30am and Training: 8:30 a.m. to 5:00 p.m. Part II – Dates to be determined by the group

Cost: \$150.00 fee for Part I (fee does not include consultation and books). The fee for each staff person is \$300 (which includes Part I and Part II). Both Part I and Part II are required to be completed as part of the training. Participants will be responsible for own hotel/mileage and some meals. The average range

## **CMHA WEEKLY UPDATE**

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consultants tend to charge is between \$25 to \$50 per person per group consultation hour; and between \$50 to \$100 per person for individual consultation hour. If interested in EMDR, please email [awilson@cmham.org](mailto:awilson@cmham.org)

### **35th Annual Developmental Disabilities Conference**

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.

For more information, please contact Courtney Puffer. [Courtney.Puffer@med.wmich.edu](mailto:Courtney.Puffer@med.wmich.edu) or (269) 337-4305

#### **Date & Location**

Tues., April 16, 2019, 7:30 AM – Wed., April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

#### **Objectives**

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at: [wmed.cloud-cme.com/2019DDConference](http://wmed.cloud-cme.com/2019DDConference)

#### **REGISTRATION FEES**

When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

- Early Bird Discounts, postmarked before March 1:  
\$185, Tuesday Only; \$185, Wednesday Only; \$245, Two Days, entire conference
- Regular Registration, postmarked March 1-31:  
\$205, Tuesday Only; \$205, Wednesday Only; \$260, Two Days, entire conference
- Late Registration, postmarked after April 1 or onsite:  
\$230, Tuesday Only; \$230, Wednesday Only; \$280, Two Days, entire conference

By registering, you agree to the terms of our photo release policy listed under Conference Info.

By registering, you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact [ce@med.wmich.edu](mailto:ce@med.wmich.edu) for assistance. All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to [ce@med.wmich.edu](mailto:ce@med.wmich.edu).

### **NAMI Michigan Announces Annual Conference**





**Annual State Conference**  
**May 20<sup>th</sup>-22<sup>nd</sup>, 2019**  
 “Shaping Our Future Together”  
**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, including:

Crisis Intervention Training (CIT)	Assisted Out-Patient Treatment
“ZERO” Suicide Philosophy	Trauma and Mental Illness
Certified Community Behavioral Health Clinics (CCBHC)	Effects of Mental Illness in the Law Enforcement Community
NAMI Affiliate Development	Early Intervention for Psychosis
Juvenile Mental Health Courts	Mental Illness & the Opioid Crisis

**Keynote Speakers**

- Chief James Craig: Detroit Police Department
- Effects of Mental Illness on Law Enforcement: Panel Discussion
  - Integrated Healthcare: Panel Discussion
  - Dr. Carmen McIntyre: Adverse Childhood Experiences
  - Kristen Walker: Mental Health Digital-Media and Podcast
- Milton Mack: Kevin’s Law Update (Assisted Outpatient Treatment)

<b>Early Registration Members:</b> \$175.00	<b>Early Registration Non-Members:</b> \$225.00
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[www.namimi.org/events](http://www.namimi.org/events)

**2019 Michigan ACE Initiative Conference**

WHEN: May 23, 2019 from 10:00 a.m. to 3:00 p.m.

WHERE: Eagle Eye Banquet Center, 15500 Chandler Road, Bath, MI

WHAT: The Michigan ACE Initiative was created just over two years ago and has successfully devoted its energy to provide awareness of the impact of Adverse Childhood Experiences in Michigan. While we will continue to create awareness, it is now time to shift the focus of our conversation to the next step—resilience.

Our 2019 conference has been designed with resilience in mind, in a way that is coordinated, based on science and best practices, and one in which local and state synergies are created. Join us to continue to reduce the impact of Adverse Childhood Experience in Michigan.

WHO: Our featured speakers include:

- Christina Bethell, PhD, MBA, MPH, Professor, Bloomberg School of Public Health, Johns Hopkins University and Director, Child and Adolescent Health Measurement Initiative, Baltimore, MD
- Lynn Waymer, Vice President of Community Engagement, KPJR Films, Atlanta, GA
- And the premiere of the Michigan ACE Initiative Video: Resilience

## **CMHA WEEKLY UPDATE**

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To register and for lodging information and the conference agenda, go to: [www.regonline.com/2019ace](http://www.regonline.com/2019ace)  
For questions, contact Diane Drago, Conference Coordinator, [ddrago@dmsevents.com](mailto:ddrago@dmsevents.com) 734-747-2746

### **Conference: The Whole Person Care Team**

The Capital Area Health Alliance (CAHA) is pleased to announce an educational and networking event on The Whole Person Care Team. This event builds on outcomes of CAHA's 2018 Forum on Integrating Physical Health and Behavioral Health Services where forum participants expressed their desire for educational opportunities to build awareness and understanding of concepts and strategies that support whole person care.

Our presenter is Christopher G. Wise, MHSA, PhD. To offer care that is centered on the needs of patients and their families, health care teams are examining their practices and implementing improvements. Dr. Wise will discuss why such examination is essential to providing value-based care and describe how practices have undertaken this mission. Issues explored will be practice culture, process redesign, and recognition of the skills and licensure of each team member. Linkages with community agencies and resources are increasingly important to address complex needs, and Dr. Wise will offer examples of how communities and practices are communicating and collaborating with those resources.

Learning Outcome: Participants will demonstrate increased knowledge of how healthcare teams have redesigned processes to provide whole person care and identify how resulting changes can affect cost and quality outcomes.

About Christopher Wise: Dr. Wise's career has been devoted to working with healthcare providers, payers and purchasers to develop, implement and evaluate new models of healthcare delivery that lead to lower population-based healthcare costs and improved quality outcomes. This includes work with Ford Motor Company and General Motors for innovative insurance products with strong medical and disease management foundations, Blue Cross/Blue Shield of Michigan in support of their nationally recognized 'Physician Group Incentive Program', and with more than 200 physician practices from 28 separate physician organizations to facilitate their process redesign using the principles and tools of Lean Thinking process improvement. Dr. Wise has also been a co-investigator on several studies to evaluate the limitations and successes of these newer models of care delivery, resulting in multiple publications in peer-reviewed journals. In 2012, he started his own consulting firm to assist payer, provider and community organizations with implementing innovative models of healthcare delivery and building internal capabilities for continuous improvements. He is passionately committed to assisting visionary leaders with their efforts to improve healthcare.

