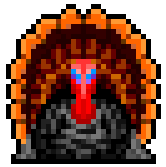
Northeast Michigan Community Mental Health Authority
Board Meetings - November 2018

All meetings are held at the Board's Main Office Board Room located at 400 Johnson St in Alpena unless otherwise noted.

* Meeting held in the Administrative Conference Room.

- Nomination's Committee Meeting* – Thursday, November 8 @ 2:30 p.m.
- Board Meeting – Thursday, November 8 @ 3:00 p.m.



Northeast Michigan Community Mental Health Authority
Nomination's Committee
November 8, 2018 @ 2:30 p.m.

A G E N D A

I. Review of Terms

See page 1

II. Discussion of Recommendation Letter

Committee Members:
Terry Larson, Chair
Bonnie Cornelius
Steve Dean
Albert LaFleche

Northeast Michigan Community Mental Health Authority
400 Johnson Street
Alpena, MI 49707

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

April 2018

November 8, 2018

Cameron Habermehl, Chairman
Alpena County Board of Commissioners
720 W. Chisholm Street, Suite 7
Alpena, Michigan 49707

Dear Mr. Habermehl,

Periodically, the Alpena County Board of Commissioners appoints a new representative to the Board of Directors of Northeast Michigan Community Mental Health. This appointment takes effect at our first meeting in April and each appointment extends for three years. The current members of the Northeast Michigan Community Mental Health Board from Alpena County are Steve Dean, Judy Jones, Judy Hutchins, Eric Lawson and Pat Przeslawski. Ms. Hutchins's and Ms. Jones's term expires on March 31, 2019 and we would encourage the Board to consider renewing the appointment of Ms. Jones. Ms. Hutchins has indicated she will not seek reappointment due to health issues. We recommend an appointment of an individual with strong interest in the field of mental health and/or intellectual/developmental disabilities services.

For the benefit of the Northeast Michigan Community Mental Health Board, we are requesting you to make future appointments at your January organizational meeting or as early in 2019 as possible. Knowing who is appointed in advance of our April meeting will help us in considering candidates for possible election to the Executive Committee and appointments to the Northern Michigan Regional Entity Board.

Thank you in advance for your consideration of our request.

Sincerely,

Terry Larson, Chair

cc: NeMCMHA Board Members

November 8, 2018

Carl Altman, Chairman
Presque Isle County Board of Commissioners
PO Box 110
Rogers City, Michigan 49779

Dear Mr. Altman,

Periodically, the Presque Isle County Board of Commissioners appoints representatives to the Board of Directors of Northeast Michigan Community Mental Health Authority. Those appointments take effect at our first meeting in April and each appointment extends for three years. The current members of the Northeast Michigan Community Mental Health Board from Presque Isle County are Lester Buza, Terry Larson, and Gary Nowak. Mr. Buza's and my term expires on March 31, 2019 and we would encourage the Board to consider renewing these appointments.

For the benefit of the Northeast Michigan Community Mental Health Board Authority, we are requesting you to make this appointment at your January organizational meeting or as early in 2019 as possible. Knowing who is appointed in advance of our April organizational meeting will help us in considering candidates for possible election to the Executive Committee and appointment to the Northern Michigan Regional Entity Board.

Thank you in advance for your consideration of our request.

Sincerely,

Terry Larson, Chair

cc: NeMCMHA Board Members

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
November 8, 2018 at 3:00 p.m.
A G E N D A [Revised]

I. Call to Order
II. Roll Call & Determination of a Quorum
III. Pledge of Allegiance
IV. Appointment of Evaluator
V. Acknowledgement of Conflict of Interest

VI. Information and/or Comments from the Public

VII. Educational Session –Compliance Report ..... Jen Whyte

VIII. Approval of Minutes.....(See pages 1-5)

IX. Consent Agenda.....(See page 6)
1. Contracts
   a. NEMROC Contract Extension
   b. Catholic Human Services – Wraparound Services
   c. MDHHS FY19 Amendment #1

X. Bay View Center Contract.....(See page 7)

XI. November Monitoring Reports
1. Treatment of Consumers 01-002 ..... (Available at meeting)
2. Budgeting 01-004 ..... (Available at meeting)
3. Financial Condition 01-005 ..... (Available at meeting)
4. Ends 04-001 .....(See pages 8-12)

XII. Board Policies Review and Self Evaluation
1. Treatment of Consumers 01-002 [Review Only] .....(See pages 13-14)
2. Staff Treatment 01-003 ..... [Review Only] .....(See page 15)
3. Ends 04-001 ....(See pages 16-18)

XIII. Linkage Reports
1. Northern Michigan Regional Entity
   a. Board Meeting [October 24] ..... (Verbal)
   b. Board Meeting [September 26] .....(See pages 19-24)
2. MACMHB
   a. Fall Conference Report..... (Verbal)
3. Consumer Advisory Council .....(See pages 25-27)

XIV. Operation's Report..... (See handout)

XV. Nomination's Committee Report ..... (Verbal)

XVI. Chair's Report ..... (Verbal)

XVII. Director's Report
1. Director's Summary Report .....(See pages 28-29)
2. QI Council Update ..... (Available at meeting)

XVIII. Information and/or Comments from the Public

XIX. Next Meeting – Thursday, December 13 at 3:00 p.m.
1. Set December Agenda.....(See page 30)
2. Meeting Evaluation ..... (Verbal)

XX. 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
November 8, 2018 at 3:00 p.m.

A G E N D A

I. Call to Order

II. Roll Call & Determination of a Quorum

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IV. Appointment of Evaluator

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XIII. Nomination's Committee Report ..... (Verbal)

XIV. Chair's Report ..... (Verbal)

XV. Director's Report
1. Director's Summary Report .....(See pages 28-29)
2. QI Council Update..... (Available at meeting)

XVI. Information and/or Comments from the Public

XVII. Next Meeting – Thursday, December 13 at 3:00 p.m.
1. Set December Agenda.....(See page 30)
2. Meeting Evaluation ..... (Verbal)

XVIII. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

October 11, 2018

I. Call to Order

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

II. Roll Call and Determination of a Quorum

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

Absent: Judy Hutchins (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Lynne Fredlund, Margie Hale-Manley, Cheryl Jaworowski, Cathy Meske, Joe Roesner, Nena Sork, Jen Whyte, Cody Wilson, Peggy Yachasz

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Lester Buza as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

There was no information or comments presented from the public. Gary Nowak reported there have been two individuals having to cancel attendance at the upcoming Board Conference in Traverse City and the registrations are non-refundable. He suggested Board members think about possible attendance.

VII. Approval of Minutes

Moved by Roger Frye, supported by Steve Dean, to approve the minutes of the September 13, 2018 minutes as presented. Motion carried.

VIII. Educational Session – Staff Training Requirements/Opportunities

Cathy Meske provided a brief overview of the training offered through the agency noting HR has a requirement to have staff complete certain trainings based on their position. Lisa Anderson reported upon initial hire a new employee participates in about 15 various training topics utilizing our training portal in myLearning Pointe. In addition, general orientation is done with the human resource staff and the newly hired employee's supervisor. This training/orientation is general to the organization. Once this is complete, the employee gets job specific training. Classroom trainings are also offered – CPR/First Aid, Gentle Teaching, Non-violent Crisis Intervention, Medication training and other various trainings specific to the position. Annual training is provided to staff each year. This year the training was broken down into two phases – spring training and fall training.

Clinician's providing on-call services must have 24 hours of children's training credits each year. Clinical staff also are required to have CEUs to maintain licensing. Specialized training is also provided to various programs such as ABA services.

A Board member expressed some concerns over a recent incident in which a case manager could benefit from additional training.

Lisa Anderson provided a brief demonstration of the myLearning Pointe. The program keeps track of a transcript of all classes taken by the employee along with completion dates. The HR Training Assistant can also input classes taken outside of the Agency to keep in the transcript. She noted there are many courses available to staff and this can save time and money for staff having this training available locally.

Albert LaFleche inquired as to what type of pre-hire education is required of staff. Cathy Meske reported many positions require licenses or specific type of diplomas. While there are many positions not requiring a post education degree, Medicaid requires a certain degree for such positions at nurses, Intake workers, etc.

Eric Lawson inquired if myLearning Pointe is a program used by other organizations and if there are such trainings related to topics such as moral and ethical behaviors.

Cathy Meske reports there are four individuals working in the HR department and at year end all staff training is complete.

IX. FY18-19 Budget Amendment #1

Cheryl Jaworowski reported the handout distributed will be Amendment #1 to the budget approved last month, which was a continuation budget. Cheryl reviewed the revenue budget. She noted this amendment reflects a decrease in revenues of $164,043 from the budget passed last month. She noted the largest variance is in Healthy Michigan Plan and this is due to how the rates are calculated and total enrollments. Cheryl Jaworowski notes the rates are shifting from the various programs such as the waiver program and dollars are being shifted from there to possibly the Autism program.

Cheryl Jaworowski reviewed the Expenditure Budget by account. She notes contracted inpatient, contracted residential and contracted employees are the areas of the budget with the largest variances. She notes there is a large increase in the Self-Determination program. There are about 81 individuals in the Self-Determination program. This allows for individuals to hire their own staff and provides the individual with more choice.

Cheryl Jaworowski notes at this point in time the budget is not balanced. This budget has a $1.8 M deficit. Cheryl Jaworowski notes it is hopeful to get some carryforward funds from the PIHP. In addition, there has always been a savings in salaries as this budget is based on each position filled every workday. When there is short-term disability due to staff illness, etc. there are savings in this line item.

Cheryl Jaworowski reviewed the Expenditure Budget by program. Cheryl Jaworowski provided explanation of some line items which were shifted from one program to another.

Cheryl Jaworowski reviewed the Capital purchases proposed for FY19. Steve Dean inquired as to whether vehicle purchases are conducted through a bid process and it was reported that was the process used. Due to some specifications on passenger vans, this can be to a limited group of potential bidders as some are unable to customize for wheelchair needs, etc. Cheryl Jaworowski noted due to aging of the heating and cooling systems for this building, the proposal includes replacement of two systems if needed. Copy machines for the Hillman, Rogers City and Reimbursement are included in the budget. Cheryl Jaworowski reviewed the capital budget for computer and phone equipment.

Pat Przeslawski was excused briefly from the meeting at 3:50 p.m.

Cheryl Jaworowski reviewed the Staffing FTEs. She noted the biggest decrease in FTEs is attributed to the potential Clubhouse contract which would effect a staffing reduction but the agency is hopeful the contractor would consider hiring the current staff.

Moved by Steve Dean, supported by Judy Jones, to approve Amendment #1 to the FY18-19 Budget as presented. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak; Nays: None; Absent: Judy Hutchins, Pat Przeslawski. Motion carried.

X. October Monitoring Reports

1. Budgeting 01-004

Cheryl Jaworowski reviewed the Statement of Revenue and Expense for month ending August 31, 2018.

Pat Przeslawski returned to the meeting at 3:57 p.m.

The various line items with the largest variances were explained by Cheryl Jaworowski.

Moved by Steve Dean, supported by Lester Buza, to accept the October monitoring reports as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. Annual Board Planning Cycle 02-007

Board members reviewed the policy and had no concerns and requested no revisions.

2. Chief Executive Job Description 03-003

Board members had no comments regarding this policy.

3. Monitoring Executive Performance 03-004

This policy required an adjustment made to the monitoring schedule attachment to include monitoring of the recent "Disclosure of Ownership" Policy 02-016.

Moved by Albert LaFleche, supported by Eric Lawson, to approve revision to Policy 03-004 by adding "Disclosure of Ownership" to the monitoring schedule as presented. Motion carried.

XII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting September 26, 2018

Cathy Meske reported there was a presentation from Sara Sicery related to the Opioid Health Home. She notes she has requested this be a presentation at a future Board meeting here. She reports this is the first Opioid Health Home in Michigan and this is due to need in the area. This will most likely be located in Gaylord. The NMRE will be relocating their business office to Gaylord and they are currently working toward a lease.

2. MACMHB

a. Fall Board Conference – October 22 & 23 – Traverse City

There were two registrants not able to attend the conference and registration fees are unrefundable. Steve Dean will fill one of the vacancies. Eric Lawson would like to get a schedule of future dates. Roger Frye will replace Judy Hutchins as a voting delegate. Diane Hayka will send Steve Dean a packet for the Fall Conference.

XIII. Operational Report

Nena Sork reviewed the Operational Report for month ending September 30, 2018. She highlighted the services provided during the past year noting this agency has touched 2,351 individuals. She reports this is the first year of having the entire year in our new EHR system. The data pulled from the system is as current as two days. There are dashboards built in the EHR system and next year comparisons will be easily made as there will be two full years for comparisons. She informed the Board there are only two adult individuals in the State hospital and no children. She reports the ACT Team is very aggressive in providing services to keep individuals out of the hospital.

XIV. Chair's Report

1. Perpetual Calendar Adoption

The perpetual calendar was reviewed at the September meeting and is presented for adoption at this meeting. No further revisions were identified.

Moved by Eric Lawson, supported by Steve Dean, to adopt the FY19 Perpetual Calendar as presented. Motion carried.

2. Strategic Plan

Cathy Meske reported this is the Strategic Plan where Ends were developed. She notes there is one End that might be difficult to track… 75% of those individuals with a substance use disorder will have a goal related to this in their plan. Cathy Meske noted there is a glitch in the MAPS program where prescriptions for suboxone are not tracked in MAPS. She noted Dennis Bannon is working with NMRE to research this.

Cathy Meske reported the numbers have dropped in the past two years of babies born with an addiction. She notes there was a big push for education related to this and prenatal assistance is offered to individuals in need.

Moved by Albert LaFleche, supported by Bonnie Cornelius, to approve the FY19 Strategic Plan as presented. Motion carried.

3. Nominations Committee Meeting

The Nominations Committee will meet just before the November Board meeting in the Administrative Conference Room. The Nomination's Committee is made up of Bonnie Cornelius, Steve Dean, Albert LaFleche, and Terry Larson. The Board members with expiring terms are Judy Hutchins, Judy Jones, Lester Buza, and Terry Larson.

XV. Director's Report

Cathy Meske reviewed her report of highlights she participated in during the past month. She noted she met with Alpena County Commissioner Cam Habermehl to discuss blended funding for adolescent placement in juvenile detention.

Cathy Meske also noted the Parity Workgroup is working to develop universal standard care guidelines using some type of software. This will eliminate disparity between regions and disparity between how behavioral health services and physical health services are authorized.

Cathy Meske reviewed the Rate Restructuring efforts underway. She noted due to the current definitions Greenway Fuels has chosen to discontinue their current operations which will impact nine individuals. She notes the agency continues to work with NEMROC to develop alternatives as to how services are provided. Margie Hale-Manley noted there are approximately 35 individuals receiving employment services through NEMROC.

Cathy Meske provided an update on the 1115 Waiver status.

She also reported she is part of the board for the Rural Communities Opioid Response Program (RCORP). Under a development grant the group is working together to address the opioid crisis to include prevention, treatment, recovery and the development. The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder

Project Connect is scheduled for November 8 in Alpena County. Cathy Meske reports Lee Ann Bushey and Carolyn Bruning have a role in representing this Agency.

XVI. Information and/or Comments from the Public

Dennis Bannon introduced new staff Cody Wilson, IT Tech, and Joe Roesner, System Administrator.

XVII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, November 8, 2018 at 3:00 p.m.

1. Set November Agenda

The November agenda items were reviewed. Cathy Meske requested the Bay View Center Contract be pulled from the Consent Agenda and addressed as an individual item as there is a conflict of interest with one Board member and this provider.

Moved by Pat Przeslawski, supported by Judy Jones, to treat the Bay View Center contract as a separate agenda item at the November meeting. Motion carried.

XVIII. Evaluation of Meeting

Lester Buza reported the educational session was very informative and noted many Board members were not aware of the coordination and amount of training staff undergo. He reports the report on Finances was positive.

Cathy Meske reports the Day of Recovery Education flyer was distributed. She noted Board members are welcome to attend, just call to register.

XIX. Adjournment

Moved by Albert LaFleche, supported by Bonnie Cornelius, to adjourn the meeting. Motion carried. This meeting adjourned at 4:38 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: REVISED Consent Agenda

DATE: October 29, 2018

1. **Contract**
   a. **NEMROC (Contract Extension)**
   We are continuing negotiations with NEMROC. The delay in reaching this contract is due to the new rate restructuring and the need to combine revised unit rates along with incentive payments for job development, placement and retention. We recommend the contract be continued at the same rates as FY18 from October 1, 2018 through November 30, 2018. We recommend approval of this two-month extension.

   b. **Catholic Human Services**
   This agreement is a continuation contract with Catholic Human Services to provide ~~one FTE~~ wraparound ~~coordinator~~ coordination and services~~for the System of Care~~ for Children with Serious Emotional Disturbances. This would be funded with Medicaid funds. The total amount of the contract is $119,997.17. There is no increase over last year's budget. We recommend approval.

   c. **FY19 MDHHS Contract Amendment #1**
   Back in May, I informed you of a new process MDHHS was utilizing to execute contracts using egrams. At that time, the Board authorized me to execute the contract which was done in late September after many postponements in getting the contract finalized. Now, within a month, we have received an Amendment to this contract making some language changes in five of the contract attachments. This amendment also had to be completed on egrams with two week of receipt. This was done on October 24th. We recommend your retroactive approval of this amendment. The changes were minor in nature and clarified items not clearly defined in the initial contract.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members

FROM: Cathy Meske

SUBJECT: Consent Agenda

DATE: October 29, 2018

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   b. **Catholic Human Services**
   This agreement is a continuation contract with Catholic Human Services to provide one FTE wraparound coordinator for the System of Care for Children with Serious Emotional Disturbances. This would be funded with Medicaid funds. The total amount of the contract is $119,997.17. There is no increase over last year's budget. We recommend approval.

   c. **FY19 MDHHS Contract Amendment #1**
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NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members

FROM: Cathy Meske

SUBJECT: Bay View Center

DATE: October 29, 2018

Last month, I informed the Board of the need to address the agreement with Bay View Center as a separate item on the agenda due to a conflict of interest a Board member would have with this contract. This is a continuation agreement with Bay View Center. The contract provides up to $97,780.00 for drop-in services provided to Medicaid individuals who receive services from the Agency. There is no proposed increase this year. Approval is recommended.

Recipient Rights Advisory Committee Minutes
October 31, 2018

The meeting was called to order at 3:45 p.m. in the Administrative Conference Room, NEMCMH, 400 Johnson Street, Alpena, Michigan on October 31, 2018 by Chair Pat Przeslawski.

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

I. Old Business. None.

II. New Business.

COMMITTEE COMPOSITION SURVEY: All surveys were returned during this meeting with the exception of one. Frank Walter requested he be replaced on the committee as he plans to leave the area. Ruth will begin the process to select another member and the survey should be completed once the new member is appointed by the Board.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the fourth quarter of FY 17-18, 7/1/18 – 9/30/18. Complaints totaled 21 of which 20 were opened for investigation and 1 contained no Code protected right. There were 14 substantiations. All investigations were completed through the end of September. As of the date of this meeting, there are 6 remedial actions pending. Lorell moved to review the report, supported by Tom, motion carried.

ANNUAL RIGHTS REPORT: The Agency served 2,353 individuals (unduplicated count) for the fiscal year for which the rights office provided rights protection. Site visits were conducted at 60 locations and there were no rights appeals. The total count for the year included 87 complaints with 46 of them being substantiated. Goals were established for the next year to include continuation of scanning projects, utilization of the Majestic recipient rights recording system in PCE, and assisting with submission of information for the recipient rights link on the Agency's website. There were no recommendations to the Board; however, the committee gives full support for the recently Board approved increased hours for the rights advisor position making it a full time position. This report is due to the state rights office by December 30, 2018, and all pending remedial action must be completed. Since the committee does not meet again until January, the 6 remedial actions that are pending will be presented via the quarterly rights report during January's meeting.

RESULTS OF TRIENNIAL MDHHS-ORR AUDIT: The Rights System Assessment Report face sheet was shared with the committee, showing substantial compliance with a score of 186 out of a possible 194 points. A plan of correction was submitted to the state rights office on 10-18-18.

III. Other Business.

The next meeting will be January 16, 2019 in the Admin Conference Room at 3:15 p.m.

IV. Adjournment.

Tom moved to adjourn the meeting, supported by Lorell. The meeting adjourned at 4:15 p.m.

_____

Patricia Przeslawski, Chairperson

Ruth Hewett, Recorder

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

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: July, August & September 2018:

I. COMPLAINT DATA SUMMARY

A. Totals	FY 17-18 1st	2nd	3rd	4th	FY 16-17 1st	2nd	3rd	4th
Complaints Received:	23	19	24	21	22	34	18	26
Investigated:	20	18	17	20	17	27	12	18
Interventions:	02	01	02	-0-	02	02	03	04
Substantiated:	13	09	10	14	08	17	10	12
Outside Jurisdiction:	01	-0-	01	-0-	01	01	01	03
No Code Protected Right:	-0-	-0-	04	01	02	04	02	01

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	1	1		0
Abuse II	0	0		0
Abuse III	2	2		0
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	1	1		1
Neglect III	5	5		5*
Rights Protection System	0	0	0	0
Admiss/Dischrg-2ND Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	1	1	0	1
Treatment Environment	1	1	0	1**
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	2	2	0	1
Suitable Services	6	6	0	4***, ****, *****
Treatment Planning	1	1	0	1
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	20	20	0	14

* Pending from last quarter – Neglect III was substantiated
** Pending from last quarter – Treatment Environment was substantiated.
*** Pending from last quarter – Suitable Services was not substantiated.
**** Pending from last quarter – Suitable Services was substantiated.
***** Pending from last quarter – Suitable Services was substantiated.

C. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Confidentiality	NEMCMH	Written Reprimand
Neglect III	NEMCMH	Written Reprimand
Treatment Environ.	Beacon	Pending
Suitable Services	Centria	Verbal Rep & Training
Treatment Environ.	Beacon	Documented Counseling
Suitable Services	Beacon	Pending
Neglect II	Beacon	Training & Policy Rev/Dev.
Neglect III	SafeHaus	Termination
Neglect III	NEMCMH	Emp quit prior to action
Neglect III	NEMCMH	Termination
Neglect III	NEMCMH	Written Reprimand
Neglect III	Centria	Pending
Confidentiality	NEMCMH	Documented Counseling
Tx Environment-Safety	Beacon	Documented Counseling
Personal Property	NEMCMH	Suspension
Suitable Serv-D & R	Beacon	Pending
Suitable Serv-D & R	Beacon	Pending
Suitable Services	Beacon	Training
Suitable Services	NEMCMH	Written Reprimand
Treatment Planning	Centria	Pending

D. Summary of Incident Reports: July, August & September 2018

Category Type	1st Qtr		2nd Qtr		3rd Qtr		4th Qtr	
	'18	'17	'18	'17	'18	'17	'18	'17
01.0 Absent without leave (AWOL)	02	01	01	06	04	03	02	01
02.0 Accident – No injury	11	05	04	03	13	04	09	13
02.1 Accident – With injury (Rev 5-17)	24	26	08	29	35	47	29	39
02.2 Accident – Serious injury (Rev 5-17)	-0-	02	-0-	01	-0-	--	-0-	--
03.0 Aggressive Acts – No injury	35	19	13	23	41	29	36	33
03.1 Aggressive Acts – w/ injury (Rev 5-17)	04	04	-0-	02	11	05	02	05
03.2 Aggressive Acts – Ser inj (Rev 5-17)	-0-	-0-	-0-	-0-	-0-	--	-0-	--
03.3 Aggressive Acts – Property Destruct	02	01	-0-	05	11	03	02	02
04.0 Death	05	05	03	06	05	04	07	02
05.0 Fall – No injury	06	09	11	14	18	21	06	15
06.0 Medical Problem	29	29	24	39	65	56	57	32
07.0 Medication Delay	10	02	08	03	12	08	07	12
07.1 Medication Error	15	09	06	19	22	15	22	16
07.2 Medication Other	82	52	36	55	52	73	59	80
07.3 Medication Refusal	61	62	06	87	25	52	08	96
08.0 Non-Serious Injury – Unknwn cause	05	05	-0-	07	08	06	09	06
09.0 Other	35	60	25	68	50	57	49	32
10.0 Self Injurious Acts – No injury	09	05	02	01	04	05	07	03
10.1 Self Injurious Acts – w/inj.(Rev 5-17)	04	04	06	02	09	07	07	09
10.2 Self Injurious Acts – Ser inj (Rev 5-17)	-0-	-0-	-0-	-0-	-0-	--	-0-	--
Challenging Behavior (Rev 5-17)	14		11		34	16	37	29
Fall – with injury (Rev 5-17)	18		10		14	05	07	13
Arrests (Rev 5-17)	15		07		20	08	14	07
Total	386	300	181	370	453	424	376	445

D. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	37.00	104.00
Hours Used in Training Received	24.00	40.25
Hours Used in Site Visits	27.50	127.75

E. Monitoring Activity	Quarter	YTD
Incident Report Received	376	1,396

F. Source of All Complaints:	Quarter	YTD
Recipient:	01	12
Staff:	13	39
ORR:	05	22
Gdn/Family:	-0-	03
Anonymous:	02	07
Comm/Gen Pub:	-0-	04
Total	21	87

_____ _____

Ruth M. Hewett, Recipient Rights Officer Date

Annual Demographic Data for: Northeast Michigan CMH Authority

CMH INFORMATION

Number of Consumers Served (unduplicated count): 2,353 (CMH)

LPH/U INFORMATION

Number of Admissions: _____ (LPH/U)

Populations Served: _____ (LPH/U)

CMH SERVICE SITE INFORMATION

If the site requires a visit, please list in column E

Type of Site	In Catchment Area	Out of Catchment Area	Total Sites Requiring Visits	Annual Site Visits Conducted	Additional Site Visits Conducted
Out Patient	5	0	5	5	0
Residential MI	0	1	1	1	0
Residential DD	13	2	15	15	0
Residential MI & DD	9	11	20	20	0
Inpatient	1	11	12	12	0
Day Program MI	0	0	0	0	0
Day Program DD	0	0	0	0	0
Workshop (prevocational)	0	0	0	0	0
Supported Employment	2	0	2	2	0
ACT	1	0	1	1	0
Case Management	0	0	0	0	0
Psychosocial Rehab	1	0	1	1	0
Partial Hospitalization	0	0	0	0	0
SIP	35	0	0	0	0
Crisis Center	0	0	0	0	0
Children's Foster Care	0	0	0	0	0
Clubhouse/Drop-in Center	1	0	1	1	0
CLS	0	0	0	0	0
Self-Determination	92	0	0	0	0
Respite Homes	0	0	0	0	0
Other	0	2	2	2	0
Total Number of Service Sites that Require Site Visits:			60		
Total Number of Site Visits Conducted:			60		0

RIGHTS FTE INFORMATION - CMH

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

Total Number of Rights FTEs*:	2
Number of Investigators/administrators (FTE)	2
Number of Trainers (FTE)	0
Number of Clerical Support (FTE)	0

RIGHTS FTE INFORMATION - LPH/U

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

Annual Demographic Data for:	Northeast Michigan CMH Authority

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

Northeast Michigan CMH Authority **Annual Report**

Rights Office Director: **Ruth M. Hewett**

Reporting Period: **10/1/2017** **to** **9/30/2018**

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	**87**	(this will self-fill)
Interventions	**5**	(this will self-fill)
Investigations	**75**	(this will self-fill)
Interventions Substantiated	**3**	(this will self-fill)
Investigations Substantiated	**43**	(this will self-fill)

COMPLAINT SOURCE

Recipient	**13**
Staff	**39**
ORR	**21**
Guardian/Family	**5**
Anonymous	**6**
Community/General Public	**3**
Total Complaints Received	**87**

TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse/Neglect I & II	**4**	**14**	**5**	**0**	**0**
All others	**71**	**50**	**12**	**3**	**3**

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
72221	abuse class II - nonaccidential act	0	0	0	0	0	0
72222	abuse class II - unreasonable force	1	1	0	0	1	0
72223	abuse class II - emotional harm	0	0	0	0	0	0
72224	abuse class II - treating as incompetent	0	0	0	0	0	0
72225	abuse class II - exploitation	0	0	0	0	0	0
7223	abuse class III	7	7	3	2	5	0
7224	abuse class I - sexual abuse	1	1	0	0	1	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	2	2	1	0	2	0
72262	neglect class II - failure to report	0	0	0	0	0	0
72271	neglect class III	8	8	7	6	2	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
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	12	4	2	8	4	8	3	1
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	4	0	0	4	3	4	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	2	0	0	2	2	1	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	5	1	1	4	1	0	5	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	19	0	0	19	10	7	12	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	17	0	0	17	11	14	3	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		0	0	0	0	0	0	0
7150	services of mental health professional	0	0	0	0	0	0	0	0
7160	surgery	0	0	0	0	0	0	0	0
7170	electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	psychotropic drugs	0	0	0	0	0	0	0	0
7190	notice of medication side effects	0	0	0	0	0	0	0	0

14. Treatment Planning

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

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

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	prior consent	0	0	0	0	0	0	0	0
7242	identification	0	0	0	0	0	0	0	0
7243	objection	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		**80**	**5**	**3**	**75**	**43**	**42**	**36**	**2**

17. No Right Involved

Code	Category	Received
0000	no right involved	5

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	2

Section II: Annual Complaint Data Summary for:			Northeast Mich
Category (from Complaint Data)	**Specific Provider Type**	**Specific Remedial Action(s)**	**Specific Remedial Action(s)**
abuse class III	Residential DD	Written Reprimand	
abuse class III	Residential DD	Employee left the agency, but substantiated	
abuse class III	Clubhouse/Drop-in Center	Employee left the agency, but substantiated	
neglect class II	Residential MI & DD	Training	Policy Revision/Development
neglect class III	Residential DD	Written Reprimand	
neglect class III	Residential MI	Employment Termination	
neglect class III	Residential DD	Employee left the agency, but substantiated	
neglect class III	Residential DD	Employment Termination	
neglect class III	Residential DD	Written Reprimand	
neglect class III	Residential MI & DD	Suspension	Training
neglect class III	Other	Pending	
disclosure of confidential information	Residential MI & DD	Employee left the agency, but substantiated	
disclosure of confidential information	Other	Verbal Counseling	
disclosure of confidential information	Case Management	Written Reprimand	
disclosure of confidential information	Other	Verbal Counseling	
disclosure of confidential information	Out Patient	Verbal Counseling	
disclosure of confidential information	Clubhouse/Drop-in Center	Employee left the agency, but substantiated	

Section II: Annual Complaint Data Summary for:			Northeast Mich
Category (from Complaint Data)	**Specific Provider Type**	**Specific Remedial Action(s)**	**Specific Remedial Action(s)**
safe environment	Residential MI & DD	Environmental Repair/Enhancement	
safe environment	Residential MI & DD	Verbal Counseling	
safe environment	Residential MI & DD	Pending	
restrictions/limitations	Residential MI & DD	Employee left the agency, but substantiated	
restrictions/limitations	Other	Pending	
restraint	Residential MI & DD	Suspension	Training
property - possession and use	SIP	Other	
property - possession and use	Other	Suspension	
dignity and respect	Residential MI & DD	Pending	
dignity and respect	Residential MI & DD	Pending	
dignity and respect	SIP	Verbal Counseling	
dignity and respect	SIP	Written Reprimand	
dignity and respect	Residential MI & DD	Written Reprimand	Training
dignity and respect	Residential MI & DD	Employee left the agency, but substantiated	
dignity and respect	Residential DD	Suspension	
dignity and respect	Residential DD	Written Reprimand	
dignity and respect	SIP	Verbal Counseling	
dignity and respect	Residential DD	Employment Termination	
mh services suited to condition	Residential MI & DD	Training	
mh services suited to condition	Residential DD	Written Reprimand	
mh services suited to condition	SIP	Verbal Counseling	
mh services suited to condition	Residential MI & DD	Pending	
mh services suited to condition	Residential MI & DD	Employment Termination	
mh services suited to condition	SIP	Verbal Counseling	
mh services suited to condition	SIP	Verbal Counseling	
mh services suited to condition	SIP	Written Reprimand	
mh services suited to condition	SIP	Suspension	
mh services suited to condition	Other	Written Counseling	Training
mh services suited to condition	Residential MI & DD	Training	

CEU's Type: Operations, Legal Foundations, Leadership, Augmented Training

Staff Name	MDHHS-ORR Course Number	Topic of Training Received	CEU Type	# Hours
Hewett, Ruth	17-60	ABA & MHC - RROAM	IV -Augmented Training	1.75
Hewett, Ruth	17-61	Legan Issues - RROAM	II - Legal Foundations	2.50
Hewett, Ruth	RCA18-003	Conf & Ch Ab/Neg - RROAM	II - Legal Foundations	3.00
Hewett, Ruth	RT 18-01	ORR Rd Table - MDHHS	I - Operations	4.50
Hewett, Ruth	RCA18-031	Reciprocity/Site Visits - RROAM	I - Operations	1.50
Hewett, Ruth	RCA18-030	Prepping for ORR Assment - RROAM	I - Operations	2.50
Hewett, Ruth	RCA18-051	Rise/Fall Leadership - RROAM	III - Leadership	2.50
Hewett, Ruth	RCA18-050	Where Go From Here - RROAM	I - Operations	2.50
Hewett, Ruth	RCA18-052	ADA Accom - RROAM	I - Operations	2.50
Hewett, Ruth	RRSUD18-02	SUD Rights-NMRE/MDHHS	I - Operations	2.00
Hewett, Ruth	RC18-GS1	A Mother's Addiction-Ann. Conf	IV -Augmented Training	1.50
Hewett, Ruth	RC18-01	Impl HCHS-Ann. Conf	I - Operations	1.50
Hewett, Ruth	RC18-06	Rights/Wrongs-Ann. Conf	I - Operations	3.00
Hewett, Ruth	RC18-11	ADA Comp-Ann Conf	I - Operations	3.00
Hewett, Ruth	RC18-18	Legal Issues-Ann Conf	II - Legal Foundations	3.00
Hewett, Ruth	RC18-22	Get Whack Back-Ann Conf	III - Leadership	1.00
Hewett, Ruth	18-21	ORR Dir Forum-Ann Conf	I - Operations	1.50

SECTION II: ANNUAL TRAINING ACTIVITY

Northeast Michigan CMH Authority

Part B: Training Provided by Rights Office

Is Update Training Required?	Yes
If Yes, how often: (Annual, Every 2 years, etc.)	Annual

Northeast Michigan CMH Authority

Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
		538	161	1	52			
RR Orientation	0.50	53	0	0	0		Computer	
Initial Rights	1.00	14	1	0	28	Volunteers	Face-to-Face	
RR Face to face w/I 30 days	4.00	76	52	0	16	Self Determination	Face-to-Face	
Rights Update	1.00	0	108	1	8	Interns, S/D	Face-to-Face	
Rights Update	1.00	395	0	0	0	0	Computer	

Northeast Michigan CMH Authority

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 17/18.
Indicate in Outcome if goal was accomplished or remains ongoing.

1 **Continue with scanning projects of documents, resource materials, committee minutes and information.**

Outcome: Ongoing

rity

2 **NEMCMH is in the process of changing computer systems. Work this year on submitting input for creation of the rights and incident reporting programs as well as training for rights staff once programs are implemented.**

Outcome: Accomplished

3

Outcome:

4

Outcome:

5

Outcome:

Outcomes established by the office for FY 18/19:

1. **Continue with scanning projects of documents, resource materials, committee minutes and information.**

2. **As of 10-1-18, recipient rights recording system began with PCE (Majestic). Rights staff will learn and use this system.**

3. **Work with IT in developing information for the recipient rights link on the Agency's website.**

4.

5.

0

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The Advisory Committee recommends the following:

1.	None. The committee gives full support to the increase of the Recipient Rights Advisor position from part time to full time that took place this year.
2.	
3.	
4.	
5.	

Northeast Michigan Community Mental Health Authority
Preliminary Statement of Revenue and Expense and Change in Net Position (by line item)
For the Twelve Months Ending September 30, 2018
100.0% of year elapsed

		Actual September Year to Date	Budget September Year to Date	Variance September Year to Date	Budget FY18	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 104,946	$ 104,009	$ 937	$ 104,009	100.9%
2	Private Contracts	49,109	45,227	3,882	45,227	108.6%
3	Grants from Local Units	486,710	482,282	4,428	482,282	100.9%
4	Interest Income	8,317	12,500	(4,183)	12,500	66.5%
5	Medicaid Revenue	24,629,191	24,804,215	(175,024)	24,804,215	99.3%
6	General Fund Revenue	740,381	750,381	(10,000)	750,381	98.7%
7	Healthy Michigan Revenue	1,439,844	1,584,562	(144,718)	1,584,562	90.9%
8	3rd Party Revenue	670,131	599,146	70,985	599,146	111.8%
9	SSI/SSA Revenue	489,426	487,699	1,727	487,699	100.4%
10	Other Revenue	60,180	53,300	6,880	53,300	112.9%
11	**Total Revenue**	**28,678,236**	**28,923,321**	**(245,085)**	**28,923,321**	**99.2%**
	Expense					
12	Salaries	12,506,955	12,706,679	199,724	12,706,679	98.4%
13	Social Security Tax	571,542	579,670	8,128	579,670	98.6%
14	Self Insured Benefits	2,306,794	2,736,919	430,125	2,736,919	84.3%
15	Life and Disability Insurances	219,419	224,631	5,212	224,631	97.7%
16	Pension	1,002,915	988,135	(14,780)	988,135	101.5%
17	Unemployment & Workers Comp.	227,883	261,659	33,776	261,659	87.1%
18	Office Supplies & Postage	46,772	48,611	1,839	48,611	96.2%
19	Staff Recruiting & Development	139,263	149,190	9,927	149,190	93.3%
20	Community Relations/Education	2,482	3,210	728	3,210	77.3%
21	Employee Relations/Wellness	52,010	60,021	8,011	60,021	86.7%
22	Program Supplies	428,511	474,925	46,414	474,925	90.2%
23	Contract Inpatient	1,085,910	991,000	(94,910)	991,000	109.6%
24	Contract Transportation	131,164	125,356	(5,808)	125,356	104.6%
25	Contract Residential	4,909,278	4,697,701	(211,577)	4,697,701	104.5%
26	Contract Employees & Services	3,183,247	2,947,183	(236,064)	2,947,183	108.0%
27	Telephone & Connectivity	111,194	119,912	8,718	119,912	92.7%
28	Staff Meals & Lodging	33,976	36,857	2,881	36,857	92.2%
29	Mileage and Gasoline	448,223	430,780	(17,443)	430,780	104.0%
30	Board Travel/Education	12,623	14,616	1,993	14,616	86.4%
31	Professional Fees	45,543	41,194	(4,349)	41,194	110.6%
32	Property & Liability Insurance	52,175	45,063	(7,112)	45,063	115.8%
33	Utilities	178,670	205,095	26,425	205,095	87.1%
34	Maintenance	170,564	222,650	52,086	222,650	76.6%
35	Rent	262,418	263,649	1,231	263,649	99.5%
36	Food (net of food stamps)	60,005	81,834	21,829	81,834	73.3%
37	Capital Equipment	63,014	42,287	(20,727)	42,287	149.0%
38	Client Equipment	27,798	20,978	(6,820)	20,978	132.5%
39	Miscellaneous Expense	88,469	134,991	46,522	134,991	65.5%
40	Depreciation Expense	269,976	268,525	(1,451)	268,525	100.5%
41	**Total Expense**	**28,638,793**	**28,923,321**	**284,528**	**28,923,321**	**99.0%**
42	**Change in Net Position**	**$ 39,443**	**$ -**	**$ 39,443**	**$ -**	**0.1%**

Contract settlement items included above:

43	Medicaid Funds Paid are Over Spent	(115,510)
44	General Funds Lapsing to MDHHS	10,000
45	Healthy Michigan Funds Paid are Over Spent	(114,977)

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

	Total Business-Type Activities Sept. 30, 2018	Total Business-Type Activities Sept. 30, 2017	% Change
Assets			
Current Assets:			
Cash and cash equivalents	$ 4,482,901	$ 3,883,652	15.4%
Restricted cash and cash equivalents	830,103	872,575	-4.9%
Investments	750,000	750,000	0.0%
Accounts receivable	1,128,934	1,261,415	-10.5%
Inventory	15,885	16,518	-3.8%
Prepaid items	245,416	448,107	-45.2%
Total current assets	7,453,239	7,232,266	3.1%
Non-current assets:			
Capital assets not being depreciated	90,000	90,000	0.0%
Capital assets being depreciated, net	1,496,398	1,675,571	-10.7%
Total non-current assets	1,586,398	1,765,571	-10.1%
Total assets	9,039,637	8,997,837	0.5%
Liabilities			
Current liabilities:			
Accounts payable	1,868,722	1,820,404	2.7%
Accrued payroll and payroll taxes	686,004	647,023	6.0%
Deferred revenue	4,126	46,596	-91.1%
Current portion of long-term debt (Accrued	69,148	72,686	-4.9%
Total current liabilities	2,627,999	2,586,709	1.6%
Non-current liabilities:			
Long-term debt, net of current portion	760,955	799,889	-4.9%
Total liabilities	3,388,955	3,386,598	0.1%
Net Position			
Invested in capital assets, net of related debt	1,586,398	1,765,571	-10.1%
Unrestricted	4,064,284	3,845,668	5.7%
Total net position	5,650,682	$ 5,611,239	0.7%
Net Position Beginning of Year	5,611,239		
Revenue	28,678,236		
Expense	(28,638,793)		
Change in net position	39,443		
Net Position September 30, 2018	$ 5,650,682		

Unrestricted Net Position as a % of projected annual expense	14.1% or 51	days
Recommended Level	8% - 25%	

POLICY CATEGORY: Ends
POLICY TITLE AND NUMBER: Board Ends Statement, Policy # 04-001
REPORT FREQUENCY & DUE DATE: Annual: November 2018
POLICY STATEMENT:

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

Sub-Ends

Services to people with a Mental Illness

1. We expect that children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

   Achievement of this sub-end will be confirmed by monitoring Child and Adolescent Functional Assessment Scores (CAFAS):

   A. 75% of all children who participate in service (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point decrease in CAFAS scores at the end of their 3rd quarter review. 90% of children will show a 20 point or more decrease in CAFAS at termination of children's services.

      Status: *The Children's program closed a total of 75 cases in FY18. We closed 48 cases with CAFAS scores which had decreased at least 20+ points, with a range of 20-120 points. Of the remaining 27 cases, 14 of the children moved out of the area or dropped out of treatment. Therefore, for those individuals who completed treatment as planned in FY18, 81% demonstrated a 20+ decrease in their CAFAS score.*

2. Employment opportunities for persons with mental illness promote recovery and independence. The provision of the Evidence Based Practice Supported Employment will lead to increased employment opportunities.

   Achievement of this sub end will be confirmed by monitoring employment status of those individuals enrolled in Supported Employment for persons with mental illness.

   A. During the fiscal year 2017-2018 an additional 48 individuals with mental illness will be given an opportunity for paid employment. This increase will be based on the actual end count of individuals given this opportunity on September 30, 2017. Current enrollment as of September 30, 2017 is 63 individuals, and of those

individuals, 40 (63%) are employed in part- and full-time positions.

Status: *Current enrollment as of September 30, 2018 is 55 individuals and of those individuals served from October 1, 2017 through September 30, 2018, 52 individuals with mental illness became employed in part- or full-time positions. The 2017-2018 goal was to have 48 individuals employed. This End was met.*

DD Consumer Services

3. During the fiscal year 2017-2018, three percent (3%) of employed individuals with an intellectual/developmental disability will retain employment for six (6) months or longer. In addition, there will be a five percent (5%) increase for individuals having the opportunity for competitive employment. As of September 30, 2017 we have 109 persons employed. A successful end will be 114 persons served will have had opportunities for paid, competitive employment.

   Status: *The fiscal year began (October 1, 2017) with 106 people in supported employment [there was actually an error in reporting 109 as a couple individuals had dropped and one was unable to continue employment due to health]. As of September 30, 2018, 115 individuals have been provided an opportunity for employment [thus meeting the objective] and 96 are currently in paid employment. There were a total of 15 individuals who lost their employment due to health, retirement or layoffs. Four individuals were closed to this program, however, were still employed.*

4. During fiscal year 2017-2018 an additional five percent (5%) of persons served with an intellectual/developmental disability will have been given the opportunity to live in a semi/independent community living setting. As of September 30, 2017 we have 81 individuals who have been given the opportunity to live in a semi/independent living setting. A successful end will be 85 served will have this opportunity.

   Status: *The fiscal year began October 1, 2017 with a census of 81. As of September 30, 2016, 89 individuals have been given the opportunity to live independently or semi-independently, which is close to a 10% increase. During this period eight new persons joined the program, two individuals passed away, three individuals had successful closures and one moved to a group home. Of the current 84 individuals, 50 are male, 34 are females, 77 were never married, five were divorced and two are married. The Goal of 85 was achieved in March 2018.*

Financial Outcomes

5. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 6.A, below).

Status: *As of August 31, 2018, revenues exceed expenses by $242,606. The Board is projected to have a positive net income by September 30, 2018.*

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

   A. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.
   Status: *As of August 31, 2018, Medicaid funds were overspent by $41,760. Healthy Michigan funds were overspent by $103,213. The Board is projected to overspend both funding sources by September 30, 2018 and anticipates a full cost settlement with the NMRE from available Medicaid and Healthy Michigan risk funds.*

   B. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.
   Status: *As of August 31, 2018, General Funds were underspent by $1 as a result of utilizing Public Act 423 which allows local funds to be preserved in a dollar for dollar swap of general funds for local funds based upon actual cash receipts from 3rd party insurance claims. If the Board had not taken advantage of this law, General Funds would have been overspent by $103,909. The Board is projected to overspend its General Funds for FY18 and will utilize P.A. 423 to cover its shortfall. No General Fund carryforward will be available in FY19. In FY19, the Board's General Fund appropriation will increase by $100,580 due to reallocation of these funds throughout the state as recommended by the joint MDHHS/CMHSP committee that Northeast's former Director and Finance Director participated in.*

Community Education

7. The Board's public education and communications strategy will include the following:
   A. At least one Report to the Community annually.
   Status: *The Annual Report was completed in May 2018 and is posted to the Agency's website, distributed through e-mail as well as hard copies available for offices, commissioners, collaborative members and those requesting hard copy.*

   B. Will continue to develop and coordinate community education events and/or cross-systems training events.
   Status: *Amanda Sola presented on early detection of Autism Spectrum Disorder to Alcona Health Center Behavior Providers on October 3, 2017; Mary Crittenden presented on Depression at First United Methodist Church on October 4, 2017; Peggy Yachasz did a presentation to Pathways Community Mental Health in Marquette on the Monitor/Response System on October 17, 2017; Peggy Yachasz attended the Alpena County Human Services Coordinating Council's October 18, 2017 meeting and provided a presentation on the*

Monitor/Response System; Nena Sork presented on the topic "Pressure to Be Perfect" on February 10; Amy Thompson and Peggy Yachasz provided a presentation to AuSable Valley on the Monitor/Response System used in the Supported Independent Living Program on March 9 and on April 25th Amy and Peggy along with Sharon Brousseau went to AuSable Valley and presented to clinical staff, consumers and family members the benefits of the monitoring system [AuSable Valley will be starting a similar program up in June]; Carolyn Bruning, Margie Hale-Manley, Teresa Kowalski, Becky Lahner, Angela Stawoway and Peggy Yachasz did a presentation about Intellectual/Developmental Disability services offer by the Agency to parents of children attending Pied Piper Opportunity Center and the school's Transition Coordinator on March 21.

On July 31st, Mary Crittenden assisted with a CISM (Critical Incident Stress Management) Debriefing in Montmorency County.

September is Suicide Prevention Awareness month. PiP coordinated activities which included a feature on suicide prevention in the Alpena News. In addition, a "Community Conversation" sponsored by Alpena County Suicide Prevention Workgroup was held on September 26th in which participants identified what makes a suicide safer community and staff members (Cathy Meske & others) were involved in this panel.

C. Will continue to offer training opportunities in Mental Health First Aid for adults and youth and also training opportunities in trauma and the effects of trauma on individuals and families.
Status: *Three individuals were trained to provide Mental Health First Aid Training in both youth and adults; only two remain certified Carlene Przykucki and Mary Schalk]. The Adult Mental Health First Aid Training course was offered October 20 & 27, 2017 with 18 individuals completing the course. Adult Mental Health First Aid Training was conducted February 20 & 27, March 6 & 13 targeted for NEMROC employees with 15 completing the training. Youth Mental Health First Aid training was offered in Montmorency County on February 14 and March 3 with 8 completing the training. The trainers became certified in MHFA Public Safety Module during the third quarter and materials were purchased to train public safety and corrections officers. Scheduling has been difficult to fit the eight-hour training into officers' schedules resulting in no further trainings in this fiscal year for Mental Health First Aid or Youth Mental Health First Aid. FY19 will have Partners in Prevention attempting to set up and promote an annual schedule for the trainings instead of working with local hosts.*

In addition, under a contractual arrangement, Partners in Prevention (PiP) provided the Living Works 3.5-hour safeTALK suicide prevention training in Onaway on January 25 to two participants and on February 5 in Hillman to 17

participants. This was also offered at Alpena Community College on May 22 with 9 participants and on May 23 at St. John's School in Rogers City with 6 participants.

PiP also provided an overview of how trauma affects children to 12 participants in foster parent PRIDE training coordinated through DHHS and held at Child & Family Services on March 10. PiP also provided a 90-minute training on Trauma-Informed Strategies to 15 participants in a staff training at Alpena Childcare and Development Center on March 5. In Presque Isle County, PiP delivered a six-week, 12-hour course addressing Caring for Children Who Have Experienced Trauma to 15 individuals, including Montessori School Director, Hope Shores Alliance staff, foster parents, grandparents and childcare providers. On April 11, "Understanding ACEs" was held at the Harrisville United Methodist Church with 11 attending. "Trauma and Its Effects on Children" was provided to the Alpena Senior Center Kinship Care Group with five attending. On May 11, "Understanding NEAR" was held for Child & Family Services staff with 10 participating. This topic was also held on May 22nd for staff members of Sunrise Centre with 23 participating. PiP also held a multi-county event covering Foster Parent trauma training with 10 attending on June 16 and on June 21 "How Trauma Affects Behavior" was held for Child & Family Services staff with 10 attending.

