




Northeast Michigan Community Mental Health Authority Board May 2018 Meeting



 **Board Meeting,
Thursday, May 10 at
3:00 p.m.**

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
May 10, 2018 at 3:00 p.m.
A G E N D A

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Information and/or Comments from the Public
- VI. Approval of Minutes (See pages 1-8)
- VII. FY19 MDHHS Contract Authorization..... (See page 9)
- VIII. Information and/or Comments from the Public
- IX. Educational Session – Compliance UpdateChristine Taylor/Jen Whyte
- X. Open Discussion
- XI. May Monitoring Reports
 - 1. Treatment of Consumers 01-002 (See pages 10-24)
 - 2. Budgeting 01-004 (See page 25)
 - 3. Financial Condition 01-005..... (See pages 26-28)
- XII. Board Policies Review and Self-Evaluation
 - 1. Board Job Description 02-003.....[Review & Self Evaluate]. (See pages 29-30)
 - 2. Board Core Values 02-014 [Review & Self Evaluate] (See page 31)
- XIII. Linkage Reports
 - 1. Northern Michigan Regional Entity Update
 - a. April 25 Meeting..... (Verbal Update)
 - b. March 28 Meeting (See pages 32-37)
 - 2. Board Association
 - a. Spring Conference Update(Verbal)
- XIV. Operational Report..... (Available at meeting)
- XV. Chair's Report
 - 1. Strategic Planning Discussion(Verbal Discussion)
- XVI. Director's Report
 - 1. Director's Update (Verbal Update)
 - a. myStrength Services(Verbal)
- XVII. Information and/or Comments from the Public
- XVIII. Next Meeting – Thursday, June 14 at 12:00 p.m.
 - 1. Set June Agenda (See page 38)
 - 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 12, 2018

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 Members

Alan Fischer – Alcona County

Eric Lawson – Alpena County

Albert LaFleche – Montmorency County

Pat Przeslawski – Alpena County

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Judy Hutchins as evaluator for this meeting.

V. Roll Call and Determination of a Quorum

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

Absent: None

Staff & Guests: Lisa Anderson, Carolyn Bruning, LeeAnn Bushey, Ruth Hewett, Cheryl Jaworowski, Cathy Meske, Nena Sork

VI. 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:

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

Pat Przeslawski noted nomination's for officers can also be made from the floor.

VII. Election of Officers

Bonnie Cornelius nominated Roger Frye as Chair. Roger Frye declined the nomination.

Roger Frye nominated Gary Nowak for Chair position. Gary Nowak called for other nominations three times. ***Moved by Albert LaFleche, supported by Pat Przeslawski to close nominations and a unanimous ballot be cast for Gary Nowak for the Chair position.***
Motion carried.

Pat Przeslawski nominated Eric Lawson as Vice Chair. Gary Nowak called for other nominations three times. ***Moved by Roger Frye, supported by Pat Przeslawski to close the nominations and a unanimous ballot be cast for Eric Lawson for the Vice Chair position.***
Motion carried.

Albert LaFleche nominated Alan Fischer as Secretary. Gary Nowak called for other nominations three times. *Moved by Pat Przeslawski, supported by Steve Dean, to close the nominations and a unanimous ballot be cast for Alan Fischer as secretary.* Motion carried.

Roger Frye noted he is Chair of SUD Committee and Vice Chair of the NMRE Board and feels like holding those positions is ample.

VIII. Information and/or Comments from the Public

There were no comments made from the public.

IX. Approval of Minutes

Moved by Pat Przeslawski, supported by Steve Dean, to approve the minutes of the March 8, 2018 minutes as presented. Motion carried.

X. FY18 Budget Amendment

April Monitoring Reports

1. Budgeting 01-004

Cheryl Jaworowski addressed the April Budgeting Monitoring report focusing on the Statement of Revenue and Expenses for month ending February 28, 2018 which will lead up to the budget amendment. She reports the net income for February is \$53,233. Cheryl Jaworowski reviewed the various line items with variances and the bucket funds.

Steve Dean inquired about the variance in 3rd Party Revenue. Cheryl Jaworowski noted the new system allows for cleaner billing processes and in addition there is one child on the Children's Waiver which also attributes to this amount.

Budget Amendment #2

Cheryl Jaworowski addressed the Budget Amendment #2. She noted there is a \$2,377,277 increase in revenues overall. She reports the increase in Medicaid funding alone is \$2,825,719. She reports some of the funding amounts include dollars the Agency was able to carry forward from last year. Cheryl Jaworowski reports a CMHSP carry forward 5% to the following year for use. Any dollars lapsed more than that amount must be returned to the State.

She reports the Healthy Michigan fund is overspent at this point. She reports this amendment reflects a 9% increase in revenues from the budget amendment approved last October.

Cheryl Jaworowski reviewed the line items with budget adjustments. She reports the salaries will be decreased by \$300,000 noting the lapse at the end of February was about \$360,000. The remaining dollars will be used to fund a full-time RN to accommodate new Child Psychiatrist beginning in July 2018 and a full-time contract manager. The adjustment in the self-insurance plans offered resulted in a cost-savings. Cathy Meske reviewed the change in health care coverage with a 1% to staff to smooth the process.

Cheryl Jaworowski noted the increase in contracted services is due to the increased services provided in the autism program.

Initially there was a \$3M plug in the FY18 budget and with this amendment that deficit is now \$258,890.

Moved by Pat Przeslawski, supported by Eric Lawson, to approved the FY 2018 Budget Amendment as presented. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan

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

XI. Open Discussion

Gary Nowak the meeting held with the Executive Committee and other Board members resulted in a discussion and it was decided to provide time on the agenda for open communication. Steve Dean reported there were many references in the minutes from that meeting related to the Director needing more input from the Board. Cathy Meske reported she suggested to the Committee to have training on the basics of Policy Governance. The training has been scheduled for next Thursday, April 19th beginning at noon with a luncheon and the training to follow; possibly up to 5:00 p.m.

Gary Nowak reported in this meeting it was identified he sometimes moved too quickly. Pat Przeslawski noted Board members need to have some time to absorb before taking action. Gary Nowak requested input from Board members. Gary Nowak suggested Board members come to the meeting prepared. Albert LaFleche suggested the Board Chair repeat the motion to assure all Board members can hear the actual motion.

Alan Fischer reported he feels the meetings are run well and sees no problem with the flow of the meeting.

XII. Consent Agenda

- 1. Millcreek Lease Agreement**
- 2. Alcona Health Center Lease Agreement**
- 3. City of Harrisville Lease Update**
- 4. Masud Labor Law Group**

Eric Lawson and Steve Dean requested some items be removed from the agenda so each item could be explained in more detail.

Eric Lawson questioned the Alcona Health Center Lease Agreement and as to whether we requested a reduction in the lease or the health center. Cathy Meske noted the health center did as we have reduced our usage of their facility.

Cathy Meske informed the Board the Millcreek lease was for a three-year agreement.

The City of Harrisville lease contains an evergreen clause and the Agency has been unsuccessful in getting an updated lease agreement.

Cathy Meske reported the Masud Labor Law Group was discussed at the last meeting and this is an Agreement to make it formal.

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

XIII. April Monitoring Reports

1. Budgeting 01-004

This report was covered prior to the Budget Amendment.

2. Communication and Counsel 01-009

Cathy Meske noted last year during her report she was informed item #8 and #9 were not identified. She noted she felt this was an opportune time to address the communication

between the Director and the Board. She reports this monitoring report also highlighted the fact of the value of getting outside providers and programs to provide educational opportunities for the Board.

Moved by Pat Przeslawski, supported by Judy Jones, to accept the April monitoring reports as presented. Motion carried.

XIV. Board Policy Review and Self Evaluation

1. Financial Condition 01-005

Board members reviewed the policy. There were no recommended revisions.

2. Communication and Counsel 01-009

Board members reviewed the policy. It was noted this policy was reviewed in the monitoring report and discussed.

3. Governing Style 02-002

Board members reviewed the policy. Diane Hayka noted #4 of this policy directs the Board to self-monitor which includes comparison of board activity and discipline to policies in Governance Process and Board-Staff Relationship.

4. Cost of Governance 02-013

This policy was updated to include the most current budget detail related to the cost of governance.

Moved by Pat Przeslawski, supported by Albert LaFleche, to approve the revision to Policy 02-013, Cost of Governance, as presented. Motion carried.

XV. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Regional Board Meetings

i. March 28, 2018

Gary Nowak reported the NRME meeting of March 28th, the CEO informed the Board members, Northeast would be receiving about \$177,000 in incentive payments for meeting the performance objectives. Cathy Meske reported the good thing about this money is it can be used across population groups and not just earmarked for Medicaid or General Funds.

Gary Nowak reports Eric Kurtz, CEO at NMRE, is a welcome addition. He has a vast knowledge base. Terry Larson reports his observation is Mr. Kurtz knows how to work well with the Board.

ii. February 28, 2018

The minutes of the February 28th meeting were included in the mailing.

2. Board Association

a. Spring Conference – May 1 & 2 – Novi

Rooms have been reserved and the Early-Bird deadline for registration is April 20. Board members were requested to complete the workshop selection form provided to them as the current registration process requires identifying the workshop you intend to attend.

Judy Hutchins and Judy Jones will be the voting delegates.

b. Annual Dues Request

Cathy Meske reported the annual membership dues for the Community Mental Health Association of Michigan were just received. The amount for this fiscal year is \$13,175.00.

Moved by Pat Przeslawski, supported by Eric Lawson, to approve the Dues Assessment in the amount of \$13,175 for the Community Mental Health Association of Michigan as presented. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

XVI. Operational Report

Nena Sork reviewed the Operational Report through March 2018. She reports the revised report contains a monthly average column and this will be continued with providing an average per month since January when the reports began. She provided Board members with input as to how to read the reports and provided detailed explanation using doctor's services.

She reviewed the unduplicated counts by county. Steve Dean suggested the headings be identified by a time range i.e., May 1, 2017 – January 30, 2018 in the future.

Judy Hutchins inquired about the MI Residential. Nena Sork provided information related to providers for MI Specialized Residential such as Beacon, Premier Care and Hope Network. Judy Hutchins inquired as to whether there are targeted end dates when placing individuals in specialized residential. Nena Sork reported the goal is always to provide services in the least restrictive environment but each case is reviewed as to individual needs.

Steve Dean inquired as to how the numbers correlate from the first page to page 2 "Number of Consumers Served at NeMCMH" as the numbers do not quite match. Nena Sork notes this is still being tweaked to determine where there are variances.

Steve Dean inquired as to whether there are any plans to close residential homes. At this point, the number of homes we operate is adequate for our needs. Carolyn Bruning noted there are four individuals with an I/DD diagnosis on a waiting list for residential homes.

XVII. Linkage Reports (continued)

3. Consumer Advisory Council

The minutes from the Consumer Advisory Council's Monday meeting were distributed. Cathy Meske reported Eileen Tank and Laura Gray will be attending the NAMI conference in Traverse City in May. A local workgroup met and eight individuals attended to discuss forming a local NAMI group. It is hopeful a group will be formed to provide services in the area.

The Walk A Mile in My Shoes rally is scheduled for May 2nd. Cathy Meske reports at the Spring Conference a box lunch will be provided to Board members to facilitate the Board members to go to Lansing and participate in the rally should they want to. Cathy Meske reports she will not be attending the rally.

XVIII. Chair's Report

1. CMH PAC Final Call

Gary Nowak reported this is the last month to contribute to the PAC. Board members are requested to get their contribution if they wish to Diane Hayka.

2. Section 222 & Conflict of Interest

Gary Nowak reported 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.

3. Governance Training/Strategic Planning Discussion

This was addressed earlier in the meeting. Cathy Meske reported Lynne Fredlund will be doing the presentation. The Strategic Planning facilitator will be Lynne Fredlund as well. Gary Nowak requested all Board members make an attempt to stay the entire training time. Cathy Meske reported at the Executive Committee brought up the opioid epidemic so this might be an End developed this year.

XIX. Director's Report

1. Update on the Michigan Employment First Initiative Rate Restructuring Technical Assistance

Cathy Meske reported a meeting was held with the Michigan Employment First Initiative Rate Restructuring Technical Assistance team and it was very successful. She reported our providers NEMROC and Greenway were included. The team observed individuals in their employment and provided suggestions to meet certain goals. Cathy Meske reported NEMROC has 25 individuals working in enclaves/mobile crews. Enclaves are not considered integrated employment. Cathy Meske reports she provided notice to NEMROC of the Evergreen clause being eliminated from their current contract. The enclave model of employment will not be allowable under the HCBS rules. She reports she provided information to NEMROC 19 months ago. There are 13 Board that applied for this program and we were one of four chosen.

2. Spring Conference

Cathy Meske reported the Voting delegates at the Spring Conference will need to be there by 5:30 p.m. on April 30th.

3. Lakeshore Regional Entity (LRE)

Cathy Meske reported the State provided notice to LRE that the State would be terminating their contract as the State did not feel the PIHP could get all compliance issues could be corrected. LRE appointed an interim transition manager who is a member of the LRE Board and a Pine Rest employee, which is a private entity individual overseeing a public entity. Cathy Meske reported since 2013 Lakeshore has been struggling.

4. Change in Allocation of General Funds (GF)

Cathy Meske reported this change in General Fund allocation will transition over a period of five years. She reports some Boards will be having significant reductions. The five-year transition will aid in smoothing this new formula for distribution.

5. NMRE Incentive Payment

This topic was addressed under Linkage Reports.

6. Dr. Anastasia Banicki-Hoffman

Cathy Meske informed the Board of securing a child psychiatrist. Dr. Banicki-Hoffman will begin July 23rd in Rogers City. Dr. Liu's contract will be discontinued effective around the same time. Bonnie Cornelius suggested she attend a future Board meeting to make acquaintance.

Gary Nowak inquired about whether the jail in Rogers City can accommodate video out of the jail. Cathy Meske reported the prisoners are currently taken to the Rogers City Office and video-conferenced to the doctors here.

Cathy Meske provided a brief history of the recruitment process in obtaining this psychiatrist.

7. University of Michigan MC3 Grant

Cathy Meske reported Linea Brege fills the position identified in this grant. She works with the primary care physicians to link them with child psychiatrists at University of Michigan. This is a grant funded position.

Moved by Albert LaFleche, supported by Lester Buza, to approve the MC3 Grant as presented between The Regents of the University of Michigan and this Agency. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

Steve Dean requested further explanation on the General Fund allocation worksheet to understand the formulas. Cheryl Jaworowski provided the Board with the committee's work to determine a formula to be used to readjust the fairness of the distribution. She notes the last time there was an adjustment to the General Fund the adjustment lasted one year. Cheryl reports in this workgroup, boards like Detroit-Wayne, Oakland had one voice at the table equal to that of other Boards. In the Legislature, Detroit-Wayne has many voices.

XX. Information and/or Comments from the Public

Judy Hutchins reported Virginia DeRosia passed away recently. Gary Nowak requested a moment of silence. A sympathy card was circulated for signatures.

XXI. 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 Bonnie Cornelius, supported by Albert LaFleche, to set the meeting date as the second Thursday of the month beginning at 3:00 p.m. Motion

2. Appointment of Standing Committees

Gary Nowak appointed the following members to the Board's Standing Committees:

Recipient Rights Committee

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

Nominations Committee

Bonnie Cornelius
Steve Dean
Albert LaFleche
Terry Larson

By consensus, the Board concurred with the Chair's appointments.