Event to be held at the following time, date, and location:  
Wednesday, April 24, 2019 from 8:30 AM to 10:30 AM (EDT)  
Leona Training Center  
2123 University Park Drive  
Suite 150  
Okemos, MI 48864

Register at:

[https://www.eventbrite.com/e/the-whole-person-care-team-registration-58389798459?ref=enivtefor001&invite=MTYyMjYyNDUvcnNoZWVoYW5AbWFjWWhiLm9yZy8w%0A&utm\\_source=eb\\_email&utm\\_medium=email&utm\\_campaign=inviteformalv2&utm\\_term=attend](https://www.eventbrite.com/e/the-whole-person-care-team-registration-58389798459?ref=enivtefor001&invite=MTYyMjYyNDUvcnNoZWVoYW5AbWFjWWhiLm9yZy8w%0A&utm_source=eb_email&utm_medium=email&utm_campaign=inviteformalv2&utm_term=attend)

### **Miscellaneous News and Information:**

## **CMHA WEEKLY UPDATE**

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### **Job Opportunity: CEO of Rose Hill Center**

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

### **Job Opportunity: Executive Director of Network 180**

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over \$140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: <http://www.network180.org/en/employment/employment-opportunities>.

### **Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH**

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 [acmhjane@sbcglobal.net](mailto:acmhjane@sbcglobal.net)

To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

## **CMH Association's Officers and Staff Contact Information:**

### **CMHAM Officers Contact Information:**

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

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

### **CMHAM Staff Contact Information:**

## ***CMHA WEEKLY UPDATE***

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)

Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)

Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)

Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)

Anne Wilson, Training and Meeting Planner, [awilson@cmham.org](mailto:awilson@cmham.org)

Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)

Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)

Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)

Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)

Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)

Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

## Contents:

CMH Association and Member Activities:.....	2
Leadership change at CMH Partnership of Southeast Michigan.....	2
CMHAM Committee Schedules, Membership, Minutes, and Information.....	2
News from Our Corporate Partners: .....	2
State and National Developments and Resources:.....	2
MDHHS issues draft policy on physician recruitment and retention resource.....	2
McKinsey issues report on value based purchasing.....	3
Missouri group home staffers make less than McDonalds workers– that’s creating a crisis.....	5
State Legislative Update:.....	6
House Passes CARES Hotline Bill .....	6
Federal Update:.....	6
Legislation Would Improve Mental Health Services in Schools .....	6
Education Opportunities: .....	7
Practicing Effective Management: A Two-Day Training for Improving Relationships and Results.....	7
Pain Management Training for Social Work Professionals – Required for Licensure Renewal .....	7
CMHAM Annual Spring Conference .....	7
Dialectical Behavior Therapy (DBT) Trainings for 2018/2019 .....	7
2019 DBT Summit Registration Open.....	8
Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019 .....	8
Motivational Interviewing College Trainings for 2018/2019 .....	9
Register Now for Fetal Alcohol Spectrum Disorder Trainings.....	9
Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings .....	10
CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference.....	10
Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019.....	10
Miscellaneous News and Information: .....	10
Job Opportunity: CEO of Rose Hill Center .....	11
Job Opportunity: Executive Director of Network 180 .....	11
Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH .....	11
CMH Association’s Officers and Staff Contact Information: .....	11
CMHAM Officers Contact Information:.....	11

## CMH Association and Member Activities:

### Leadership change at CMH Partnership of Southeast Michigan

Jane Terwilliger, a longstanding leader in Michigan’s public mental health system, and most recently the Chief Executive Officer of the Community Mental Health Partnership of Southeast Michigan (CMHPSM), has recently retired. The CMHPSM Board has named James Colaianne Interim Chief Executive Officer.

We wish Jane the best in her future endeavors and congratulations to James.

### CMHAM Committee Schedules, Membership, Minutes, and Information

Visit our website at <https://www.cmham.org/committees>

## News from Our Corporate Partners:

## State and National Developments and Resources:

### MDHHS issues draft policy on physician recruitment and retention resource

The Michigan Department of Health and Human Services (MDHHS) has long operated the MIDOCS program – a program designed to recruit and retain physicians in Michigan, with an eye toward serving underserved communities. Below is a proposed revision the MIDOCS policy, open for response. Excerpts of the announcement are provided below.

Michigan Department of Health and Human Services Medical Services Administration  
Distribution: Hospitals  
Issued: June 1, 2019 (Proposed)  
Subject: Graduate Medical Education Innovations Michigan Doctors (MIDOCS) Program  
Effective: As Indicated (Proposed)  
Programs Affected: Medicaid

NOTE: Implementation of this policy is contingent upon State Plan Amendment (SPA) approval from the Centers for Medicare & Medicaid Services (CMS).

Graduate Medical Education (GME) Innovations programs support innovative GME programs that emphasize the importance of coordinated care, health promotions, and patient-centered care for underserved populations. The purpose of this training is to develop the skills and experience necessary to provide services utilized by Michigan Medicaid patient groups. Upon SPA approval, the Michigan Department of Health and Human Services (MDHHS) will expand its GME Innovations Sponsoring Institutions program to include MIDOCS. The GME MIDOCS program supports the expansion of residencies and subsequent retention efforts for approved high need specialties in underserved areas of the state where current and future physician shortages undermine the health

## **CMHA WEEKLY UPDATE**

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and well-being of Medicaid beneficiaries. The MIDOCS program offers physician training in integrated and patient-centered care for underserved populations that will further the state's Medicaid quality goals.

To be eligible for MIDOCS GME funding, the MIDOCS participating medical school must enter into an agreement with MDHHS specifying the number of MIDOCS residents to be supported, the total annual cost of such residencies, any post-residency expenditures to retain physicians in underserved areas of Michigan, and the amount of funding from other sources available for the program, if any. Sponsoring institutions may receive funding from other sources, but Medicaid will act as a payer of last resort to only cover costs not reimbursed through other sources. MDHHS will pay the MIDOCS participating medical school an amount equal to the amount of otherwise unreimbursed costs.

MDHHS will approve four (4) agreements with MIDOCS participating medical schools statewide each state fiscal year (FY), covering residencies for the academic year (July-June [AY]) beginning within the FY. The agreements are effective January 1, 2019 and will amount to \$1.52 million in FY 2019, \$10.73 million in FY 2020, \$19.98 million in FY 2021, \$27.75 million in FY 2022, and \$28.5 million in FY 2023.