PiP also coordinated several publicity spots during May, which is mental health month. On May 9th, Mary Crittenden was interviewed by Steve Wright on WATZ's morning program for Children's Mental Health Day. Mary also visited with the Alpena Senior Citizens Center and gave a brief presentation and answered questions on May 18th related to Older Adult Mental Health and Aging Awareness. An article also was included in the Alpena News on May 10th entitled "Awareness is aim of mental health month."

EXECUTIVE LIMITATIONS
(Manual Section)

TREATMENT OF INDIVIDUALS SERVED
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved by Board:	December 10, 2015

●1 POLICY:

With respect to interactions with individuals served, or those individuals applying for services, the CEO shall not cause or allow conditions, procedures, or decisions which are unsafe, disrespectful, unduly undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

Accordingly, she or he may not:

1. Use application forms or procedures that elicit information for which there is no clear necessity.

2. Use methods of collecting, reviewing, or storing client information that fail to protect against improper access to the information elicited.

3. Maintain facilities that fail to provide a reasonable level of privacy, both aural and visual.

4. Fail to provide procedural safeguards for the transmission of information.

5. Fail to establish with the individual receiving services a clear contract of what may be expected and what may not be expected from the service offered.

6. Fail to inform individual served by this Agency of this policy or to provide a grievance process to those individuals served who believe that they have not been accorded a reasonable interpretation of their rights under this policy.

7. Fail to have staffing or contractual arrangements to provide services that reflect the diversity found in the community.
   A. ethnic
   B. gender
   C. geographic

8. Fail to provide services and benefits to clients or the public and contract agencies without prejudice as to religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap or ability to pay.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

EXECUTIVE LIMITATIONS
(Manual Section)

STAFF TREATMENT
(Subject)

Board Approval of Policy August 8, 2002
Last Revision of Policy Approved by Board: December 10, 2015

●1 POLICY:

With respect to treatment of paid and volunteer staff, the CEO may not cause or allow conditions which are unfair, undignified or unsafe or unclear.

Accordingly, she or he may not:

1. Operate without written personnel procedures which clarify personnel rules for staff, provide for effective handling of grievances and protect against wrongful conditions.

2. Discriminate against any staff member for non-disruptive expression of dissent.

3. Fail to acquaint staff with their rights under this policy.

4. Fail to be sensitive to and consider human diversity in all dealings with staff once known or perceived.

5. Discriminate in the recruitment, hiring, training, upgrading, promotion, retention or any other personnel action based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, or physical or mental handicap, except where age, sex or physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

ENDS
(Manual Section)

BOARD ENDS STATEMENT
(Subject)

Board Approval of Policy	August 8, 2002
Revision to Board Policy	November ~~98~~, ~~2017~~2018

●1 POLICY:

Ends

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

Sub-Ends
Services to ~~people with a Mental Illness~~Children

1. We expect that children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

   Achievement of this sub-end will be confirmed by monitoring Child and Adolescent Functional Assessment Scores (CAFAS):

   A. ~~75~~90% of all children who participate in service (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point decrease in CAFAS scores at ~~the end of their 3rd quarter review. 90% of children will show a 20 point or more decrease in CAFAS at termination of children's~~completion of services.

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

~~2. Employment opportunities for persons with mental illness promote recovery and independence. The provision of the Evidence Based Practice Supported Employment will lead to increased employment opportunities.~~

2. ~~Achievement of this sub-end will be confirmed by monitoring employment status of those individuals enrolled in Supported Employment for persons with mental illness~~Individuals needing independent living supports will live in the least restrictive environment.~~:~~

   A. ~~During the fiscal year 2017-2018 an additional 48 individuals with mental illness will be given an opportunity for paid employment. This increase will be based on the actual end count of individuals given this opportunity on September 30, 2017. Current enrollment as of September 30, 2017 is 63 individuals, and of those individuals, 40 (63%) are employed in part- and full-time~~

~~positions.~~Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.

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

Services to ~~people~~ Adults with ~~a Developmental Disability~~Co-Occurring Disorders

3. ~~During fiscal year 2017-2018, three percent (3%) of employed individuals with an intellectual/developmental disability will retain employment for six (6) months or longer. In addition, there will be a five percent (5%) increase for individuals having the opportunity for competitive employment. As of September 30, 2017 we have 109 persons employed. A successful end will be 114 persons served will have had opportunities for paid, competitive employment.~~Adults with co-occurring disorders will realize significant improvement in their condition.
   - **A.** 75% of those persons with a diagnosed substance use disorder will have one objective in their plan of service addressing treatment options or services.
   - **B.** 100% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing medication assisted treatment.

~~4. During fiscal year 2017-2018 an additional five percent (5%) of persons served with an intellectual/developmental disability will have been given the opportunity to live in a semi/independent community living setting. As of September 30, 2017 we have 81 individuals who have been given the opportunity to live in a semi/independent living setting. A successful end will be 85 served will have this opportunity.~~

Financial Outcomes

~~5.~~4.The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in ~~6~~5.~~A~~B, below).

~~6.~~5.The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:

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

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

Community Education

~~7.~~6.The Board~~'s~~ will provide community education. This ~~public education and communications strategy will~~ include the following:

A. Disseminate mental health information to the community utilizing available technology and ~~At~~ at least one Report to the Community annually.

B. ~~Will continue to develop and coordinate community education events and/or cross-systems training events~~Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on

individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.

C. ~~Will continue to offer training opportunities in Mental Health First Aid for adults and youth and also training opportunities in trauma and the effects of trauma on individuals and families~~Support community advocacy.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, SEPTEMBER 26, 2018
CROSS STREET CONFERENCE ROOM, GAYLORD

BOARD MEMBERS IN ATTENDANCE:	**Carol Crawford, Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Gary Klacking, Terry Larson, Gary Nowak, Jay O'Farrell, Dennis Priess, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora**
STAFF IN ATTENDANCE:	**Christine Gebhard, Chip Johnston, Karl Kovacs, Eric Kurtz, Cathy Meske, Diane Pelts, Brandon Rhue, Sara Sircely, Dee Whittaker, Deanna Yockey, Carol Balousek**
PUBLIC IN ATTENDANCE:	**Chip Cieslinski, Nicole Montgomery, Sue Winter**

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

ROLL CALL
Let the record show that all Board Members were in attendance for the meeting on this date.

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 August meeting of the NMRE Governing Board were included in the materials for the meeting on this date.
MOTION MADE BY DON TANNER TO APPROVE THE MINUTES OF THE AUGUST 22, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ROGER FRYE. MOTION CARRIED.

APPROVAL OF AGENDA
Mr. Kamps called for approval of the meeting agenda.
MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE SEPTEMBER 26, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY KARLA SHERMAN. MOTION CARRIED.

CORRESPONDENCE
- A letter from Cummings McClorey Davis & Acho, PLC dated August 22nd to Karl Kovacs providing legal opinion on bonus payments to NLCMA employees.
- Email correspondence form Robert Sheehan at CMHAM of Michigan dated August 24th to Association Members listing frequently asked questions regarding public-private partnerships.
- Email correspondence from Robert Sheehan at CMHAM dated August 29th to Association Members referencing the Association's dialogue with a range of parties.

- A letter from Jeffery Wieferich, Acting Director of Community Based Services at MDHHS, dated September 6th to PIHP and CMHSP Executive Directors indicating approved telepractice services effective October 1st.
- A summary from the Michigan Stakeholder meeting dated September 12th regarding the FY19 budget.
- A letter from Larry Scott, Director of the Office of Recovery Oriented Systems of Care at MDHHS, dated September 12th to the Roscommon County Board of Commissioners identifying ways in which the NMRE is combating the opioid epidemic, specific to residents of Roscommon County.
- Document from MDHHS on the Section 298 Initiative sand plans to issue an RFP to select a single PIHP to manage the specialty behavioral health benefit for the unenrolled population in the three pilot sites (HealthWest and West Michigan Community Mental Health, Genesee Health System, and Saginaw County CMHA). A list of frequently asked questions and the Department's responses was also included.
- A Memorandum from Sara Sircely, NMRE Managing Director of Substance Use Disorder Services, dated September 13th to Licensed Substance Use Disorder Service Programs outlining the NMRE's Request for Information for treatment and recovery housing services.
- The NMRE Board meeting schedule for FY19.

Mr. Kurtz highlighted the September 6th Memorandum approving the use of Telepractice for pre-admission screenings and mental health assessments performed by a non-physician. He thanked Christine Gebhard for her efforts to bring this about.

Dr. George Mellos was named the Interim BHDDA Deputy Director to replace Lynda Zeller.

Mr. Kurtz drew attention to the Response to Roscommon County Board of Commissioners from Larry Scott.

The 298 Initiative document reported that MDHHS will issue an RFP to select a single, existing PIHP to manage the specialty behavioral health benefits for the unenrolled population across the three pilot sites. Mr. Kurtz noted the counties would have to agree to take on the risk of a Third Party. Mr. Johnston added, County Commissioners would have to pick up any overruns.

Mr. Kamps proposed skipping the Board meeting scheduled for December 26th, unless there is some urgent action item. Mr. Stone suggested combining the November and December meetings, to take place in early December. Mr. Kurtz noted the November 28th meeting conflicts with the Directors Forum.

MOTION MADE BY DON TANNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY GOVERNING BOARD MEETING SCHEDULE FOR FISCAL YEAR 2019 WITH THE EXCEPTION OF NOVEMBER AND DECEMBER 2018, SECOND BY TERRY LARSON.

Discussion: Mr. Larson suggested a meeting on December 12th to replace both the November and December meetings.

LET THE RECORD SHOW THAT MR. TANNER AMENDED HIS MOTION TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY GOVERNING BOARD MEETING SCHEDULE FOR FISCAL YEAR 2019 AS AMENDED, MR. LARSON SECONDED THE AMENDED MOTION. MOTION CARRIED.

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

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

REPORTS

Board Chair 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 September 2018 was included in the materials for the meeting on this date. Mr. Kurtz highlighted the Opioid Health Home Care Model training on September 6th & 7th, noting it was very well attended.

SUD Board Report

The draft minutes from the September 10, 2018 meeting of the NMRE Substance Use Disorder Oversight Board were included in the materials for the meeting on this date. Liquor tax requests will be brought forward for approval later in the Agenda.

June Financial Reports

The NMRE Monthly Financial Report for June 2018 was resent to the Board as the most recent version was not sent in the June meeting packet. There was no discussion of the June report during the meeting on this date.

July Financial Report

The NMRE Monthly Financial Report for July 2018 was included in the materials for the meeting on this date. By county eligibles trend graphs were not included in the report due to a data error. Staff is working to correct the issue.

Christine Gebhard asked why HAB revenue rates fell in July. Deanna Yockey responded that the NMRE received an overall rate increase of $1.1M (Medicaid, HMP, and HSW) per month for Q4 FY18.

- Traditional Medicaid showed mental health revenue of $125,022,162 plus SUD revenue $2,754,396 for a total of $127,776,557. Medicaid expenses were reported as $126,927,9, resulting in a surplus of $1,853,692.
- Healthy Michigan Plan showed mental health revenue of $8,969,741 plus SUD revenue of $4,135,643 for a total of $13,105,384. HMP expenses were reported as $15,439,940, resulting in a deficit of $2,334,556 (which will be offset by traditional Medicaid savings).
- Health Home showed revenue of $151,046 and expenses of $113,799, resulting in a surplus of $37,247.
- SUD showed all funding source revenue of $10,657,809 and expenses of $11,377.819, resulting in a deficit of $720,010.

MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORTS FOR JUNE 2018 AND JULY 2018, SECOND BY ANNIE HOOGHART. MOTION CARRIED.

NEW BUSINESS

FY19 Preliminary Budget

The NMRE Preliminary Budget for FY19 was included in the materials for the meeting on this date, as was a summary prepared by Mr. Kurtz. Mr. Kurtz acknowledged numerous best assumptions were made to continue forward. For Q1, a conservative 1.5% overall revenue increase to Traditional Medicaid, including HSW was assumed. The 1.5% increase was also assumed for SUD revenue. For the Opioid Health Home, 1000 was projected, which Mr. Kurtz called a "huge assumption." Staffing for the OHH was not included on

the NMRE staffing lines, but lumped into the overall OHH costs, as the State Plan Amendment has not been approved to date.

Expenditure assumptions include filling vacant positions, staff step increases, health care costa as NMRE transitions to directly employing staff, and up to 3% cola. Contractual costs include implementing ProtoCall, Paychex for HR and payroll, legal services, and up to $200K for parity software, which is yet unknown.

MOTION MADE BY DENNIS PRIESS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY PRELIMINARY BUDGET FOR FISCAL YEAR 2019, SECOND BY DON TANNER.

Discussion: Mr. Schmidt asked what is meant by "unspent funds?" Mr. Yockey clarified, that amount is the revenue less expenditures with additional PA2 added in. This will be displayed more clearly in future financial reports.

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

SUD Liquor Tax Requests
A summary of the liquor tax requests recommended by the NMRE SUD Oversight Board on September 10th were included in the materials for the meeting on this date. Mr. Kurtz stressed that each county representative should be a connection between the SUD Oversight Board member and the County Commission. Mr. Frye suggested sending SUD Oversight Board minutes to the County Commissions.

Annual Projects
Sara Sircely reported that the following three liquor tax requests were continuations from previous years.

- Michigan Rehabilitation Services (MRS) in the amount of $35,000 for job coaching services. MRS bills the NMRE at the end of the year, at which time, the amount of funds per county is determined based on actual individual served.
- NMSAS Recovery Center in the amount of $196,000 for peer coaching, multiple pathways to recovery, and community awareness. If spread evenly among the 21-counties, the cost would be $9,333.33 per county.
- SAFE in Northern Michigan campaign in the amount of $2,000 to augment the request made in July, which was approved for $18,000 but should have been $20,000.

MOTION MADE BY ROGER FRYE TO APPROVE THE LIQUOR TAX REQUEST FROM MICHIGAN REHABILITATION SERVICES FOR THIRTY-FIVE THOUSAND DOLLARS ($35,000.00), THE NMSAS RECOVERY CENTER IN THE AMOUNT OF ONE HUNDRED NINETY-SIX THOUSAND DOLLARS ($196,000.00), AND THE SAFE IN NORTHERN MICHIGAN MEDIA CAMPAIGN IN THE AMOUNT OF TWO THOUSAND DOLLARS ($2,000.00), SECOND BY GARY NOWAK. MOTION CARRIED.

Addiction Treatment Services (ATS)
Mr. Kurtz expressed he had some concerns with the way the initial request was presented to the NMRE SUD Oversight Board on September 10th. Mr. Kurtz was hesitant to approve start-up funding for a program that would provide billable services. Much of the project, however, does fall under the auspices of prevention. Mr. Kurtz requested Mr. Hindbaugh rewrite the request and resubmit. Due to the time sensitive nature of the request, Mr. Kurtz recommended approval, noting the amended request would circle back through the Board in October.

MOTION MADE BY ROGER FRYE TO APPROVE THE LIQUOR TAX REQUEST FROM ADDICTION TREATMENT SERVICES WITH AMENDED NARRATIVE LANGUAGE AND BUDGET, SECOND BY KARLA SHERMAN. MOTION CARRIED.

Centra Wellness Network – Benzie County
A request was made by Centra Wellness Network for Benzie county liquor tax funds to continue the Communities that Care coalition.

MOTION MADE BY DENNIS PRIESS TO APPROVE THE REQUEST FOR BENZIE COUNTY LIQUOR TAX FUNDS BY CENTRA WELLNESS NETWORK IN THE AMOUNT OF FIFTY-FIVE THOUSAND SEVEN HUNDRED TWENTY DOLLARS ($55,720.00) FOR THE COMMUNITIES THAT CARE COALITION, SECOND BY JOE STONE. MOTION CARRIED.

Catholic Human Services – Grand Traverse
A continuation request was made by CHS to continue the Grand Traverse County Coalition to reduce the misuse of opioids, prescription drugs, and other illegal substances.

MOTION MADE BY JOE STONE TO APPROVE THE REQUEST FOR GRAND TRAVERSE COUNTY LIQUOR TAX FUNDS BY CATHOLIC HUMAN SERVICES IN THE AMOUNT OF EIGHTY-SEVEN THOUSAND NINE HUNDRED NINETY-FOUR DOLLARS ($87,994.00) FOR THE GRAND TRAVERSE COUNTY FAMILIES AGAINST NARCOTICS COALITION, SECOND BY GARY NOWAK. MOTION CARRIED.

Centra Wellness Network – Manistee
A request was made by Centra Wellness Network for Manistee county liquor tax funds to continue the SEA coalition.

MOTION MADE BY GARY NOWAK TO APPROVE THE REQUEST FOR MANISTEE COUNTY LIQUOR TAX FUNDS BY CENTRA WELLNESS NETWORK IN THE AMOUNT OF SIXTY-ONE THOUSAND NINE HUNDRED FIFTY-SEVEN DOLLARS ($61,957.00) FOR THE SEA MANISTEE COALITION, SECOND BY RICHARD SCHMIDT. MOTION CARRIED.

Health Department of Northwest Michigan – Otsego
A request was made by the Health Department of Northwest Michigan for Otsego county liquor tax funds to continue the RISE youth prevention coalition.

MOTION MADE BY DON TANNER TO APPROVE THE REQUEST FOR OTSEGO COUNTY LIQUOR TAX FUNDS BY THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN IN THE AMOUNT OF SIXTY-ONE THOUSAND ONE HUNDRED SIXTY-SEVEN DOLLARS ($61,167.00) FOR THE RISE COALITION, SECOND BY KARLA SHERMAN. MOTION CARRIED.

PCE Statement of Work
The Statement of Work from PCE Systems was included in the materials for the meeting on this date. A build out of the PCE software system is needed to get PCE able to accommodate the Opioid Health Home Pilot Project. MICare Connect, the data sharing/care coordination component, will allow for real-time information sharing based on the MDHHS-5515 signed common consent form. Mr. Kurtz noted the functionality added to PCE may have applications outside the OHH. The cost was reported as $100K. Funding will come from MDHHS, through CMHAM, for the OHH. Mr. Tanner asked to add to the third bullet under “Assumptions,” that areas not accomplished will not be reimbursed.

MOTION MADE BY CAROL CRAWFORD TO APPROVE THE STATEMENT OF WORK FROM PCE SYSTEMS IN THE AMOUNT NOT TO EXCEED ONE HUNDRED THOUSAND DOLLARS ($100,000.00) AS AMENDED, SECOND BY DON TANNER. MOTION CARRIED.

MDHHS-PIHP FY19 Contract Amendment No.1

Amendment No.1 to the FY19 Contract was sent to PIHPs on September 19th. The Memorandum from John Duvendeck and summary of changes was sent in the materials for the meeting on this date. It was noted that the full Contract is available on the nmre.org website.

MOTION MADE BY KARLA SHERMAN TO APPROVE AMENDMENT ONE (NO.1) TO CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2019, SECOND BY CAROL CRAWFORD. MOTION CARRIED.

OLD BUSINESS

Behavioral Health Home

Mr. Kurtz and Mr. Johnston discussed with Jon Villasurda that the current BHH funding was targeted to be removed from the continuation budget. They shared current program outcomes and strongly suggested maintaining the current BHH funding and narrowing the scope of diagnosis to more closely define and show outcomes of the current BHH program. Once the Opioid Health Home is running, the plan is to revisit the BHH to reduce the scope and numbers and expand throughout the 21 counties. (SMI and COPD/Diabetes). Mr. Johnston completed a review of Centra Wellness Network's program, and sent it to Mr. Kurtz. Mr. Kovacs commented that, in spite of the lack of support from MDHHS/BHDDA, Northern Lakes CMHA has carried on the programs and can demonstrate good work.

PRESENTATION

Opioid Health Home

NMRE staff provided an update on the status of the Opioid Health Home and how the NMRE will work with its Health Home Providers. Brandon Rhue shared the heatmap showing the intensity of opioid use disorder diagnoses throughout the region. Mr. Kamps noted OUD affects individuals in all walks of life. Approval of the State Plan Amendment is expected before the October 1st go date.

COMMENTS

- Mr. Kovacs announced that Northern Lakes CMHA will present during the fall conference on Behavioral Health and Criminal Justice.
- Mr. Johnston cautioned the NMRE against "advertising" the OHH. In his experience with the Behavioral Health Home, word of mouth will be a key factor. He supported letting it grow gradually.

MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for 10:00AM October 24, 2018 in the Cross Street Conference Room in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 12:11PM.

Fall Conference Update - Verbal

Consumer Advisory Council

Regular Meeting
10-08-18
5:00 PM to 5:40 PM
Board Room

Meeting called by: Diane Hayka
Type of meeting: Regular
Facilitator: Diane Hayka
Attendees: Les Buza, Janet Freeman, Anne Ryan, Eileen Tank
Absent: Vicki Bendig (excused), Roger Boston, Cindy Craft, Alan Fischer, Laura Gray
Guests: Diane Hayka

---------- Agenda Topics ----------

Welcome
Due to lack of quorum, members attending decided to review materials provided.

Targeted Agenda Items: *Approval of Minutes*
Discussion:

The minutes approval will be delayed to the December meeting when a quorum is present.

Action items:

Person responsible:
Diane Hayka

Deadline:

Targeted Agenda Items: *Educational Session – Opioid Health Homes*
Discussion:
This topic was postponed to December due to conflict in an appointment with Cathy Meske and no quorum.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *NMRE Updates*
Discussion:
Regional Entity Partners (REP) Update
The minutes of August 16, 2018 meeting were included in the mailing. The minutes for the September 28, 2018 meeting were distributed.

Diane Hayka reported the REP group has been working on the Day of Recovery Education scheduled for October 19th. Flyers and registration forms were distributed. Eileen Tank reported the Bay View Center will have a group going and have requested transportation assistance from Rich Greer with a passenger van. Eileen indicated she would be the driver and has taken the van training and driven an Agency van in the past.

NMRE Board Meetings

Diane Hayka reported on the incentive payment recently received. She noted the MDHHS withholds a percentage of the Medicaid funds from the NMRE at the state level. If the PIHP meets their performance objectives during the year, the percentage withheld is then given to the NMRE. NeMCMHA then gets their portion of the incentive payment, $188,634. Diane reported some of the dollars received in the incentive payment was awarded to staff for their efforts. The amount per person was calculated based on the number of hours worked. The amount was the same for those working in the homes versus those in an administrative role if the number of hours were the same, making this an equitable distribution.

Diane also informed Council members of the intention of the PIHP/NMRE to relocate to Gaylord from Petoskey. Since the reorganization of the PIHPs in Michigan, NMRE has been sharing office space with North Country CMHA. The move will make them more independent of a CMHSP and make the location more centralized. She noted the target date for this move is around the first of the year.

The educational session planned for this meeting related to the Opioid Health Home. It was noted the NMRE finalized a job description for the Opioid Health Home Coordinator at their meeting in late July. The kick off of the Opioid Health Home was held on July 30th with Cathy Meske and staff attending.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Board Agenda Review*

Discussion:

The Consumer Advisory Council reviewed the Board Agenda for Thursday's meeting. Diane Hayka reported a budget amendment will be presented to the Board. A continuation budget was approved by the Board at the September meeting. This will be an amendment to that budget to further define actual needs, etc.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Day of Recovery – October 19th (Treetops)*

Discussion:

This item was discussed earlier in this meeting.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Other*

Discussion:

Lester Buza inquired as to how the new psychiatrist in Rogers City is working out. Diane Hayka reported this psychiatrist only sees children and possibly individuals up to an early 20 age. Paul Rajasekhar MD stopped in the meeting and introduced another potential psychiatrist to the group who was here checking out the Agency.

It was noted that Dr. Hoffman will begin using tele-psychiatry for children already established with her so the families do not have to drive up to Rogers City. In addition, other member boards in the entity have expressed interest in contracting for services with the child psychiatrist.

Diane Hayka requested input as to what the Council would like for future educational sessions. She also informed the Council of a recent RFP the Agency posted for management of Clubhouse services. There was one bid received to provide this service and a group of administrative staff are reviewing the submission. Diane Hayka reported the director and a few staff will be visiting one of the Clubhouses currently managed by this vendor to seek satisfaction from members and get a feel of how the Clubhouse is managed. The target date of the RFP was to have a contract in place by the first of the year for management of that program.

Eileen Tank provided some information on a home being established in Indian River called "Heritage Cover Farm." This facility is in the early stages of just ground breaking at this time. It is hoped to be operational within two years. The facility will house those individuals with a mental illness that have been clean for 3-6 months if they have a co-occurring disorder. This information will be shared with the Director.

Action items:

Person responsible:

Deadline:

Next Regular Meeting Date:

The next regular meeting is scheduled for December 10, 2018 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 5:40 p.m.