3. Appointment of Delegates

Gary Nowak reported he had appointed Judy Jones and Judy Hutchins as the voting delegates to the Board Association for the Spring Conference meeting. ***By consensus, the Board concurred.*** It was noted the delegates will be required to be at the Spring Conference on April 30th by 5:30 p.m. as the Member Assembly meeting has been changed to be held the day before the conference.

XXII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, May 10, 2018 at 3:00 p.m.

1. Set May Agenda

Compliance training will be held at the May meeting. Bonnie Cornelius requested the Child Psychiatrist attend a future meeting.

XXIII. Evaluation of Meeting

Judy Hutchins reported the meeting began on time. She noted there was a lot of good discussion and Board members will be learning a lot at the upcoming training. All Board members participated.

Pat Przeslawski reported the Chair did a good job of sharing and the meeting was conducted well.

XXIV. Adjournment

Moved by Pat Przeslawski, supported by Albert LaFleche, to adjourn the meeting. Motion carried. This meeting adjourned at 4:30 p.m.

Alan Fischer, Secretary

Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members

FROM: Cathy Meske

SUBJECT: FY19 MDHHS Contract Approval Process

DATE: May 1, 2018

The Michigan Department of Health and Human Services is changing the process contracts will be handled in the future and are implementing a new “e-grams” method of contract execution. The timeframes for completing the contract execution have also been revised and the process requires the dollar amounts of the FY19 GF contracts to have been input by March 31, 2018. Since the Appropriations for FY19 are not finalized, the current GF allocation has been used.

Contract language must be finalized by the end of May and our Board must approve the contract in June. The Community Mental Health Association of Michigan has suggested Boards consider a motion authorizing a designated e-gram staff to approve the contract once received. Larry Patterson and myself have previously executed contracts using this method for the Homeless Block Grants. I suggest the Board make a motion to authorize the Director or designee to execute the FY MDHHS Contract when received. As the June meeting is our Strategic Planning Session, we would like to have this motion made at the May meeting.

Thank you for your consideration of this revised method of contract execution.



Recipient Rights Advisory Committee Minutes April 25, 2018

The meeting was called to order at 3:30 p.m. in the Administrative Conference Room, NEMCMH, 400 Johnson Street, Alpena, Michigan on April 25, 2018 by Chair Pat Przeslawski.

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

I. Old Business. None.

II. New Business.

REVIEW OF FUNDING: Cheryl Jaworowski, Budget & Finance Director presented the annual review of funding for the rights office. Renee moved to review the report, supported by Lorell, motion carried.

COMMITTEE APPOINTMENTS: All members of the committee were re-appointed by the Board during the March 2018 meeting.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the second quarter of FY 17-18, 1/1/18 – 3/31/18. Complaints totaled 19 of which 18 were opened for investigation, 1 was handled as an intervention, with 9 substantiated. Remedial action was completed on all substantiations. Renee moved to review the report, supported by Lorell, motion carried.

SEMI-ANNUAL RIGHTS REPORT: The semi-annual rights report was presented, covering the first two quarter of FY 17-18. The unduplicated count of consumers served during that time period was 1,865. Total allegations were 42 with 38 being investigated, 3 interventions, and 1 outside jurisdiction. This report is due to the state by June 30th. Tom moved to review the report, Steve supported, motion carried.

UPDATE OF APPLICANT SEARCH: Ruth updated the committee on the job search for the part-time rights advisor. The position is still vacant.

NOTIFICATION OF TRIENNIAL MDHHS-ORR AUDIT: The agency received notice that August 28-30 is the scheduled audit by MDHHS-ORR for the triennial rights review.

III. Other Business.

The next meeting will be July 18, 2018 in the Admin Conference Room at 3:15 p.m.

IV. Adjournment.

Steve moved to adjourn the meeting, supported by Tom. The meeting adjourned at 4 pm.

Patricia Przeslawski, Chairperson

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: January, February & March 2018:

I. COMPLAINT DATA SUMMARY		<u>FY 17-18</u>					<u>FY 16-17</u>			
A. Totals	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th		
Complaints Received:	23	19			22	34	18	26		
Investigated:	20	18			17	27	12	18		
Interventions:	02	01			02	02	03	04		
Substantiated:	13	09			08	17	10	12		
Outside Jurisdiction:	01	-0-			01	01	01	03		
No Code Protected Right:	-0-	-0-			02	04	02	01		

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	0	0		0
Abuse III	4	4		2
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	1	1		0
Neglect III	1	1		0
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 ND 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	3
Treatment Environment	0	0	0	0*
Freedom of Movement	2	2	0	2
Financial Rights	0	0	0	0
Personal Property	1	1	0	0
Suitable Services	5	5	0	2
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	19	18	1	9

*The investigation pending from last quarter was substantiated.

C. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from prev qtr:		
Suitable Services	NEMCMH	Written Reprimand
Suitable Serv-D & R	Beacon Residential	Written Reprimand / Training
Treatment Environmnt	Hope Network	Environment Enhancement
Current qtr:		
Abuse III	Bay View Center	Resigned prior to action takn
Abuse III	NEMCMH	Written Reprimand
Confidentiality	Bay View Center	Resigned prior to action takn
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	Beacon Residential	Resigned prior to action takn
Freedom of Mvmt	Beacon Residential	Resigned prior to action takn
Restraint	Beacon Residential	Suspension & Retraining
Suitable Services	NEMCMH	Documented Counseling
Suitable Serv-D & R	Beacon Residential	Resigned prior to action takn

D. Summary of Incident Reports: January, February & March 2018

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

D. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	19.50	41.50
Hours Used in Training Received	3.00	7.75
Hours Used in Site Visits	1.50	14.00
E. Monitoring Activity	Quarter	YTD
Incident Report Received	181	567
F. Source of All Complaints:	Quarter	YTD
Recipient:	05	10
Staff:	03	15
ORR:	07	12
Gdn/Family:	01	01
Anonymous:	02	02
Comm/Gen Pub:	<u>01</u>	<u>02</u>
Total	19	42

Ruth M. Hewett, Recipient Rights Officer

Date

Annual Demographic Data for:

Northeast Michigan CMH Authority

CMH INFORMATION

Number of Consumers Served (unduplicated count): 1,865 (CMH)

LPH/U INFORMATION

Number of Patient Days: _____ (LPH/U)

Populations Served: _____ (LPH/U)

RIGHTS FTE INFORMATION - CMH

Do not fill in row 44-46 if 1 person has all roles

Total Number of Rights FTEs*:	1.5
Number of Investigators/administrators (FTE)	1.5
Number of Trainers (FTE)	0
Number of Clerical Support (FTE)	0

RIGHTS FTE INFORMATION - LPH/U

Number of Rights Hours (*total per week*):

FTE Rights Hours

APPEALS INFORMATION (if agency has local appeals committee)

Number of Appeals Submitted	0
Number of Appeals Accepted	0
Number Number of Appeals Upheld	0
Number of Appeals Sent Back for Reinvestigation	0
Number of Appeals Requesting External Investigation by DHHS	0
Number of Appeals Sent Back for Further Action	0
Total Number of Appeals Reviewed by the Appeals Committee	0

Rights Office Director: Ruth M. Hewett

Reporting Period: 10/1/2017 to 3/31/2018

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	42	(this will self-fill)
Interventions	3	(this will self-fill)
Investigations	38	(this will self-fill)
Interventions Substantiated	1	(this will self-fill)
Investigations Substantiated	20	(this will self-fill)

COMPLAINT SOURCE

Recipient	10
Staff	16
ORR	11
Guardian/Family	2
Anonymous	2
Community/General Public	1
Total Complaints Received	42

TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse/Neglect I & II	2	1	1	0	0
All others	36	31	4	0	1

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	abuse class I	0	0	0	0	0	0
7221	abuse class II - nonaccidental act	0	0	0	0	0	0
7222	abuse class II - unreasonable force	1	1	0	0	1	0
7223	abuse class II - emotional harm	0	0	0	0	0	0
7224	abuse class II - treating as incompetent	0	0	0	0	0	0
7225	abuse class II - exploitation	0	0	0	0	0	0
7223	abuse class III	5	5	3	1	7	0
7224	abuse class I - sexual abuse	0	0	0	0	0	0

2. Freedom from Neglect

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

3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	notice/explanation of rights	0	0	0	0	0	0	0	0
7520	failure to report	0	0	0	0	0	0	0	0
7545	retaliation/harassment	0	0	0	0	0	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	involuntary 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	1	0	0	1	0	0	0	1
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	8	3	1	5	2	7	1	0
7485	withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	0
7486	correction of record	0	0	0	0	0	0	0	0
7487	access by p & a to records	0	0	0	0	0	0	0	0
7501	privileged communication	0	0	0	0	0	0	0	0

9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	safe environment	2	0	0	2	1	2	0	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	1	0	0	1	1	0	1	0
7400	restraint	1	0	0	1	1	0	1	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	2	0	0	2	0	0	2	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	12	0	0	12	7	5	7	0
7003	informed consent	0	0	0	0	0	0	0	0
7029	information on family planning	0	0	0	0	0	0	0	0
7049	treatment by spiritual means	0	0	0	0	0	0	0	0
7080	mh services suited to condition	6	0	0	6	5	1	5	0
7100	physical and mental exams	0	0	0	0	0	0	0	0
7130	choice of physician/mental health professional	0	0	0	0	0	0	0	0
7140	notice of clinical status/progress services of mental health	0	0	0	0	0	0	0	0
7150	professional	0	0	0	0	0	0	0	0
7160	surgery	0	0	0	0	0	0	0	0
7170	electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	psychotropic drugs	0	0	0	0	0	0	0	0
7190	notice of medication side effects	0	0	0	0	0	0	0	0

14. Treatment Planning

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

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

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	prior consent	0	0	0	0	0	0	0	0
7242	identification	0	0	0	0	0	0	0	0
7243	objection	0	0	0	0	0	0	0	0
7244	release to others/return	0	0	0	0	0	0	0	0
7245	storage/destruction	0	0	0	0	0	0	0	0
TOTALS		41	3	1	38	20	16	27	1

17. No Right Involved

Code	Category	Received
0000	no right involved	0

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	1

Section II: Annual Complaint Data Summary for: Northeast Michigan CMH Auth

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action(s)	Specific Remedial Action(s)	Specific Remedial Action(s)	MI	DD	SED	SED- W	DD- CWP	HSW
abuse class III	Residential DD	Written Reprimand				1				
abuse class III	Residential DD	Employee left the agency, but substantiated								4
abuse class III	Clubhouse/Drop-in Center	Employee left the agency, but substantiated			1					
disclosure of confidential information	Residential MI & DD	Employee left the agency, but substantiated			1					
disclosure of confidential information	Other	Verbal Counseling			1					
disclosure of confidential information	Clubhouse/Drop-in Center	Employee left the agency, but substantiated			1					
restraint	Residential MI & DD	Suspension	Training			1				
restrictions/limitations	Residential MI & DD	Employee left the agency, but substantiated			1					
dignity and respect	SIP	Verbal Counseling								1
dignity and respect	SIP	Written Reprimand								1
dignity and respect	Residential MI & DD	Written Reprimand	Training							1
dignity and respect	Residential MI & DD	Employee left the agency, but substantiated			1					
dignity and respect	Residential DD	Suspension								1
dignity and respect	SIP	Verbal Counseling								1
dignity and respect	Residential DD	Employment Termination								4
mh services suited to condition	SIP	Verbal Counseling								1
mh services suited to condition	Residential MI & DD	Employment Termination	Employment Termination			1				

REMEDATION TOTALS	
Verbal Counseling	6
Written Counseling	0
Written Reprimand	4
Suspension	2
Demotion	0
Staff Transfer	0
Training	2
Employment Termination	3
Employee left the agency, but substantiated	6
Contract Action	0
Policy Revision/Development	0
Environmental Repair/Enhancement	1
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	0
Pending	0
None	0

REMEDATION TOTALS

POPULATION TOTALS	
MI	7
DD	3
SED	0
SED-W	0
DD-CWP	0
HSW	17

PROVIDER TOTALS	
Out Patient	0
Residential MI	0
Residential DD	4
Residential MI & DD	7
Inpatient	0
Day Program MI	0
Day Program DD	0
Workshop (prevocational)	0
Supported Employment	0
ACT	0
Case Management	0
Psychosocial Rehabilitation	0
Partial Hospitalization	0
SIP	7
Crisis Center	0
Children's Foster Care	0
Clubhouse/Drop-in Center	2
Respite Homes	0
Other	1

Tables for Section IC

Population	
MI	Adult Mentally Ill
DD	Developmentally Disabled
SED	Child with Serious Emotional Disturbance
SEDW	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.
DD-CWP	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded
HSW	The Habilitation Supports waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.

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, 2018
50.0% of year elapsed

	Actual March Year to Date	Budget March Year to Date	Variance March Year to Date	Budget FY18	% of Budget Earned or Used
Revenue					
1 State Grants	\$ 55,977	\$ 61,203	\$ (5,226)	\$ 122,405	45.7%
2 Private Contracts	18,433	28,984	(10,551)	57,967	31.8%
3 Grants from Local Units	135,614	134,466	1,148	268,932	50.4%
4 Interest Income	3,573	3,650	(77)	7,300	48.9%
5 Medicaid Revenue	12,079,209	12,723,121	(643,912)	25,446,242	47.5%
6 General Fund Revenue	331,393	375,191	(43,797)	750,381	44.2%
7 Healthy Michigan Revenue	738,075	636,577	101,498	1,273,154	58.0%
8 3rd Party Revenue	426,439	170,842	255,597	341,683	124.8%
9 SSI/SSA Revenue	241,602	240,185	1,417	480,370	50.3%
10 Other Revenue	26,332	25,771	562	51,541	51.1%
11 Total Revenue	14,056,646	14,399,988	(343,341)	28,799,975	48.8%
Expense					
12 Salaries	6,175,398	6,448,622	273,224	12,897,243	47.9%
13 Social Security Tax	280,547	305,835	25,288	611,670	45.9%
14 Self Insured Benefits	1,258,365	1,396,960	138,595	2,793,919	45.0%
15 Life and Disability Insurances	109,368	115,316	5,947	230,631	47.4%
16 Pension	492,359	513,068	20,709	1,026,135	48.0%
17 Unemployment & Workers Comp.	125,173	128,030	2,856	256,059	48.9%
18 Office Supplies & Postage	20,455	26,806	6,351	53,611	38.2%
19 Staff Recruiting & Development	71,460	56,595	(14,865)	113,190	63.1%
20 Community Relations/Education	1,072	1,605	533	3,210	33.4%
21 Employee Relations/Wellness	34,374	35,011	636	70,021	49.1%
22 Program Supplies	203,377	243,463	40,085	486,925	41.8%
23 Contract Inpatient	518,530	495,500	(23,030)	991,000	52.3%
24 Contract Transportation	61,740	52,178	(9,562)	104,356	59.2%
25 Contract Residential	2,327,694	2,348,851	21,156	4,697,701	49.5%
26 Contract Employees & Services	1,389,633	1,383,592	(6,042)	2,767,183	50.2%
27 Telephone & Connectivity	55,038	64,956	9,918	129,912	42.4%
28 Staff Meals & Lodging	10,813	19,929	9,116	39,857	27.1%
29 Mileage and Gasoline	215,475	215,890	415	431,780	49.9%
30 Board Travel/Education	6,229	7,308	1,079	14,616	42.6%
31 Professional Fees	14,928	22,097	7,169	44,194	33.8%
32 Property & Liability Insurance	56,369	21,782	(34,588)	43,563	129.4%
33 Utilities	90,484	102,548	12,063	205,095	44.1%
34 Maintenance	88,740	125,325	36,585	250,650	35.4%
35 Rent	134,918	131,825	(3,093)	263,649	51.2%
36 Food (net of food stamps)	31,348	46,917	15,569	93,834	33.4%
37 Capital Equipment	7,751	23,800	16,049	47,600	16.3%
38 Client Equipment	20,484	10,489	(9,995)	20,978	97.6%
39 Miscellaneous Expense	41,144	48,536	7,392	97,071	42.4%
40 Depreciation Expense	141,248	136,606	(4,642)	273,212	51.7%
41 Budget Adjustment	-	(129,445)	(129,445)	(258,890)	0.0%
42 Total Expense	13,984,514	14,399,988	415,473	28,799,975	48.6%
43 Change in Net Position	\$ 72,132	\$ -	\$ 72,132	\$ -	0.3%