In addition, the following requirements must be met:

- The MIDOCS participating medical school must have submitted to the state agency its MIDOCS program proposal for new or expanded residency program(s) to promote access in underserved areas of the state.
- The new or expanded program(s) must possess appropriate accreditation credentials.
- The new or expanded program(s) must meet MIDOCS curriculum standards, including those related to didactic education on patient-centered medical homes, interprofessional education, behavioral and physical health integration, and continuous quality improvement.
- The MIDOCS participating medical school must be the sponsoring institution of the residency program(s) or have an approved agreement with the sponsoring institution.
- The MIDOCS participating medical school or the sponsoring institution (if not the medical school) must have agreements with all training sites for MIDOCS residents.
- If GME distributions exceed the expenses incurred by the MIDOCS participating medical school, their affiliated sponsoring institution, and/or the clinical training sites related to the MIDOCS residencies, the size of the payment will be reduced to bring these elements into alignment.

The full announcement can be found at: [https://www.michigan.gov/documents/mdhhs/1908-Hospital-P\\_652745\\_7.pdf](https://www.michigan.gov/documents/mdhhs/1908-Hospital-P_652745_7.pdf)

### **McKinsey issues report on value based purchasing**

Recently, several associates at McKinsey (Anjali Menon; [Sarun Charumilind, MD](#); Jessica Lamb; [Jocelyn Grahame](#); and David Nuzum), published an article in McKinsey's electronic publication, on the movement of the healthcare field to value based purchasing and other alternative payment methods.

This article is timely, given the work of the CMH Association, with funding from the Robert Wood Johnson Foundation, and in partnership with the Michigan Primary Care Association (MPCA) to foster the use, by Michigan's public mental health system and the state's community health centers. Excerpts from this article are provided below.

US health insurers have attempted to use network and payment levers in multiple ways to reduce medical costs. In recent years, they have returned to a strategy from the 1990s: creating more limited provider networks to shift patient volume to more cost-efficient providers and, in some cases, secure additional fee-schedule concessions. In addition, they have embraced value-based payment as a way to reward providers for delivering high-quality care at lower cost, improving performance over time,

## **CMHA WEEKLY UPDATE**

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or both. Each approach has achieved fairly widespread use, but neither has yet realized its full potential.

Most payers today have a limited provider network for at least one line of business. These value networks, whether narrow or tiered, are used in over half of individual market offerings and are being rolled out extensively in Medicare Advantage. They have enabled premium reductions upward of 18 percent when compared with broad network products in the Individual market.<sup>1</sup> 1.Coe E et al. Hospital networks: Perspective from four years of the individual market exchanges, McKinsey white paper. May 2017. Many consumers find the trade-off between cost and provider choice compelling.<sup>2</sup> 2.McKinsey 2018 Employer Health Benefits Survey.<sup>3</sup> 3.Anand P et al. Understanding consumer preferences can help capture value in the individual market. McKinsey white paper. October 2016. Adoption of value networks in the employer-sponsored insurance (ESI) market remains comparatively low, however. In recent years, pricing pressures have led payers to create a surge in offerings for the small-group market, and many employers have shown interest in them. Yet, in a recent survey we conducted, only 6 percent of employers with small-group plans reported adoption, even though many carriers are offering substantial discounts on products based on value networks.<sup>4</sup> 4.McKinsey 2018 Employer Health Benefits Survey.<sup>5</sup> 5.The large-group discounts for narrow-network products quoted in public rate filings span a broad range, from 5 percent to more than 30 percent. Similarly, only 9 percent of employers with large-group plans reported adoption.

Value-based payment has also been adopted broadly in some markets, although the level of financial commitment to new payment models—and, not surprisingly, the level of impact—still falls short of the potential. Recent estimates suggest that roughly 34 percent of dollars paid to providers are now in contracts that have some type of performance clause.<sup>6</sup> 6.Health Care Payment Learning and Action Network (LAN). Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicaid, Medicare Advantage, and Fee-for-Service Medicare Programs. October 2018. These models are expanding in scale and complexity as they are applied to more geographies and populations. In most cases, however, the potential rewards associated with these models are relatively modest; in only a small fraction of cases (we believe less than 20 percent in Medicare models, for instance) is there downside risk associated with underperformance.<sup>7</sup> 7.LAN survey results estimate that one-eighth of all healthcare spending in 2017 was associated with downside risk models. While the number of Centers for Medicare & Medicaid Services' accountable care organizations has more than tripled in the past five years, fewer than 10 percent are assuming downside risk. Similarly, a few state innovation model (SIM) programs are starting to incorporate risk. We believe the trend is similar in the commercial segment. In our experience, a provider's level of "skin in the game" is among the most important predictors of the impact of value-based payment.<sup>8</sup> 8.Berg M et al. The seven characteristics of successful alternative payment models. McKinsey white paper. January 2019. Finding ways to raise the stakes (both positive and negative) for providers to adopt and perform under value-based payment models is therefore likely to be essential to transforming care delivery.

Given these facts, we believe an opportunity— even an imperative—exists to reconsider the design and implementation of both value networks and value-based payment. Doing so could enable payers to better understand the barriers that hinder the impact of each approach, and to rethink how they might capture the full potential of each. It could also allow them to contemplate the transformational impact of the two strategies in combination. Exhibit 1 contains a list of key actions health insurers should take when they are considering joint deployment of value networks and value-based payment.

The full article can be found at: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/maximizing-the-value-in-value-networks-and-value-based-payment?cid=other-eml-alt-mip-mck&hlkid=1b2feb8567d04fde8c5a9de7ac5ef913&hctky=11285700&hdpid=dab90857-75dd-498f-b208-56278a594bdf?reload>



### Missouri group home staffers make less than McDonalds workers– that’s creating a crisis

Below are excerpts from a recent edition of “435 Kansas City’s Magazine” on the direct care worker shortage in Missouri. The conditions described in the article parallel those found in Michigan and underscores the nationwide nature of this issue.

Missouri’s low unemployment rate and tight state budget have brought a shortage of caregivers to the brink.

“Most of them—they only have us,” says Ashley Crawley, her voice shaking a little as she describes her clients, adults with developmental disabilities.

Crawley is a Direct Support Professional, or DSP, who cares for three people living in a group home operated by Life Unlimited, a nonprofit contracted by the state of Missouri.

Crawley makes \$11 an hour. Working full time, Crawley’s salary equates to just \$21,120 per year—before income tax or social security. Her health insurance runs \$300 a month.

**“My best friend works at McDonald’s,” Crawley says. “She makes \$15 an hour, and her benefits are so much better than mine.”**

Crawley isn’t alone, and her situation points to a brewing crisis in Missouri’s social services.

Given the low unemployment rate, strong economy and Missouri’s tight state budget, organizations like Life Unlimited are finding it increasingly difficult to find qualified caregivers.

As the salary for fast food workers continues to climb to \$15 across the country and the fracking boom lures workers to North Dakota and West Texas, Missouri has been shaving its already thin budget to care for people with developmental disabilities.