	Program	Consumers served October 2018 (10/1/18 - 10/31/18)	Consumers served in the Past Year (11/1/17 - 10/31/18)	Average Since January (1/1/18 - 10/31/18)
1	**Access / Crisis / Prescreens**	73 - Routine 0 - Emergent 0 - Urgent 103 - Crisis 57 - Prescreens	699 - Routine 3 - Emergent 6 - Urgent 1115 - Crisis 519 - Prescreens	60 - Routine 0 - Emergent 1 - Urgent 97 - Crisis 46-Prescreens
2	**Doctors' Services**	1114	1546	1133
3	**Case Management**			
	Older Adult (OBRA)	129	180	129
	MI Adult	233	365	238
	MI ACT	28	40	32
	Home Based Children	17	26	9
	MI Children's Services	127	213	123
	DD	341	368	338
4	**Outpatient Counseling**	222(32/190)	533	212
5	**Hospital Prescreens**	57	519	46
6	**Private Hospital Admissions**	22	254	22
7	**State Hospital Admissions**	0	2	0
8	**Employment Services**			
	DD	77	116	90
	MI	46	76	52
	PSR Clubhouse	54	64	57
9	**Peer Support**	63	82	66
10	**Community Living Support Services**			
	DD	148	158	149
	MI	204	258	197
11	**CMH Operated Residential Services**			
	DD Only	60	62	60
12	**Other Contracted Resid. Services**			
	DD	33	38	35
	MI	27	33	29
13	**Total Unduplicated Served**	1206	2397	1156

County	Unduplicated Consumers Served Since November 2017
Alcona	257
Alpena	1525
Montmorency	237
Presque Isle	293
Other	65
No County Listed	20

Nomination's Committee Report

Chair's Report (if any)

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Executive Director Report
October/November 2018

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

Date	Subject	Location
10/12/18	Attended Health First Meeting with HUB to discuss 2019 Insurance Rates	NeMCMHA
10/18/18	Attended MCG Health-NMRE Demonstration (Parity software demonstration)	Webinar
10/21-10/23/18	Attended CMHAM Annual Fall Conference	Traverse City
10/26/18	Informed by MDHHS that the grant we had applied for – providing groups in schools was not selected	
10/29/18	Participated in the Rural Community Opioid Response Planning Grant (RCORP Board Meeting)	Alpena
10/30/18	Visited Opportunity Center a Clubhouse program – discussed customer satisfaction and operation of Clubhouse.	Bay City
10/31/18	Telephone consultation with Beacon Residential Services	Alpena
11/1/18	Participated in Community Luncheon with Human Services Organizations and discussed agency services	Alpena
11/2/18	Telephone attendance of Member Services - CMHAM	Alpena

MCG Webinar: At this time it appears the clearing house of diagnostic information specific to the average number of inpatient hospitalizations would be beneficial but the software is currently not programed to transfer data directly into PCE which may be cumbersome for our staff – having to enter into two systems.

RCORP: I am currently on the RCORP Board of Directors as a result of the HRSA (Health Resources and Services Administration) grant application and award. This is a 1-year planning grant to address the opioid crisis to include prevention, treatment, recovery and the development of an adequate workforce. This grant was written by the Michigan Center for Rural Health in partnership with multiple consortium members of which NMRE and Northeast are members. Lisa Orozco, Mary Crittenden and Nena Sork will participate in the treatment and workforce workgroups.

Touchstone Services Inc. Update and recommendations will occur at the Board Meeting.

MDHHS Contract Amendment: the Board had given me the authority to sign agreements using the e-grams process and we had to sign the amendment to the contract with MDHHS:

- Clarification to the PASARR (Pre-Admission screening and annual resident reviews) Agreement regardless of payor source-
- Slight changes to the process in the Family Support Subsidy application/notification (Carolyn Bruning is in charge of our Family Support Subsidy application process and has been made aware of the changes).
- Clarification specific to the training requirements for Recipient Rights staff, further definition/ clarification of the terms 'degrade', 'intervention', 'investigation' and 'Level 2 Appeals'. Ruth Hewett our Rights Officer is aware of the changes, and we have changed our policies accordingly.

DRAFT

QI Council Minutes

For Meeting on 10/15/18
10:15 AM to 12:00 PM
Board Training Room

Meeting called by: Margie Hale-Manley
Type of meeting: Bi-Monthly
Facilitator: Margie Hale-Manley
Note taker: Diane Hayka via dictation on digital recorder
Timekeeper: Lynne Fredlund

Attendees: Genny Domke, Lynne Fredlund, Joe Garant, Margie Hale-Manley, Jamie McConnell, Nena Sork, Judy Szott, Jen Whyte

Absent: Cathy Meske (excused)

QI Coordinator: Lynne Fredlund

Guests: LeeAnn Bushey, Mark Blandford @ 10:50 a.m.

Agenda Topics

Margie Hale-Manley welcomed all and reported this will be the last time she will be facilitating this meeting. Genny Domke will take over as Chair at the December meeting. Margie also welcomed Nena Sork to the Council, representing the Clinical Leadership Team.

Review of Minutes

Discussion:
By consensus, the minutes of the August 20, 2018 meeting were approved with the following correction. Genny Domke noted "no" should be "not" on page 8. [This will be corrected prior to posting on the QI Intranet site.]

Conclusions:

Action items:

Person responsible:
Diane Hayka via digital recorder

Deadline:
ASAP

Management Team

Discussion:
Cathy Meske was not in attendance at today's meeting. Jen Whyte and Nena Sork provided the report. Nena Sork noted Management Team continues to review policies. She also noted Management Team members have completed a "succession plan" which identifies duties of each with a person or group able to perform the duties should the Management person be unable to due to accident or illness. Jen Whyte reported Management Team

has also been reviewing the budget in preparation of the FY19 budget. She also noted the Agency has developed an Emergency Management Plan and this will continue to be updated as needed.

Jen Whyte also reported IT has recently upgraded the server and there were some minor issues associated with the upgrade.

Conclusion:

Action Items:
Report Monthly

Person Responsible:
Director

Deadline:
ASAP

Consumer Advisory Council

Discussion:
Cathy Meske was not in attendance to report. The minutes for the Advisory Council were not available. [There was no quorum for the meeting.]

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Director

Deadline:
ASAP

CARF Committee

Discussion:
Lynne Fredlund reported the CARF Committee has not met since the last QI Council meeting.

Conclusion:

Action Items:
Report Monthly

Person Responsible:
Lynne Fredlund

Deadline:
ASAP

Clinical Leadership

Discussion:
Nena Sork reported the Clinical Leadership Team has reviewed all the policies assigned to the Team for review. She notes this was a major undertaking as many policy changes were a result of the transition to Majestic/PCE. Nena reports a project is underway to track all denials for prescreens, access calls and intakes for children.

Nena Sork reported a QA process was conducted with all supervisors and the information gathered from that process was presented to the Director. She notes they are looking at the comments and feedback from staff to determine how processes can be improved. She reported the Director met with the Clinical Leadership Team to discuss this project.

Nena Sork informed Council members the clinical administrative on-call schedule has now been expanded to members of the Clinical Leadership Team [Linda Murphy, Mary Jameson, Mary Crittenden] to take some of the burden off Mary Crittenden, who has been doing all the on-call.

Nena Sork reported the LOCUS process is also being reviewed noting there is a high-level of overrides being input. This will require additional staff training to assure fidelity is attained. This will require supervisors to be more observant in requested changes to level of care by staff. Lynne Fredlund noted a review was conducted in July with the results going to Clinical Leadership in August. Lynne noted there will be a review in November/December and she will update at that time.

Conclusion:

Action Items:
Report Monthly

Person Responsible:
Nena Sork

Deadline:
ASAP

Customer Satisfaction Committee

Discussion:
Margie Hale-Manley reported this Committee has not met since the Council's last meeting.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Margie Hale-Manley

Deadline:
ASAP

Resource Standards & Development Committee

Discussion:
Genny Domke reported Connie Guthrie has joined from Home-Based Services. She notes the soup luncheon had good participation and this Friday will be the Michigan/Michigan State tailgate party. There are plans in works to have a Christmas cookie contest in December. Genny reported suggestions from the suggestion box are being addressed and these items will be included in the Resource Standards newsletter. Genny reports the EAC has recently, one occurring on September 20th entitled "Staying Connected, Screen Time and Parental Control" and one on "Emotional Health" to be held on October 18th.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Genny Domke

Deadline:
ASAP

Risk Management Committee

Discussion:
Lynne Fredlund reported this committee does not meet monthly and the minutes included in the packet are from the August 20th meeting. Lynne Fredlund reported the responsibilities for Grievance and Appeals has been transferred from Ruth Hewett to Dayna Barbeau. Dayna presented the Risk Management Committee with the 3rd Quarter report. Lynne reported during the 3rd quarter there were no grievances, second opinions, local appeals or administrative hearings. Lynne noted at a recent meeting with NMRE, there was discussion about other items which would be considered grievances. These requirements will be investigated further.

Lynne Fredlund reported Katie Witkowski provided a report to the Risk Management Committee from the Behavior Supports Group. The June and July reports were provided to Risk.

The Recipient Rights sub-committee also provided an update to the Risk Management Committee. The quarterly report was reviewed which covered the months of April, May and June.

Lynne reports she reviews risks weekly and the group meets as needed. She also reported the Risk Management Plan has been approved by Management Team with a couple revisions.

Lynne notes annually supervisory staff is surveyed to determine potential risk areas. Two responses were submitted, one involving hospital discharge and follow-up and the other deals with infestation exposure during home visits. The Risk Management Committee will review processes in place to assure an individual being discharged from an inpatient unit is seen for follow-up within 7 days of discharge. The infestation issue will be referred to the Safety Committee and Infection Control to review.

Conclusion:

Action Items:
Report Quarterly

Person Responsible:
Lynne Fredlund

Deadline:
ASAP

Safety Committee

Discussion:
Jamie McConnell reported the committee met on August 28th and October 9th. She reports the Hillman Office Safety concern was discussed. An automatic closure was installed on one of the doors in the lobby. Two doors in the conference room must remain unlocked for fire exit; however, there are times when individuals receiving services are left unattended and have access to the entire office through those doors. Rich Greer will look into options available for these two doors which would provide alerts if individuals began roaming.

Jamie reports Rich Greer attended the Home Supervisor meeting and shared the updated procedure manual information. Mary Hardies provided the Safety Committee with an update from Infection Control noting the Influenza B lasted late into May this year and she is recommending all staff get the flu vaccine this year. This year's flu vaccine will have multiple-strain protection.

Jamie reported the Safety Committee also reviewed the Site Safety Inspection Report from the RTW Inspector, Mark McMillan. Each picture was reviewed and discussed at the Safety Committee.

Jamie reports she has been appointed to be the representative for the Safety Committee going forward.

Jamie reports Rich Greer will be representing this Agency in Disaster Preparedness. He will be developing a presentation to be used in Annual Staff Training for this fall.

Jamie reports the Safety Committee received the "bedbug" referral and more information will be gathered and addressed at a future meeting. The next Safety Committee meeting was scheduled for September 25th; however, was rescheduled to October 9th.

Jamie reported at the October meeting the Hillman Office Safety was re-addressed. The automatic door closures are working well and Rich Greer had demonstrated a door-bell type sensor which would sound at the receptionist area if a door was opened during times when an individual is utilizing the conference room while receiving telemedicine services. This can be plugged in during those occasions and when the room is not used in that manner, the signal device can be unplugged.

Jamie reported additional information was received by the Safety Committee related to bedbug infestation. Genny Domke reviewed training opportunities available through myLearning Pointe related to this topic and there is some educational awareness training modules. Rich Greer reported to the Safety Committee that there has never been a bedbug found in an office location. In the event an exposure is reported, the room will be sealed off with spraying occurring during the evening hours and a thorough vacuuming of the area. Mary Hardies informed the Safety Committee that affected homes should be professionally cleaned if a home becomes contaminated. Jen Whyte reported there are specific ways vacuuming needs to be done as well with the bag emptied frequently and secured within a bag with a closure. Jamie requested input as to what was expected of her to take back to the Safety Committee. Jen Whyte suggested training options be reviewed to include training the maintenance/housekeeping staff on proper cleaning techniques needed when dealing with bedbugs. In addition, developing a training slideshow to provide staff with precautions they can take when entering potentially infested homes such as type of clothing to avoid, hooks to hang coats up on a wooden door, sitting on a hard chair versus a cushioned chair, etc. Lynne noted training opportunities related to this topic would be referred to human resources to input into myLearning Pointe. The e-mail to staff providing basic information related to this topic could be sent to staff from the committee. Professional cleaning of one of our homes would be referred to maintenance. A formal process could be developed so case managers, etc. know how to handle individual situations. Nena Sork reported some departments already have a process of placing an orange sheet of paper in the vehicle if they were aware they had transported an individual with a bedbug infestation. They alert maintenance staff and the orange paper is a signal to other users of the compromised vehicle. This process just may need to be communicated to all staff if this is working well.

At the October Safety meeting, an issue was brought up related to a trip hazard in the lobby area due to existing rugs. Jamie notes this topic generated much conversation at the Safety meeting to recognize the various issues leading up to trips such as age of individuals, slow reflexes, disabilities, uneven gait and others. Rich Greer will check with Ruth Hewett to determine how many incident reports were received due to this concern prior to making adjustments as the rugs are designed with tapered edges, etc. to avoid such hazards.

Jamie reported the Preventative Maintenance Forms developed by Tina Hunt were approved and placed on the server under the NeMCMH Forms/DD Forms.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Jamie McConnell

Deadline:
ASAP

New Business

Discussion:
BH Teds – Report from PIHP
Mark Blandford reported the contract with the Department requires each CMHSP to have 95% completeness in BH-TEDS. At this point, Northeast has a percentage of completeness of 97.59%. There are 48 BH-TEDS missing. Mark noted the most common reason for missing BH-TEDS is the individuals comes in for a crisis services and then does not return for follow up. He notes PCE has been requested to add the BH-TEDS as part of the documentation captured during a crisis appointment. He notes there are other circumstances but this is less of an issue. Each month a list is run which identifies those individuals who had an encounter but did not have BH-TEDS on file and they look at each case to determine the reason for the missing information. Jen Whyte noted that even though Northeast meets the standard of 95%, the state looks at the entire Northern Regional Entity region and with our average, the NMRE might be under the standard.

Utilization Management

Discussion:
Jen Whyte reviewed the minutes of the Utilization Management meeting held on August 2nd. She reported Lynne Fredlund had attended that meeting and presented the process for Quality Improvement. Jen reported Mark Blandford has instrumental in pulling reports from Majestic and one recently reviewed featured respite services. She noted there is concern if respite is over utilized or underutilized. The state looks at authorized services and if there are services which had been authorized not used, it raises flags about the process used in determining need. Jen notes they will be working with staff to get the authorization process down to a more accurate level of services authorized.

Jen Whyte reported the UM Plan was also reviewed and updated. She notes one area being added to the Plan will include increased services to children. Nena Sork noted one of the stumbling blocks in this field has been the staffing shortage. This Department is finally at full staffing so the services should be able to show an increase.

Jen Whyte reports much time is spent on the Standard Reports within PCE. She notes training supervisors on how to best utilize the reports will be a key to the success of supervisors having access to the data they need.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Jen Whyte

Deadline:
ASAP

Quality Oversight Committee - NMRE

Discussion:
Lynne Fredlund reported the minutes included in the packet are from the August 29th meeting. There has been one additional meeting since that time; however, the minutes from the most recent meeting are not available. She will report on that meeting at the December Council meeting.

Lynne Fredlund noted this committee looks at risk events. Within this Agency, Ruth Hewett and she look at risk events and critical incidents. She notes risk events include unexpected hospitalization a second time of an individual receiving services. In looking in PCE, this is flagged as a risk event; however, most generally it does not

meet criteria as a risk event. Lynne Fredlund noted the look back for the risk event is a rolling twelve months. If an individual is hospitalized, and then hospitalized again 10 months later for unexpected reasons, it becomes a risk event.

Lynne Fredlund reported a satisfaction survey was conducted via a paper process. The group is looking at the possibility of completing this survey process via a Survey Monkey online process. Lynne Fredlund noted more research will need to be made to determine feasibility of conducting this type of survey method. Jamie McConnell suggested using the patient portal as a means of survey delivery. This would assist in making quotas in "Meaningful Use," in which there are struggles at times. Lynne Fredlund reported the PIHP are looking at the survey questions and the need to rephrase some of the questions and have questions related to integrated healthcare.

Lynne Fredlund noted QOC is reviewing reports on the SIS (Supports Intensity Scale). Each individual with an intellectual/development disability must have a SIS assessment every three years. Lynne Fredlund reported some of the assessments conducted at Northeast for some reason do not get transferred to the PIHP and the state. Nena Sork reported, due to the loss of our SIS Assessor, we are using a SIS Assessor via a contractual arrangement from AuSable Valley. When the data is submitted, it looks like Northeast did not complete the assessment. This is a glitch in the state program. This occurs whenever a Board contracts with a SIS Assessor from another Board.

Lynne Fredlund reported a desk audit was conducted by the PIHP in April. A Plan of Correction was submitted by Northeast to address issues identified in the audit and the plan was accepted.

Lynne Fredlund noted the QOC reviewed the Performance Indicators. NMRE will be requesting a Corrective Action Plan to address issues identified as non-compliant from Board needing one. She notes if a CMH does not meet the standard established by the State for two consecutive months, a corrective action plan must be submitted as to what would be put in place to assure compliance with the standard in the future. Lynne Fredlund reported the ABA Plan of Correction has been submitted to the State.

Lynne Fredlund noted the validation audit will be discussed in more detail later in this meeting.

Lynne Fredlund reported NMRE received a draft of the report from ISCAT who routinely comes in to look at our data and the most recent review shows NMRE at 100% compliant.

The ADHD Performance Indicate Project has the children seen up to three times within a certain time-frame and the region was 100% validated.

The NMRE has announced they will be moving their administrative offices to Gaylord early in the next year.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Lynne Fredlund

Deadline:
ASAP

Q.I. Member Concerns

Discussion:
There were no concerns identified.

DRAFT

Project Team/Workgroup Update
Old Business

Discussion:

New Forms for Group Home Use

Margie Hale-Manley reported the forms have been approved by Management Team and are now on the server.

QI Plan Review

Lynne Fredlund reported a workgroup of three got together to review the plan [Genny Domke, Jen White and Lynne]. She noted the Board revised their Vision statement slightly so this is reflected in the proposed QI Plan revisions. Other revisions changed "consumer" to "individuals served." Lynne Fredlund reports there are a couple of opening on the Council at the present time. An e-mail was sent to supervisors requesting interest in serving on the Council and thus far has one response.

Lynne Fredlund reported the QI Structure graphic was revised to include Clinical Leadership Team as a reporting Committee and removed Privileging and Credentialing Committee as this is not necessarily a recognized committee more like a three-person collaboration. Discussion ensued as to the HealthFirst Committee and whether there is any group this particular committee reports to. ***[As a side note: The minutes for the HealthFirst Committee are located on our Intranet under HealthFirst/Minutes and then the year of the minutes for all staff to review if they choose to.]***

Jen Whyte and Nena Sork questioned whether HealthFirst relates to QI and/or QI processes. Consensus of QI members was to remove the HealthFirst Committee from the QI Structure diagram.

Lynne Fredlund reported the Special Project Teams icon was added to the structure. Under Goals and Objectives on page 5, dates were changed to reflect current dates. The appointment of the committee to for the Annual Review/Evaluation of the plan was changed from October to August.

Lynn reviewed other revisions in the plan. She noted improvement opportunities will be added once all have received.

Jamie McConnell questioned if all reference to consumer should be updated with the new terminology. Page 8 refers to Consumer Advisory Council. Jamie will get with Lynne to determine if the terminology needs revision in this area.

By consensus, the QI Plan was approved.

14-Day Window for Onset of Services

Lynne Fredlund reported the performance indicators established by the Department has a 14-day window from the point in time when an individual places the call to the agency and the time they get in for their first non-urgent/non-emergent appointment. There is a second 14-day window from the time of the initial Intake and the time services begin. The Intake process for Northeast was to do an interim plan on the day of the Intake. This in essence provided the onset of services the same day as the Intake which essentially satisfied the second 14-day window requirement; however, Lynne reported PCE was not picking up the Interim plan date when reports were pulled. Lynne reported in the 2nd Quarter report, Northeast had 26 individuals outside of the 14-day window as the interim plan was not recognized. Lynne reported in the 3rd Quarter there were 23 individuals outside the window due to the interim not being recognized. In the 2nd quarter, there were actually individuals receiving services anywhere from 15 to 62 days from the interim plan date. Nena Sork reported the initial concept of completing the interim plan at the initial intake appointment was to provide staff with time to get to know the individual prior to completing the Annual Plan of Service and developing authorizations and goals with more input than what would be available in an initial appointment. Nena notes some of the exceptions for getting individuals within the 14 days are due to their own preference of dates for scheduling, rescheduled appointments due to their illness, etc. These are acceptable exceptions. Further investigation of the findings will be referred to the Utilization Management Committee and they will provide a report to the Clinical Leadership Team.

Supervisor's Meeting Update
Lynne Fredlund reported she was able to attend the Supervisor's meeting recently and the information presented at the meeting was very good. She reported much of the information presented was valuable information from a QI perspective. Lynne reported the meeting was jam packed with lots of data presented. What is being done with the data? She notes it would be beneficial to take some of the data and trend to look at improvements or areas needing improvement.

Lynne requested input as to one or two topics which could be focused on to provide further reports to the QI Council. Nena Sork questioned the need to provide this information to the Council. Lynne Fredlund noted it was suggested to have the Council look at additional data outcomes related to services. Nena Sork noted she would not be willing to have the supervisors have to do one more report. She would be agreeable to provide the Council with the information and they could take the information and trend it or whatever. Nena suggested a group be chosen if the Council wants more and someone on the Council could put the information together. Lynne requested to get information on what is done with the information once it is reported on, if anything.

Nena Sork noted many of the items reported on are due to reporting requirements of the MDHHS contract. Nena noted she does monitor how many days to first signature from the day of services, hours case managers are seeing individuals face-to-face and productivity.

Membership Recruitment
Margie Hale-Manley thanked Lynne Fredlund for sending out a memo for recruitment to the Council.

New Business

Discussion:
BH Teds – Report from PIHP
This topic was discussed earlier in the meeting.

Vice Chair Election
Genny Domke will step into the role of Chair at the next meeting. Jamie McConnell will be the new Vice Chair.

Strategic Plan Update
The Strategic Plan was distributed and includes the new Ends and sub-Ends. The Vision was revised slightly. Lynne Fredlund reported the sub-end related to children was kept. The sub-end for adults with the co-occurring disorder might be difficult to secure reporting data.

Program Stats
Nena Sork distributed some of the reports available through our PCE system. The report reviewed addressed the Screening and Access. Nena also reviewed the Operation's Report the Board receives with the total numbers of individuals receiving services in the last fiscal year.

Medicaid Verification Audit
Jen Whyte provided an update on the most recent Medicaid Verification Audits. The first two quarters have been completed. She reports there were 20 cases pulled for the 1st Quarter. Northeast achieved 100% compliance. The 2nd Quarter there were 20 cases pulled and achieved 100% in this Quarter as well.

Quarterly PI Data – 3rd Quarter
Lynne Fredlund reported the report distributed includes all funding sources. Data collected by the PIHP only includes the Medicaid data. She did note the recidivism for the 2nd and 3rd Quarter are outside the needed percentage for the performance indicator and most likely will require a Plan of Correction; however, there is a footnote related to why this occurred due to the individual not able to contract for safety.

Other

Discussion:

By consensus, this meeting was adjourned at 12:00 p.m.
Next Meeting will be held on December 17, 2018, 10:15 a.m. in the Board Training Room.

DECEMBER AGENDA ITEMS

Policy Review
Grants or Contracts 01-011

Policy Review & Self-Evaluation
Board Member Recognition 02-011
Board Member Orientation 02-015

Monitoring Reports
01-004 Budgeting
01-011 Grants or Contracts

Review
Bylaws

Activity

Ownership Linkage

Educational Session

WEEKLY UPDATE

Date 10/12/2018

Contents:

CMH Association Activities:

CMHAM Committee Schedules, Membership, Minutes, And Information

Visit our website at **https://www.macmhb.org/committees**

State and National Developments Resources:

Additional Michigan CCBHC Award Recipient's Named

Earlier this month, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the designation of additional Certified Community Behavioral Health Centers (CCBHC) award recipients, including a number in Michigan. With these additional award recipients, all of which are members of this Association, Michigan now boasts 7 CCBHCs. We look forward to the work of these organizations, and CCBHCs across the country, in ensuring access to care and high quality mental health services.

The Michigan CCBHC award recipients include:

- Community Mental Health Authority of Clinton, Eaton & Ingham Counties
- Community Network Services, Inc.
- Easter Seals-Michigan
- Healthwest
- Guidance Center
- Kalamazoo Community Mental Health And Substance Abuse Services
- West Michigan Community Mental Health System

Opportunity to Receive Grant-Funded Consultation on Rate Restructuring to Support Competitive Integrated Employment For Persons With IDD:

The State of Michigan has established an Employment First policy priority. In the FY 2018 and 2019 State of Michigan budgets, funds for this policy priority are appropriated to support the objectives stated in Executive Order No. 2015-15 titled Employment First in Michigan. Part of the fund are targeted to assist CMHSPs with rate restructuring that can advance Employment First. In FY 2016 Oakland Community Health Network was chosen to participate in a rate restructuring initiative that was part of Michigan's involvement with the US Department of Labor Office of Disability Employment Policy (ODEP) Employment First State Leadership Mentoring Program (EFSLMP). This work was replicated with four (4) other interested CMHSPs in FY2018 and will now be continued in FY2019. This creates an opportunity for up to six (6) new CMHSPs to receive no-cost technical assistance for rate restructuring to support the Employment First philosophy.