Contract settlement items included above:

44 Medicaid Funds Under Spent	245,119
45 General Funds Under Spent	64,047
46 Healthy Michigan Funds Over Spent	(101,498)

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
March 31, 2018

	Total Business- Type Activities <u>Mar. 31, 2018</u>	Total Business- Type Activities <u>Sept. 30, 2017</u>	<u>% Change</u>
Assets			
Current Assets:			
Cash and cash equivalents	\$ 2,771,936	\$ 3,883,652	-28.6%
Restricted cash and cash equivalents	904,273	872,575	3.6%
Investments	750,000	750,000	0.0%
Accounts receivable	2,708,310	1,261,415	114.7%
Inventory	16,518	16,518	0.0%
Prepaid items	266,821	448,107	-40.5%
Total current assets	<u>7,417,858</u>	<u>7,232,266</u>	<u>2.6%</u>
Non-current assets:			
Capital assets not being depreciated	90,000	90,000	0.0%
Capital assets being depreciated, net	1,437,022	1,675,571	-14.2%
Total non-current assets	<u>1,527,022</u>	<u>1,765,571</u>	<u>-13.5%</u>
Total assets	<u>8,944,879</u>	<u>8,997,837</u>	<u>-0.6%</u>
Liabilities			
Current liabilities:			
Accounts payable	1,839,216	1,820,404	1.0%
Accrued payroll and payroll taxes	495,396	647,023	-23.4%
Deferred revenue	22,623	46,596	-51.4%
Current portion of long-term debt (Accrued)	75,326	72,686	3.6%
Total current liabilities	<u>2,432,561</u>	<u>2,586,709</u>	<u>-6.0%</u>
Non-current liabilities:			
Long-term debt, net of current portion	828,947	799,889	3.6%
Total liabilities	<u>3,261,508</u>	<u>3,386,598</u>	<u>-3.7%</u>
Net Position			
Invested in capital assets, net of related debt	1,527,022	1,765,571	-13.5%
Unrestricted	4,156,350	3,845,668	8.1%
Total net position	<u>5,683,371</u>	<u>\$ 5,611,239</u>	<u>1.3%</u>
Net Position Beginning of Year	5,611,239		
Revenue	14,056,646		
Expense	(13,984,514)		
Change in net position	<u>72,132</u>		
Net Position March 31, 2018	<u>\$ 5,683,371</u>		

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

14.4% or 53 days
8% - 25%

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

10/1/17 - 3/31/18

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	60,416.20

Revenue:	
Contributions	2,448.08

Increase(Decrease)	2,448.08

Ending Balance	62,864.28
=====	
RESERVE	
Beginning Balance	15,500.67

Revenue:	
Interest and Dividends	1,653.87
Realized Gain(Loss)	2,357.58
Unrealized Gain(Loss)	(1,043.66)

Total Revenue	2,967.79

Expense:	
Transfer To Spendable This FY	3,201.43
Administrative Fees	473.01

Total Expense	3,674.44

Increase(Decrease)	(706.65)

Ending Balance	14,794.02
=====	
SPENDABLE	
Beginning Balance	7,772.81

Revenue:	
Transfer From Reserve	3,201.43

Total Revenue	3,201.43

Expense:	
Grants Approved	5,000.00

Total Expense	5,000.00

Increase(Decrease)	(1,798.57)

Ending Balance	5,974.24
=====	

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

10/1/17 - 3/31/18

BALANCE SHEET		YTD
Assets:		
Investment Pool		83,632.54

Total Assets		83,632.54
		=====
Current Liabilities:		

Liability\Fund Balances:		
Endowment		62,864.28
Reserve		14,794.02
Spendable		5,974.24

Total Liability\Fund Balances		83,632.54

Total Liabilities and Equity		83,632.54
		=====

GOVERNANCE PROCESS

(Manual Section)

BOARD JOB DESCRIPTION

(Subject)

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

August 8, 2002
May 12, 2016

•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 their relative worth (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
August 9, 2007

●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. Recognition 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 28, 2018
CROSS STREET CONFERENCE ROOM, GAYLORD**

BOARD MEMBERS IN ATTENDANCE:	Roger Frye, Annie Hooghart, Terry Larson, Gary Nowak, Jay O’Farrell, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora
BOARD MEMBERS ABSENT:	Carol Crawford, Randy Kamps, Gary Klacking, Dennis Priess
STAFF IN ATTENDANCE:	Shannon Avenall, Brian Babbitt (for Christine Gebhard), Richard Carpenter, Chip Johnston, Sandy Kintz, Eric Kurtz, Karl Kovacs, Mary Marlatt-Dumas, Brian Martinus, Diane Pelts, Christie Pudvan, Paul Rebandt, Nena Sork (for Cathy Meske), Dee Whittaker, Deanna Yockey
PUBLIC IN ATTENDANCE:	Chip Cieslinski, Donna Hardies, Susan Pulaski, Kristine Wilmoth

CALL TO ORDER

Let the record show that in the absence of Chairman Randy Kamps, Vice Chairman Roger Frye called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Carol Crawford, Ed Ginop, Randy Kamps, Gary Klacking, Dennis Priess, and Richard Schmidt were absent with notice for the meeting on this date. All other Board Members were in attendance.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

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

**MOTION MADE BY GARY NOWAK TO APPROVE THE MINUTES OF THE FEBRUARY 28, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY KARLA SHERMAN.
MOTION CARRIED.**

APPROVAL OF AGENDA

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

**MOTION MADE BY JOE STONE TO APPROVE THE AGENDA FOR THE MARCH 28, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ANNIE HOOGHART.
MOTION CARRIED.**

CORRESPONDENCE

- A memorandum dated March 16th from Jeff Wieferich at MDHHS to PIHP Executive Directors, CMHSP Executive Directors, and SUD Services Directors regarding 1115 Waiver Clarification for SUD Services.
- Correspondence from CMHAM on “Defining the role of Michigan’s public mental health system in healthcare transformation: the Association’s part in this effort” dated March 2018.
- Information about Electronic Visit Verification (EVV) which is mandated under Section 12006 of the CURES Act to improve the effectiveness of all programs that provide Personal Care Services (January 1, 2019) and Home Health Care Services (January 1, 2023).
- A memorandum from Jeff Wieferich dated March 9, 2018 to PIHP Executive Directors announcing the schedule for Health Services Advisory Group’s on-site compliance reviews (June 19th -20th).
- A summary of discussion topics for CMHAM’s Directors’ Forum held on March 20th – 21st.
- A document from CMHAM dated March 2018 on the “Impacts of Medicaid Revenue for PIHP/CMH System,” subtitled “Transfer of DAB enrollees to HMP and TANF status in the Face of growing Medicaid Enrollment.” Issues experienced with individuals who turn 21YO and remain in the under 21 age rate category. A rate adjustment is likely at some point in the future.
- The FY19 Executive Budget Proposal highlights supplied by CMHAM.
- The House CARES Task Force report.
- A press release from CMHAM announcing the three pilot sites selected to coordinate physical and behavioral health services in Michigan: 1) Muskegon County CMH and West Michigan CMH, 2) Genesee Health System, and 3) Saginaw County CMHA. Also, “Evaluation of the pilot(s) and demonstration models”, and “Michigan’s Section 298 Pilot Evaluation Plan Conducted by the University of Michigan.”
- MDHHS Update on the MiPAD Initiative from Philip Kurdunowicz dated March 21, 2018.
- The MiPAD Final Workgroup Report dated February 13, 2018.
- The Healthcare Integration and Coordination 2017/2018 Update from CMHAM Center for Healthcare Research and Coordination dated February 2018.
- Template for Letter of Interest to the Delta Center for a Thriving Safety Net State Learning and Action Collaborative.

ANNOUNCEMENTS

Mr. Stone noted the lengthy paper Board packet. Mr. Kurtz explained the reason for the full liquor tax documents. Several Board Members indicated they require only paper copies of action items in the future, with the full packet sent by email. This will be implemented beginning with the April Board meeting.

PUBLIC COMMENTS

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

REPORTS

Board Chair Report/Executive Committee

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

CEO’s Report

The NMRE CEO Report for March 2018 was included in the materials for the meeting on this date. Mr. Kurtz discussed the MDHHS/PIHP call regarding higher acuity inpatient setting (from the MiPAD workgroup). He reported the State is considering using a Medicare rate structure for inpatient. Mr. Kurtz referred to this as a “step in the right direction.” Mr. Kovacs asked whether this move would eliminate the need to negotiate with hospitals. Mr. Kurtz responded yes, and it would also call for rates to drop after a set time (days). The impact in terms of cost is to be determined, but they will likely go up somewhat. Ms. Sherman voiced she has seen several television spots recently from the “Drug Free Northern Michigan” prevention campaign. She was complimentary, calling them “very well done.”

Don Tanner asked about the PIHP Contract Negotiations meeting on March 23rd and whether any of the issues about whether or not a CMHSP can be held at risk for a PIHP's overspending is being discussed. Mr. Kurtz said that issue will be discussed later in the agenda under "Dueling legal Opinions." Mr. Kurtz reported that no more extensions to the 1915(b) will be given; the waiver needs to be redone and will likely point to 1115, which should remove the troubling language. The PIHPs would retain excess funds, though one legislator is trying to define them as valid Medicaid expenses. Savings and incentives could potentially be used as local funds. It could also fix the issue that contributions to ISF are not factored into base rates.

SUD Board Report

The minutes from the March 5, 2018 meeting of the NMRE SUD Oversight Board were included in the materials for the meeting on this date. Selected topics will be discussed later in the Agenda.

Financial Reports

The NMRE Monthly Financial Report for January 2018 was included in the materials for the meeting on this date. Mr. Carpenter discussed the revenue graphs. He noted the NMRE received retro payments for October in February. FY17 figures showed DAB, HMP, and HSW high as they included revenue and expenses for use tax. Revenue in all categories show higher this year than last. Autism is lumped in to revenue and expenses. The Medicaid ISF shows \$6.6M and Medicaid Savings shows \$4.2M. The report for the first four months of the fiscal year shows Medicaid underspent by \$2.5M. Mr. Carpenter said he has asked the State how much of each payment is the direct care wage pass through; this is needed to calculate the anticipated surplus. Autism revenue increased significantly, another increase is expected in FY19. Mr. Stone asked if Autism is still being tracked, even though it is included in the Traditional Medicaid cap payment. Mr. Carpenter responded that he could probably back it out, but he has not done so to date. Healthy Michigan shows a slight deficit of \$135K (relatively minor) which can be offset with traditional Medicaid. Healthy Michigan ISF is \$5.4M and Health Michigan Savings is zero. Revenue for SUD services is being closely monitored. Mr. Carpenter noted that overspending is a statewide trend.

Mr. Carpenter expressed he will likely revise FY18 projections with 6 months of data available. Mr. Kurtz mentioned the \$1.1M incentive payment received by NMRE, which can be used as local funds. This will be passed proportionately to the CMHSPs. Mr. Kurtz also noted the MUNC was submitted timely.

MOTION MADE BY GARY NOWAK TO RECEIVE AND FILE THE NORTHERN MICHIGAN MONTHLY FINANCIAL REPORT FOR JANUARY 2018, SECOND BY TERRY LARSON. MOTION CARRIED.

NEW BUSINESS

Liquor Tax Requests

The Liquor tax requests approved by the NMRE SUD Oversight Board were included in the materials for the meeting on this date.

MiPHY

Liquor tax funds used to incentivize the use of the MiPHY regional needs assessment on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health for students in grades 7, 9, and 11. To provide incentive for schools to participate, the request was made to provide \$1,000 to each school district that participates.

Talk Sooner

Liquor tax request in the amount of \$44,900 to implement the Talk Sooner Campaign in each of the twenty-one counties in the NMRE services area. Talk Sooner sends a common message to parents about alcohol, tobacco and other substances using factual information, trends, and tips on how to talk to youth.

MOTION MADE BY GARY NOWAK TO ACCEPT THE LIQUOR TAX REQUESTS APPROVED BY THE NORTHERN MICHIGAN SUBSTANCE USE DISORDER OVERSIGHT BOARD ON MARCH 5, 2018, SECOND BY KARLA SHERMAN. MOTION CARRIED.

SUD PREVENTION CHANGES SUMMARY

A summary of changes to the NMRE Prevention Process was included in the materials for the meeting on this date. The change in contracting would eliminate the Performance Based Contract as well as the associated withholds and incentives. Contracts would be based upon county needs as identified in a needs assessment. Services would be required to be evidence based. Planning would identify services and units. Providers would include the rates per service while staying within the total funding per county.

MOTION MADE BY DON TANNER TO APPROVE THE CHANGES TO THE NORTHERN MICHIGAN REGIONAL ENTITY SUD Prevention Contracts FROM PERFORMANCE BASED CONTRACTS USING FINANCIAL INCENTIVES AND WITHHOLDS TO CONTRACTS BASED ON NEEDS IDENTIFIED THROUGH COUNTY NEEDS ASSESSMENTS, AND REQUIRING THE USE OF EVIDENCE-BASED PRACTICES, SECOND BY GARY NOWAK. MOTION CARRIED.

FINANCIAL AND COMPLIANCE AUDIT RFP

The NMRE Request for Proposals for Auditing Services (Financial, Single Audit Compliance, and Compliance Examination) for Fiscal years ended on September 30, 2018, 2019, and 2020 was included in the materials for the meeting on this date. The RFP includes Auditing services for the five Member Boards, though it is not necessary that all entities contract with the same auditing firm.

MOTION MADE BY DON TANNER TO APPROVE THE REQUEST FOR PROPOSALS FOR AUDITING SERVICES FOR THE NORTHERN MICHIGAN REGIONAL ENTITY, AUSABLE VALLEY COMMUNITY MENTAL HEALTH AUTHORITY, CENTRA WELLNESS NETWORK, NORTH COUNTRY COMMUNITY MENTAL HEALTH, NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY, AND NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2018, 2019, AND 2020, SECOND BY KARLA SHERMAN.

Discussion: The single RFP was begun to possibly use the same auditing firm throughout the region. Clarification was made the Rehmann cannot bid on the NMRE audits as long as Richard Carpenter is acting CFO. Mr. Johnston explained that accounting firms are not allowed to sub-delegate the responsibility.