Two years ago, the state cut funding by 3 percent, and while 1.5 percent of the funding was restored last year, the situation remains dire.

Crawley works in a group home. Her labor-intensive, emotionally demanding job requires rigorous training and extensive background checks.

“There’s nothing that compares to what DSPs do,” she says. “We are teachers, medical care providers, chauffeurs, cooks, financial managers and counselors.”

Given the low pay and difficult work, the turnover rate for DSPs like Crawley stands at 60 percent, according to Mark Bertrand, vice president of external relations for Life Unlimited. A quarter of the positions are open at all times, and applicants are few and far between.

“Many leave the profession within their first year because they cannot afford to stay,” Bertrand says. “Then painstaking candidate searches and training programs must start all over again.”

The full article can be found at:

<https://www.435mag.com/missouri-care-make-less-than-mcdonalds-workers-thats-creating-a-crisis/?fbclid=IwAR0YzuOtedGog0JPe424YR0hvaG9sHOsWfsC-yKUyzqtk-vrr3pzrutbWyk>

### **State Legislative Update:**

#### **House Passes CARES Hotline Bill**

This week the full House passed HB 4051, sponsored by Rep. Mary Whiteford, which would establish the Michigan CARES (Community, Access, Resources, Education, and Safety) hotline for individuals experiencing a mental health crisis. The hotline would be a telephone referral system available 24 hours a day, 7 days a week.

The Legislature previously approved a plan authorizing a temporary pilot program in at least three geographically diverse areas. Whiteford's new legislation would make a permanent round-the-clock phone hotline available across Michigan, enabling operators to immediately refer individuals to local services with appropriate care providers to address concerns.

"The hotline will be a place for people to go who do not know where to turn when experiencing a mental health crisis," said Whiteford, chair of the Health and Human Services Appropriations Subcommittee. "It has the potential to keep families together, make them stronger, and even save lives. We must establish this hotline and fund it appropriately so people across the state can get the help they need."

Whiteford said the legislation was inspired by the many individuals she heard from during the 2017-18 statewide House C.A.R.E.S. Task Force tour and by her own experience as a former emergency room nurse.

House Bill 4051 now moves to the Senate for further consideration.

### **Federal Update:**

#### **Legislation Would Improve Mental Health Services in Schools**

The Mental Health Services for Students Act (S. 1122/H.R. 1109), introduced in the Senate earlier this week and in the House earlier this year, would increase access to evidence-based comprehensive mental health programs for the nation's youth in local schools and communities. The bill would build on youth-focused programs that incorporate promising practices in education, social services, local primary health care, and trauma-informed behavioral health care to help communities take action to help youth and adolescents in need. The National Council applauds Senator Tina Smith (D-MN) and Representatives Grace Napolitano (D-CA) and John Katko (R-NY) for their leadership on this important issue.

Expanding access to mental health services in schools has been a long-standing priority of the National Council, as 17 million youth have had a diagnosable mental health disorder, and one in four have substance use conditions, but less than 35 percent receive treatment. Given the early onset of emotional, mental health and substance use disorders and their subsequent direct and indirect costs, investments in prevention and early intervention programs are necessary.

"The Mental Health Services for Students Act builds on the great success of our youth suicide prevention program in Los Angeles County, where we are raising mental health awareness, reducing harmful stigma, and connecting our future leaders to life-saving care," Rep. Napolitano (D-CA) said at the introduction of the House version of the bill earlier this year. "Improved access to services for prevention, early identification, and intervention has helped countless youth in our communities thrive in school, at home, and in life, and it is a model that should be expanded to serve families across America."

## Education Opportunities:

### Practicing Effective Management: A Two-Day Training for Improving Relationships and Results

TBD Solutions is hosting its next Practicing Effective Management Training May 8th & 9th at the Grand Rapids Chamber of Commerce. This training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.



Since 2016, TBD Solutions has proudly trained over 250 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, maintaining a 98% satisfaction rate.

Cost for this two-day training is \$500, and lunch is provided. Group discounts are also available.

To learn more or register for the training, visit [www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505](http://www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505). For questions about the training, email [training@TBDSolutions.com](mailto:training@TBDSolutions.com).

### Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** *This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.*

April 25, 2019 - 9:00am – 11:00am (registration at 8:30am) **3 spots left!**

#### **Location:**

Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

#### **Training Fee:** (includes training materials)

\$39 CMHAM Members

\$47 Non-Members

#### **To Register:**

[Click Here to Register for the April 25 from 9-11 Training!](#)

### CMHAM Annual Spring Conference

The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes

June 11 & 12, 2019: Full Conference

Suburban Collection Showplace, Novi, Michigan

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

### Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

#### 5-Day Comprehensive DBT Trainings

## **CMHA WEEKLY UPDATE**

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- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

### Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

### Dates/Locations:

May 20-24, 2019 | Detroit Marriott Livonia | [REGISTER HERE](#)

June 3-7, 2019 | Best Western, Okemos | [REGISTER HERE](#)

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

## **2019 DBT Summit Registration Open**

The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide training opportunity for practitioners interested in advancing their Dialectical Behavioral Therapy skills. Dialectical Behavioral Therapy is an evidence-based method that targets the conditions and symptoms of persons who have Borderline Personality and other character disorders. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

### Who Should Attend?

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 CMHSPs or PIHPs. 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).

### Date/Location:

May 1, 2019

Kellogg Hotel & Conference Center | 219 S Harrison Rd, East Lansing, MI

### Conference Fee:

\$125 per person. The fee includes training materials, continental breakfast and lunch.

[CLICK HERE](#) for more information and to register now!

## **Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019**

### Course Description:

## **CMHA WEEKLY UPDATE**

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Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

**This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.**

Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:

June 19, 2019 | Okemos Conference Center | [REGISTER HERE](#)

### **Motivational Interviewing College Trainings for 2018/2019**

#### **4 Levels of M.I. Training offered together at 4 convenient locations!**

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

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Remaining Dates/Locations:

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

### **Register Now for Fetal Alcohol Spectrum Disorder Trainings**

Register now for three Fetal Alcohol Spectrum Disorder Trainings with presenter Dan Dubovsky, MSW – a National FASD Specialist. Registration online at [www.cmham.org](http://www.cmham.org) -

## **CMHA WEEKLY UPDATE**

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May 6 – Mackinaw City  
May 8 – Ann Arbor  
May 9 – Kalamazoo (FILLED TO CAPACITY)

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

### **CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference**

The Annual Substance Use Disorder/Co-Occurring Disorder Conference brought in over 1,300 attendees last year. We would love for you to join us by sharing your expertise, research or showcasing a successful program!