Follow is the link of the Employment in Michigan page. All of the information and forms for the Rate Restructuring technical assistance opportunity for CMHSP's:

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897-370719--,00.html

RFP due: October 31, 2018

Submit the documents attached to:

Michigan DD Council
320 South Walnut Street, Lansing, MI 48910
Attention: Yasmina M. Bouraoui, Deputy Director

Questions should be directed to Yasmina M. Bouraoui, at E-mail bouraouly@michigan.gov; (517) 284-7291.

MDHHS Seeks Comment on Proposed Policies

The following proposed policies, relevant to the work of this Association's members, have been issued for public comment. The proposed policy and the method for submitting comments are available by clicking on the links, provided below:

Notices of Proposed Policy

Comment Due Date	Notice Number	Subject
November 8, 2018	1841-PE https://www.michigan.gov/documents/mdhhs/1841-PE-P_635099_7.pdf	Enforcement of Medicaid Provider Enrollment Requirement for Medicaid Health Plan and Dental Health Plan Typical Providers
November 6, 2018	1838-Eligibility: https://www.michigan.gov/documents/mdhhs/1838-Eligibility-P_634843_7.pdf	Guardianship/Conservator Fee
November 1, 2018	1836-BH: https://www.michigan.gov/documents/mdhhs/1836-BH-P_634373_7.pdf	Standard Consent Form
October 19, 2018	1835-HMP: https://www.michigan.gov/documents/mdhhs/1835-HMP-P_633433_7.pdf	Rescinding the MI Marketplace Option

September 12, 2018 L 18-48 https://www.michigan.gov/documents/mdhhs/L_18-48_632858_7.pdf

Centers for Medicare & Medicaid Services (CMS) Extension of Transition Period for Compliance with the Home and Community-Based Settings (HCBS) Requirement

EVV Policy Released

L 18-53 – Electronic Visit Verification.

This letter has been sent to Home Health, MI Choice, Integrated Care Organizations, Community Mental Health Service Programs, Prepaid Inpatient Health Plans, Home Help Agency and Individual Providers.

RE: Electronic Visit Verification

The purpose of this letter is to inform affected Medicaid providers of changes related to the passage of the 21st Century Cures Act (Public Law 114-255, Section 12006 (b)). Federal law mandates Medicaid agencies implement an Electronic Visit Verification (EVV) system for personal care services (PCS) and home health care services (HHCS). Medicaid providers will be required to use an EVV system for in-home visits rendered to Medicaid beneficiaries effective January 1, 2020, for PCS and January 1, 2023, for HHCS. EVV applies to PCS provided under Sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and (HHCS) provided under Section 1905(a)(7) of the Social Security Act or a waiver. This federally-mandated requirement is for the prevention of fraud, waste, and abuse.

PCS are provided for individuals who need assistance with Activities of Daily Living (ADL) such as bathing, dressing, toileting, mobility, or feeding. PCS can also include assistance with Instrumental Activities of Daily Living (IADL) such as personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication and money management. IADL may be performed specific to each program. These services are provided by individual caregivers or agency providers.

HHCS are provided for individuals who require limited part-time or intermittent medically necessary care as ordered by the physician certifying the need for home health services. These services are provided on an intermittent basis through a Medicare-certified home health agency.

There are six required data element that the EVV system must verify:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the service; and
- Times the service begins and ends.

The Michigan Department of Health and Human Services (MDHHS) has identified the following programs that will be affected by EVV:

- Home Help
- Home Health
- Children's Waiver*
- Habilitation Supports Waiver*
- Waiver for Children with Serious Emotional Disturbances*
- MI Choice Waiver
- MI Health Link

* These programs provide Behavioral Health Community Living Supports services.

EVV Exemptions:
The Centers for Medicare & Medicaid Services (CMS) has identified the following exemptions to EVV.

- PCS provided to inpatients or residents of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or an institution for mental disease;

- PCS provided in congregate residential settings were 24-hour service is available;
- Programs of All-Inclusive Care for the Elderly (PACE); and
- Congregate settings that utilize per diem reimbursements.

MDHHS made the decision that the EVV system used for Michigan Medicaid will be an open vendor model, which is a hybrid model. In other words, MDHHS will develop an EVV product based on existing functionality of the Medicaid claim system that will be available to providers but will also accept input from systems that providers might already have in place. MDHHS will operate its own EVV system. Providers will have to option of using the MDHHS system or continuing to use their own EVV technology, meaning the open vendor model allows providers with existing EVV technology the flexibility to maintain use of their current systems.
MDHHS has not made any decisions on the specifics on the EVV system such as:

- What the system might look like;
- How it will operate;
- What standards external systems must meet; or
- How EVV data might be shared with MDHHS from external systems.

At this time, no action is needed by providers or agencies. MDHHS will reach out to stakeholders for input. Providers are encouraged to stay informed and follow updates regarding EVV in Michigan through the website www.Michigan.gov/EVV.

Questions regarding EVV can be submitted to MDHHS by email to MDHHS-EVV@Michigan.gov.
The MDHHS Medical Services Administration (MSA) notifies affected providers of policy changes and updates based on contact information in CHAMPS. Providers currently enrolled in CHAMPS may verify contact information by logging into CHAMPS and navigating to "Provider Basic Information" and "Primary Practice Location" to view email addresses. For steps on changing contact information; visit www.Michigan.gov/Medicaidproviders > > Provider Enrollment. For questions regarding or problems with changing contact information; Home Help providers should call 1-800-979-4662. All other providers should call the CHAMPS Provider Support Hotline at 1-800-292-2550.

An email ListServ is also available for providers wanting to receive automated announcements regarding the Michigan Medicaid Program (i.e., changes to polity, training opportunities, etc.). Providers may access subscription instructions on the MDHHS website at www.michigan.gov/medicaidproviders > > click "ListServ Instructions" under Hot Topics. ListServ instructions are also attached to this correspondence.

Michigan Rehabilitation Services Recognizes Champions who Show Value of Hiring Employees who have Disabilities

Below is an excerpt from a recent press release recognizing a number of Michigan employers for their work with employees with disabilities.

> A former Michigan Career and Technical Institute student from Allegan County who works as a welder and an Adrian man who earned a cyber security degree were among the honorees today at the annual Champions Award ceremony.
>
> Champions of outstanding commitment to Michigan's public vocational rehabilitation programs for people with disabilities gained recognition at the annual event.

Michigan Rehabilitation Services (MRS) within the Michigan Department of Health and Human Services collaborated with the Michigan Council for Rehabilitation Services to recognize employers, partners and customers. MRS presented its 10th annual Champion Awards at an event at the Anderson House Office Building in Lansing.

MRS offices around the state nominated champion candidates. The consistent theme from those nominated was demonstration of the value of hiring and retaining vocational rehabilitation customers.

The event is part of Investing in Abilities Month in October, as proclaimed by Gov. Rick Snyder to encourage employers to hire qualified people with disabilities while focusing on their abilities and increasing the public's awareness of the contributions and skills of Michigan workers with disabilities. The 2017 MRS Champion Award recipients are:

Customers (including youth) who are motivated and committed to finding and keeping jobs:

- Keegan Linton, Plainwell, who is a welder at Schupan & Sons in Kalamazoo. Linton studied machine technology at the Michigan Career and Technical Institute, an MRS school in Barry County for adults with disabilities to explore job training in specialized fields.
- David Mayne, Adrian, a single father of four who became disabled in 2013 and later attended Jackson College, receiving associate degrees in cyber security and general studies and a networking specialist certificate.

Business partners from large businesses that are working in innovative ways with MRS and its customers:

- Walgreens – Southfield and Flint.
- S. Forest Service Ottawa National Forest – Ironwood.

Business partners from small businesses that are working in innovative ways with MRS and its customers:

- Right Brain Brewery – Traverse City.
- Morley – Saginaw.

Community partners who have demonstrated a strong commitment to empowering individuals with disabilities to take charge of their futures:

- Lakestate Industries – Escanaba.
- Sickle Cell Disease Association – Detroit.

Statewide Community Partners who have demonstrated a strong commitment to empower individuals with disabilities to take charge of their futures:

- Joe Quick – Michigan Works! Lansing.

MRS assists individuals with disabilities to achieve competitive employment and self-sufficiency. This is the 98th anniversary of the vocational rehabilitation program in Michigan.

For more information about MRS or the Michigan Career and Technical Institute, visit www.michigan.gov/MRS or www.michigan.gov/MCTI.

Michigan-based Poet Celebrates World Mental Health Day

October 10 was World Mental Health Day, celebrated around the world by organizations including the World Health Organization, underscoring the importance of mental health to the wellbeing of individuals, families, and communities around the world. Closter to home the following poem, in

celebration of this day, was written by Michigan-based poet and social worker, Kelsey Janaye Lehman. Because it speaks to the issues central to the work of this Association, we are reprinting this poem here

If you've felt the pain
Of heart-pounding, chest-crushing
Breath-stealing panic

If you've battled lies
Wrestled against your own mind
Grasped for truth's freedom

If you've felt pressed down
Exhausted by existing
Hope wearing thin

If you've gotten trapped
In the snares of fear and dread
Helpless to face it

If you've gotten stuck
In your mind's darkest corners
And can't find the light

If you've lost loved ones
Who didn't have the patience
Couldn't understand

If you've ever hear
"Are you even trying?" Stop!!
Just get over it!"

If you've been consumed
By parasites of the mind
Stealing from your life

If you've ever wept
Praying and pleading for peace
Desperate for relief

If you've ever thought
"Nobody will accept me,
I'm just not enough."

If you've felt alone
Stigmatized, rejected, lost
Today is for you

You are brave, dear one
A fierce, mighty warrior
Stronger than you know

Waging wars unseen
Battling internal storms
Fighting for freedom

Some haven't felt it
So they believe it's not real
But they don't matter

Here today I say:
You are seen and you are heard
You are strong. So strong.

You are not alone
An you are not defenseless
It will get better

Everybody needs
To take care of their own selves
Your needs matter too

Just because your care
Looks different from someone else
Doesn't mean it's wrong

Therapy is cool
Getting help is courageous
Medicine can help

Let go of the shame
Stop holding yourself hostage
In your cell of "should"

I know that it's hard
Sometimes you want to give up
But please remember

Your mental illness
Is never telling the truth
About who you are

We would be amazed
If we could physically see
All that you've conquered

You, dear one, are more
Thank you illness, than your fears
More than your struggles

You are so much more
Than diagnoses, labels,
And stupid stigmas

You are brave, dear one
A fierce, mighty warrior
Stronger than you know

#ahaikuaday2018#worldmentalhealthday #mental health #mentalhealthmatters #beatthestigma

Behavioral Healthcare Workforce Takes Center Stage

Below is an excerpt from a recent blog, by Ron Manderscheid, Executive Director, NACBHDD and NARMH, carried in Behavioral Healthcare Executive on the recognition, by a growing number of policy makers and healthcare industry observers, or the mental health workforce shortage.

> Within a single month this fall, the behavioral health workforce will have been the subject of three conferences. These include the annual National Dialogue on Behavioral Health in New Orleans later this month, as well as a pair of recently completed events – a Kaiser Premanente Health Policy Forum (Sept. 27 in Washington, D.C., and a US Department Health and Human Services Health Resources and Services Administration (HRSA) meeting (Oct. 1 in Rockville, Maryland). The burning question is why all of this attention to a topic that only usually receives short shrift at best.
>
> It will come as no surprise to you that the behavioral health workforce has been moving toward a crisis for almost a decade. Baby boomers, who have comprised a very large segment of this workforce, now are retiring in very large numbers. At the opposite end, millennials are having difficulty establishing careers for themselves in the field. An in between, some Generation Xers are experiencing the trauma of moving from the role of clinician to that of manager.
>
> But why all of this attention right now?
>
> Read more at: https://www.behavioral.net/blogs/ron-manderscheid/policy/behavioral-healthcare-workforce-takes-center-stage

CVS's $69 Billion Merger with Aetna is Approved in Deal that Could Transform Health-Care Industry

Below is an excerpt from a recent news story on the changing healthcare landscape.

> Antitrust officials gave CVS the green light on Wednesday to purchase Aetna, the nation's third-largest health insurance company, in a $69 billion deal that could potentially transform the health-care industry and change how millions of Americans receive basic medical services.
>
> The Justice Department approved the deal on the condition that the companies sell off Aetna's Medicare Part D prescription drug business.

The tie-up will allow CVS – whose retail pharmacy business serves 5 million customers a day – to turn more of its brick-and-mortar locations into front-line clinics for basic medical services and patient monitoring. By deepening its knowledge of and relationships with patients, CVS has said the combination could help Americans stick with medication regimens and stay out of the hospital.

Driving that new approach to care will be the immense amounts of data generated not only by CVS's 9,800 retail outlets and 1,100 MinuteClinics but also from Aetna's 22 million medical members.

The result could make CVS a destination for more than flu shots and treatment of minor illnesses.

"Our focus will be at the local and community level," CVS chief executive Larry Merlo said in a statement, "to intervene with consumers to help predict and prevent potential health problems before they occur."

Much of the U.S. health-care system revolves around fixing costly ailments. But in trying to head off the worse cases, CVS and Aetna are aiming to become a part of the nation's social fabric, using the local retail pharmacy as both a window into people's lives beyond the doctor's office and assuming the role of a health-care assistant.

The full article can be found at:

https://www.washingtonpost.com/technology/2018/10/10/justice-department-approves-cvss-billion-merger-with-insurance-giant-aetna/?utm_term=,10a8c4fafca4

State Legislative Update:

General Fund Revenues $454M Above Projections for FY18

Income, business and other tax revenue that gets steered into the state's General Fund was up $87.7 million beyond projections in September, meaning the state's coffers are $454 million more than expected for FY18, according to House Fiscal Agency (HFA) data released this week.

The revenues going into the School Aid Fund was $20.4 million below projections in September, FY18 year-to-date revenue collections at $14.1 million below projections. The reason is lagging lottery transfers, State Education Tax (SET) and liquor tax revenue, according to the HFA.

Although Sept. 30 was the end of FY18, Michigan uses accrued accounting. October revenues will accrue back to FY18 and a final total on how much extra is in the General Fund until book closing in mid-December.

Collections from Michigan's major taxes, penalties and interest, and lottery transfers totaled $2.65 billion in September, $53.4 million more than September 2017.

For FY18, collections are $1.02 billion or 4.8 percent higher than during FY17. September net income tax revenue totaled $1.03 billion and are through September are 7.6 percent higher than the same period

during FY17.

Business taxes are $44.1 million higher through September than a year ago. Michigan Business Tax (MBT) collections are $86.5 million ahead of last year. However, Corporate Income Tax (CIT) revenue through September is $72.5 million below last year's collections – CIT growth is less negative than projected, the HFA reported.

Revenue from consumption taxes, which consist of the sales tax, the use tax, beer and wine taxes, liquor taxes, and tobacco taxes, totaled $915.7 million in September and are collectively $255.1 million higher than FY17 year-to-date.

Year-to-date sales tax revenue remains above FY17 – although the growth rate is still below the May 2018 consensus projection. In contrast, use tax revenue has already exceeded the consensus estimate.

Although liquor tax collections appear to be lagging last year's amounts, it can likely be attributed to timing issues in recording collections as opposed to reflecting a persistent decline.

Federal Update:

Congress Passes Major Opioid Package

House and Senate leaders announced an agreement on legislation to address the nation's opioid addiction crisis. The bipartisan agreement (H.R. 6) supports many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. The package also reveals the fate of controversial measures on the Institutions of Mental Disease (IMD) rule and the privacy of substance use disorder (SUD) treatment records that Congressional lawmakers and staff have worked through over the last several weeks.

REACTION

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the final opioid package, it ultimately falls short on providing desperately needed long-term investments in prevention, treatment and recovery services. In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year Certified Community Behavioral Health Clinic (CCBHC) program via the Excellence in Mental Health and Addiction Treatment Expansion Act. This program has shown tremendous results in expanding access to comprehensive addiction services in a sustainable way.

WHAT'S IN

Throughout Congress' efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, many of which have been included in the final compromise bill:

The National Council was pleased to see the following measures in the package:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders via telemedicine in rural and frontier areas and is a direct result of National Council advocacy efforts.

- The Substance Use Disorder Workforce Loan Repayment Act will create incentives for students to pursue addiction treatment careers, increasing timely access to treatment for individuals living with addiction. This legislation was introduced as a result of education and advocacy by the National Council and the Association for Behavioral Healthcare in Massachusetts.

- Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs). The National Council has been working for passage of this legislation since 2009, when behavioral health was left out of a law that created financial incentives for providers and hospitals to implement EHR systems to improve patient care.

- Ensuring Access to Quality Sober Living Act requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help them adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued *Building Recovery: State Policy Guide for Supporting Recovery Housing* to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.

- Improving Access to Mental Health Services Act will allow behavioral health National Health Service Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

- MAT Prescribing Expansions: The packages pulls a provisions from the TREAT Act and the Addiction Treatment Access Improvement Act to expand access to medication-assisted treatment (MAT), which is considered the gold standard of opioid use disorder treatment. Together, these measures will: 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine (a MAT medication), 2) temporarily expand the definition of "qualifying practitioner" to prescribe buprenorphine to include nurse anesthetists, clinical nurse specialists, and nurse midwives, 3) permit a DATA-2000 waivered-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if that practitioner meets certain requirements, and 4) codify a change that expanded the number of patient that a physician can treat with buprenorphine at any one time to 275 patients, up from 100 patients. A separate provision would also ensure physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meets the other training requirements to prescribe MAT, can obtain a waiver to prescribe MAT.

- Medicare SUD Treatment Access: The bill creates a demonstration project that would allow Medicare beneficiaries to receive MAT and certain wraparound services at an Opioid Treatment Program (OTP), also known as a methadone clinic. Currently, OTPs are not recognized as Medicare providers, meaning that Medicare beneficiaries receiving MAT at OTPs must pay out-of-pocket.

- IMD Rule Changes: The National Council was pleased to see a provision to temporarily repeal the Institutions for Mental Disease (IMD) exclusion, a policy that prohibits Medicaid payment for residential SUD and mental health care in facilities with more than 16 beds, broadened to cover residential treatment of all substance use disorders, rather than just opioid use disorders. The repeal would last for five years, and cover patient stays of up to 30 days within the previous 12 months. The provision also contains strict maintenance-of-effort requirements. Again, the National Council is disappointed to see little investment in community-based services that ensure patients can maintain a successful recovery after exiting inpatient treatment.

A controversial measure to loosen 42 CFR Part 2, the regulation governing the privacy of SUD treatment records, was not included in the final bill.

The final compromise opioid package contains over 70 opioid-related bills. For a more comprehensive summary of the package's provisions, please see the section-by-section summary here.

Education Opportunities:

CMHAM Annual Fall Conference

2018 Annual Fall Conference
FACING THE FUTURE TOGETHER
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan

REGISTER FOR THE CONFERENCE HERE:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5123&AppCode=REG&CC=118041126516

HOTEL RESERVATION: The Grand Traverse Resort is currently SOLD OUT.

Overflow Hotel Information:
West Bay Beach Hotel
615 E Front St, Traverse City, MI 49686
$109.95 + taxes
Deadline for this special rate: Tuesday, October 16, 2018
To book your room: call (800) 888-8020 and identify yourself as members of:
Community Mental Health Association of Michigan (CMHAM)

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

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

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

Trainings offered on the following dates.

- • November 7 – Lansing Click Here to Register for November 7 Full – Registration Closed!
- • January 23 – Lansing Click Here to Register for January 23
- • February 20 – Lansing Click Here to Register for February 20
- • March 13 – Lansing Click Here to Register for March 13
- • April 24 – Troy Click Here to Register for April 24

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

Annual Home and Community Based Waiver Conference: November 13-14

Registration is open for the 2018 Annual Home and Community Based Waiver Conference November 13-14, 2018 at the Kellogg Hotel and Conference Center in East Lansing.

Click Here to Register:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5208&AppCode=REG&CC=118101003651&REGTYPE=4002-51&REGTYPE=TUESATTENDEE&REGTYPE=4002-22&REGTYPE=4002510

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, administrative staff, providers, autism coordinators, people receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Conference Rate: Full Conference is $170. One day rate is $100. Rates include breakfast and lunch and materials. (Yes, we will be making photocopies of presentations that we have received).

Special Rate: A special $20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and child care. Deadline to request scholarship: October 17, 2018. To request a scholarship form, contact Anne Wilson at awilson@cmham.org or 517-374-6848.

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. Please call 517-432-4000 and mention that you are attending the C-Waiver Conference, the discount code is 1811DCH&MA. As of the afternoon of October 12, much of the room block has sold out however the Kellogg has other rooms at a higher rate. We are working on an overflow hotel at the State Per Diem Rate. The overflow will be listed on our website.

Michigan Developmental Disabilities Council – Upcoming Events

The Michigan Developmental Disabilities Council is hosting learning opportunities and a train-the-trainer session November 26-28, 2018, at the Kellogg Hotel & Conference Center in East Lansing, MI.

Monday, November 26th Charting the Course to Employment Summit:
Join us to learn about Charting the LifeCourse and the roles we hold in our day-to-day lives to support individuals with Intellectual and Developmental Disabilities (IDD). You will learn about key principles for

supporting individuals and engaging families to enhance a person-centered approach for planning and supporting life experiences that will provide preparation for employment.

Tuesday, November 27th Train-the-Trainer: Family Engagement around Employment and Partnering with Families around employment:
The Michigan Employment First Initiative has sponsored the creation of two training resources to build the capacity of educators, employment professionals and advocates in Michigan to better engage families around employment. This event will provide curriculums and presenter notes for each.

Wednesday, November 28th Charting the LifeCourse Community Wide Event:
Join us for this interactive, hands-on workshop to learn about tools that can be used at every life stage to enhance a person-centered approach for planning and supporting life experiences that support a person to reach their vision of the life they choose.
The cost to attend each day is $20. There are scholarships available for self-advocates and family members. Please call the DD Council office at 517-335-3158 to request a scholarship. Registration deadline is November 16th. Space is limited so please register ASAP!

Please contact Yasmina Bouraoui at bouraouiy@michigan.gov, with questions related the Employment Summit and Family Engagement Train-the Trainer, or Tracy Vincent at vincentt1@michigan.gov with questions about the Charting the LifeCourse Community wide Event.

Crain's Health Care Leadership Summit

Every year, Crain's Health Care Leadership Summit focuses on one key theme affecting today's health care industry. This year's summit will examine not just how Michigan's $2 billion in Medicaid mental health funding should flow, but how best to tie together and manage health care for both body and mind across the spectrum of our health care system.

Register: https://www.crainsdetroit.com/hcsummit

Crain's Health Care Leadership Summit:
Body and Mind: How Best to Coordinate Mental and Physical Health

Monday, October 15, 2018
The Henry, Dearborn, Michigan
8:00am - 1:00pm

Keynote Speaker:
Eric Hipple, Director of Outreach, After the Impact Fund Former Detroit Lions Quarterback

NASW-Michigan's Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE)

Join together with hundreds of social justice advocates from around Michigan for the largest annual gathering of social workers in the state! This all-day event features an advocacy oriented keynote address, networking opportunities, social justice forums, and 16 workshops on legislative issues, political action, and advocacy efforts. 5.5 CEs (1 in pain available) will be awarded to social work licensed attendees. The event is held at the Lansing Center November 1 from 9-4:40. Register here: https://bit.ly/2OTRmED

HMA Health Home Webinar

Medicaid Health Homes:
Lessons from the Field for Successful Development, Implementation
Tuesday, October 30
1 to 2 p.m. EDT

Health Homes have been implemented in at least 22 states under the federal Medicaid Health Home state plan option, and initial results illustrate the potential for meaningful improvements in the quality and cost of care associated with serving individuals with chronic physical, mental, or behavioral conditions.

During this webinar, HMA experts will discuss some of the key lessons learned in these early Health Home initiatives, with a special emphasis on the experience in New York and the District of Columbia. The webinar will also provide practical solutions for the successful development, implementation, and refinement of Health Home care models.

Register at:
https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU_unq-ett74Gw6YDzKZbHVPhhsj6Qk6fw2%26

Miscellaneous News and Information:

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, Click Here!

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

• Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.

• A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: https://www.mpas.org.

WEEKLY UPDATE

Date 10/19/2018

Contents:

CMH Association Activities:

CMHAM Committee Schedules, Membership, Minutes, And Information

Visit our website at **https://www.macmhb.org/committees**

State and National Developments Resources:

Concern over the Reassignment of the Director of SAMHSA Center for Mental Health Services

Below is an excerpt from a recent blog post by Pete Earley, a nationally recognized mental health advocate and author:

Last week's news that Paolo del Vecchio is being reassigned inside the Substance Abuse and Mental Health Services Administration sparked a flurry of reactions.