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

TELEPHONIC AFTER-HOURS CRISIS RESPONSE RFI

The NMRE Request for Information for after-hours telephonic crisis intervention services was included in the materials for the meeting on this date. The RFI includes after-hours crisis phone services for the NMRE and all of its Member Boards except Centra Wellness Network.

MOTION MADE BY JOE STONE TO APPROVE THE REQUEST FOR INFORMATION FOR AFTER-HOURS TELEPHONIC CRISIS INTERVENTION SERVICES FOR THE NORTHERN MICHIGAN REGIONAL ENTITY, AUSABLE VALLEY COMMUNITY MENTAL HEALTH AUTHORITY, NORTH COUNTRY COMMUNITY MENTAL HEALTH, NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY, AND NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY, SECOND BY JAY O'FARRELL. MOTION CARRIED.

CMT CONTRACT NON-RENEWAL

Mr. Kurtz asked for a motion to approve not renewing the contract between the NMRE and Care

Management Technologies for data analytics. The reports supplied by CMT were underutilized by staff. The NMRE's data warehouse will allow NMRE staff to create needed reports at reduced cost.

MOTION MADE BY DON TANNER TO APPROVE THAT THE NORTHERN MICHIGAN REGIONAL ENTITY NOT RENEW THE CONTRACT WITH CARE MANAGEMENT TECHNOLOGIES IN FULL, SECOND BY ANNIE HOOGHART. MOTION CARRIED.

DUELING LEGAL OPINIONS ON EXPENDITURE OVERRUNS

Opinions from Timothy Perrone from Cohl, Stoker & Toskey and Roslyn Parmenter were included in the materials for the meeting on this date. The question up for debate is, "Is a CMH responsible for Medicaid Over-expenditures?" According to Mr. Perrone, the answer is no, it is the PIHPs responsibility to handle risk. Ms. Parmenter took it a step further; PIHPs were created by Member CMHSPs, which were created by the County Commissions. County Boards (not Authorities or Organizations) would then bear some liability. Mr. Kurtz called the matter an "interesting discussion." Mr. Tanner recognized "they are all subdivisions of the State." Mr. Kurtz noted the waiver decision will inform where this goes.

COHL, SOTKER & TOSKEY ENGAGEMENT

Mr. Kurtz expressed the need for the NMRE to engage a law firm for Human Resources development, general contract approval, and consultation. He said he will pursue Cohl, Stoker & Toskey; there was no opposition from the Board.

OLD BUSINESS

NMRE Draft Strategic Plan

The NMRE Strategic was included in the February meeting materials in draft form. The Plan will be discussed during the April meeting. Input/feedback may be forwarded to Carol Balousek at the NMRE.

SUD Rates

The NMRE revised SUD rates for FY18 were distributed on this date. Initially the rates were issued based on responses to the RFP. Since then, Providers have voiced concerns with some of the standardized rates, particularly in light of the healthy fund balance. The revised rates would be used for FY18 and rates will be reviewed again in October for FY19. It was noted that no cuts were made, rates either stayed the same or increased. New services are being offered per the benefit plan.

MOTION MADE BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER PROVIDER RATES FOR FISCAL YEAR 2018 AS PRESENTED AND REVIEWED ON THIS DATE, SECOND BY KARLA SHERMAN.

Discussion: Mr. Tanner voiced the NMRE should be moving toward integration of the SUD and mental health systems (including funding). Chip Cieslinski, Catholic Human Services, thanked Mr. Kurtz for taking another look at the rates; he was also appreciative of the "rural rates." Mr. Kovacs commented that, "as a system, we put forth a tremendous amount of money for remediating peoples' problems; we need to put increased effort toward prevention."

Let the record show that Mr. Stone's MOTION CARRIED.

MCHE

The Bylaws of the Michigan Consortium for Healthcare Excellence were sent to Board Members prior to the meeting on this date. Mr. Kurtz expressed his ambivalence with some of the "projects" being discussed by the group, most of which will undoubtedly have a financial implication. Mr. Kurtz stressed these initiatives will have a financial implication.

Mr. Stone commented that the MCHE began as a SUD organization (MASACA) and was intended to continue as such; it has morphed into something else. The Bylaws do not set a dollar amount for “dues.” Mr. Kurtz said that “fees” could be charged as 1/10th (proportional to funding) for all projects. Mr. Kurtz expressed the recommendation of the Operations Committee to withdraw membership in the MCHE.

Mr. Stone proposed that the NMRE remain a member as long as there is no financial obligation attached.

MOTION MADE BY DON TANNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY WITHDRAW MEMBERSHIP IN THE MICHIGAN CONSORTIUM OF HEALTH CARE EXCELLENCE EFFECTIVE March 28, 2018, SECOND BY ANNIE HOOGHART.

Discussion: Mr. Johnston voiced strong support of the Motion.

Roll call voting took place on Mr. Tanner’s Motion.

“aye” votes: Roger Frye, Annie Hooghart, Terry Larson, Gary Nowak, Jay O’Farrell, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora

“no” votes: None recorded

Let the record show that Mr. Tanner’s MOTION CARRIED.

PRESENTATION

Data Warehouse Update

Slides from the PowerPoint presentation delivered by Chris Ackerley from Afia were included in the materials for the meeting on this date. A regional meeting held on March 19th was well attended. The data warehouse will enable NMRE staff to build reports and eliminate costly contracts with external sources. The cost to Afia is approximately \$33,000.

COMMENTS

Board

- Mr. Nowak asked Mr. Stone about CMHAM Regional Workshops. Mr. Stone replied that Regions/PIHPs put them together themselves, with information provided by the Association.
- Ms. Hooghart stated she is on the committee to revise the CMHAM Bylaws. A meeting is scheduled for March 29th. She will provide an update in April.
- Mr. Tanner wished all in attendance a Happy Easter.

Staff/CEOs

Mr. Kovacs announced that Northern Lakes Community Mental Health will be moving to PCE for its electronic health record software platform. He thanked the Member Boards for their cooperation.

MEETING DATES

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

ADJOURN

MOTION MADE BY TERRY LARSON TO ADJOURN THE MARCH 28, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY KARLA SHERMAN. MOTION CARRIED.

Let the record show that Mr. Frye adjourned the meeting at 11:40 AM.

JUNE AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Monitoring Reports

Ends 04-001

Activity

Strategic Planning



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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 10, 2018	@ 3:00 p.m.
June 14, 2018	@ 12:00 p.m.*
July 12, 2018	@ 3:00 p.m.
August 9, 2018	@ 3:00 p.m.
September 13, 2018	@ 3:00 p.m.
October 11, 2018	@ 3:00 p.m.
November 8, 2018	@ 3:00 p.m.
December 13, 2018	@ 3:00 p.m.
January 10, 2019	@ 3:00 p.m.
February 14, 2019	@ 3:00 p.m.
March 14, 2019	@ 3:00 p.m. **
April 11, 2019	@ 3:00 p.m. ***

* Strategic Planning Session

** 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.



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

April 27, 2018

FRIDAYFACTS

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

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

RE:

- **New e-mail addresses for Association staff**
- **Association soon to announce new membership opportunities**
- **Friday Facts to become a members-only electronic newsletter**
- **Work, Accomplishments, and Announcements of CMH Association Member Organizations**
 - **OCHN selects new CEO**
 - **SWMBH recognized by National Guard and Reserve**
- **State and National Developments and Resources**
 - **CMH Association announces Walk a Mile Rally**
 - **NAMI- Michigan annual meeting announced**
 - **National Rural Institute on Alcohol and Drug Abuse announced**
 - **Michigan Health Policy Forum announces spring 2018 forum on civil discourse**
 - **Mental Health and Corrections resources published**
 - **Upcoming MDHHS Hepatitis A Webinar**
 - **Michigan Senators call for improved access to opioid overdose reversal drug**
 - **CDC issues resource guide for children's integrated care**
 - **Support to curb farm suicides proposed**
- **Legislative Update**
 - **SUD Funding Bill Passes Full House**
- **National Update**
 - **MI Delegation Talks to Congress**
- **Ethics Training for Social Work and Substance Abuse Professionals for 2018**
- **CMHAM Spring Conference – CE Credits Available**
- **Motivational Interviewing for Children's Trainers**
- **Smoking Cessation Leadership Annual Collections: 2016 and 2017 Recorded Webinars**
- **CMHAM Association committee schedules, membership, minutes, and information**

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

Please update your email address for CMHAM staff:

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

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

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

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

OCHN selects new CEO

Below is an excerpt from a recent press release from Oakland Community Health Network (OCHN) regarding the offer of the organization's CEO position to Annette Downey. Congratulations to Annette and the OCHN Board, staff, and community partners.

After conducting thoughtful and comprehensive interviews with candidate finalists for Oakland Community Health Network's (OCHN) vacant CEO position, the organization's Board of Directors has voted to present an offer to Annette Downey. Downey is the current executive director of Community Living Services – Oakland County (CLS-OC) based in Ferndale.

Board members will meet in closed session at a later date to discuss and outline contract items. A formal announcement regarding the position will be made after all appointment details are finalized.

OCHN's search for a new CEO began in February of this year with more than 60 applicants from across the State and nation. The search was narrowed by the Board to four and then two people before Downey's selection.

SWMBH recognized by National Guard and Reserve

Below is a recent press announcement from Southwest Michigan Behavioral Health (SWMBH) about their recent recognition by the Michigan Committee for Employer Support of the Guard and Reserve (ESGR). Congratulations to SWMBH.

Southwest Michigan Behavioral Health (SWMBH) has been selected to receive a 2018 Above and Beyond Award from the Michigan Committee for Employer Support of the Guard and Reserve (ESGR). The ESGR is tasked with the mission of gaining and maintaining employer support for those who serve in the National Guard and Reserve. The Above and Beyond Award is given to those employers who provide a level of support “above and beyond” that required by law to their Guard and Reserve employees.

SWMBH was nominated for this award by Georgie (Braithwaite) Juday. It’s (now former) Veteran Navigator who serves as a 2nd LT in the Michigan National Guard. “We are both honored and humbled that Georgie would nominate SWMBH for this award,” said Bradley Casemore, SWMBH CEO. “We believe that supporting our nation’s active and reserve service men and women is important to maintaining SWMBH as a top employer. I want to personally thank Georgie for this nomination and for her exemplary work on behalf of veterans in our region. We will miss her as an employee, but wish her utmost success in her new full time position in service to our country in the Michigan National Guard.”

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association announces Walk a Mile Rally

We urge all those who care about mental health and the strength of Michigan’s public mental health system to join us at this year’s Walk a Mile Rally.

On Wednesday, May 2, 2018, *THOUSANDS* will gather at the State Capitol to rally for Mental Health Awareness and to let Legislators know that *MENTAL HEALTH MATTERS!!!* I would like to encourage EVERYONE to attend this lively, eye-opening rally, and tell the leaders at our State Capitol to “*Walk A Mile in My Shoes!*”

The Walk a Mile information packet is available at:
<https://www.macmh.org/about-us/walk-mile-rally>

The schedule of the Walk A Mile Rally:

Noon

Emcee welcomes everyone.

Early attendees can meet with legislators in their office or get their pictures taken on the Capitol steps.

12:20 p.m.

Advocacy walkers begin to line up to start the walk around the Capitol

12:30 p.m.

Advocacy walk begins.

12:30 – 1:30 p.m.

Rally attendees arrive.

Check-in tent opens – Pick up goody bag and water.

Information Tent opens – CMH designee check-in to receive county flag, statement and buttons.

Legislator Tent – Meet you legislator, learn about state government and advocacy activities.

1:00 p.m.

Guest singers and speakers report to the podium.

County Representatives, flag carriers and assistants report to stations along Capitol Ave. (Flags will be distributed at Information Tent).

Advocacy walk wraps up.

1:30 p.m.

Rally starts.

“The National Anthem. “Opening remarks on front steps.

Featured speakers address advocates.

NOTE – House of Representatives begins session.

1:45 p.m.

Marching begins up middle sidewalk, followed by statements from each county representative.

2:45 p.m.

Statements conclude.

Group pictures can be taken on front steps.

2:45 – 3:00 p.m.

Wrap up/closing remarks.

County Representatives return flags to CMHAM staff/volunteers in hot pink shirts (boxes set up by Capitol steps).

Rally attendees can meet with legislators in lobby outside of the House of Representatives and Senate chambers, or in their offices if session is over.

3:00 – 3:30 p.m.

Closing remarks.

NAMI- Michigan annual meeting announced

NAMI-Michigan 2018 Annual State Conference

“Achieving Integrated Care in Michigan”

May 9 – 11, 2018

Grand Traverse Resort

Keynote Speakers:

- 2018 Candidates for Governor: Panel Discussion
- Integrated Healthcare: Panel Discussion
- Lynda Zeller; MDHHS Update (298 Pilot, Psychiatric Beds, etc.)
- Milton Mack; Decriminalization of Mental Illness; Fixing a Broken System
- Erin Barbossa; Mental Resilience and Health in the Workplace
- Farha Abbasi; Devil, Djinn or Depression – Cultural Mental Healthcare
- Dr. Prabhakar; Henry Ford Suicide Prevention

To register, go to: <http://namimi.org/nami-michigan-annual-conference-2018>

National Rural Institute on Alcohol and Drug Abuse announced

Below is a recent announcement of the 2018 National Rural Institute on Alcohol and Drug Abuse:

It is a pleasure to announce the 2018 National Rural Institute on Alcohol and Drug Abuse to be held June 10-14, 2018 at University of Wisconsin-Stout in Menomonie, Wisconsin. You are being contacted for the opportunity to reserve an exhibit space at this year’s conference that promises to be educational, practical and exciting.

Featured speakers: Rory Ledbetter, Actor, Director, Voiceover Artist, Vocal Coach, and Educator; Wayne W. Lindstrom, PhD, Director, Behavioral Health Services Division, New Mexico Human Services Department; Dr. Will Cooke, MD, FAAFP, AAHIVS, Foundations Family Medicine; Mike Schiks, MS ACATA, Executive Director/CEO, Project Turnabout Addiction Recovery Center

For more information, go to:

<https://www.uwstout.edu/outreach-engagement/lifelong-learning/other-opportunities/national-rural-institute-alcohol-and-drug-abuse>

Register at: https://uwstout.qualtrics.com/jfe/form/SV_5hwlweQ8L70o3it

Michigan Health Policy Forum announces spring 2018 forum on civil discourse

Michigan Health Policy Forum
Monday, May 14, 2018
1:00 PM – 4:00 PM
Kellogg Center – Big 10A
219 South Harrison Road
East Lansing, MI 48824

Civil Discourse: The Gateway to Sustainable Policy Changes

In the past decade, the United States has adopted policies that maximized the number of US citizens with health insurance coverage/services and then taken action to reverse that direction. What are the goals of the United States with regard to health insurance coverage for its citizens? What does our nation value with regard to health care?

The change in policy direction did not result from meaningful dialogue about our health policy goals. In the absence of that dialogue, policy arguments and political arguments are used interchangeably. Informed health policy requires informed discussion. The Michigan Health Policy Forum is dedicated to presenting informed discussion in the belief that a civil exchange of ideas from all sides of the political spectrum will help Forum attendees in understanding the concerns that shape health policy. This understanding is the basis of sustainable policy change in health care.