20th Annual Substance Use Disorder/Co-Occurring Disorder Conference  
“Innovative Strategies for Today’s Challenges”  
September 15, 2019: Pre-Conference Institutes  
September 16 & 17, 2019: Full Conference  
Cobo Center, Detroit, MI

[Click Here to Download the Presentation Submission Form.](#)

Submit your completed form to Alexandra Risher [arisher@cmham.org](mailto:arisher@cmham.org) by **Friday, May 10, 2019.**

*Note: Hotel reservations and Conference registration is not available at this time.*

### **Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019**

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

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

Trainings offered on the following date.

- April 24 – Troy [Click Here to Register for April 24](#) **Still time to register!**

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

\$115 CMHAM Members  
\$138 Non-Members

## **Miscellaneous News and Information:**

## **CMHA WEEKLY UPDATE**

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### **Job Opportunity: CEO of Rose Hill Center**

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

### **Job Opportunity: Executive Director of Network 180**

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over \$140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: <http://www.network180.org/en/employment/employment-opportunities>.

### **Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH**

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 [acmhjane@sbcglobal.net](mailto:acmhjane@sbcglobal.net)

To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

## **CMH Association's Officers and Staff Contact Information:**

### **CMHAM Officers Contact Information:**

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

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

### **CMHAM Staff Contact Information:**

## **CMHA WEEKLY UPDATE**

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)

Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)

Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)

Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)

Anne Wilson, Training and Meeting Planner, [awilson@cmham.org](mailto:awilson@cmham.org)

Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)

Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)

Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)

Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)

Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)

Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)



April 26, 2019

## Contents:

CMH Association and Member Activities:.....	2
Monroe CMH leads strong advocacy effort .....	2
Macomb CMH and Suicide Prevention Coalition pursue outreach efforts.....	3
CMHA Committee Schedules, Membership, Minutes, and Information .....	5
News from Our Corporate Partners: .....	5
Fostering Mindfulness-Based Resilience Among Consumer & Staff Populations .....	5
State and National Developments and Resources: .....	5
MDHHS changes direction on management of Medicaid for unenrolled in 298 pilot.....	5
State Legislative Update:.....	6
House Passes CARES Hotline Bill .....	<b>Error! Bookmark not defined.</b>
Federal Update:.....	7
Legislation Would Improve Mental Health Services in Schools .....	<b>Error! Bookmark not defined.</b>
Education Opportunities: .....	8
NIATx Change Leader Academy.....	8
Improving Outcomes Conference .....	8
2 New Dates Added: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings .....	9
Practicing Effective Management: A Two-Day Training for Improving Relationships and Results.....	9
CMHA Annual Spring Conference.....	9
Dialectical Behavior Therapy (DBT) Trainings for 2018/2019 .....	10
2019 DBT Summit Registration Open.....	10
Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019 .....	11
Motivational Interviewing College Trainings for 2018/2019 .....	11
Register Now for Fetal Alcohol Spectrum Disorder Trainings.....	12
Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings .....	12
CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference.....	12
Miscellaneous News and Information: .....	12
2019 Walk A Mile Rally scheduled for Thursday, May 9, 2019!.....	2
Job Opportunity: CEO of Rose Hill Center .....	12
Job Opportunity: Executive Director of Network 180 .....	13

## **CMHA WEEKLY UPDATE**

---

Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH .....	13
CMH Association’s Officers and Staff Contact Information: .....	13
CMHA Officers Contact Information: .....	13
CMHA Staff Contact Information: .....	13

### **CMH Association and Member Activities:**

#### **2019 Walk A Mile Rally scheduled for Thursday, May 9, 2019!**

The Walk A Mile rally, held annually on the front lawn of the Michigan Capitol, draws over 3,000 persons served, families, advocates, and CMH, PIHP, and provider staff from all of Michigan’s 83 counties, state legislators and policy makers. May is designated as Mental Health Awareness Month nationwide, and this rally is the largest statewide effort to bring attention to the important issues that persons and families served dedicate themselves to daily.

[Click here to view the full Walk A Mile Packet of information!](#)

#### **Monroe CMH leads strong advocacy effort**

Below are excerpts from a recent press release, issued by Monroe Community Mental Health Authority, as part of their advocacy effort in support of a fiscally sound public mental health system.

Mental Health Funding Gaps Foreshadow Crises in Michigan  
Summary report predicts homelessness, poverty, increased incarceration and deaths

Monroe Community Mental Health Authority (MCMHA) is asking the public to attend a Town Hall on Monday, April 29 at 3 p.m. to learn more about how Monroe County is being impacted by the systemic underfunding of Michigan’s Public Mental Health System.

Earlier this month, the Community Mental Health Association of Michigan (CMHAM) released a new analysis, “Systemic Underfunding of Michigan’s Public Mental Health System,” which studies the longstanding underfunding of Michigan’s public mental healthcare system. The study cites a \$150 million gap between the cost of health care and the funding provided to Michigan’s public mental health system.

Monroe Community Mental Health Authority alone provided nearly \$4 million dollars in medically necessary services to individuals with mental illnesses and developmental disabilities for which their annual capitated funding did not cover, leaving them struggling to keep up with payments to contracted agencies who have already provided these services.

“The state of Michigan has a great vision for the way individuals with mental illnesses, developmental disabilities, serious emotional disturbances, and substance use disorders should be able to live, work, and play in their communities,” said Monroe CMHA Executive Director Lisa Jennings. “Unfortunately, their funding model does not allow us to fully support that vision. We are not allocated the necessary funding to do everything that the state mandates us to do, and that we want to do to fulfill our mission and support the vulnerable residents of our county.”

“Michiganders do not face the same mental health and substance use disorder needs that they had 20 years ago,” said Robert Sheehan, the CEO of the CMHAM (formerly the Michigan Association of Mental Health Boards). “There are new demands, new crises and new conditions in every community throughout Michigan, which the original financing structure did not account for. These include the

## **CMHA WEEKLY UPDATE**

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opioid crisis, incarceration of those with mental health needs, the recognition of the prevalence of autism, increased homelessness and more—yet the system is still operating from a decades old funding structure. This is the reality that the public mental health system in Michigan has faced for decades. Without moving toward the ambitious vision outlined by the Association and addressing this outdated funding structure, Michiganders will continue to live without the mental health care that they need and expect.”

The CMHAM analysis makes five concrete recommendations to address the current crises in unmet mental health and substance use disorder needs – recommendations that, if followed, will stem homelessness, poverty, incarceration and the premature death of Michiganders with intellectual and developmental disabilities, mental illness, and substance use disorders.