Del Vecchio has served as director of SAMHSA's Center for Mental Health Services (CMHS) for six years and is viewed as a powerful advocate for persons with lived experience. His transfer by Dr. Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Abuse, is being seen by some of del Vecchio's supporters as a sign that the agency is moving away from supporting peer services and the recovery model of treatment in favor of the traditional medical model and paternalism.

Dr. McCance-Katz's supporters insist del Vecchio's transfer simply reflects her desire to build her own leadership team.

Appointed last August, Dr. McCance-Katz could have fired del Vecchio after her first 120 days in office or demoted him if she wanted to undermine peers and del Vecchio's recovery work as CMHS director. She kept him as one of her top mental health and substance abuse advisors until last week when she asked him to direct SAMHSA's Office of Management, Technology, and Operations, a top post at SAMHSA, but one with less direct oversight of mental health and substance abuse policy.

Said one insider: they simply didn't gel and she has the right to pick her own managers who support her. Said another: she bent over backwards giving him chances but it didn't work.

A third point of view expressed to me is that speculation about del Vecchio's reassignment is resulting in both Dr. McCance-Katz and del Vecchio being wrongly branded. Her as being anti-peer. Him as not carrying about the serious mentally ill.

The full blog post can be found at:

http://www.peteearley.com/2018/10/16/paolo-del-vecchios-transfer-at-samhsa-causes-speculation-about-agencys-focus/?fbclid=IwAR3DY-l1Idl-ReVFTlWkiRnsLjmAlEjjnivNOrsIK2NiSXkyIaaxAJqpQU8

Southeast Michigan's Approach to Opioids Could be Model for Others

Below is an excerpt from a recent Detroit News story on the groundbreaking work in addressing the opioid crisis being done in Michigan:

Southeast Michigan's use of peer sobriety coaches and collaboration to fight the opioid crisis could become a model for the country, said an official from the U.S. Health and Human Services in Livonia on Monday.

Leaders from social services, health care, law enforcement, local courts and nonprofits met for a roundtable discussion with HHS Deputy Secretary Eric Hargan at St. Mary Mercy Hospital in Livonia as part of a national listening tour by federal health officials focused on the epidemic.

"We've seen three years in a row a lowering American life expectancy, and that is due to the amount of deaths are are occurring because of the opioid epidemic. This is unprecedented in U.S. history," Hargan said at a news conference following the closed-door roundtable. "This is something that has permeated society in a very broad way, in rural communities ... to areas like Detroit, to suburban areas — everywhere at this point.

"We really do have to have a national approach to this, which is why we're trying to absorb as many lessons as we can — from as many places as we can — of what works, so that we can bring those processes to other areas where it's needed."

The full article can be found at:
https://www.detroitnews.com/story/news/2018/10/15/opioid-addiction-model-peer-sobriety-coaches-michigan-eric-hargan/1648692002/

National Advocacy around Federal Support for Health IT in Mental Health Settings

At least one health IT group is pressuring the federal Center for Medicare and Medicaid Innovation (CMMI) within the Center for Medicare and Medicaid (CMS) to get specific about implementation plans for a provision in the new legislative opioid package allowing that group to incentivize behavioral health providers to adopt health IT products.

The opioid legislation, which awaits President Donald Trump's signature, describes a demonstration program that could nudge behavioral health centers to use EHRs. The Behavioral Health Information Technology Coalition has asked CMMI for a meeting to discuss the agency's demonstration program on bundled payments for medication-assisted treatment for substance use disorder, according to coalition president and CEO Al Guida.

In a letter to CMMI head Adam Boehler the group argued that updated EHRs could enhance behavioral health providers' ability to combat the opioid crisis, potentially by allowing better e-prescribing.

Controversial Former Aide to Maine's LePage to Run Medicaid

Below are excerpts from a recent story in Politico discussing the reaction to the recent appointment of the new national Medicaid head, within the Center for Medicare and Medicaid Services:

The Trump administration has tapped Mary Mayhew — the architect of Maine's aggressive conservative reforms to the social safety net — to oversee the national Medicaid program. She has been an ally of outgoing Maine Gov. Paul LePage, a Republican who has fought as hard as any governor against expanding Medicaid under Obamacare.

CMS announced the move internally Monday, the day Mayhew began as the agency's deputy administrator and director of Medicaid and the Children's Health Insurance Program.

Mayhew served as Maine's health commissioner for six years under LePage, leading efforts to tighten the state's Medicaid eligibility standards, add work requirements to the food stamp program and implement other conservative reforms. She supported LePage as he rejected efforts to expand the state's Medicaid program — repeatedly vetoing legislation and then resisting after nearly 60 percent of Maine voters approved expansion on a ballot measure in 2017. LePage is spending his final months in office fighting a court order to expand the program.

Mayhew stepped down in May 2017 and ran to succeed LePage as governor, losing in the June Republican primary. As part of her campaign, Mayhew touted how safety-net programs had shrunk under her watch, pointing to a 70 percent decrease in enrollment in the Temporary Assistance for Needy Families program — one of the sharpest declines in the nation — and a 24 percent decrease in Medicaid enrollment.

She has defended the rollbacks as a necessary trade-off. "We don’t live in a world of unlimited resources," Mayhew argued at an Ohio Senate hearing in January 2018, as legislators in that state weighed their own safety-net reforms. "When those ends do not meet at the state level, you all must make difficult decisions to prioritize spending."

Mayhew joins CMS as the agency works to finalize a request Maine submitted in August 2017 to impose work requirements on Medicaid beneficiaries. Mayhew has said she was previously approached about joining the Trump administration to oversee the nation's food stamps program.

Advocates have warned that Maine's safety-net suffered under Mayhew's leadership, noting that measures of hunger and poverty rose even while she oversaw cuts to programs designed to feed and support low-income residents.

“It’s an alarming choice given her track record,” said Claire Berkowitz, executive director of Maine Children’s Alliance. “We saw the results in our data of parents who lost coverage under her leadership and that’s concerning.”

Mayhew's department also grappled with several scandals, including allegations concerning a plagiarized report by an outside consultant on the state's Medicaid system and an HHS inspector's general report that found vulnerable Medicaid patients were placed at risk.

Mayhew is the second failed gubernatorial candidate recently tapped by the Trump administration to join the agency. Paul Mango, who joined CMS this summer as chief of staff and chief principal deputy administrator, unsuccessfully ran for the Republican nomination for governor in Pennsylvania.

Report: World Support for Mental Health Care Is 'Pitifully Small'

Below is an excerpt from a recent National Public Radio story on a report on financial support, across the globe, of mental health services:

It's a major milestone in the fight to recognize mental health and mental illness as global issues: a comprehensive report from the Lancet Commission on Global Mental Health (https://www.thelancet.com/commissions/global-mental-health) three years in the making, released this past week at a London summit with royals Prince William and Kate Middleton, Duchess of Cambridge, in attendance to show their support for the cause.

But it was not a celebratory event. Threaded throughout the 45-page report is a lament that the world is ignoring millions of suffering people.

That neglect is reflected in "pitifully small" levels of financial support from governments and assistance groups for research and patient care, say the 28 mental health researchers, clinicians and advocates from across five continents who authored the report. And there are far-reaching economic as well as psychological consequences, the report notes: Untreated patients are often unable to support themselves, and sometimes their caretakers can't work as well.

The situation is especially dire in low-income countries, where mental health care is often unavailable. Only one in 27 people with depression in developing countries receives adequate treatment, according to the report. Developed countries do a bit better – one in five people with depression get treatment. But overall, wealthier countries have a poor enough record of providing adequate services that the report states that "all countries can be thought of as developing countries in the context of mental health."

The full article can be found at:
https://www.npr.org/sections/goatsandsoda/2018/10/15/656669752/report-world-support-for-mental-health-care-is-pitifully-small?sc=ipad&f=1001

State Legislative Update:

Senate Fiscal Agency Breaks Down Costs for November Ballot Initiatives

This week the Senate Fiscal Agency completed their fiscal analysis for each of the ballot proposal appearing on the November 6 ballot.

Proposal 1: Legalizes marijuana for recreational use

The SFA is projecting Proposal 1 will generate more tax revenue than the proponents of the proposal did in the analysis they paid for. The Coalition to Regulate Marijuana Like Alcohol (CRMLA) released a study last week that predicted $520 million in combined tax revenue in its first five years, through 2024.

The SFA tally put the tax revenue total at $737.9 million, between FYs 2020 and 2023. That includes sales tax revenue and money generated from the proposed excise taxes. It also incorporates the required distributions of that revenue.

As for costs associated with Prop 1, SFA broke it down by state department.

For the Michigan Department of Licensing and Regulatory Affairs (LARA), it anticipated needing $2.5 million to pay new staff to help implement the recreational marijuana imitative.

For Treasury, it predicted $1.9 million in one-time costs for a new tax system, and $1.2 million in ongoing costs for support staff in the Michigan Department of Technology, Management and Budget (DTMB).

Back in Treasury, the cost of additional support and staff due to the recreational marijuana business being "primarily cash-based" means anywhere from $1.75 million and $3.1 million in additional costs, based on the volume of sales.

The SFA predicted an indeterminate effect on the Michigan State Police (MSP) and a potential positive fiscal impact on state and local government because of potentially fewer felony arrests and convictions.

The report also said local governments could suffer a negative fiscal impact, if those local units prohibited marijuana establishments or had no establishments but had current medical marijuana provisioning centers, because those local units would lose the excise tax revenue tied to those centers.

Proposal 2: Creates an independent citizens redistricting commission

Citizens appointed to the proposed independent redistricting commission could take home a $39,825 salary for their work to redraw legislative districts, and implementing the entire proposal would cost the state an extra $4.6 million, according to a Senate Fiscal Agency (SFA) report released today. On Proposal 2, the redistricting commission constitutional amendment, the SFA said the language requires the 13 commissioners to earn equal to at least 25 percent of the Governor's annual salary, which is $159,300. That breaks down to $39,825 per commissioner, or $517,800 total. The SFA report also said if the salary is not "sufficient," the state is required to "indemnify each commissioner for all incurred costs."

In total, the proposal backed by Voters Not Politicians (VNP) would cost the state at least $4.6 million to implement, because the language requires the Legislature to appropriate funds for it equal to at least 25 percent of the General Fund (GF) budget of the Secretary of State's (SOS) office.

In Fiscal Year (FY) 2019, that GF number was $18.5 million, meaning the absolute minimum was $4.6 million. The SFA report also notes the Legislature is required to appropriate the funds sufficient to enable the commission to carry out its work, leaving the door open to more funds if the initial appropriation isn't enough.

Proposal 3: Creates state constitutional rights to certain voting policies

Proposal 3 would have some negative fiscal impact on the SOS, the SFA said, but that cost is indeterminate. Yet, the SFA said some of the proposal's elements that would be enshrined in the constitution if approved -- Election Day voter registration, no-reason absentee voting and straight ticket voting -- would not have a significant impact on the state.

Mailing absentee ballots to military service members overseas as well as doing post-election audits also

wouldn't have a significant impact since the SOS already does these things, the SFA said.

The SOS noted costs for implementing automatic voter registration would depend on whether there's a mechanism for opting out, or if there's a change to the update or renewal form that is already mailed to all registered drivers or personal identification card, the SFA reported.

Federal Update:

Congress Passes Major Opioid Package

House and Senate leaders announced an agreement on legislation to address the nation's opioid addiction crisis. The bipartisan agreement (H.R. 6) supports many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. The package also reveals the fate of controversial measures on the Institutions of Mental Disease (IMD) rule and the privacy of substance use disorder (SUD) treatment records that Congressional lawmakers and staff have worked through over the last several weeks.

REACTION

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the final opioid package, it ultimately falls short on providing desperately needed long-term investments in prevention, treatment and recovery services. In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year Certified Community Behavioral Health Clinic (CCBHC) program via the Excellence in Mental Health and Addiction Treatment Expansion Act. This program has shown tremendous results in expanding access to comprehensive addiction services in a sustainable way.

WHAT'S IN

Throughout Congress' efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, many of which have been included in the final compromise bill:

The National Council was pleased to see the following measures in the package:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders via telemedicine in rural and frontier areas and is a direct result of National Council advocacy efforts.

- The Substance Use Disorder Workforce Loan Repayment Act will create incentives for students to pursue addiction treatment careers, increasing timely access to treatment for individuals living with addiction. This legislation was introduced as a result of education and advocacy by the National Council and the Association for Behavioral Healthcare in Massachusetts.

- Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs). The National Council has been working for passage of this legislation since 2009, when behavioral health was left out of a law

that created financial incentives for providers and hospitals to implement EHR systems to improve patient care.

- Ensuring Access to Quality Sober Living Act requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help them adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued *Building Recovery: State Policy Guide for Supporting Recovery Housing* to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.

- Improving Access to Mental Health Services Act will allow behavioral health National Health Service Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

- MAT Prescribing Expansions: The packages pulls a provisions from the TREAT Act and the Addiction Treatment Access Improvement Act to expand access to medication-assisted treatment (MAT), which is considered the gold standard of opioid use disorder treatment. Together, these measures will: 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine (a MAT medication), 2) temporarily expand the definition of "qualifying practitioner" to prescribe buprenorphine to include nurse anesthetists, clinical nurse specialists, and nurse midwives, 3) permit a DATA-2000 waivered-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if that practitioner meets certain requirements, and 4) codify a change that expanded the number of patient that a physician can treat with buprenorphine at any one time to 275 patients, up from 100 patients. A separate provision would also ensure physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meets the other training requirements to prescribe MAT, can obtain a waiver to prescribe MAT.

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A controversial measure to loosen 42 CFR Part 2, the regulation governing the privacy of SUD treatment records, was not included in the final bill.

The final compromise opioid package contains over 70 opioid-related bills. For a more comprehensive summary of the package's provisions, please see the section-by-section summary here.

Education Opportunities:

MyStrength Offers 3rd Part in Webinar Series on Addressing SUD and the Opioid Crisis

Everyone in healthcare is feeling the pressure to reign in opioid prescribing, successfully treat opioid dependence, better treat pain, and address patient misuse and abuse. Relias curated these webinars to support the providers who are on the front lines of treating those with substance and opioid use disorders, as well as those managing acute and chronic pain.

Join us for a 3-part webinar series to learn the science behind changing healthcare behavior, how to prevent SUD treatment provider burnout and how to best use technology to combat the crisis – topics chosen to help you help those you serve.

[Part 3] The Role of Technology in Solving the Opioid Crisis
Date: November 7 at 2 p.m. ET
Presenters: Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength, Bonni Hopkins, PhD, VP Analytic Innovation and Strategy – Beacon Health Options and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

Join us to discuss the **state of the opioid epidemic in healthcare**, including what progress has been made since the commission report release and declaration of a national State of Emergency. Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse at the National Council for Behavioral Health, will moderate a discussion with clinical experts about the current state of healthcare as it pertains to moving the needle on the opioid epidemic. We'll also hear from Bonni Hopkins, PhD, VP of Analytic Innovation and Strategy from Beacon Health Options, about **how they have used technology to support their efforts.**

Where should healthcare providers, health systems, health plans and payers go from here?
How can the newest digital tools impact self-reported opioid use, quality of life and health outcomes?
What is the role of research in shaping technology to help manage healthcare crises?
What role can predictive modeling play to ensure good opioid stewardship, reduced risk and prevention of dependence?

This webinar is featured as one of a 3-part webinar series from Relias on **Addressing Substance Use Disorders (SUDs) and the Opioid Crisis**. Click below to learn more and register:

http://go.reliaslearning.com/opioids-wbn-series-hub.html?utm_source=partner&utm_medium=email&utm_campaign=partner-toolkit_webinar-hub_opioids

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

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

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

Trainings offered on the following dates.

- • November 7 – Lansing Click Here to Register for November 7 Full – Registration Closed!
- • January 23 – Lansing Click Here to Register for January 23
- • February 20 – Lansing Click Here to Register for February 20
- • March 13 – Lansing Click Here to Register for March 13
- • April 24 – Troy Click Here to Register for April 24

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

Annual Home and Community Based Waiver Conference: November 13-14

Registration is open for the 2018 Annual Home and Community Based Waiver Conference November 13-14, 2018 at the Kellogg Hotel and Conference Center in East Lansing.

Click Here to Register:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5208&AppCode=REG&CC=118101003651&REGTYPE=4002-51&REGTYPE=TUESATTENDEE&REGTYPE=4002-22&REGTYPE=4002510

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, administrative staff, providers, autism coordinators, people receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Conference Rate: Full Conference is $170. One day rate is $100. Rates include breakfast and lunch and materials. (Yes, we will be making photocopies of presentations that we have received).

Special Rate: A special $20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and child care. Deadline to request scholarship: October 17, 2018. To request a scholarship form, contact Anne Wilson at awilson@cmham.org or 517-374-6848.

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. Please call 517-432-4000 and mention that you are attending

the C-Waiver Conference, the discount code is 1811DCH&MA. As of the afternoon of October 12, much of the room block has sold out however the Kellogg has other rooms at a higher rate. We are working on an overflow hotel at the State Per Diem Rate. The overflow will be listed on our website.

Michigan Developmental Disabilities Council – Upcoming Events

The Michigan Developmental Disabilities Council is hosting learning opportunities and a train-the-trainer session November 26-28, 2018, at the Kellogg Hotel & Conference Center in East Lansing, MI.

Monday, November 26th Charting the Course to Employment Summit:
Join us to learn about Charting the LifeCourse and the roles we hold in our day-to-day lives to support individuals with Intellectual and Developmental Disabilities (IDD). You will learn about key principles for supporting individuals and engaging families to enhance a person-centered approach for planning and supporting life experiences that will provide preparation for employment.

Tuesday, November 27th Train-the-Trainer: Family Engagement around Employment and Partnering with Families around employment:
The Michigan Employment First Initiative has sponsored the creation of two training resources to build the capacity of educators, employment professionals and advocates in Michigan to better engage families around employment. This event will provide curriculums and presenter notes for each.

Wednesday, November 28th Charting the LifeCourse Community Wide Event:
Join us for this interactive, hands-on workshop to learn about tools that can be used at every life stage to enhance a person-centered approach for planning and supporting life experiences that support a person to reach their vision of the life they choose.
The cost to attend each day is $20. There are scholarships available for self-advocates and family members. Please call the DD Council office at 517-335-3158 to request a scholarship. Registration deadline is November 16th. Space is limited so please register ASAP!

Please contact Yasmina Bouraoui at bouraouiy@michigan.gov, with questions related the Employment Summit and Family Engagement Train-the Trainer, or Tracy Vincent at vincentt1@michigan.gov with questions about the Charting the LifeCourse Community wide Event.

NASW-Michigan's Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE)

Join together with hundreds of social justice advocates from around Michigan for the largest annual gathering of social workers in the state! This all-day event features an advocacy oriented keynote address, networking opportunities, social justice forums, and 16 workshops on legislative issues, political action, and advocacy efforts. 5.5 CEs (1 in pain available) will be awarded to social work licensed attendees. The event is held at the Lansing Center November 1 from 9-4:40. Register here: https://bit.ly/2OTRmED

HMA Health Home Webinar

Medicaid Health Homes:
Lessons from the Field for Successful Development, Implementation
Tuesday, October 30

1 to 2 p.m. EDT

Health Homes have been implemented in at least 22 states under the federal Medicaid Health Home state plan option, and initial results illustrate the potential for meaningful improvements in the quality and cost of care associated with serving individuals with chronic physical, mental, or behavioral conditions.

During this webinar, HMA experts will discuss some of the key lessons learned in these early Health Home initiatives, with a special emphasis on the experience in New York and the District of Columbia. The webinar will also provide practical solutions for the successful development, implementation, and refinement of Health Home care models.

Register at:
https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU_unq-ett74Gw6YDzKZbHVPhhsj6Qk6fw2%26

Miscellaneous News and Information:

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, Click Here!

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

• Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.
• A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: https://www.mpas.org.

WEEKLY UPDATE

October 26, 2018

Contents:

CMH Association Activities:

CMHAM Committee Schedules, Membership, Minutes, And Information

Visit our website at **https://www.macmhb.org/committees**

State and National Developments Resources:

Bill to Address Nation's Opioid Crisis Signed by President

Earlier this week, President Trump signed the SUPPORT for Patients and Communities Act, a comprehensive opioid prevention, treatment and recovery bill approved by Congress in October with wide bipartisan support. The bill includes provisions and funding for Medicaid and Medicare programs for a wide variety of areas, including expanded telehealth services, e-prescribing requirements, medication-assisted treatment and prescription drug monitoring programs (PDMPs).

The bill also authorizes the testing of incentive payments for behavioral health and substance use treatment providers for adoption and use of certified electronic health record (EHR) technology to improve quality and coordination of care. Netsmart is proud to have advocated for this increased funding for almost a decade and knows that it will benefit both our clients and the people they serve.

The SUPPORT Act presents both opportunities and additional requirements for all health and human services and post-acute communities. We are pleased to provide you with this summary of selected key sections, and ways Netsmart can help you take advantage of additional funding opportunities or meet anticipated reporting or other requirements.

Click here to download Addressing the Opioid Crisis: Bill Summary and Impacts.

Panelists at Crain's Healthcare Summit Discuss Healthcare Integration

Below are excerpts from a recent Crain's Detroit Business edition, highlighting the recent Health Care Summit sponsored by Crain's every year.

> Moderators of two opening panels at Crain's Health Care Leadership Summit last week quickly brought out the differences between how Medicaid health plans and those involved in delivering behavioral health services view what Michigan wants to do to save money and integrate physical and behavioral health.
>
> Moderator Jeff Brown, a health care consultant and former director of Oakland and Lakeshore prepaid inpatient health plans, asked five panelists what's working and what's broken and needs fixing in the state's $2.8 billion prepaid Medicaid behavioral health system.
>
> "What is good is there is a broad array of services today, but not enough," said Marjorie Mitchell, president of MichUCAN and a long-time advocate for improved behavioral health services. "Integration happens at the provider level, not at the payer (level)."

Mitchell said integration of physical and behavioral health — that Michigan wants to test in pilot projects starting October 2019 — should be more than saving money for the state. "We need more services for people. We need personal care."

Dominick Pallone, executive director of the Michigan Association of Health Plans, which represents 13 managed care organizations, 11 of which participate in Medicaid physical health, said the state's use of HMOs since the early 1990s has worked well for everyone under Republican and Democratic administrations.

"We take care of physical health, mild and moderate" behavioral health conditions, Pallone said. "It has worked well."

But Mitchell and other panelists argued that the mental health system has been historically underfunded in Michigan.

"We create budgets and then move them around (mental health providers) to meet needs," she said.

"We should be asking, 'What services are needed, and how much do we need to fund it?' ... I talk with people all the time. None of them say we want to give money to the HMOs. They want more services and more coordination."

"Margie is right," said Pallone. "People don't care who is paying. They want to get served and their benefits covered. The average enrollee contract is four pages long for roles and responsibilities for members in an HMO. If someone needs (serious mental illness coverage), an inpatient site visit, there is a blame game for who pays for it."

Pallone said that shouldn't happen and Medicaid integration is one way to solve the problem because Medicaid health plans would be responsible for mild, moderate and serious mental health issues, including inpatient psychiatric hospitalizations, if necessary.

Mitchell said the public simply wants accountability. "(I hope) the problems can be fixed without sending money to the HMOs."

But one of the problems in the current bifurcated system, which Michigan funds physical health through the Medicaid health plans and behavioral health through the 10 prepaid inpatient health plans, is that the state has been slow to address behavioral health provider demands for increased funding, several panelists said.

"A lot is about the money and the need to know outcomes," Pallone said. "(The state) needs to manage taxpayer resources. Five of 10 PIHPs are running structural deficits. This is pushed to taxpayers. We need to create a payment system where we integrate the person who is paying." But Mitchell argued that integration doesn't do anything about getting more money into the system. "There must be a needs assessment" on the extent of the problem in Michigan and funding to match, she said.

Mitchell said when things go wrong people with disabilities will not file complaints to an HMO about not receiving proper care or services.

Autism Alliance of Michigan Underscore Resources

Below is a recent letter from the Autism Alliance of Michigan (AAoM) outlining a number of resources for providers related to autism services and supports

> Dear Fellow Providers and Agencies,
>
> I am reaching out at this time to request a favor. While many of you have been part of our "alliance" for years, and are quite familiar with our work, and impact across the state, we are still trying to reach thousand more to bring the benefit of AAoM to their lives. We need your help in promoting the many *free* resources and programs we offer. These include but are not limited to;
>
> *MiNavigator*: With professionals degreed in a variety of autism fields, this service allows families to consult with our staff regarding *any issue* affecting their families, across the lifespan. Their "navigator for life" will provide guidance/referral/support on multiple levels, utilizing our multidisciplinary team, even for the most challenging cases
>
> *Community Trainings and Family Conferences:* These span a variety of topics and are customized to each unique audience. Our specialists have developed trainings to address special education, safety and abuse/risk, caregiver boot camps, employment skills, for example
> *AAoM Website and Statewide Autism Resource Directory*: With over 1,500 listings, our directory is the most comprehensive resource for understanding autism, accessing services and supports by region
>
> *Advocacy*: AAoM's leadership team is active in local, state, and federal initiatives that affect the autism community, including providers, families, the business community, and public systems of care
>
> What can you do?
>
> Please add AAoM to your directories/website as a resource to share with families (*aaomi.org 877-463-2266* navigator@aaomi.org)
>
> Please include us to help with your advocacy efforts, shared agendas, or events that we might be able to help support
>
> Sign up and distribute our monthly MiNavigator newsletter, promotional materials, and our website link in your waiting rooms
>
> Encourage other providers to contact us for participation in our regular meetings, events, and community

Amid Michigan Opioid Crisis, Drug Centers Say New Rules Mean Layoffs

Below are excerpts from a recent Bridge magazine article on the reaction, by providers and advocates, to the recently proposed changes in the state's substance use disorder services and supports licensing regulations.