Speakers: Randolph Rasch, PhD, RN, FAANP, Dean, Michigan State University College of Nursing; Joseph R. Antos, PhD, American Enterprise Institute “The View from the Right”; Sabrina Corlette, JD, Health Policy Institute, Georgetown University “The View from the Left”; Mr. Paul Hillegonds, CEO, Michigan Health Endowment Fund; Senator Curtis Hertel (D), Representative Edward Canfield (R); Dennis Paradis, MPH, Executive Director, Michigan Health Policy Forum.

To register: <http://michianhpf.msu.edu/index.php/forum-registration>

Mental Health and Corrections resources published

As part of this Association’s work to foster cutting edge approaches to the provision of mental health services in partnership with the state’s law enforcement and corrections system, this edition of Friday Facts features several publications, released by the Urban Institute, related to this issue. These publications include:

Strategies for Connecting Justice-Involved Populations to Health Coverage and Care:

<https://www.urban.org/research/publication/strategies-connecting-justice-involved-populations-health-coverage-and-care>

Measuring Progress in Connecting Criminal Justice to Health: A How-to Guide to Performance Management for Practitioners:

<https://www.urban.org/research/publication/measuring-progress-connecting-criminal-justice-health>

Connecting Criminal Justice-Involved People with Medicaid Coverage and Services: Innovative Strategies from Arizona:

<https://www.urban.org/research/publication/connecting-criminal-justice-involved-people-medicaid-coverage-and-services-innovative-strategies-arizona>

Upcoming MDHHS Hepatitis A Webinar

Dr. Eden Wells, the MDHHS Chief Medical Executive, will be hosting an hour long hepatitis A clinician webinar on May 7, 2018. The webinar will cover an update on the current status of the hepatitis A outbreak in Michigan and information important for clinical providers.

Date/Time: May 7, 2018 from 12:00 PM – 1:00 PM EDT
Adobe Connect Meeting Link: <http://breeze.mdch.train.org/mdhhscome>
Dial In: 877-336-1829
Access Code: 7063786

Michigan Senators call for improved access to opioid overdose reversal drug

Below is an excerpt from a recent press release describing a recent call for action by Michigan's U.S. Senators Debbie Stabenow and Gary Peters.

Stabenow, Peters Call on Administration to Take Immediate Action to Reduce Price of Naloxone, a Life-Saving Opioid Overdose Reversal Drug

U.S. Senators Debbie Stabenow and Gary Peters today led 14 of their colleagues in calling on the Department of Health and Human Services to take immediate action to reduce the price of naloxone, a life-saving opioid overdose reversal drug. The Senators' letter follows a recent national advisory issued by the United States Surgeon General urging more Americans to keep on hand and learn how to use naloxone delivery devices. In 2016, Michigan had the eighth most deaths of any state in the country and over 2,000 people lost their lives from a drug overdose.

"No police officer, no firefighter, no public health provider, and no person should be unable to save a life because of the high price," wrote the lawmakers. "By bringing down the cost, we can get this life-saving drug in the hands of more people as called for by the Surgeon General. Doing so will save countless lives."

"The Commission on Combating Drug Addiction and the Opioid Crisis recommended empowering the HHS Secretary to negotiate reduced pricing, and in October 2017 19 Senators wrote in support of this policy, the lawmakers continued. "To date, no such action has been taken by HHS. We urge HHS to immediately negotiate a lower price for easy-to-administer naloxone combination products. In addition, we ask you to ensure affordable coverage for individuals with health insurance, including Medicare, Medicaid, and individual and employer-sponsored plans."

U.S. Senators Sheldon Whitehouse (D-RI), Amy Klobuchar (D-MN), Richard Blumenthal (D-CT), Tammy Baldwin (D-WI), Jack Reed (D-RI), Bernie Sanders (I-VT), Joe Donnelly (D-IN), Tina Smith (D-MN), Jeanne Shaheen (D-NH), Kamala Harris (D-CA), Angus King (I-ME), Cory Booker (D-NJ), Sherrod Brown (D-OH), and Maria Cantwell (D-WA) signed Stabenow and Peters' letter to HHS Secretary Alex Azar.

The full text of the letter is found below.

April 18, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

We write to ask the U.S. Department of Health and Human Services (HHS) to take immediate action to increase access and reduce the price of naloxone auto-injectors and nasal sprays; life-saving opioid overdose reversal products. We believe that every individual, municipality, and entity that wants to equip themselves with these products should be able to afford to.

The opioid epidemic claimed the lives of 42,249 Americans in 2016 – about 115 Americans every day. Drug overdoses are now the leading cause of death for Americans under 50, exceeding the peak car crash and H.I.V. deaths. Unfortunately, despite the progress health care providers, first responders, state governments, and others have made in fighting the epidemic, data from the CDC suggests that the problem is still getting worse, as there were more than 45,000 deaths from August 2017 to August 2018.

As you know, United States Surgeon General Dr. Jerome M. Adams issued a national advisory urging more Americans to keep on hand and learn how to use naloxone delivery devices. He states that, “increasing the availability and targeted distribution of naloxone is a critical component of our efforts to reduce opioid-related overdose deaths and, when combined with the availability of effective treatment, to ending the opioid epidemic.” We strongly agree.

Unfortunately, despite being approved by the FDA more than 45 years ago, the price of naloxone has increased dramatically during the epidemic. The prices of the two user-friendly devices that can be administered outside of a health care setting are the highest. Narcan, which delivers naloxone as a nasal spray, costs \$150 for a two pack and Evzio, a hand-held auto-injector, increased in price from \$690 in 2014 to more than \$4,000 today for a two pack.

Such high prices are already leaving local fire, police, and health departments struggling to afford naloxone, and many Americans will want to follow the Surgeon General’s advisory only to realize they are unable to afford the drug that could save their own life or the life of someone they know. The Commission on Combating Drug Addiction and the Opioid Crisis recommended empowering the HHS Secretary to negotiate reduced pricing, and in October 2017 19 Senators wrote in support of this policy. To date, no such action has been taken by HHS. We urge HHS to immediately negotiate a lower price for easy to administer naloxone combination products. In addition, we ask you to ensure affordable coverage for individuals with health insurance, including Medicare, Medicaid, and individual and employer sponsored plans.

No police officer, no firefighter, no public health providers, and no person should be unable to save a life because of the high price. By bringing down the cost, we can get this life-saving drug in the hands of more people as called for by the Surgeon General. Doing so will save countless lives.

CDC issues resource guide for children’s integrated care

The federal Centers for Disease Control (CDC) recently issued a set of resources related to behavioral health integration (BHI) for children. The announcement of that resource is provided below.

BHI is one innovative approach to improving access to care for children with mental, behavioral, or developmental disorders and their families.

Click on the following site to learn more about how BHI can support early intervention and timely referrals in family-centered pediatric primary care settings: <https://www.cdc.gov/childrensmentalhealth/access.html>

Support to curb farm suicides proposed

Below is an excerpt from a recent article outlining proposals made in the US Senate to combat the high rate of suicide among farmers and ranchers:

Highlighting the economic stress in agriculture and what the National Farmers Union called “the alarmingly high rate of suicide amongst farmers and ranchers,” a bipartisan group of senators introduced a bill Thursday to provide more mental health resources in rural America.

The bill is called the “Facilitating Accessible Resources for Mental Health and Encouraging Rural Solutions for Immediate Response to Stressful Times,” or FARMERS FIRST. It was introduced by Sens. Tammy Baldwin, D-Wis., and Joni Ernst, R-Iowa, along with Sens. Michael Bennet, D-Colo.; Cory Gardner, R-Colo.; Heidi Heitkamp, D-N-D., and Jerry Moran, R-Kan.

Ideally, the bill will serve as a marker to get added to the Senate version of the farm bill.

Farmer suicides have received a lot of focus over the last year as farmer incomes have fallen to roughly half of what they were in 2013. A 2016 study by the Centers for Disease Control (<https://www.cdc.gov/mmwr/volumes/65/wr/mm6525a1.htm>) on suicides in 12 states found that workers in the farming, fishing and forestry occupational group had the highest rate of suicide (84.5 per 100,000). Among males, farming, fishing and forestry also accounted for the highest rates of suicide (90.5 per 100,000). One note about that study was that it was based on 2012 data, when farm income was higher.

The full article can be found at:

<https://www.dtnpf.com/agriculture/web/ag/news/world-policy/article/2018/04/19/senators-introduce-bill-provide-help>

LEGISLATIVE UPDATE

SUD Funding Bill Passes Full House

This week, HB 5085 introduced by State Rep. Steve Marino (Harrison Township), which would increase funding for substance use disorder services passed the full House by a 104-3 vote.

HB 5085 would dedicate 4% of the unmarked money raised through Michigan’s liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than \$17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders.

“Substance abuse is a major problem in Michigan,” Marino said. “This bill will deliver more resources to agencies on the front lines of this fight.”

Early this year, the final report was released of the House of Representatives’ CARES (Community Access, Resources, Education and Safety) Task Force, which convened last summer to explore Michigan’s mental health system. Increasing funding for substance use disorder services was one of the 50 recommendations in that final report.

HB 5085 was referred to the Senate Health Policy Committee.

NATIONAL UPDATE

MI Delegation Talks to Congress

This week around 25 members of CMHAM, went to Washington DC to speak to federal leaders regarding critical issues impacting Michigan’s public behavioral health system. The group was made up of CMHAM staff, CMH directors & staff, board members, and several providers. Michigan’s delegation was part of the larger National Council’s annual Hill Day, where several hundred behavioral health advocates took the hill.



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

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

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

Trainings offered on the following dates.

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

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

\$115 CMHAM Members

\$138 Non-Members

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

REGISTRATION OPEN: CMHAM ANNUAL SPRING CONFERENCE:



“Collaboration & Innovation: A Formula for Success”

Tuesday, May 1, 2018 & Wednesday May 2, 2018

The Diamond Center at Suburban Collection Showplace
46100 Grand River Ave, Novi MI 48374

[TO REGISTER CLICK HERE](#)

CMHAM SPRING PRE-CONFERENCE INSTITUTES:

Pre-Conference #1:

Healthcare Integration Efforts: Challenges and Successes in Other States

Monday, April 30, 2018

10:00am – 3:00pm (9:30am registration)

Member Fee: \$89 per person and includes materials and lunch

Non-Member Fee: \$107 per person and includes materials and lunch

[TO REGISTER CLICK HERE](#)

Pre-Conference #2:

Wearing the HIPAA Hat

Monday, April 30, 2018

1:00pm – 3:00pm (12:30pm registration)

There is no fee to attend; but registration is required and space is LIMITED.

[TO REGISTER CLICK HERE](#)

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

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

<https://www.macmh.org/save-the-date/basic-skills-motivational-interviewing-conversations-youth-and-families-increasing-0>

SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that "everyone who wants a job, has a job!" Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Employment First Conference: "When Everyone Who Wants A Job, Has A Job!"

July 11 & 12, 2018

Kellogg Hotel & Conference Center

East Lansing, Michigan

Registration Fee: \$50

Who Should Attend: Staff who's involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Workshop Tracks:

- Leadership
- Provider Transformation
- HCBS

Sponsored By: The Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

Additional conference details and registration information coming!

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



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

April 20, 2018

FRIDAYFACTS

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

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

RE:

- **New e-mail addresses for Association staff**
- **Association soon to announce new membership opportunities**
- **Friday Facts to become a members-only electronic newsletter**
- **Work, Accomplishments, and Announcements of CMH Association Member Organizations**
 - **CARE for Southeast Michigan announces CARE for a Taste**
 - **TTI promotes Stacey Dettloff-Jones to deputy director**
- **State and National Developments and Resources**
 - **CMH Association announces Walk a Mile Rally**
 - **Series on privatization of Medicaid wins Pulitzer**
 - **UFAM (Unite to Face Addiction Michigan) announces rally**
 - **New health resource available for early childhood educators**
 - **Medicaid work requirements – some background documents**
 - **Employment First Conference dates announced**
 - **Request for Comment: Health Outcome Survey Measures**
 - **Addressing Social Determinants of Health through Medicaid Accountable Care Organizations**
- **Legislative Update**
 - **FY19 Senate Budget Proposal**
 - **Medicaid Work Requirement Bill Clears Full Senate**
- **National Update**
 - **Opioid Legislation Takes Center Stage in House and Senate**
- **Ethics Training for Social Work and Substance Abuse Professionals for 2018**
- **CMHAM Spring Conference – CE Credits Available – Earlybird Deadline TODAY!**
- **MOTIVATIONAL INTERVIEWING FOR CHILDREN’S TRAINERS**
- **Smoking Cessation Leadership Annual Collections: 2016 and 2017 Recorded Webinars**
- **CMHAM Association committee schedules, membership, minutes, and information**

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

Please update your email address for CMHAM staff:

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

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

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

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

CARE for Southeast Michigan announces CARE for a Taste

Below is a recent announcement from CARE for Southeast Michigan of its up-coming CARE for a Taste event:

While spring isn't quite here yet, CARE for a Taste is only 1 week away! Don't miss your chance to celebrate with CARE while enjoying great food from around the region and touring the fabulous GM Heritage Center. This year's event is on April 24th. Visit <https://www.careofsem.com/care-for-a-taste/> for details and to purchase your ticket.

I hope you can make it.

Monique Stanton
President & CEO

TTI promotes Stacey Dettloff-Jones to deputy director

Stacey Dettloff-Jones has been promoted from TTI's clinical director to the deputy director position. Stacey has been employed with TTI since April 1991. She has a master's degree in counseling from Oakland University and is a Licensed Professional Counselor (LPC), as well as a Limited Licensed Psychologist (LLP).

Stacey began her career at TTI in the in-house family support program as a program coordinator. She became a clinical program manager in 2001 and was promoted to the clinical director position in August 2011. Stacey has an extensive background working in the areas of intellectual and developmental disabilities, autism spectrum disorders, emotional impairments and mental illness.

While at TTI, Stacey has been the recipient of the Quality Award in 1998, Mental Health Clinician of the Year Award in 2008 and 2009, and most recently, the 2017 TTI Director's Award.

"Stacey is a tireless advocate for people with disabilities and believes in strong clinical leadership and the provision of effective supports coordination and case management services," said Jacque Wilson, TTI Leadership Director.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association announces Walk a Mile Rally

Below is a recent announcement of the upcoming Walk a Mile Rally. We urge all those who care about mental health and the strength of Michigan's public mental health system to join us at this year's Walk a Mile Rally.

The 2018 Walk A Mile Event is coming up in less than a month!

On Wednesday, May 2, 2018, *THOUSANDS* will gather at the State Capitol to rally for Mental Health Awareness and to let Legislators know that *MENTAL HEALTH MATTERS!!!*

The Walk a Mile information packet is available at:
<https://www.macmhb.org/about-us/walk-mile-rally>

I would like to encourage EVERYONE to attend this lively, eye-opening rally, and tell the leaders at our State Capitol to "*Walk A Mile in My Shoes!*"

The schedule of the Walk A Mile Rally:

Noon

Emcee welcomes everyone.

Early attendees can meet with legislators in their office or get their pictures taken on the Capitol steps.

12:20 p.m.

Advocacy walkers begin to line up to start the walk around the Capitol

12:30 p.m.

Advocacy walk begins.

12:30 – 1:30 p.m.