The vision CMHAM outlines as a solution for a world class, public mental health system in Michigan through the report, “A Vision for a World-Class Public Mental Health System,” includes a five-point financial modernization plan to revise and prioritize funding for the public managed care plans. These public managed care plans have demonstrated financing practices best-positioned to meet community demands and real costs of care. The plan is as follows:

- Set Medicaid rates to match demands and costs
- Make it so that Medicaid rates include contributions to risk reserves
- Allow for the public mental health system to hold sufficient risk reserves
- Remove the local match draw-down obligation, Section 928, in the appropriations boilerplate
- Restore General Fund dollars to the public mental health system

Since 1997, Michigan has been the only state in the nation to have a publicly managed care system for all four major behavioral health populations regardless of income levels (adults with mental illness, children and adolescents with emotional disturbances, persons with intellectual/developmental disabilities and those with substance use disorders), which reach:

- About 300,000 people with mental healthcare needs
- 50,000 people employed by the public mental healthcare system
- 2 million people statewide who are impacted by one of the 300,000 people served (family, friends, neighbors and co-workers)

The public community mental health centers (CMH) in Michigan strive to serve as many individuals as possible, but only four percent of the funding provided to the CMH system is available to serve Michiganders without Medicaid who need mental health services.

In addition to new service demands, the state has not complied with the federal requirement for state support for the development of risk reserves – a key component in the design of any managed care system, especially one that is built to serve the most vulnerable residents and maintain community safety nets. Lawmakers and community members may argue the public system has been functioning well despite funding gaps, but CMHAM warns that the current underfunded system is not sustainable long-term.

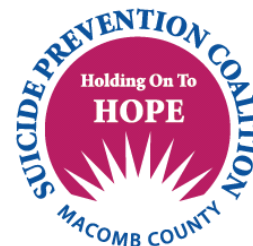
MCMHA’s Town Hall will be held at their building, located at 1001 S. Raisinville Rd., Monroe, MI 48161. More information on how you can advocate for an increase in funding can be found at [www.CMHAM.org](http://www.CMHAM.org) ; [www.monroecmha.org](http://www.monroecmha.org) ; and Monroe Community Mental Health Authority’s FaceBook page.

**Macomb CMH and Suicide Prevention Coalition pursue outreach efforts**

## **CMHA WEEKLY UPDATE**

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The Suicide Prevention Coalition of Macomb County, of which Macomb County CMH is a key member, have recently kicked-off an outreach to funeral directors, to enlist their involvement in providing support to the family and friends of persons dying as a result of suicide. Excerpts from the letter that accompanied an educational packet that was sent, by the Coalition, and the listing of the contents of the packet, are provided below.



### Funeral Director

Youth suicide has become the second leading cause of death for 15-24 year olds. Macomb County Suicide Prevention Coalition along with Macomb Intermediate School District, Suicide Free Schools is working to educate the community and integrate suicide prevention awareness into existing programs.

Funeral Directors play a vital role with survivors of suicide loss. Therefore it is our hope to collaborate and offer support when dealing with the families who have lost a loved one to suicide. A suicide differs from other deaths and is often complicated for family and friends.

Macomb County Suicide Prevention Coalition (MCSPC) would like to equip you with materials that may assist and support you when dealing with a person who has died by suicide. If you would like additional materials or information, please contact Dave Mansfield (586-557-7904), Lynda Zott (586-218-5271.) or email [macombcountyspc@gmail.com](mailto:macombcountyspc@gmail.com).

Thank you for your support and partnership.

### 2017 Funeral Director Packets

#### Right Side of Folder

- Letter to Funeral Director
- USDHHS Supporting Survivors of Suicide Loss – a Guide for Funeral Directors

#### Left Side of Folder

- Wallet Cards
- National Suicide Prevention Lifeline
- Break a Secret – Save a Life
- How Blue are You?
- My Safety Plan

#### Pamphlets

- Suicide Free Schools – Parent/Community
- Survivors of Suicide
- My Safety Plan Instructions
- Talking Points for Students and Staff After a Suicide

## **Don't Forget About the 2019 PAC Campaign**

Earlier this year we announced our 2019 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2019 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

For those members who qualify for the drawing for the Tiger game suite (minimum 6 contributions per agency), this year's game is on Sunday, July 21 at 1:10pm vs. Toronto Blue Jays. Members should forward the results of their campaign and donations to the CMHA office by June 28, 2019 in order to be in the drawing for the Tiger tickets if eligible.

# CMHA WEEKLY UPDATE

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**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**

Thank you. Please feel free to contact Bob or Alan with any questions.

## CMHA Committee Schedules, Membership, Minutes, and Information

Visit our website at <https://www.CMHA.org/committees>

## News from Our Corporate Partners:

### Fostering Mindfulness-Based Resilience Among Consumer & Staff Populations

Work, money and health concerns rank as the top 3 stressors for American adults today. Research finds 63% of people report significant impact to their behavioral health comes from on-the-job stress, while 80% of individuals report functional impairment related to their depression.

Employers and providers can use resiliency-building mindfulness tools to not only reduce care costs, increase productivity, and reduce missed work, but also help individuals:

- Diminish anxiety, stress, chronic pain and insomnia symptoms
- Improve heart health and reduce blood pressure
- Feel more satisfied in life and at work through more purpose and commitment
- More effectively deal with adversity
- Form more successful relationships with others

REQUEST A DEMO

myStrength's digital Mindfulness and Meditation program offers evidence-based resources for consumers and staff, including diverse approaches that accommodate any schedule and lifestyle. And since even a quick 60-second activity can open the door to the benefits of mindfulness, these activities can be convenient to work into a daily routine. They also complement myStrength's self-care programs for stress, anxiety, depression, substance use (including opioid recovery), chronic pain, insomnia, and balancing intense emotions to offer a single, integrated platform that addresses a range of behavioral health conditions.

## State and National Developments and Resources:

### MDHHS changes direction on management of Medicaid for unenrolled in 298 pilot

MHDHHS recently revised its thinking relative to the management of the unenrolled Medicaid population in the Section 298 pilot communities. That revised thinking is reflected in a recent memo from MDHHS on this issue, excerpted below:

From: Jeffery L. Wierich MA, LLP, Director JV Bureau of Community Based Services  
Re: Management of the Unenrolled Population Update

# CMHA WEEKLY UPDATE

The Michigan Department of Health and Human Services (MDHHS) is committed to an October 1, 2019 start for the 298 Pilot Projects. One of the many variables that impact this project is the management of the unenrolled population in the Pilot regions. MDHHS has been working diligently with the internal state processes for preparing and releasing the request for proposal (RFP) to procure a Prepaid Inpatient Health Plan (PIHP) for that population. Due to various delays in our efforts to release the RFP and concerns about being able to stand up a successful bidder in timely manner, MDHHS has made the decision to stop the RFP process and keep the unenrolled population with their current PIHP in the Pilot regions. This decision will ensure there will be no disruption in service availability for this population. We appreciate your understanding, patience and support that you have provided as we navigated this process. MDHHS firmly believes that removing this potential barrier brings us closer to realizing the October 1, 2019 start for the 298 Pilot Project.