As Michigan's opioid crisis deepens, treatment experts warn that proposed state regulatory changes could lead to widespread layoffs of substance abuse workers and even force some treatment centers to close.

A public hearing is scheduled Wednesday (Oct. 17) in Lansing for comments on the proposed changes, with state officials saying new regulations are needed to protect patients and upgrade standards put in place decades ago (9 a.m. at the G. Mennen Williams Building Auditorium, 525 W. Ottawa Street).

One treatment official told Bridge he found the regulatory proposals sadly ironic amid calls for broader opioid treatment across the state.

"This would either dramatically increase costs or result in us closing the program," said Jason Schwartz, clinical director at Dawn Farm, an Ypsilanti-based nonprofit substance abuse treatment network.

"As we talk about the opioid crisis, that makes no sense."

The full article can be found at:
https://www.bridgemi.com/public-sector/amid-michigan-opioid-crisis-drug-centers-say-new-rules-mean-layoffs

National NAMI Leader Speaks Out Against Short Term Health Plans

Below is a recent editorial from Mary Giliberti, the CEO of the national NAMI office, carried in Salon.

Unlike normal health care plans, these Trump-approved short-term plans can deny those with pre-existing conditions

It has been a challenging year as our nation struggles to address a crisis in mental health care, suicide, and opioid addictions. Recently, the CDC reported a substantial increase in suicide rates over the past 15 years. Nearly 115 people a day are dying of an opioid overdose. In addition, half of Americans with mental health conditions are going without treatment.

In fact, just this year, a NAMI(National Alliance on Mental Illness) member who lives with schizophrenia needed health insurance for a few months. He purchased a short-term, limited-duration insurance (STLDI) plan— a type of ad-hoc health insurance plan that is designed to fill temporary gaps in coverage —but it did not cover his mental health treatment and medications, leaving him highly vulnerable.

Now is not the time to allow these types of plans to proliferate. However, just this past August, the Trump Administration drafted regulations that would allow insurance companies to expand the sale of these dangerous, virtually unregulated STLDI plans, and the rule went into effect October 1 allowing insurers to sell these plans. The Trump Administration argues that these STLDI plans provide "much less expensive health care at a much lower price" — but the reality is that these plans discriminate against people with mental illness, leaving them without the coverage they need and deserve.

STLDI plans were first included in the 1944 Public Health Act under the Roosevelt Administration, which noted that "individual health insurance coverage" does not include STLDI plans. In 1997, the Department of the Treasury, the Department of Labor, and the Department of Health and Human Services limited STLDI plans to a duration of less than 12 months. However, to address the issue that STLDI plans might be sold as primary coverage without having to comply with the Affordable Care Act's patient protections, the Obama Administration limited these plans to less than three months in duration. The new rule extends the duration of STLDI plans to 364 days, making them virtually indistinguishable from regular health insurance. The rule also allows for plans to be renewed or extended for up to three years, which will leave people highly vulnerable for even longer periods of time.

Unlike comprehensive health care plans subject to the Affordable Care Act, STLDI plans can deny coverage or charge more based on age, gender or health status, and people who enroll in them can face crushing medical bills. They can exclude services like mental health or maternity care; impose annual or lifetime limits on benefits; and not pay for treatment of a pre-existing condition. The Trump Administration's STLDI plan rule threatens to undermine consumer protections for people with mental illness and/or pre-existing conditions and will turn back the clock to a time when those individuals were excluded from lifesaving care.

Ten years ago, we celebrated a move towards equal insurance coverage for all as Congress took a giant step forward by passing the bipartisan federal parity law. The law embodied the tenet that mental health care is health care and prevented insurers from imposing greater limitations on mental illness and addiction benefits than on medical/surgical benefits. In 2010, Congress expanded their commitment to parity by requiring mental health services to be covered as an essential benefit through the Affordable Care Act (ACA).

Yet despite this bipartisan progress, we're now facing a new roadblock with the Administration's recent rule to expand the availability of STLDI plans. We, the National Alliance on Mental Illness (NAMI), recently joined several health organizations and industry stakeholders in a lawsuit challenging the STLDI rule and asking the courts to block this dangerous, backsliding policy.

Before the ACA, insurers blatantly discriminated and regularly denied coverage of pre-existing conditions. A recent analysis by the Kaiser Family Foundation (KFF) found that nearly half of STLDI plans exclude mental health coverage and 62 percent do not cover services for substance use treatment. Our nation is in the throes of an opioid crisis, suicide rates are rising every year, and one in five Americans struggles with a mental health condition. We should be creating policies that improve both mental health and addiction care, not expanding inadequate insurance plans that deny coverage of both.

My own organization's research found that individual health insurance plans routinely discriminated against mental health coverage before parity in benefits and coverage of pre-existing conditions was required by law. In partnership with Georgetown University researchers, we found:
Insurers regularly denied coverage to people with pre-existing mental or substance use conditions;
Insurers imposed a 20 to 50 percent increase in premiums for people with a history of mental health or substance use conditions;

Insurers offered superficial coverage that did not meet essential needs; and
Insurers actively created barriers and limited access to mental health and substance use treatment.

Supporters of expanding the short-term plans argue that they offer a cheaper option for young people who are generally healthier and thus, less expensive to cover. But, this ignores the fact that young people are particularly vulnerable to mental health issues; 75 percent of all mental health conditions appear by age 24. And, suicide continues to be the second leading cause of death for people ages 15-24. As young adults become ineligible for their parent's health insurance plans at 26 years old, they risk enrolling in one of these inexpensive STLDI plans, only to find that they are not covered for the mental health treatment they need.

These plans are a deceptive trade-off. Many who have bought these plans found themselves subject to thousands of dollars in unexpected healthcare costs. A new survey finds that surprise medical bills top Americans' concerns about health care costs. Enrollees in STLDI plans should be very concerned.

We will never be able to change the way society views mental illness if we return to the days when it is acceptable to provide separate and unequal health coverage. According to a recent survey, 90 percent of people say it is important that the ACA's pre-existing protections remain law. The STLDI rule does the exact opposite and unilaterally undermines federal health insurance protections for people with private insurance, especially the 133 million Americans with pre-existing conditions.

Mental health care is health care, and everyone deserves access to fair and equal treatment regardless if the illness affects your brain or your heart, and whether you were born with it or developed it over time. As we reflect on a decade of progress on parity, we are more determined than ever to continue the fight for equity, including in the courts.

Another in the NYT Disability Rights Series: It's Time for a National Museum of Disability

Below are excerpts from a recent editorial, carried in the New York Times, as part of the NYT's series on disability rights, written by persons with disabilities and those in the disability rights community.

Without a home, many crucial chapters in American history could be lost.
By Elianna Gerut, Sarah Levin, Daniel Rabinovitz, Gabe Rosen and Ben Schwartz
The authors are 12th graders at Gann Academy in Waltham, Mass.

Like most high school students, we have spent years studying American history — from the cultures of the Native Americans to the Revolutionary War, right up to the 21st century. Yet when we look closely at the story of who we are as a nation, we find little, if anything, about the history of people with disabilities.

This is not surprising. The extent of what most Americans know about disability is limited — we see bright blue logos plastered on parking spaces or hear accounts of friends with challenges. We may know people with autism or dyslexia. We may see loved ones with permanent injuries or physical ailments. But for many, the understanding ends there.

> This was pretty much true of us, too, until we spent most of our junior-year American history class studying disability and creating "Division, Unity, Hardship, and Progress: A Disability History of the United States," a museum exhibition to share what we learned with the public. It is on vie https://www.nytimes.com/column/disabilityw at the Charles River Museum of Industry and Innovation here in Waltham.

The full editorial and others in this series can be found at:
https://www.nytimes.com/column/disability

The Michigan Center for Rural Health is Awarded a Rural Communities Opioid Response Program Planning Grant

The Michigan Center for Rural Health (MCRH) was awarded a $200,000 Rural Communities Opioid Response Program (RCORP) (https://www.hrsa.gov/about/news/press-releases/2018/fy18-rural-opioid-response-awards.html#RCORP)planning grant by the Health Resources & Services Administration (HRSA) to focus on opioid use disorder in the following 14 northern MI counties (Alcona, Alpena, Cheboygan, Clare, Crawford, Gladwin, Kalkaska, Lake, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon). Over the next year, MCRH will help facilitate the work of the newly formed Northern Michigan Opioid Response Consortium (NMORC).

The NMORC was assembled to coordinate efforts, and identify areas of best practice for replication and expansion, pinpoint gaps in care and develop solutions, leverage state resources to address system and policy issues, and reduce the duplication of efforts in 14 northern MI counties. The planning grant will focus on the areas of prevention, treatment, recovery and workforce. NMORC is governed by a Board of Directors and consortium members include hospitals, community health centers, local public health departments, community mental health agencies, local community-based organizations and state of MI agencies dedicated to addressing opioid use disorder.

Spark Initiative Releases Report on Self -Determined Services and Supports

Below is the executive summary of the recently released report, by Optum, of a national survey of providers of self-directed services to persons with intellectual and developmental disabilities.

> Agencies providing services to adults with intellectual and developmental disabilities (I/DD) are undergoing a decades long shift from congregated approaches toward community-based, integrated, and person-centered supports. This transformation in service delivery models has been propelled by the self-determination movement, which advocates for people with I/DD have the right to control every aspect of their lives and live with dignity. Such advocacy has influenced federal policy and allocation of funds for self-directed services through Home and Community-Based Services Medicaid waivers, which are becoming more widely utilized.
>
> When self-directing their services, adults with I/DD exercise employer and budget authority, sometimes with the assistance from a family member, support broker, counselor, and/or a fiscal intermediary. This transfer of control from case managers, service providers, or state employees to the person with I/DD has many provider agencies struggling to adjust their services due to an array of systemic, economic, political and attitudinal barriers. Better understanding of how service agencies are navigating this shift will assist in the transition and ensure appropriate service delivery.

The I/DD Provider Survey on Self-directed Services and Supports investigated how providers are currently supporting adults to lead self-directed lives, and the barriers and catalysts to such supports. Responses from 475 professionals working at all levels of service provider agencies across the nation point to agency, community, and systemic factors that are hindering and helping the process of providing self-directed supports. Key findings include:

Top 3 Barriers to Providing Self-Directed Services and Supports:
1. State policies, regulations, funding and service definitions
2. Federal policies, regulations, funding and service definitions
3. Family attitudes, knowledge and involvement

Top 3 Facilitators to Providing Self-Directed Services and Supports:
1. People who receive support—their attitudes, ability and opportunity
2. Provider agency leadership or staff attitudes, beliefs and skills
3. Provider agency policies, structures and practices

Participants were asked, "If you had a magic wand and could fix ONE factor instantly, which would you fix?" Their top three answers were:
1. State policies, regulations, funding and service definitions
2. Federal policies, regulations, funding and service definitions
3. Community systems, opportunities and attitudes

Successful Strategies Associated with Agency Capacity to Deliver Self-Directed Services
• Self-direction principles and language clearly included in agency: policies and handbooks; and written service plans and goals
• Agencies providing tools and support to people with I/DD about how to manage their own service dollars and spending money
• Agencies providing tools and support to people with I/DD about how to choose their leisure activities
• Agencies providing staff formal training about how to facilitate self-directed services
• Agencies providing staff tools and support about: how to assist people with I/DD to manage their own service dollars and spending money; and how to assist people with I/DD to be truly in control of their services

The full report can be found at:
https://www.optum.com/solutions/government/state/spark.html

The Opioid Crisis Delivers A $1 Trillion Shock to the US

Below are excerpts from a recent CBS News story on the financial impact of the nation's opioid crisis.

President Donald Trump on Wednesday signed another bill that aims to stem America's opioid crisis. It comes as overdose deaths from the drugs have continued to surge. Roughly 70,000 people died from overdoses last year, according to the Centers for Disease Control and Prevention, a 10 percent jump from 2016 -- that's more than the total number of U.S. military deaths in all 15 years of the Vietnam war.

In some communities, concerns about drugs rate higher than anything else. One in four Americans living in rural areas say drug addiction or abuse in their community is a top issue, recent polling from NPR and the Robert Wood Johnson Foundation shows. "This has never been reported before," the poll's co-director said.

While the human tragedy of the opioid crisis is incalculable, the economic impact on the U.S. and on families can be estimated. In 2017, opioid addiction cost $115 billion, according to an analysis issued earlier this year by Altarum, a health care research nonprofit.

Those losses represent only the direct costs of the epidemic, said Corey Rhyan, a senior analyst at Altarum. That means treating overdoses in the emergency room, long-term treatment for drug addiction, caring for children whose parents' substance abuse has made them unable to work, counting the value of wages lost -- or, in many cases, death.

Since 2001, the opioid crisis' direct costs have topped $1 trillion, Altarum calculated.
"I would argue that's a conservative estimate," Rhyan said. "Obviously, any dollar value needs to be viewed alongside the enormous and unthinkable human costs of the epidemic."
Labor force dropouts

A look at how opioid addiction is affecting the job market underscores its adverse impact on the economy as a whole. Despite rock-bottom unemployment and solid economic growth, many Americans have dropped out of the workforce. People between the age of 25 and 54, known as "prime-age workers," are employed or looking for work at much lower rates than their peers in other developed countries, according a recent OECD report.

Except for people 55 and over, Americans of all age groups are less active in the labor force than they were in 2001.

"The biggest structural change in the U.S. in the last few years is this astonishing increase in opioid addiction," said Ian Shepherdson, chief economist at Pantheon Macroeconomics.

The epidemic helps answer another question that has been puzzling economists: Why the robust job market and its need for more workers has failed to pull more Americans off the sidelines and into jobs.

"People talk about a mismatch in supply and demand -- that we want more construction workers, but we haven't got them, or we need people in the Midwest and have unemployed people in the Southeast. But those are not big enough," Shepherdson said.

He estimates that without the opioid crisis, the nation's unemployment rate today would be 5 percent or 5.5 percent instead of its current rate of 3.7 percent. That's because more many workers currently out of the labor force due to opioid addiction would almost certainly be looking for work; also, people without jobs would then be officially counted among the unemployed.

Government officials have recently suggested that the opioid epidemic is leveling off. "We are so far from the end of the epidemic, but we are perhaps, at the end of the beginning," Health and Human Services Secretary Alex Azar said Tuesday.

The Centers for Disease Control and Prevention recently released numbers showing that the number of overdose deaths has stayed the same for each of the past three months, meaning the crisis could be peaking.

Opioid abuse by Americans who do have jobs also appears to be dropping. Quest Diagnostics, the largest workforce drug-testing lab, indicates that the rate of tests coming back positive for opioids peaked in 2011. That year, 1.1 percent of all urine tests among the general workforce were positive. Last year, the rate had fallen by almost half, to 0.57 percent. By contrast, that could mean fewer drug users are working, or that businesses that hire large numbers of drug users have simply stopped testing for them.

OxyContin, the prescription pain reliever that many point to as the catalyst for the addiction crisis, has generated about $35 billion in sales since Purdue Pharma launched the drug more than two decades ago.

It remains to be seen how much of that Purdue will keep. Hundreds of lawsuits have been filed against the drugmaker, other pharmaceutical firms, drug retailers and medical providers stemming from opioids.

OCR Launches Public Education Campaign About Civil Rights Protections in Response to the National Opioid Crisis

Recently, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) launched a public education campaign on civil rights protections in light of the president's opioid bill signing yesterday and HHS's ongoing efforts to combat the opioid epidemic. The campaign aims to improve access to evidence-based opioid use disorder treatment and recovery services, such as Medication Assisted Treatment, by ensuring that covered entities are aware of their obligations under federal nondiscrimination laws, including laws prohibiting discrimination on the basis of disability or limited English proficiency. In addition, the campaign seeks to educate the public about disability rights protections that may apply to persons in recovery from an opioid addiction.

Well over 100 people in the United States die from an opioid related drug overdose every day. In October 2017, President Trump and HHS declared the opioid crisis a "Public Health Emergency" and many HHS agencies have taken important steps to address drug addiction and opioid misuse. In response to this emergency, OCR is issuing materials to help educate the public about civil rights protections regarding evidence-based opioid use disorder treatment and recovery services. The campaign complements OCR's 2017 guidance – How HIPAA Allows Doctors to Respond to the Opioid Crisis - PDF)https://www.hhs.gov/sites/default/files/hipaa-opioid-crisis.pdf)informing doctors on how they can share information to help patients suffering from an opioid crisis.

Opioid misuse and addiction is a serious epidemic with devastating consequences that affect not only individuals and their families, but also the nation's public health and economic welfare. "Persons getting help for an opioid use disorder are protected by our civil rights laws throughout their treatment and recovery," said Roger Severino, OCR Director. "Discrimination, bias, and stereotypical beliefs about persons recovering from an opioid addiction can lead to unnecessary and unlawful barriers to health and social services that are key to addressing the opioid crisis."

To learn more about OCR's commitment to fighting against opioid misuse and addiction and how federal civil rights laws protect qualified individuals with an opioid use disorder, please visit www.hhs.gov/ocr/opioids. The website also highlights OCR's important work on ensuring that HIPAA supports accessing and sharing important health information about individuals who are in crisis due to opioid addiction.

Work Is Underway on the New 200-Bed, 225,000-Square-Foot Caro Psychiatric Hospital in Tuscola County

Below are excerpts from a recent story on the start of construction on a state psychiatric hospital to replace the current Caro facility.

> A groundbreaking ceremony including Gov. Rick Snyder and several additional state officials took place Friday, Oct. 19 near the existing 150-bed Caro Center, 2000 Chambers Road.
>
> "The new Caro Psychiatric Hospital will help meet the long-term psychiatric care needs in Michigan," said Snyder in a news release, adding the current building is aging and "the time has come for it to be replaced with a modern facility that can provide a better environment for patient care."
>
> The existing facility opened in 1914 the Caro Farm Colony for Epileptics.
> It was the only state residential center for individuals with seizure disorders until 1997 and currently provides services to adults with serious mental illness from 48 counties.
>
> "The vision of MDHHS is to transform the health and human services system to improve the lives of Michigan families," said Nick Lyon, director of the state's Department of Health and Human Services.
>
> "This project is one result of our department's comprehensive evaluation of the five state-operated psychiatric facilities and we're eager to take this vital step forward in improving psychiatric care in Michigan."

The full article can be found at:
https://www.mlive.com/news/saginaw/index.ssf/2018/10/work_underway_on_new_115m_stat.html

State Legislative Update:

State Launches Opioid-Related Web Site

This week the state launched its new opioid-related website to make it easier to find information, resources and help to stop opioid-related deaths in our state, Lt. Gov. Brian Calley announced.

"Trying to find helpful information and resources about the opioid addiction epidemic should not be difficult," Calley said. "The State of Michigan is committed to using every available resource to combat this epidemic and that is why we launched this new website today, making it easy to navigate, find help and get information faster."

The new website, **www.michigan.gov/opioids**, brings together information from all state departments involved in combatting this epidemic. To make it easy for Michiganders to find resources in their area, the site includes interactive maps showing where licensed treatment centers and takeback locations are found in their area. It also contains all State of Michigan resources needed for prescribers, pharmacists, victims of drug addiction and their families and all Michiganders to help play a part in ending the opioid crisis in Michigan.

From the Michigan State Police's Angel program that allows victims of addiction to walk into any MSP post and get help without fear of being criminally charged to DEQ's drug takeback information that helps Michiganders dispose of unneeded medication before it gets into the wrong hands, Michigan.gov/opioids uses every available tool to combat the opioid epidemic that has claimed the lives of more than 6,000 Michiganders in the last four years.

The new site also features:

- Michigan-specific opioid-related facts;
- Real-time information on prescription data and analytics of controlled substances for prescribers and pharmacists;
- Resources and information to find and get help;
- Information on opioid-related legislation; and
- Tools and resources to help grow awareness on the effects of opioids in Michigan.

For more information on the addiction epidemic in Michigan or to find help, visit Michigan.gov/opioids or call the national hotline 1-800-622-HELP.

Federal Update:

President Trump Signs Opioid Package into Law

On Wednesday, President Trump signed into law a sweeping bipartisan opioid package (H.R. 6) passed by the House and Senate earlier this year. The SUPPORT for Patients and Communities Act (SUPPORT Act) promotes many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. While the SUPPORT for Patients and Communities Act is an important step toward curbing the opioid epidemic, a more comprehensive response that invests in the full continuum of addiction services is needed to address the nation's addiction crisis.

REACTION

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the final opioid package, it ultimately falls short on providing desperately needed long-term investments in prevention, treatment and recovery services. In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year Certified Community Behavioral Health Clinic (CCBHC) program via the Excellence in Mental Health and Addiction Treatment Expansion Act. This program has shown tremendous results in expanding access to comprehensive addiction services in a sustainable way.

WHAT'S IN?

Throughout Congress' efforts to address the opioid crisis, the National Council and its member organizations have been advocating for a number of important measures, many of which have been included in the new law.

The National Council was pleased to see the following measures in the package:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders via telemedicine in rural and frontier areas and is a direct result of National Council advocacy efforts.

- The Substance Use Disorder Workforce Loan Repayment Act will create incentives for students to pursue addiction treatment careers, increasing timely access to treatment for individuals living with addiction. This legislation was introduced as a result of education and advocacy by the National Council and the Association for Behavioral Healthcare in Massachusetts.

- Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs). The National Council has been working for passage of this legislation since 2009, when behavioral health was left out of a law that created financial incentives for providers and hospitals to implement EHR systems to improve patient care.

- Ensuring Access to Quality Sober Living Act requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help them adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued *Building Recovery: State Policy Guide for Supporting Recovery Housing* to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.

- Improving Access to Mental Health Services Act will allow behavioral health National Health Service Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

- MAT Prescribing Expansions: The packages pulls a provisions from the Addiction Treatment Access Improvement Act to expand access to medication-assisted treatment (MAT), which is considered the gold standard of opioid use disorder treatment. These measures will: 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine (a MAT medication), 2) temporarily expand the definition of "qualifying practitioner" to prescribe buprenorphine to include nurse anesthetists, clinical nurse specialists, and nurse midwives, 3) permit a DATA-2000 waivered-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if the practitioner meets certain requirements, and 4) codify a change that expanded the number of patients that a physician can treat with buprenorphine at any one time to 275 patients, up from 100 patients. A separate provision would also ensure physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meet the other training requirements to prescribe MAT, can obtain a waiver to prescribe MAT.

- Medicare SUD Treatment Access: The bill creates a demonstration project that would allow Medicare beneficiaries to receive MAT and certain wraparound services at an Opioid Treatment Program (OTP), also known as a methadone clinic. Currently, OTPs are not recognized as Medicare providers, meaning that Medicare beneficiaries receiving MAT at OTPs must pay out-of-pocket.
- IMD Rule Changes: The National Council was pleased to see a provision to temporarily repeal the Institutions for Mental Disease (IMD) exclusion, a policy that prohibits Medicaid payment for residential SUD and mental health care in facilities with more than 16 beds, broadened to cover residential treatment of all substance use disorders, rather than just opioid use disorders. The repeal would last for five years, and cover patient stays of up to 30 days within the previous 12 months. The provision also contains strict maintenance-of-effort requirements. Again, the National Council is disappointed to see little investment in community-based services that ensure patients can maintain a successful recovery after exiting inpatient treatment.

A controversial measure to loosen 42 CFR Part 2, the regulation governing the privacy of SUD treatment records, was not included in the final bill.

The final compromise opioid package contains over 70 opioid-related bills. For a more comprehensive summary of the package's provisions, please see the section-by-section summary here.

Education Opportunities:

MyStrength Offers 3rd Part in Webinar Series on Addressing SUD and the Opioid Crisis

Everyone in healthcare is feeling the pressure to reign in opioid prescribing, successfully treat opioid dependence, better treat pain, and address patient misuse and abuse. Relias curated these webinars to support the providers who are on the front lines of treating those with substance and opioid use disorders, as well as those managing acute and chronic pain.

Join us for a 3-part webinar series to learn the science behind changing healthcare behavior, how to prevent SUD treatment provider burnout and how to best use technology to combat the crisis – topics chosen to help you help those you serve.

[Part 3] The Role of Technology in Solving the Opioid Crisis
Date: November 7 at 2 p.m. ET
Presenters: Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength, Bonni Hopkins, PhD, VP Analytic Innovation and Strategy – Beacon Health Options and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

Join us to discuss the **state of the opioid epidemic in healthcare**, including what progress has been made since the commission report release and declaration of a national State of Emergency. Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse at the National Council for Behavioral Health, will moderate a discussion with clinical experts about the current state of healthcare as it pertains to moving the needle on the opioid epidemic. We'll also hear from Bonni Hopkins, PhD, VP of Analytic Innovation and Strategy from Beacon Health Options, about **how they have used technology to support their efforts**.