Rally attendees arrive.

Check-in tent opens – Pick up goody bag and water.

Information Tent opens – CMH designee check-in to receive county flag, statement and buttons.

Legislator Tent – Meet your legislator, learn about state government and advocacy activities.

1:00 p.m.

Guest singers and speakers report to the podium.

County Representatives, flag carriers and assistants report to stations along Capitol Ave. (Flags will be distributed at Information Tent).

Advocacy walk wraps up.

1:30 p.m.

Rally starts.

"The National Anthem. "Opening remarks on front steps.

Featured speakers address advocates.

NOTE – House of Representatives begins session.

1:45 p.m.

Marching begins up middle sidewalk, followed by statements from each county representative.

2:45 p.m.

Statements conclude.
Group pictures can be taken on front steps.
2:45 – 3:00 p.m.
Wrap up/closing remarks.
County Representatives return flags to CMHAM staff/volunteers in hot pink shirts (boxes set up by Capitol steps).
Rally attendees can meet with legislators in lobby outside of the House of Representatives and Senate chambers, or in their offices if session is over.
3:00 – 3:30 p.m.
Closing remarks.

Series on privatization of Medicaid wins Pulitzer

Below is a recent article in the De Moines Register on the Pulitzer Prize winning writing related to the privatization of Medicaid in Iowa:

Andre Dominick, an editorial writer at the Des Moines Register, on Monday won the 2018 Pulitzer Prize for editorial writing for a selection of Iowa-focused editorials criticizing policies that restrict access to health care.

The Pulitzer Prize citation states that Dominick won “for examining in a clear, indignant voice, free of cliché’ or sentimentality, the damaging consequences for poor Iowa residents of privatizing the state’s administration of Medicaid.”

The Register invited Iowans to share the experiences they have had with Medicaid under privatized management, which allowed Dominick to put a human face on denials of care, loss of access to services, and providers going out of business because they were not being reimbursed by for-profit insurers.

Other editorials decried state lawmakers’ efforts to impede fetal tissue research and said the Trump administration’s handling of the Affordable Care Act was jeopardizing access to coverage. Speaking to a crowd of Register employees who raised glasses of champagne to toast her, Dominick said she was in shock at the win.

Dominick called health care “a passion of mine” and said she was honored to be recognized for her work on such an important topic.

“It’s such an honor to be recognized for the whole paper’s work on Medicaid and ensuring Iowans have access to health care,” Dominick said. “And we’ll continue to work to make Iowa a better place to live.”

Register Executive Editor Carol Hunter echoed that sentiment, calling the paper’s work on health care coverage and Medicaid in particular “a team effort” driven by strong investigative reporting.

But Dominick’s editorials are also driven by her own research and reporting, Hunter said, calling the win “a real credit to her work ethic and her journalism credentials.”

“She does so much original reporting to inform her editorials,” Hunter said of Dominick. “She has long made health care a subject of study and research. These editorials reflect her in-depth knowledge of the subject and how much she cares about access to good health care for all Iowans.”

The effects of Iowa’s Medicaid privatization will continue to be a focus of the Register’s reporting and editorial writing, Hunter said, adding that she hopes the prize will focus more attention on health care in Iowa.

“One can hope that the additional attention on this set of editorials might persuade our legislators and the governor’s office to take an even harder look at taking steps to ensure the management of the Medicaid program is benefiting Iowans,” Hunter said

The full article can be found at:

<https://www.desmoinesregister.com/story/news/2018/04/16/pulitzer-rpize-des-moines-register-ande-dominick-editorial-writing/521710002/>

More: How privatized Medicaid is systematically denying hundreds of disabled Iowans the medical equipment their doctors say they need at:

<https://www.desmoinesregister.com/story/news/investigations/2018/04/08/privatized-medicaid-denying-hundreds-disabled-iowans-medical-equipment/1069296001/>

Care Denied: [How Iowa’s Medicaid maze is trapping patients in endless appeals](http://features.desmoinesregister.com/news/medicaid-denials/) at:

<http://features.desmoinesregister.com/news/medicaid-denials/>

UFAM (United to Face Addiction Michigan) announces rally

3rd Annual Rally & Advocacy Day
May 17th, 2018
10:00am – 4:00pm
Michigan State Capitol Grounds

Register today as a FREE Participant
Donor and/or Sponsor www.ufamichigan.org

Legislative Meet & Greet with State Legislators, Lead by Rep Joe Bellino
Over 70 Resource Tables – including Authors & Merchant Vendors
Holistic Tent (Yoga, Acupuncture, Reiki Therapy, Nutrition and much more)•Naloxone Training – Fellowship – Memorial Area
Mark Lundholm: National Acclaimed Comedian & Motivational Speaker•Craig DeRoche: National Director Justice Fellowship Washington DC
Tim Ryan: A&E’s Dopeman / National Recovery Advocate•Brandon Novak: Actor MTV Jackass Series / Author – Dreamseller
Judge Jodi Switalski: National Consultant Switalski Stutman Group
Andre’ Johnson: National Recovery Advocate & Detroit Recovery Project
Matt Butler: Musician: Singer Songwriter / Generation Found•Tommy “Gunz” Kraus: Artist – Hip Hop Recovery Artis
Ken Briggs: Meridian Health Services & Region 10 Boardmember
Taron Masi: The Family – An Adolescent / Teenage Perspective•Bobby Hayden Jr & Lexi Laconi: Cardboard Box Ministries
Hope not Handcuffs – Community Initiative & Angels Recognition

UFAM Unite to Face Addiction Michigan: Unite to Face Addiction Michigan is a non-profit organization dedicated to unifying the voices of Michigan citizens impacted by the health crisis of addiction and the organizations working to CHANGE the way addiction is perceived and treated in our State. Our mission is to create strength in unity to eliminate stigma, improve access to treatment, support prevention and promote recovery through advocacy, education and outreach

WHAT: Join the thousands of participants at the UFAM Rally creating Strength in Unity to eliminate stigma, highlight improved access to treatment, support prevention, and promote recovery from addiction through advocacy, education, and outreach. The Rally is dedicated to unifying the voices of Michigan Citizens impacted by the health crisis of addiction and the organizations working to CHANGE the way Addiction and Recovery are perceived and treated in our State.

Consider becoming a sponsor: Help make this movement reach the widest audience possible. • Support increased access to prevention, treatment, and recovery services• Unite Michigan organizations dedicated to understanding, empathy and

advanced solutions • Promote advocacy for policies and regulatory practices to end addiction • Participate and embrace the power of the collective

Contact Scott.Masi@Ascension.org or 810-360-5779

New health resource available for early childhood educators

The Michigan Department of Health and Human Services (MDHHS), in collaboration with the Michigan Department of Education, announces the release of a valuable new tool to support student health.

The *Michigan Model for Early Childhood Health*™ provides early childhood educators with age-appropriate health promoting activities. The early childhood module complements the K-12 modules of the nationally recognized *Michigan Model for Health*™ curriculum and provides an emphasis on family involvement.

"Engaging our youngest students in health promoting activities starts them on the road to adopting lifelong healthy habits," said Nick Lyon, MDHHS director. "The home activities offer an opportunity to extend those lessons to the entire family." The activities were designed to be adaptable to any early childhood learning environment. They are aligned to Michigan's Early Learning Expectations and the National Health Education Standards. Early childhood educators will be provided training and technical assistance on the *Michigan Model for Early Childhood Health*™ through the school health coordinator to their region. For a list of coordinators, visit Mmhclearinghouse.org.

Medicaid work requirements – some background documents:

- University of Michigan study on how many Medicaid recipients are working:
<http://www.sciencenewsline.com/news/2017121117150039.html>
- Information from Commonwealth on losing federal funding and ramping up state funding
<http://www.commonwealthfund.org/publications/blog/2018/apr/medicaid-work-requirement-kentucky>
- Nancy Kaffer's Detroit Free Press column on Medicaid work requirements
<https://www.freep.com/story/opinion/columnists/nancy-kaffer/2018/04/01/medicaid-work-requirements/474336002/>

Employment First Conference dates announced

SAVE THE DATE

Employment First Conference

"When Everyone Who Wants
A Job, Has A Job!"

July 11 & 12, 2018
Kellogg Hotel &
Conference Center
East Lansing, Michigan

Registration Fee: \$50

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that "everyone who wants a job, has a job!"

Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Who Should Attend: Staff who's involved in helping someone with an employment goal.

- ✓ Employment Practitioners
- ✓ Supports Coordinators/Case Managers
- ✓ CMHSP Leadership
- ✓ CRO Leadership

Workshop Tracts

- ✓ Leadership
- ✓ Provider "Transformation
- ✓ HCBS

Watch for more information soon at:

www.cmham.org

517-374-6848

Sponsored By: The Michigan Development Disabilities Council With support from Michigan's Employment First Partnership

Request for Comment: Health Outcome Survey Measures

On behalf of CMS's Center for Medicaid and CHIP Services, Mathematica Policy Research is seeking public comment on the measure specification and justification for a quality measure currently under development. The measures are called: "Improving or Maintaining Physical Health in Younger Dual Eligible Adults" and "Improving or Maintaining Mental Health in Younger Dual Eligible Adults."

A memo listing questions for public comment, as well as the measure information forms (MIF) and measure justification forms (MJF), are available in zip files on the [webpage under "List of Currently Accepting Comments"](#).

The public comment period for these measures is open until May 10, 2018.

Please submit your comments to MedicaidQualMeasures@mathematica-mpr.com

Thanks for submitting your comments on these important measurement concepts and sharing with others who may have input.

Addressing Social Determinants of Health through Medicaid Accountable Care Organizations

Medicaid accountable care organizations (ACOs) are designed to improve health care quality while delivering more efficient care. But medical care is only one of several factors affecting health outcomes. Social determinants of health (SDOH), such as living environment and access to healthy food, affect health outcomes and, consequently, an ACO's bottom line. Because most ACOs are ultimately responsible for total cost of care and quality, ACOs have a clear business case to address SDOH. Of the 12 early innovator states that have launched statewide Medicaid ACO programs, many have identified SDOH as a critical issue. These states are shaping Medicaid ACO efforts to address SDOH by: (1) encouraging to requiring SDOH interventions; (2) developing risk adjustment strategies; (3) recruiting SDOH-savvy ACOs; and (4) encouraging or requiring community partnerships. In response to these state policies, Medicaid ACOs coordinate care, collect data, integrate services, and build partnerships that align with the state's SDOH priorities.

For more information, go to:

LEGISLATIVE UPDATE

FY19 Senate Budget Proposal

Specific Mental Health/Substance Abuse Services Line Items

	<u>FY' 18 (final)</u>	<u>FY' 19 (Exec Rec.)</u>	<u>FY' 19 (House)</u>	<u>FY '19 (Senate)</u>
-CMH Non-Medicaid services	\$120,050,400	\$120,050,400	\$125,578,200	\$120,050,400
-Medicaid Mental Health Services	\$2,315,608,800	\$2,364,039,500	\$2,364,039,500	\$2,364,039,700
-Medicaid Substance Abuse services	\$52,408,500	\$68,441,000	\$68,441,000	\$68,441,000
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,530,000	\$76,456,200	\$76,956,200	\$76,456,200
-Children's Waiver Home Care Program	\$20,241,100	\$20,241,100	\$20,241,100	\$20,241,100
-Autism services	\$105,097,300	\$199,841,400	\$159,873,100	\$205,150,800
-Healthy MI Plan (Behavioral health)	\$288,65,200	\$292,962,900	\$292,962,900	\$292,962,900

Highlights of the FY19 Senate Budget:

- Senate removes one-time funding for autism navigator funding \$1.025 million GF.
- Senate removes one-time funding for university autism funding \$250,000 GF
- Senate assumes Medicaid autism benefit increase above the executive recommendation by \$25 million, but the reduces that assumption by including autism services cost containment measures \$19.7 million Gross / \$7 million GF (boilerplate section 959).

Boilerplate Sections

Section 298 – Senate revised the current language to reflect the second year of the pilot implementation, allow selected Medicaid health plans to contract directly with service providers within the pilot region, and states legislative intent that the pilots be designed to last 3 years.

FULL LANGUAGE

Sec. 298. (1) The department shall continue to work with a willing CMHSP in Kent County and all willing Medicaid health plans in the county to pilot a full physical and behavioral health integrated services demonstration model. The department shall ensure that the demonstration model described in this subsection is implemented in a manner that ensures at least all of the following:

(a) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot project described in this subsection must only be in effect for the duration of the pilot project described in this subsection.

(b) That the project is consistent with the stated core values as identified in the final report of the workgroup established in section 298 of article X of 2016 PA 268.

(c) That updates are provided to the medical care advisory council, behavioral health advisory council, and developmental disabilities council.

(2) In addition to the pilot project described in subsection (1), the department shall continue to implement up to 3 pilot projects to achieve fully financial integrated Medicaid behavioral health and physical health benefit and financial integration demonstration models. These demonstration models shall use single contracts between the state and each licensed Medicaid health plan that is currently contracted to provide Medicaid services in the geographic area of the pilot project. The department shall ensure that the pilot projects described in this subsection are implemented in a manner that ensures at least all of the following:

(a) That allows the CMHSP in the geographic area of the pilot project to be a provider of behavioral health supports and services.

(b) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot projects described in this subsection must only be in effect for the duration of the pilot programs established in section 298 of article X of 2016 PA 268.

(c) That the project is consistent with the stated core values as identified in the final report of the workgroup described in subsection (1),

(d) That updates are provided to the medical care advisory council, behavioral health advisory council, and developmental disabilities council.

(e) That selected Medicaid health plans be allowed to contract directly with a service provider in an effort to achieve the contract requirements with this state for managing the physical and behavioral health of Medicaid eligible individuals within the pilot region. The pilots described in this subsection shall not in any way mandate an exclusive arrangement between contracted Medicaid health plans and CMHSPs. Any NCQA function presently maintained by a contracted Medicaid health plans shall remain the responsibility of the health plan for the purposes of this pilot regardless of their contractual arrangements with any CMHSP, and contracts between this state and the PIHPs shall be amended to allow for relief of CMHSPs from existing contractual requirements as necessary.

(3) It is the intent of the legislature that each pilot project and demonstration model shall be designed to last at least 3 years.

(4) For the duration of any pilot projects and demonstration models, any and all realized benefits and cost savings of integrating the physical health and behavioral health systems shall be reinvested in services and supports for individuals having or at risk of having a mental illness, an intellectual or developmental disability, or a substance use disorder. Any and all realized benefits and cost savings shall be specifically reinvested in the counties where the savings occurred.

(5) It is the intent of the legislature that the primary purpose of the pilot projects and demonstration models is to test how the state may better integrate behavioral and physical health delivery systems in order to improve behavioral and physical health outcomes, maximize efficiencies, minimize unnecessary costs, and achieve material increases in behavioral health services without increases in overall Medicaid spending.

(6) The department shall continue to partner with 1 of the state's research universities at least 6 months before the completion of each pilot project or demonstration model authorized under this section to evaluate the pilot project or demonstration model. The evaluation must include all of the following:

(a) Information on the pilot project's or demonstration model's success in meeting the performance metrics developed in this subsection (1) and information on whether the pilot project could be replicated into other geographic areas with similar performance metric outcomes.