## State Legislative Update:

### FY20 Senate Budget Proposal

#### Specific Mental Health/Substance Abuse Services Line items

	FY'19 (final)	FY'20 (executive budget)	FY'20 (Senate)
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200 Medicaid
Mental Health Services	\$2,319,029,300	\$2,478,086,100	\$2,478,086,100
-Medicaid Substance Abuse services	\$67,640,500	\$66,200,100	\$66,200,100
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,956,200	\$107,754,700	\$107,754,700
-Children's Waiver Home Care Program	\$20,241,100	\$20,241,100	\$20,241,100
-Autism services	\$192,890,700	\$221,718,600	\$208,181,100
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$346,548,100	\$346,548,100

#### Other FY20 Senate Budget Decisions:

- Reduced the actuarial soundness increase for Autism services (Governor 5.75%) to 3% - Gross reduction of \$6,581,500/\$2,365,400 GF
- Savings from autism cost containment language – Gross reduction of \$6,956,000/\$2,500,000 GF
- Added a \$100 point of difference on local match draw, section 928 of \$100 (to keep discussion open on issue)

#### Boilerplate Sections Included:

- **Section 298** – Revises boilerplate language to lengthen pilot from 2 years to 3, clarify HMOs contracting outside of CMH network and allowing for statewide implementation if measures are achieved.
- **NEW Section 235** – Adds a new Care Coordination Pilot. (1) Allows the department to work with PIHPs and CMHSPs to create a service level integration pilot. (2) Contracts under this pilot shall require the use of the department's Care Connect 360 platform to achieve shared care coordination between PIHPs and Medicaid HMOs.
- **NEW Section 908** – Adds new language that requires the department to work with an actuarial firm to reexamine the behavioral health Medicaid rates to ensure that the rates reflect the actual and projected growth in demand and costs of providing services.

## **CMHA WEEKLY UPDATE**

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- **Section 928** – Retains local match draw down requirement from past years minus \$100 item of difference.
- **Revised Section 959** – Senate modified language to require that the Department to continue coverage for autism services that were covered on January 1, 2018, specifies cases in which a second opinion is needed, and requires a report on cases requiring a second opinion.
- **NEW Section 964** – Adds new language that requires the department to develop and implement a Medicaid behavioral health fee schedule by January 1 and create network adequacy standards to be used in all contracts.
- **Revised Section 1061** – Specifies that funds appropriated for Care Mental Health Center only be used at the existing site and that capital outlay funding only be used at the Caro site.
  
- **Section 1696 – Traditional Medicaid to HMP Migration Restriction** – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

### **Boilerplate Sections NOT included in Executive Recommendation:**

- **Removed: Section 925 – Non-Medicaid Dollars** – From the funds appropriated in part 1 for community mental health non-Medicaid services, each CMHSP is allocated not less than the amount allocated to that CMHSP during the previous fiscal year.
- **Section 961** – department shall allocate \$150,000 to administer an electronic inpatient psychiatric bed registry consistent with the requirements in section 151 of the 19 mental health code, 1974 PA 258, MCL 330.1151.
- **Section 1010 – Court Ordered Treatment** – From the funds appropriated in part 1 for behavioral health program administration, up to \$2,000,000.00 shall be allocated to address the implementation of court-ordered assisted outpatient treatment as provided under chapter 4 of the mental health code, 1974 PA 258, MCL 330.1400 to 330.1490.

## **Federal Update:**

### **National Council Continues Push for Behavioral Health Telehealth Solutions**

The National Council has been a longtime advocate for changing federal regulations that restrict how behavioral health medications that are controlled substances can be prescribed via telemedicine. Recognizing the urgent need to expand access to medication-assisted treatment (MAT) and other behavioral health medications, the National Council worked closely with Members of Congress to secure a provision in the [opioid legislative package](#) (SUPPORT Act) that would address this problem. The Drug Enforcement Administration (DEA) now has until October 1, 2019 to clarify when the agency can issue prescribers a special registration that would enable them to treat patients for the first time via telemedicine.

### **BACKGROUND**

Current regulations, established as the result of the Ryan Haight Act, prohibit the prescribing of controlled substances over the internet with narrow exceptions for telemedicine. In practice, meeting these exceptions typically requires that a patient being treated via telemedicine be physically located in a facility registered through the Drug Enforcement Administration (DEA) in order to receive a prescription for a controlled substance. These regulations stand as a barrier for many mental health and addiction treatment clinics as they may not meet the narrow requirements for registration with the DEA in all states. Thus, this leaves clinics unable to offer patients access to much-needed medications to treat certain mental illnesses and addictions via telemedicine.

## **NATIONAL COUNCIL ADVOCACY EFFORTS**

The National Council recently wrote a letter to the DEA urging the agency to act immediately to resolve medication access issues by using their existing regulatory authority or through the new special registration process mandated by the 2018 SUPPORT Act. While the SUPPORT Act's special registration provision is a step in the right direction for allowing more providers to administer MAT via telemedicine, the final decision of which provider types will be included falls to the DEA and no draft guidance has yet been released. The National Council continues to work closely with the DEA on developing a registration pathway to be more inclusive of community mental health and addiction treatment providers across the country.

Additionally, the National Council is aiming to bolster the actions already taken within the SUPPORT Act by reintroducing the Improving Access to Remote Behavioral Health Treatment Act of 2018. This bill, introduced in the last Congress by Representatives Gregg Harper (R-MS) and Doris Matsui (D-CA), would specifically name community mental health centers and addiction treatment centers as eligible sites to register with DEA to offer patients access to MAT and other medications via telemedicine. Although the DEA may choose to include these sites under the provisions included in the SUPPORT Act, this bill would ensure their inclusion regardless of the DEA's final regulations.