(b) Performance metrics, at a minimum from each of the following categories:

- (i) Improvement of the coordination between behavioral health and physical health.
- (ii) Improvement of services available to individuals with mental illness, intellectual or development disabilities, or substance use disorders.
- (iii) Benefits associated with full access to community-based services and supports.
- (iv) Customer health status.
- (v) Customer satisfaction.
- (vi) Provider network stability.
- (vii) Treatment and service efficacies before and after the pilot projects and demonstration models.
- (viii) Use of best practices.
- (ix) Financial efficiencies.
- (x) Barriers to clinical data sharing with health plans.

(xi) Any other relevant categories.

(c) A requirement that the evaluation shall be completed within 6 months after the end of the pilot project or demonstration model and will be provided to the department, the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office.

(7) By November 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on the progress towards implementation of the pilot projects and demonstration models described in this section, and a summary of all projects. The report shall also include information on policy changes and any other efforts made to improve the coordination of supports and services for individuals having or at risk of having a mental illness, an intellectual or developmental disability, a substance use disorder, or a physical health need.

(8) Upon completion of any pilot projects or demonstration models advanced under this section, the managing entity of the pilot project or demonstration model shall submit a report to the senate and house appropriations subcommittee on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office within 30 days of completion of that pilot project or demonstration model detailing their experience, lessons learned, efficiencies and savings revealed, increases in investment on behavioral health services, and recommendations for extending pilot projects to full implementation or discontinuation.

Section 959 – Medicaid Autism Benefit Cost Containment. Senate included new language that requires 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.

FULL LANGUAGE

Sec. 959. (1) From the funds appropriated in part 1 for autism services, the department shall continue to cover all Medicaid autism services to Medicaid enrollees eligible for the services that were covered on January 1, 2018.

(2) To restrain cost increases in the autism services line item, the department shall do all of the following:

- (a) Require a second opinion confirming the diagnosis and recommended treatment for a client if the initial treatment would cost more than a monthly threshold amount to be specified by the department. The second opinion must be provided by a physician or a psychologist with a doctoral degree who has been trained to diagnose the need for autism therapies. Services and reimbursement for services based on the initial diagnosis begin upon the initial diagnosis and continue until 30 days have expired without a second opinion supporting the initial diagnosis being provided or until the second opinion did not support the initial diagnosis.
- (b) Require that a case in which the initial diagnosis and treatment services are to be performed and provided by the same provider is subject to the second opinion requirements described in subdivision (a) regardless of whether the monthly cost meets the threshold amount described in subdivision (a).
- (c) Make recommendations to reduce administrative overhead costs in the provision of autism services.

(3) By June 1 of the current fiscal year, the department shall report to the senate and house subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office all of the following information:

- (a) The number of cases meeting the second opinion requirements described in subsection (2)(a) and (b) between October 1 and March 31 of the current fiscal year.
- (b) The number of cases in subdivision (a) in which the second opinion did not confirm the initial diagnosis.

Section 1009 – Direct Care Worker Wage Increase, Senate revised language to clarify what expenses can be covered.

“Funds provided in this section must be utilized by a PIHP for increasing direct care worker wages, for the employer’s share of federal insurance contributions act costs, purchasing worker’s compensation insurance, or the employer’s share of unemployment costs.”

Medicaid Work Requirement Bill Clears Full Senate

One day after the Senate Michigan Competitiveness Committee voted yes, the full Senate passed SB 897, which would require all able-bodied adults without a disability age 18 to 64 enrolled in Medicaid and the Healthy Michigan state expansion of Medicaid to prove they are employed in order to receive benefits. Under the bill, the state of Michigan would file no later than October 1, 2018 for a federal waiver with the federal Centers for Medicare and Medicaid Services allowing for the implementation of work requirements in Medicaid as a condition of eligibility. To meet the work requirement, a person would have to either work at least 29 hours per week, be in job training in an industry with proven demand, or in education, or any combination of the three.

CMHAM staff was able to add language into the bill this is similar in nature to the medically frail definition in the Healthy Michigan law (it describes medically frail as 2 or more PIHP encounters within the past year). The S-2 version of the bill allows for an exemption for individuals who are considered medically frail as described in 42 CFR 440.315 (F), we believe

this change should exempt many people served in the public mental health system. Below is the language inserted into the bill:

(f) The individual is medically frail or otherwise an individual with special medical needs. For these purposes, the [State](#)'s definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in [§ 438.50\(d\)\(3\)](#) of this chapter, individuals with disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria or in [States](#) that apply more restrictive criteria than the Supplemental Security Income program, the [State](#) plan criteria.

The bill now goes to the House for consideration.

NATIONAL UPDATE

Opioid Legislation Takes Center Stage in House and Senate

Last week, both chambers of Congress spent time negotiating legislation to combat the opioid crisis. The Senate Health, Education, Labor, & Pensions (HELP) Committee held a second hearing on the draft Opioid Crisis Response Act of 2018. Simultaneously, the House Energy & Commerce Health Subcommittee held its [final opioid-focused hearing](#) to review 30-plus bills focused on opioid-related coverage and payment issues in the Medicare and Medicaid programs. Committee leaders Chairman Walden (R-OR) and Chairman Alexander (R-TN) appear to want to move quickly, aiming for floor votes by the summer.

OPIOID HEARINGS

The [Senate's discussion draft](#) shares many similarities with [bills under consideration in the House Energy and Commerce Committee](#). Both versions contain many National Council priorities including: expanded access to opioid addiction treatment in Medicaid, making federal student loan forgiveness available for the addiction treatment workforce, and promoting national standards for recovery housing. Notably, members of House are considering including provisions to amend the Institutes of Mental Disease (IMD) rule by allowing Medicaid to pay for patient stays of up to 90 days in an IMD for residential substance use treatment.

Additionally, the Senate package includes proposals to expand use of telemedicine in prescribing treatment for opioid addiction and mental health disorders. [These proposals were developed as the result of National Council efforts to work with Members of Congress to remove barriers to MAT and prescribing of certain psychiatric medications](#). National Council member, David Guth, CEO of Centerstone America, explained in testimony during the Senate hearing that telehealth benefits behavioral health providers in two ways, "Telehealth has a dual purpose of both connecting patients to lifesaving care that may have previously been beyond their physical reach, and also of reducing the effects of a behavioral health workforce shortage."

WHAT'S NEXT?

Legislators in both chambers are expected to continue to separately review and advance their opioid proposals. Senate HELP Chairman Lamar Alexander (R-LA) announced a full Committee hearing on Tuesday, April 24th to discuss and advance the Opioid Crisis Response Act of 2018. Energy and Committee Health Subcommittee Chairman Greg Walden (R-OR) has said he wants to bring his committee's package to the House floor by Memorial Day.

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

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

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

Trainings offered on the following dates.

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

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

\$115 CMHAM Members

\$138 Non-Members

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

REGISTRATION OPEN: CMHAM ANNUAL SPRING CONFERENCE:



"Collaboration & Innovation: A Formula for Success"

Tuesday, May 1, 2018 & Wednesday May 2, 2018

The Diamond Center at Suburban Collection Showplace

46100 Grand River Ave, Novi MI 48374

[TO REGISTER CLICK HERE](#)

CMHAM SPRING PRE-CONFERENCE INSTITUTES:

Pre-Conference #1:

Healthcare Integration Efforts: Challenges and Successes in Other States

Monday, April 30, 2018

10:00am – 3:00pm (9:30am registration)

Member Fee: \$89 per person and includes materials and lunch

Non-Member Fee: \$107 per person and includes materials and lunch

[TO REGISTER CLICK HERE](#)

Pre-Conference #2:

Wearing the HIPAA Hat

Monday, April 30, 2018

1:00pm – 3:00pm (12:30pm registration)

There is no fee to attend; but registration is required and space is LIMITED.

[TO REGISTER CLICK HERE](#)

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

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

SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that "everyone who wants a job, has a job!" Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Employment First Conference: "When Everyone Who Wants A Job, Has A Job!"

July 11 & 12, 2018
Kellogg Hotel & Conference Center
East Lansing, Michigan

Registration Fee: \$50

Who Should Attend: Staff who's involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Workshop Tracks:

- Leadership
- Provider Transformation
- HCBS

Sponsored By: The Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

Additional conference details and registration information coming!

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



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

April 13, 2018

FRIDAYFACTS

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

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

RE:

- **New e-mail addresses for Association staff**
- **Association soon to announce new membership opportunities**
- **Friday Facts to become a members-only electronic newsletter**
- **Work, Accomplishments, and Announcements of CMH Association Member Organizations**
 - **Barry County CMH receives full CARF accreditation**
 - **Upton discusses mental health concerns with area experts**
- **State and National Developments and Resources**
 - **CMH Association announces Walk a Mile Rally**
 - **Michigan Health Policy Forum opens registration for Forum on Civil Discourse**
 - **ACMH Children’s Mental Health Awareness Day Celebration Breakfast**
 - **USDA Development and Telemedicine Grant Program**
 - **SAMHSA announces grant application guide book**
 - **MDHHS alerts public about uncontrolled bleeding due to synthetic marijuana products containing brodifacoum**
- **Legislative Update**
 - **FY19 House Budget Proposal**
- **National Update**
 - **Highlights of the FY 2018 Omnibus Federal Spending Package**
 - **White House Announces Initiative to Combat Opioid Epidemic**
- **Ethics Training for Social Work and Substance Abuse Professionals for 2018**
- **CMHAM Spring Conference**
- **DBT SUMMIT**
- **MOTIVATIONAL INTERVIEWING FOR CHILDREN’S TRAINERS**
- **Smoking Cessation Leadership Annual Collections: 2016 and 2017 Recorded Webinars**
- **CMHAM Association committee schedules, membership, minutes, and information**

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

Please update your email address for CMHAM staff:

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

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

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

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

Barry County CMH receives full CARF accreditation

Barry County Community Mental Health Authority participated in their CARF survey on February 21-23, 2018. Some areas of strength identified by CARF included "having a dedicated, hardworking leadership and staff who have a strong commitment to improving the lives of the persons served. Families and persons served throughout the organizations report high levels of satisfaction with the staff and services provided."

BCCMHA was awarded a 3-year CARF accreditation. Programs accredited include: Case Management/Services Coordination for Adults and Children/Adolescents, Crisis Intervention for Adults and Children/Adolescents, Intensive Family Based Services for Children and Adolescents, Outpatient Treatment for Alcohol and Other Drugs/Addictions and for Mental Health for Adults and Children/Adolescents, and Prevention Services for Alcohol and Other Drugs/Addictions for Adults and Children/Adolescents.

Congratulations to Barry County Community Mental Health Authority.

Upton discusses mental health concerns with area experts

The following is an excerpt from a recent media story on the discussions of US Congressperson Fred Upton with a number of Kalamazoo area leaders, including those from the Kalamazoo Community Mental Health and Substance Abuse Services.

U.S. Congressman Fred Upton met with top Kalamazoo mental health officials on the campus of Western Michigan University.

Upton organized the meeting to discuss how to better provide mental health resources for kids in response to the Parkland, Florida, shooting.

The full article can be found at:

<http://wwmt.com/news/local/upton-discusses-mental-health-concerns-with-area-experts>

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association announces Walk a Mile Rally

Below is a recent announcement of the upcoming Walk a Mile Rally. We urge all those who care about mental health and the strength of Michigan's public mental health system to join us at this year's Walk a Mile Rally.

The 2018 Walk A Mile Event is coming up in less than a month!

On Wednesday, May 2, 2018, *THOUSANDS* will gather at the State Capitol to rally for Mental Health Awareness and to let Legislators know that *MENTAL HEALTH MATTERS!!!*

The Walk A Mile information packet is available at:
<https://www.macmh.org/about-us/walk-mile-rally>

I would like to encourage EVERYONE to attend this lively, eye-opening rally, and tell the leaders at our State Capitol to "*Walk A Mile in My Shoes.*"

The schedule of the Walk A Mile Rally:

Noon

Emcee welcomes everyone.

Early attendees can meet with legislators in their office or get their pictures taken on the Capitol steps.

12:20 p.m.

Advocacy walkers begin to line up to start the walk around the Capitol.

12:30 p.m.

Advocacy Walk begins.

12:30 – 1:30 p.m.

Rally attendees arrive.

Check-in tent opens-Pick up goody bag and water.

Information Tent opens-CMH designee check-in to receive county flag, statement and buttons.

Legislator Tent-Meet your legislator, learn about state government and advocacy activities.

1:00 p.m.

Guest singers and speakers report to the podium

County Representatives, flag carriers and assistants report to stations along Capitol Ave. (Flags will be distributed at information Tent).

Advocacy walk wraps up.

1:30 p.m.

Rally starts.

"The National Anthem." Opening remarks on front steps.

Featured speakers address advocates.

NOTE – House of Representatives begins session.

1:45 p.m.

Marching begins up middle sidewalk, followed by statements from each county representative.

2:45 p.m.

Statements conclude.

Group pictures can be taken on front steps.

2:45 – 3:00 p.m.

Wrap up/closing remarks.

County Representatives return flags to CMHAM staff/volunteers in hot pink shirts (boxes set up by Capitol steps).

Rally attendees can meet with legislators in lobby outside of the House of Representatives and Senate chambers, or in their offices if session is over.

3:00 – 3:30 p.m.

Closing remarks.

Michigan Health Policy Forum opens registration for Forum on Civil Discourse

Civil Discourse: The Gateway to Sustainable Policy Changes
Michigan Health Policy Forum

Monday, May 14, 2018

1:00 PM – 4:00 PM

Kellogg Center – Big 10A

219 S. Harrison Road

East Lansing, MI 48824

In the past decade, the United States has adopted policies that maximized the number of US citizens with health insurance coverage/services and then taken action to reverse that direction. What are the goals of the United States with regard to health insurance coverage for its citizens? What does our nation value with regard to health care?

The change in policy direction did not result from meaningful dialogue about our health policy goals. In the absence of that dialogue, policy arguments and political arguments are used interchangeably. Informed health policy requires informed discussion. The Michigan Health Policy Forum is dedicated to presenting informed discussion in the belief that a civil exchange of ideas from all sides of the political spectrum will help Forum attendees in understanding the concerns that shape health policy. This understanding is the basis of sustainable policy change in health care.

Speakers include: Randolph Rasch, PhD, RN, FAANP, Dean, Michigan State University College of Nursing

Joseph R. Antos, PhD, American Enterprise Institute – “The View from the Right”

Sabrina Corlette, JD, Health Policy Institute, Georgetown University – “The View from the Left”

Mr. Paul Hillegonds, CEO, Michigan Health Endowment Fund; Senator Curtis Hertel (D), representing Michigan Senate District 23; Representative Edward Canfield (R), representing Michigan House of Representatives District 84;

Joseph R. Antos, PhD, American Enterprise Institute; Sabrina Corlette, JD, Health Policy Institute, Georgetown University; Dennis Paradis, MPH, Executive Director, Michigan Health Policy Forum

Register for the Forum at: <http://michiganhpf.msu.edu/index.php/forum-registration>

ACMH Children’s Mental Health Awareness Day Celebration Breakfast

Below is a recent announcement from the Association for Children’s Mental Health regarding its annual Children’s Mental Health Awareness Day Celebration Breakfast.

Please join the Association for Children’s Mental Health (ACMH), families, youth and community partners from across Michigan at the 2018 ACMH Children’s Mental Health Awareness Day Celebration Breakfast which will be held on Tuesday, May 8 from 9:00 – 11:30 AM in the Speaker’s Library.