## **Education Opportunities:**

### **NIATx Change Leader Academy**

**Wednesday, May 22, 2019**

**9:00am – 3:30pm (8:30am Registration)**

**Holiday Inn & Suites, 5278 East Pickard, Mt. Pleasant, MI**

**Registration Fee:** \$140 per person (The fee includes training materials, continental breakfast and lunch.)

*Limited number of attendees!* [TO REGISTER, CLICK HERE!](#)

*CMHAM and the Great Lakes MHTTC is proud to present a new training:*

The *NIATx* Change Leader Academy (CLA) is a one-day face-to-face workshop followed by three months of peer networking and support from a *NIATx* coach. The CLA trains change leaders in the *NIATx model of process improvement*: a structured, team-based approach to change management for organizations large and small. Attendees learn how to select a change project, set a project aim, engage senior leaders and staff in the change process, and achieve measurable, sustainable improvements. Following the CLA face-to-face workshop, participants commit to carrying out a three-month change project focusing on one of the following areas: *Medication-Assisted Treatment*; *Recovery Oriented Systems of Care*; *Access to and Retention In Treatment*; or a different focus area of their choosing.

Who should attend: Anyone interested in leading change or improving service delivery in their organization: Senior leaders, managers, supervisors and front-line staff from behavioral healthcare, recovery services, criminal justice, and social services. The CLA provides both beginners and those with some experience in process improvement with the tools to lead change projects and teams within their organization.

4.5 CEs for Substance Abuse Professionals

### **Improving Outcomes Conference – June 6 & 7, 2019 – Traverse City**

The Improving Outcomes Conference is a grassroots conference focused on supporting and improving the public behavioral health system in Michigan. Target audience for this conference is leadership and key staff



## **CMHA WEEKLY UPDATE**

from CMHSPs, PIHPs and Provider Organizations with specific focus on Information Technology, Quality Improvement, Finance, and Provider Network Management.

The conference is on 6 & 7, 2019 at the Grand Traverse Resort in Traverse City.

[Click Here for More Details and to Register!](#)

### **2 New Dates Added: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists 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 date.

**July 17, 2019 – Lansing [Click Here To Register!](#)**

**August 21, 2019 – Lansing [Click Here To Register!](#)**

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

\$115 CMHA Members

\$138 Non-Members

### **21st Annual Wraparound Conference**

DHHS/CMHA hosts the 21<sup>st</sup> Annual Wraparound Conference, "Innovating a Classic!," will be held on June 12-14, 2019 at the Great Wolf Lodge, Traverse City.

[For More Details on the Wraparound Conference & To Register Click Here!](#)

### **Practicing Effective Management: A Two-Day Training for Improving Relationships and Results**

TBD Solutions is hosting its next Practicing Effective Management Training May 8th & 9th at the Grand Rapids Chamber of Commerce. This training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.



Since 2016, TBD Solutions has proudly trained over 250 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, maintaining a 98% satisfaction rate.

Cost for this two-day training is \$500, and lunch is provided. Group discounts are also available.

To learn more or register for the training, visit [www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505](http://www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505). For questions about the training, email [training@TBDSolutions.com](mailto:training@TBDSolutions.com).

### **CMHA Annual Spring Conference**

# CMHA WEEKLY UPDATE

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The CMHA Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes

June 11 & 12, 2019: Full Conference

Suburban Collection Showplace, Novi, Michigan

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

## Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

### 5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

#### Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

#### Dates/Locations:

May 20-24, 2019 | Detroit Marriott Livonia | [REGISTER HERE](#)

June 3-7, 2019 | Best Western, Okemos | [REGISTER HERE](#)

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

## 2019 DBT Summit – Still Time to Register

The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide training opportunity for practitioners interested in advancing their Dialectical Behavioral Therapy skills. Dialectical Behavioral Therapy is an evidence-based method that targets the conditions and symptoms of persons who have Borderline Personality and other character disorders. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

#### Who Should Attend?

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 CMHSPs or PIHPs. 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).

#### Date/Location:

# CMHA WEEKLY UPDATE

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May 1, 2019

Kellogg Hotel & Conference Center | 219 S Harrison Rd, East Lansing, MI

Conference Fee:

\$125 per person. The fee includes training materials, continental breakfast and lunch.

[CLICK HERE](#) for more information and to register now!

## **Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019**

Course Description:

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

**This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.**

Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:

June 19, 2019 | Okemos Conference Center | [REGISTER HERE](#)

## **Motivational Interviewing College Trainings for 2018/2019**

### **4 Levels of M.I. Training offered together at 4 convenient locations!**

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

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Remaining Dates/Locations:

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

## **CMHA WEEKLY UPDATE**

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Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

### **Register Now for Fetal Alcohol Spectrum Disorder Trainings**

Register now for three Fetal Alcohol Spectrum Disorder Trainings with presenter Dan Dubovsky, MSW – a National FASD Specialist. Registration online at [www.CMHA.org](http://www.CMHA.org) -

May 6 – Mackinaw City

May 8 – Ann Arbor

May 9 – Kalamazoo (FILLED TO CAPACITY)

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.CMHA.org](http://www.CMHA.org) for more information.

### **CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference**

The Annual Substance Use Disorder/Co-Occurring Disorder Conference brought in over 1,300 attendees last year. We would love for you to join us by sharing your expertise, research or showcasing a successful program!

20th Annual Substance Use Disorder/Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

September 15, 2019: Pre-Conference Institutes

September 16 & 17, 2019: Full Conference

Cobo Center, Detroit, MI

[Click Here to Download the Presentation Submission Form.](#)

Submit your completed form to Alexandra Risher [arisher@CMHA.org](mailto:arisher@CMHA.org) by **Friday, May 10, 2019.**

*Note: Hotel reservations and Conference registration is not available at this time.*

## **Miscellaneous News and Information:**

**Job Opportunity: CEO of Rose Hill Center**

## **CMHA WEEKLY UPDATE**

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Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

### **Job Opportunity: Executive Director of Network 180**

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over \$140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: <http://www.network180.org/en/employment/employment-opportunities>.

### **Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH**

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 [acmhjane@sbcglobal.net](mailto:acmhjane@sbcglobal.net)

To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

## **CMH Association's Officers and Staff Contact Information:**

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

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

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

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

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

## **CMHA WEEKLY UPDATE**

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Alan Bolter, Associate Director, [abolter@CMHA.org](mailto:abolter@CMHA.org)  
Christina Ward, Director of Education and Training, [cward@CMHA.org](mailto:cward@CMHA.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@CMHA.org](mailto:mfrancis@CMHA.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@CMHA.org](mailto:npayton@CMHA.org)  
Dana Ferguson, Accounting Clerk, [dferguson@CMHA.org](mailto:dferguson@CMHA.org)  
Michelle Dee, Accounting Assistant, [acctassistant@CMHA.org](mailto:acctassistant@CMHA.org)  
Anne Wilson, Training and Meeting Planner, [awilson@CMHA.org](mailto:awilson@CMHA.org)  
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Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)