This year’s celebration will be kicked off by the Honorable Representative Hank Vaupel followed by an informational session highlighting some of the barriers Michigan families continue to face in accessing the level of supports and

services they need, as well as, promising practices that work for youth and families. ACMH is honored to welcome a statewide panel of youth and families who will join us to share their expertise. The morning will also include an opportunity for participants to ask questions, learn about current initiatives to improve mental health services and supports, and share ideas on how we can all work together to promote children's mental health in Michigan.

We hope you are able to join us and would greatly appreciate you sharing the attached flyer with families and community partners within your networks.

If you are able to attend please RSVP at your earliest convenience by emailing: acmhterri@sbcglobal.net or calling the ACMH State Office at 517-372-4016.

Thank you so much for your help in spreading the word. We hope to see you in May!

USDA Development and Telemedicine Grant Program

Announcement:

The Rural Utilities Service (RUS), an agency of the United States Department of Agriculture (USDA) released its Distance Learning and Telemedicine (DLT) Grant Program application window for Fiscal Year 2018. The Agency is publishing the amount of funding received in the appropriations act on its website.

What Does This Program Do?

The Distance Learning and Telemedicine program helps rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density. For example, this program can link teachers and medical service providers in one area to students and patients in another.

Who Can Apply?

Eligible applicants include most entities that provide education or health care through telecommunications, including:

- Most State and local governmental entities
- Federally-recognized Tribes
- Non-profits
- For-profit businesses

The deadline to apply for the grant is Monday, June 4, 2018.

For additional information <https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants>

And <https://www.gpo.gov/fdsys/pkg/FR-2018-04-03/pdf/2018-06503.pdf>

SAMHSA announces grant application guide book

Below is a recent announcement, from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) on a handbook designed to provide guidance to potential grant seekers.

Good afternoon,

I wanted to let you know that the Substance Abuse and Mental Health Services Administration (SAMHSA) is reaching out to mental health associations throughout the U.S. to inform them that two webinars will be conducted next week for potential SAMHSA grant applicants. SAMHSA has recently announced several funding opportunities that focus on the provision of mental health services and there are a few more that will be announced before the end of the month. As a resource of mental health providers in the state, I thought you might be able to inform providers who may be interested in applying for grants of this training opportunity. SAMHSA recently updated its manual entitled *Developing A Competitive SAMHSA Grant Application*. The manual can be found at:

https://www.samhsa.gov/sites/default/files/sites/default/grant_application_manual_508_compliance.pdf. The document provides valuable information about how to prepare a strong application. The two webinars next week will highlight important components of the manual. They will be held on Monday, April 16 and Thursday April 19. Both webinars will be from 2:00 – 3:00 pm (ET). Information on how to access the webinars is available on the SAMHSA Grant Announcements webpage: <https://www.samhsa.gov/grants/grant-announcements-2018>.

It would be appreciated if you could share this information with mental health providers in your state. If you have any questions, let me know.

Beverly Vayhinger, Ph.D.
Public Health Analyst
Office of Financial Resources
(240) 276-0564

MDHHS alerts public about uncontrolled bleeding due to synthetic marijuana products containing brodifacoum

The Michigan Department of Health and Human Services (MDHHS) is alerting health care providers and Michigan residents about numerous cases of individuals in Illinois suffering from persistent and severe bleeding due to the suspected use of synthetic marijuana containing brodifacoum.

Brodifacoum has been identified as a cause of 70 cases of uncontrolled bleeding reported between March 7 and April 2 being investigated by the Illinois Department of Public Health. This has included 60 hospitalizations and two deaths. Brodifacoum is an off-white, odorless powder poison. It was first introduced in 1975 to eliminate rodents that had become resistant to existing poisons. It is one of the most widely used pesticides around the world.

To date, the illnesses have been associated with the use of synthetic marijuana products. Synthetic marijuana is a human made, mind-altering chemical that is either sprayed on dried, shredded plant material to be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices. Also known as fake weed, it is sold for recreational drug use under brand names such as K2, Spice, Black Mamba, Bombay Blue, Zohai and others.

“While public health officials in Michigan have not been made aware of any cases to date, the fact Illinois is a neighboring state gives us cause for concern,” said Dr. Eden Wells, MDHHS chief medical executive. “We are urging anyone who has a reaction to synthetic marijuana, such as severe bleeding, to call 911 or have someone take them to the emergency department immediately.”

When correctly identified, cases can be treated with doses of vitamin K.

LEGISLATIVE UPDATE

FY19 House Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

	<u>FY' 18 (final)</u>	<u>FY' 19 (Exec Rec.)</u>	<u>FY' 19 (House)</u>
-CMH Non-Medicaid services	\$120,050,400	\$120,050,400	\$125,578,200
-Medicaid Mental Health Services	\$2,315,608,800	\$2,364,039,500	\$2,364,039,500
-Medicaid Substance Abuse services	\$52,408,500	\$68,441,000	\$68,441,000
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,530,000	\$76,456,200	\$76,956,200
-Children's Waiver Home Care Program	\$20,241,100	\$20,241,100	\$20,241,100

-Autism services	\$105,097,300	\$199,841,400	\$159,873,100
-Healthy MI Plan (Behavioral health)	\$288,65,200	\$292,962,900	\$292,962,900

Highlights of the FY19 House Budget:

- House adds \$5.5 million GF for non-Medicaid mental health services to hold harmless CMHs that may be negatively impacted by the new FY19 GF funding formula.
- House adds \$2.49 million GF to reimburse counties for 50% of the cost provide up to \$83/month to court-appointed guardians and conservators to individuals who receive CMH services.
- House adds \$500,000 GF to the Community substance abuse line item for St. Mary's in Livonia for a 10-bed substance use disorder detoxification pilot project that utilizes specialized trauma therapists, peer support specialists and medication assisted treatments.
- House reduces \$40 million Gross (\$13.9 million GF) in Medicaid autism services by capping Medicaid autism reimbursement rates at 75% of the federal Department of Defense's TRICARE reimbursement rates.
- House reduces \$9.5 million Gross (\$6.3 million GF) to the Mental Health and Wellness Commission recommendations.
- House reduces \$1.5 million Gross (\$500,000 GF) funding for implementation costs of 298 pilots. Funding was added to support project facilitator, project evaluations, actuarial rate setting, contractual services, and staffing.
- House removes \$1.7 million Gross (\$117,800 GF) to discontinue providing \$50 gift cards to Health MI Plan recipients, with incomes below 100% FPL who complete a Health Risk Assessment.

Boilerplate Sections

Section 298 – House concurs with Executive language and retains legislative intent and target dates and adds clinical data sharing to list of performance metrics.

House removes section 994, which directs department by January 1 to seek federal approval through either a waiver request or state plan amendment to allow CMHSPs, PIHPs, or subcontracting provider agencies that are reviewed and accredited by a national accrediting entity for behavioral health care services to be considered in compliance with state program review and audit requirements that are addressed and reviewed by the national accrediting entity.

House did not include CMHAM recommended boilerplate related to PIHP ISF and direct care way employer cost language.

NATIONAL UPDATE

Highlights of the FY 2018 Omnibus Federal Spending Package

Last week, nearly six months after the start of federal fiscal year (FY) 2018, Congressional leaders reached agreement on a spending package that funds the federal government through the end of the fiscal year on September 30, 2018. President Trump signed the 2,232 page, \$1.3 trillion spending package into law on Friday, March 23, averting a government shutdown and bringing an end to months of short-term funding extensions and partisan jostling over spending levels and policy riders.

The overall \$1.3 trillion of appropriations in the omnibus bill – a combination of \$692 billion in defense funding and \$591 in non-defense funding – represents the highest level of funding for the federal government since FY 2011. While this increase in federal spending will benefit counties on a number of fronts, as outlined in detail throughout this document, it will likely push the federal deficit past \$1 trillion by next year, reaching that dubious milestone for the first time since 2012.

Counties

To see NACo's full analysis, [click here](#).

Highlights for how it impacts counties' role in health are included below:

U.S. Department of Health and Human Services (HHS)

The omnibus funds the U.S. Department of Health and Human Services at \$78 billion, a \$10 billion increase above FY 2017 levels. The legislation targets funds for effective, proven programs improving the health, safety and quality of life for Americans. Much of the increase in HHS spending levels for FY 2018 is due to Congress' commitment to address opioid abuse.

Public Health Programs

- Centers for Disease Control and Prevention: Approximately 2,800 local public health departments, two-thirds of which are county-based, receive roughly 25 percent of their funding from the federal government, primarily through the Centers for Disease Control and Prevention (CDC).

The CDC receive \$8.3 billion, a \$1 billion increase compared to FY 2017. Notably, CDC would receive an additional \$350 million to advance the understanding of the opioid overdose epidemic and scale up states' prevention activities. Other significant increases of relevance to counties include a \$45 million increase for public health preparedness and \$30 million for infectious disease programs.

- Chronic disease prevention and health promotion programs: Discretionary funding in support of public health efforts to prevent the leading cause of preventable deaths are increased by \$47 billion, including a \$5 million increase to support efforts in high obesity counties.

The Prevention and Public Health Fund – the first dedicated funding stream established in the Affordable Care Act to support community prevention efforts – is maintained at \$800 million.

Other federally funded public health programs that support county public health efforts received level funding, including the Racial and Ethnic Approaches to Community Health (REACH) program and the Preventive Health and Health Services Block Grant.

Behavioral Health Programs

- The Substance Abuse and Mental Health Services Administration (SAMHSA): Approximately 750 county behavioral health authorities receive block grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to plan and operate community-based services for people with mental illnesses and substance use conditions.

SAMHSA receives \$5.2 billion, a \$1.4 billion increase over FY 2017 levels. SAMHSA's work specifically with mental health programs sees an increase of \$306 million and their work supporting substance use prevention and treatment activities receives \$1.1 billion in new funding.

- Programs to Enhance Behavioral Health Workforce. The omnibus provides an increase of \$25 million to expand both the mental health and substance abuse workforce and expands eligibility for loan repayment through the National Health

Service Corps to include substance abuse disorder. In addition, certified community behavioral health clinics receive an increase of \$100 million and mental health first aid programs are increased by \$5 million.

- SAMHSA's Community Mental Health Services Block Grant: SAMHSA's Community Mental Health Services Block Grant, which helps fund counties' mental health services, receives an increase of \$160 million over FY 2017 levels, for a total of \$701.5 million.
- SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grants: SAPT Block Grants, which county behavioral health authorities have traditionally relied upon, receive level funding at \$1.9 billion. The report language recommends states be given greater flexibility under SAMHSA to focus on opioid prevention activities and direct resources in accordance with local needs.
- Opioid State Target Response Grants: Originally created under the 21st Century Cures Act, funding for the Opioid State Target Response Grants is doubled to \$1 billion in its second year. While a percentage of the funds is allocated to states with the highest mortality rates due to opioid use disorders, no state will receive less than \$4 million. Also of importance to counties, a new "Rural Communities Opioid Response" program is funded at \$130 million with the explicit aim of reaching hard-hit rural communities across America.
- Substance Use Policy Rider: While the omnibus maintains a prohibition on using federal funds for the purchases of syringes or sterile needles, it does allow communities with rapid increases of HIV and Hepatitis cases to access federal funds for other activities, such as counseling and treatment referrals.

White House Announces Initiative to Combat Opioid Epidemic

On March 18, the White House announced President Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand, a three-pronged strategy to address the nation's ongoing opioid epidemic. The initiative will focus on reducing demand and over-prescription of opioids; cutting off the supply of illicit drugs; and expanding treatment options for individuals struggling with addiction.

The administration's announcement follows up on a November 2017 report of policy recommendations issued by the White House's opioid commission, which featured multiple proposals aimed at addiction prevention, addiction treatment and drug interdiction. The commission was established by President Trump shortly after his inauguration and was led by former New Jersey Governor Chris Christie.

In the White House's new initiative, which incorporates many of the recommendations put forth by the opioid commission, specific steps are listed for each of the initiative's three overarching goals. A county-focused summary of these steps is listed below, and you can read a full outline of the initiative here.

- **Reducing demand and over-prescription:** To educate Americans about the dangers of opioids and other drug use and to curb over-prescription of addictive painkillers, the president's initiative calls for the launch of a nationwide media campaign to raise public awareness about the dangers of prescription and illicit opioid use, as well as other drug use. The initiative also calls for the implementation of a "Safer Prescribing Plan" that would cut nationwide opioid prescription fills by one-third within three years, and would also support a nationally interoperable Prescription Drug Monitoring Program network.
- **Cutting off the supply of illicit drugs:** The initiative calls for a crack-down on international and domestic illicit drug supply chains, in part by securing land borders, ports of entry and international mail shipments against illegal smuggling. The initiative also calls for increased enforcement by the U.S. Department of Justice (DOJ) against corrupt or criminally negligent doctors, pharmacies and distributors, and calls for use of the death penalty against drug traffickers, where appropriate under current law.
- **Helping those struggling with addiction:** To help individuals with substance use disorder, the initiative calls for increased supply of naloxone to first responders, expanded access to evidence-based treatment (including Medication-

Assisted Treatment), on-demand access to evidence-based treatment for veterans and funding opportunities to states and counties to improve nationwide overdose tracking systems that will help facilitate rapid deployment of resources to hard-hit areas.

Notably, the initiative also calls for legislative changes to the law prohibiting federal Medicaid reimbursement for residential treatment at certain facilities with more than 16 beds, and states that the administration will continue to approve state Medicaid waivers on this issue. **NACo has long supported and prioritized federal legislative or regulatory changes that would alleviate this prohibition on Medicaid reimbursement, which is commonly referred to as the Institution for Mental Disease (IMD) exclusion.**

Finally, the initiative calls for increased support for state and local drug courts that provide offenders struggling with addiction access to treatments as an alternative to, or in conjunction with incarceration, or as a condition of supervised release.

To read the full article, click [here](#).

This came after the White House hosted an Opioid Summit on March 1 promising additional opioid efforts. In that meeting, HHS Secretary Azar announced he will approve Medicaid waivers that exempt states from the Institutes of Mental Diseases (IMD) exclusion. To learn more, click [here](#).

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

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

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

Trainings offered on the following dates.

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

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

\$115 CMHAM Members

\$138 Non-Members

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

REGISTRATION OPEN: CMHAM ANNUAL SPRING CONFERENCE:



"Collaboration & Innovation: A Formula for Success"

Tuesday, May 1, 2018 & Wednesday May 2, 2018

The Diamond Center at Suburban Collection Showplace
46100 Grand River Ave, Novi MI 48374

[TO REGISTER CLICK HERE](#)

CMHAM SPRING PRE-CONFERENCE INSTITUTES:

Pre-Conference #1:

Healthcare Integration Efforts: Challenges and Successes in Other States

Monday, April 30, 2018

10:00am – 3:00pm (9:30am registration)

Member Fee: \$89 per person and includes materials and lunch

Non-Member Fee: \$107 per person and includes materials and lunch

[TO REGISTER CLICK HERE](#)

Pre-Conference #2:

Wearing the HIPAA Hat

Monday, April 30, 2018

1:00pm – 3:00pm (12:30pm registration)

There is no fee to attend; but registration is required and space is LIMITED.

[TO REGISTER CLICK HERE](#)

DBT SUMMIT

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

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

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

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

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

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