Where should healthcare providers, health systems, health plans and payers go from here?
How can the newest digital tools impact self-reported opioid use, quality of life and health outcomes?
What is the role of research in shaping technology to help manage healthcare crises?
What role can predictive modeling play to ensure good opioid stewardship, reduced risk and prevention of dependence?

This webinar is featured as one of a 3-part webinar series from Relias on **Addressing Substance Use Disorders (SUDs) and the Opioid Crisis.** Click below to learn more and register:

http://go.reliaslearning.com/opioids-wbn-series-hub.html?utm_source=partner&utm_medium=email&utm_campaign=partner-toolkit_webinar-hub_opioids

MDHHS announces training on best practice in autism evaluation for Medicaid providers

WHO SHOULD ATTEND?

Psychologists, physicians, social workers, BCBAs, BCaBAs, supervisors, medical directors, and other medical and mental health professionals and administrators serving the Medicaid population who are interested in learning about the best practices in the evaluation of autism spectrum disorder.

The Department of Psychology at Wayne State University is approved by the American Psychological Association to sponsor

ABOUT THE TRAINING

The Michigan Department of Health and Human Services (MDHHS) and Dr. Kara Brooklier have partnered to present Best Practice in Autism Evaluation, a course designed to provide mental health professionals and administrators with an understanding of the process for accurate diagnosis of autism spectrum disorder in toddlers, children, and teens. The focus of this course will surround 1) understanding the core symptoms of autism, 2) common differential co-morbid conditions, and 3)best practices for evaluation from data gathering to clinical formulation and caregiver feedback. Aspects of assessment needed for differential and co-morbid diagnosis of autism spectrum disorders will be thoroughly reviewed.

LEARNING OBJECTIVES:

1. Participants will be aware of the core variables and symptoms associated with autism spectrum disorder

2. Participants will be able to identify common conditions in the differential diagnosis of autism spectrum disorders

ABOUT DR BROOKLIER:

Dr. Kara Brooklier has been a practicing pediatric neuropsychologist for over 15 years. Her specialization is in the area of neurodevelopmental disorders and specifically autism spectrum disorders. She is Director of Neuropsychological Services at the Children's Center of Wayne County and is clinical training faculty at Children's Hospital of Michigan and Wayne State University Department of Psychiatry & Behavioral Neurosciences. Dr. Brooklier works with her team of staff psychologists, doctoral interns, and postdoctoral fellow to conduct neuropsychological and differential diagnostic evaluations of autism spectrum disorders and associated neurodevelopmental

conditions.

continuing education for psychologists. The Department of Psychology at Wayne State University maintains responsibility for this program and its content.

3. Participants will demonstrate understanding of the best practice process for diagnosis of autism spectrum disorder in toddlers, children, and teens

REGISTRATION INFORMATION

DATE: November 27,2018

TIME: 9:00 am- 12:00 pm

LOCATION: The Children's Center (Training Rooms A&B) 79 W. Alexandrine, Detroit MI 48201

CAPACITY: 70 attendees

REGISTER HERE: https://goo.gl/ifn1Eu

DATE: December 7, 2018

TIME: 9:00 am- 12:00 pm

LOCATION: South Grand Building (Grand Conference Room) 333 S. Grand Avenue, Lansing MI 48933

CAPACITY: 100 attendees

REGISTER HERE: https://goo.gl/QUaXrq

myStrength, Relias, and partners offer opioid crisis webinar

Webinar: The Role of Technology in Solving the Opioid Crisis
Date: 2:00 p.m. EST on Wednesday, November 7

Register Now

Can't make it? Register anyway to receive a link to the recording!

A lot has happened since last year's opioid commission report and declaration of a national Public Health Emergency… Or has it? Join us at 2 p.m. EST on November 7th as experts from Beacon Health Options, the National Council for Behavioral Health, Relias, and myStrength discuss the current state of the opioid crisis and what providers and payers can do about it.

Unlike any webinar you've attended before, this presentation offers an engaging and conversational panel discussion about the crisis – which is impacting all genders, most age groups, and all income levels; with less-educated groups being hit the hardest.

Coming Soon: myStrength Support for Opioid Recovery

Each day, more than 130 people in the U.S. die from opioid-related drug overdoses. myStrength, a digital self-care platform for behavioral health and overall well-being, will soon announce expansive new resources to support prevention, treatment and recovery from opioid use disorder, including new tools to educate individuals about medication-assisted treatment (MAT). Join this webinar to learn more about the rich new evidence-based resources, and stay tuned for the launch announcement!

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

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

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

Trainings offered on the following dates.

- • November 7 – Lansing Click Here to Register for November 7 Full – Registration Closed!
- • January 23 – Lansing Click Here to Register for January 23
- • February 20 – Lansing Click Here to Register for February 20
- • March 13 – Lansing Click Here to Register for March 13
- • April 24 – Troy Click Here to Register for April 24

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

Annual Home and Community Based Waiver Conference: November 13-14

Registration is open for the 2018 Annual Home and Community Based Waiver Conference November 13-14, 2018 at the Kellogg Hotel and Conference Center in East Lansing.

Click Here to Register:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5208&AppCode=REG&CC=118101003651&REGTYPE=4002-51&REGTYPE=TUESATTENDEE&REGTYPE=4002-22&REGTYPE=4002510

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, administrative staff, providers, autism coordinators, people receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Conference Rate: Full Conference is $170. One day rate is $100. Rates include breakfast and lunch and materials. (Yes, we will be making photocopies of presentations that we have received).
Special Rate: A special $20 conference rate will be offered for people receiving waiver services and their family members.

Michigan Developmental Disabilities Council – Upcoming Events

The Michigan Developmental Disabilities Council is hosting learning opportunities and a train-the-trainer session November 26-28, 2018, at the Kellogg Hotel & Conference Center in East Lansing, MI.

Monday, November 26th Charting the Course to Employment Summit:
Join us to learn about Charting the LifeCourse and the roles we hold in our day-to-day lives to support individuals with Intellectual and Developmental Disabilities (IDD). You will learn about key principles for supporting individuals and engaging families to enhance a person-centered approach for planning and supporting life experiences that will provide preparation for employment.

Tuesday, November 27th Train-the-Trainer: Family Engagement around Employment and Partnering with Families around employment:
The Michigan Employment First Initiative has sponsored the creation of two training resources to build the capacity of educators, employment professionals and advocates in Michigan to better engage families around employment. This event will provide curriculums and presenter notes for each.

Wednesday, November 28th Charting the LifeCourse Community Wide Event:
Join us for this interactive, hands-on workshop to learn about tools that can be used at every life stage to enhance a person-centered approach for planning and supporting life experiences that support a person to reach their vision of the life they choose.
The cost to attend each day is $20. There are scholarships available for self-advocates and family members. Please call the DD Council office at 517-335-3158 to request a scholarship. Registration deadline is November 16th. Space is limited so please register ASAP!

Please contact Yasmina Bouraoui at bouraouiy@michigan.gov, with questions related the Employment Summit and Family Engagement Train-the Trainer, or Tracy Vincent at vincentt1@michigan.gov with questions about the Charting the LifeCourse Community wide Event.

NASW-Michigan's Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE)

Join together with hundreds of social justice advocates from around Michigan for the largest annual gathering of social workers in the state! This all-day event features an advocacy oriented keynote address, networking opportunities, social justice forums, and 16 workshops on legislative issues, political action, and advocacy efforts. 5.5 CEs (1 in pain available) will be awarded to social work licensed attendees. The event is held at the Lansing Center November 1 from 9-4:40. Register here: https://bit.ly/2OTRmED

HMA Health Home Webinar

Medicaid Health Homes:
Lessons from the Field for Successful Development, Implementation
Tuesday, October 30
1 to 2 p.m. EDT

Health Homes have been implemented in at least 22 states under the federal Medicaid Health Home state plan option, and initial results illustrate the potential for meaningful improvements in the quality and cost of care associated with serving individuals with chronic physical, mental, or behavioral conditions.

During this webinar, HMA experts will discuss some of the key lessons learned in these early Health Home initiatives, with a special emphasis on the experience in New York and the District of Columbia. The webinar will also provide practical solutions for the successful development, implementation, and refinement of Health Home care models.

Register at:
https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2EventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU_unq-ett74Gw6YDzKZbHVPhhsj6Qk6fw2%26

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, Click Here!

Miscellaneous News and Information:

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that

advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

• Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.

• A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: https://www.mpas.org.

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

November 2, 2018

Contents:

CMH Association Activities:

CMHAM Committee Schedules, Membership, Minutes, And Information

Visit our website at **https://www.macmhb.org/committees**

State and National Developments and Resources:

Pine Rest to Open Psychiatric Urgent Care Center

Below is an excerpt from a recent news story covered by WOOD TV regarding the opening of a psychiatric urgent care unit at Pine Rest hospital.

> An urgent care will soon be available for those with mental health problems in West Michigan.
>
> "You can walk in and get rapid attention," Dr. Mark Eastburg, president and CEO of Pine Rest Christian Mental Health Services, explained the concept behind the hospital's new Psychiatric Urgent Care Center.
>
> "The hope is that within two hours, you can get a plan and treatment in place ready to go instead of maybe a month wait for an outpatient appointment," he continued.
> The Contact Center on the Pine Rests' campus on 68th Street SE east of Division Street in Cutlerville will house the pilot program. Patients 18 years and older will be able to walk in for evaluations seven days a week. Commercial, Medicaid health plans and Medicare insurances will be accepted.
>
> The idea grew out of research with those in the mental health field, area hospitals, law enforcement, emergency medical service providers and others who deal with problems accessing mental health care.

The full story can be found at:
https://www.woodtv.com/news/kent-county/pine-rest-to-open-psychiatric-urgent-care-center/1562409945

What Does it Take to Become Trauma-Informed? Lessons from Early Adopters

Below are excerpts from an announcement, by the Center for Health Care Strategies (CHCS), of the recently completed report on the experiences of Trauma-Informed Care providers.

> Trauma-informed care has emerged as a core competency to improve how health care organizations deliver services to people who have experienced adverse life events. Through the Advancing Trauma-Informed Care (ATC) initiative, and with support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies convened innovators in the field to build on existing trauma-informed efforts and share lessons nationally. The Urban Institute conducted an implementation analysis to better understand how participating pilot sites adapted clinical and organizational practices to advance trauma-informed care. Following is a

summary of key findings from the study, Early Adopters of Trauma-Informed Care: An Implementation Analysis of the Advancing Trauma-Informed Care Grantees.

The full report can be found at:
https://www.chcs.org/what-does-it-take-to-become-trauma-informed-lessons-from-early-adopters/?utm_source=CHCS+Email+Updates&utm_campaign=4034839ae8-CHCS+Monthly+Update+-+October+2018&utm_medium=email&utm_term=0_bbced451bf-4034839ae8-152144421

USDA and ONDCP Unveil Latest Tool to Help Rural Communities Address the Opioid Epidemic

Below are excerpts of the announcement by the White House Office of National Drug Control Policy (ONDCP) and the U.S. Department of Agriculture; Office for Rural Development, regarding a recently released listing of Federal programs that can be used to build resilient communities to fight the opioid epidemic.

Rural Resource Guide is the One-Stop-Shop Listing of Federal Programs That Can Support Grassroots Strategies to Address the Opioid Epidemic and Build Resiliency

White House Office of National Drug Control Policy (ONDCP) Deputy Director Jim Carroll and U.S. Department of Agriculture Assistant to the Secretary for Rural Development Anne Hazlett today unveiled a listing of Federal programs that can be used to build resilient communities and address opioid misuse in rural communities. The Rural Resource Guide to Help Communities Address Substance Use Disorder and Opioid Misuse is a first-of-its-kind, one-stop-shop for rural leaders looking for Federal funding and partnership opportunities.

"Many rural communities in America have been especially hard hit by the opioid crisis," said Deputy Director Carroll. "ONDCP and USDA partnered to create this guide to help them find the Federal resources that can help them respond."

"Strong and healthy communities are a cornerstone for prosperity in rural America," Hazlett said. "Under the leadership of President Trump, USDA is committed to empowering rural leaders with tools to better leverage state, local and private resources with federal investment."

The Rural Resource Guide to Help Communities Address Substance Use Disorder and Opioid Misuse was developed by the Rural Opioid Federal Interagency Working Group. In May 2018, the ONDCP stood up the Rural Opioid Federal Interagency Working Group to help address the opioid crisis by improving coordination and reducing potential overlap among federal agencies responding to the crisis in the Nation's rural communities.
The Rural Resource Guide to Help Address Substance Use Disorder and Opioid Misuse is the second tool announced this month in USDA's Community Opioid Misuse Toolbox – a suite of essential tools supporting grassroots strategies to address the opioid epidemic. Earlier this month, USDA launched the Community Assessment Tool, an interactive database to help community leaders assess how and why the opioid epidemic is impacting their regions. USDA's Community Opioid Misuse Toolbox is free and available to the public. It can be accessed on USDA's Rural Opioid Misuse Webpage. (https://www.usda.gov/topics/opioids)

USDA Rural Development provides loans and grants to help expand economic opportunities and create jobs in rural areas. This assistance supports infrastructure improvements; business

development; housing; community facilities such as schools, public safety and health care; and high-speed internet access in rural areas. For more information, visit www.rd.usda.gov.

The full guide can be found at:
https://www.rd.usda.gov/files/RuralResourceGuide.pdf

Michigan Project Funded with Multi-Million-Dollar Grant Supports Primary Care Providers in Addressing Children's Mental Health Issues

The Michigan Department of Health and Human Services (MDHHS) will expand a program statewide to support primary care providers in addressing children's and pregnant women's mental health issues with a five-year federal grant for $445,000 annually.

The U.S. Department of Health and Human Services Health Resources and Services Administration is awarding the funding to MDHHS for its Pediatric Mental Health Care Access Program.

MDHHS will support implementation of the five-year project called the Michigan Child Collaborative Care-Connect, also known as MC3-Connect. MDHHS will expand its partnership with the University of Michigan and build a new partnership with Michigan State University-Pediatrics. MC3 is in 50 counties in northern, western and southern Michigan. Expansion of this psychiatric consultation service will be in the thumb, mid-Michigan and western counties in the Upper Peninsula.

"This project will target urban and rural populations through supporting local primary care providers who treat children with mental health issues in their clinics," said Dr. George Mellos, director of MDHHS's Behavioral Health and Developmental Disabilities Administration. "So far MC3 has served 2,762 children. Expanding this effective program will be beneficial to children around the state who need support from their primary care provider and referrals to mental health programs to address their mental health needs."

The project will provide same-day telephone psychiatric consultation from child, adolescent and perinatal psychiatrists from U-M or MSU to primary care providers regarding their patients, including children, youth and pregnant women, as well as telehealth evaluations for complex patients. Complex patients have mental health needs and may have experienced trauma or toxic stress or are at risk for a higher level of care – such as hospitalization or intensive treatment.

Behavioral health consultants from Community Mental Health Services programs will be available to primary care providers to help connect patients to local mental health services.

More than 2,000 primary care providers have enrolled in MC-3 Connect. The goal of the newly funded grant is to expand psychiatric consultation via telephone to primary care providers serving children, youth and pregnant women statewide along with educational opportunities for those primary care providers.

State Legislative Update:

Schuette Health Care Agenda

Fight the Scourge of Opioids and Help Those Trapped by Addiction

The opioid epidemic is a public health crisis that is shattering families and communities all across Michigan. It knows no social or economic barriers; it doesn't care about race or gender. It claims young and old alike, and impacts every county in our state.

In 2016, Michigan had more opioid prescriptions than people, and more Michiganians died from drug overdoses than from car accidents.

We cannot arrest our way out of this problem. Of course we need effective law enforcement, but we also need effective education, prevention and treatment.

I have visited recovery centers, like Ten16 Recovery Network in Midland, and seen the heartbreaking devastation firsthand. I am fully committed to efforts to save Michigan lives from this tidal wave of addiction.

The Bill Schuette Record As attorney general, I created Michigan's first Opioid Interdiction Unit to stop the pill mill doctors and drug dealers, and made this issue a priority by:

- Joining 41 states in the investigation of opioid manufacturers and distributors.
- Winning over $100 million in pharmaceutical lawsuit settlements for Michigan.
- Urging the legislature to use settlement money for opioid awareness and treatment.
- Helping update state law to prevent doctor-shopping and set common sense prescribing limits.
- Participating in the White House Summit on Opioids.

The Bill Schuette Plan: As governor, I will take a multi-faceted approach to combating this challenge:

- Education & Prevention – One way to slow the scourge of addiction is to stop it before it starts. We need greater public awareness of the dangers of opioid addition and stronger education programs in schools, homes and medical facilities about proper storage and disposal methods to keep prescription drugs from getting into the wrong hands.
- Treatment – We must have more treatment centers and better treatment options, both inpatient and outpatient, for those already struggling with addiction. Families need to know how to spot the signs of addiction and where to turn to get their loved ones help.
- Enforcement – We will continue to crack down on drug crime, but also give our law enforcement agencies smarter, more effective tools for helping people in need.

Ensuring Affordable, Accessible Healthcare for All

Every Michiganian deserves high quality, affordable healthcare. Yet, skyrocketing healthcare costs continue to threaten financial stability for too many Michigan families. We can't gloss over this problem and pretend the system isn't broken.

Michigan doesn't need one-size-fits-all mandates from Washington or Lansing. Government-run programs mean loss of personal control over your doctor, your plan, and your premium costs.

We need real solutions with real results: more affordable health insurance and more freedom to choose plans that fit our needs.

Senator Whitmer wants government-dominated and government-run healthcare, known as "single-payer." But the one paying the skyrocketing costs will be you. And you'll have fewer choices and less control as well.

The Veterans Administration (VA) is a great example of a failing government-run program. Veterans deserve better. They deserve access to care near their homes, and choices in physicians. After sacrificing so much, they deserve the best care available.

Our children also deserve better. As the number of Michigan children on Medicaid approaches 50%, we want them instead to lead independent, innovative, productive lives free from government dictates – qualities that have made America great.

We need a safety net for vulnerable Michiganians and those who need a hand up. I will preserve and protect that safety net. But I also want to empower people to prosper.

Giving individuals and their employers more freedom and control in their healthcare decisions will make Michigan more competitive nationally as a better place to live, work, and raise a family, drawing more jobs and more privately provided healthcare.

I want to grow our state to have more jobs and bigger paychecks, so people have better options than government-run health insurance. Let's get more people working again so they have better health care and better lives, and so we spend more on our roads and schools.

The Bill Schuette Plan As governor, I will:

- Protect coverage for people with pre-existing conditions. This is a priority. Federal laws need fixing to give Michigan families better control over choosing their doctor and relief from skyrocketing costs. But key provisions of the ACA must be kept in place, and this is one of them. Insurance companies must not be allowed to deny coverage and care for people with pre-existing conditions.
- Improve Healthy Michigan. Healthy Michigan is state law, and is here to stay. It's crucial that the program remain solvent for those who need it most due to a health crisis or other circumstances outside their control. Improving it with common sense reforms like work requirements for able-bodied, childless adults will focus resources on our most vulnerable citizens, and help others find jobs with good pay and healthcare benefits. Michigan currently has 80,000 unfilled jobs that simply require some basic skills, a shortage that stifles our economic growth. The Paycheck Agenda's emphasis on job training will give people a better quality of life and grow our economy.
- Pursue patient-focused, consumer-driven ideas and solutions that favor the free market over a single-payer system or government-run bureaucracy. This includes encouraging the use of health savings accounts and price transparency tools to help patients make the best-informed decisions that result in the most value.
- Keep children on parents' policies until age 26.
- Help small businesses get affordable insurance for their employees.

- Root out Medicaid fraud to ensure the sickest, most vulnerable people are prioritized.
- Expand access to mental health treatment for all Michiganians by working with the mental health community to develop more providers and greater access to their services. Michigan and America are facing a mental health crisis, too often resulting in violent and fatal attacks in schools and other places. We must act urgently to expand treatment options and to identify and help people before a tragedy can occur.
- Lower the cost of prescription drugs by working with our federal partners.
- Embrace 21st century innovations for better access and lower costs. This includes harnessing the power of technology to increase patient-physician accessibility, help physicians share resources and knowledge, and let modern medical technology achieve its full potential.

Link to complete agenda:
https://billschuette.com/wp-content/uploads/2018/09/Schuette-Policy-Agenda-Final.pdf

Whitmer Health Care Agenda

Creating a reinsurance program for the state would help control costs of medical care by spreading out risks and costs to care for unhealthy or chronically ill individuals who generate high claims, Democratic gubernatorial candidate Gretchen Whitmer said in releasing a long-awaited health care proposal.

Her proposal also called for the state to increase the age when persons can lawfully acquire and use tobacco to 21, from the current 18. That would put legal tobacco use in Michigan on a par with alcohol use. Most states have 18 as the legal age for tobacco use as federal law requires a minimum age of 18 to purchase and use tobacco. Currently five states have a legal age for tobacco use at 21.

Ms. Whitmer said the proposal would help cut Michigan's high tobacco usage. In 2014 the U.S. Centers for Disease Control said 22.6 percent of all persons in the state older than 18 used some form of tobacco.

In releasing her proposal, Ms. Whitmer said she would defend the Healthy Michigan plan, which provides health insurance through Medicaid to persons earning no more than 133 percent of the federal poverty level and currently covers more than 680,000 people, "from Republican attacks and fight to expand quality, affordable coverage for every Michigander."

Ms. Whitmer also said the plan would help protect individuals with pre-existing conditions as well as lower prescription costs and fight the state's opioid epidemic.

She also said she would boost funding for mental health, help improve overall health care quality in the state, take steps to recruit more health care practitioners to the state and help insure greater food security and access, especially in poorer communities.

Below is the specific section in the plan related to Mental Health Services:

Mental Health Funding

- Cuts to mental health services have had a detrimental effect on those services' quality and availability to Michiganders. In 2014, CMH funding for crisis and prevention services, on which

all Michiganders rely, and for the services upon which the uninsured depend on for recovery was cut drastically by 60 percent and consequently we lost mental health services to 10,000 Michiganders. Some counties have been forced to resort to raising local property taxes in an attempt to make up the difference. My administration will work to increase funding for Michigan's mental health safety net, ensuring access to quality behavioral health services.

- Michigan has major unmet needs for behavioral health providers, like social workers and psychiatrists. To address the rampant issues caused from having too few mental health professionals – such as Michigan's growing problem with adverse childhood experiences and opioid addiction – my administration will pursue federal funding for training mental health professionals that is available to states via Substance Abuse and Mental Health Services Administration (SAMHSA). Additionally, a new cabinet-level position within the administration with a focus on mental health will be established to oversee improvements in Michigan's mental health outcomes.

Health Access for People with Disabilities

- Michiganders with disabilities deserve the access to quality healthcare in order to live full lives, with equal rights and opportunities, in the communities they call home. To ensure this access, our Medicaid expansion must continue to protect people with preexisting conditions, and our exchange marketplace must be staffed with a sufficient number of navigators to help Michiganders shop and purchase healthcare. My administration will also work to raise reimbursements for in-home caretakers, restore the MI Disability Commission of Concerns, develop more ADA approved and affordable housing and increase access to education services for Michiganders with disabilities.

Fighting the Opioid Epidemic

- The opioid epidemic has hit too close to home for too many Michiganders for too long. Addiction is a disease that has ravaged communities and families across Michigan. Overdose deaths in Michigan from opioid abuse jumped 54 percent between 2015 and 2016. In 2015, more Michiganders died from opiate-related deaths than died from gun violence or automobile fatalities. In 2016, Michigan had more annual opioid prescriptions than we had people – enough that every citizen of the state could have been given 84 opioid pills.
- It is past time for studying the problem and mulling over solutions. The opioid epidemic has become a $78.5 billion cost on the U.S. economy. If something is not done soon, the resources needed to control this problem may not be available. For the health and wellbeing of Michiganders, our state needs a governor who will lead the fight against this emergency and help addicted Michiganders get back on their feet and back to work, and if elected I will wage war against opioids and we will win.

Following are five proposals I will spearhead to take on the opioid crisis:

- Declare a State of Emergency.
- Create the best treatment system in the country.
- Establish a more effective prescription drug monitoring system.
- Provide adequate funding for mental health.
- Educate residents about the problem.

Below is a link to the complete Health Plan:

https://s3-us-west-2.amazonaws.com/gps-public-static/Gretchen-Whitmer/Whitmer_HealthcarePolicyDocument_09252018.pdf

Federal Update:

President Trump Signs Opioid Package into Law

On Wednesday, President Trump signed into law a sweeping bipartisan opioid package (H.R. 6) passed by the House and Senate earlier this year. The SUPPORT for Patients and Communities Act (SUPPORT Act) promotes many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. While the SUPPORT for Patients and Communities Act is an important step toward curbing the opioid epidemic, a more comprehensive response that invests in the full continuum of addiction services is needed to address the nation's addiction crisis.

REACTION
While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the final opioid package, it ultimately falls short on providing desperately needed long-term investments in prevention, treatment and recovery services. In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year Certified Community Behavioral Health Clinic (CCBHC) program via the Excellence in Mental Health and Addiction Treatment Expansion Act. This program has shown tremendous results in expanding access to comprehensive addiction services in a sustainable way.

WHAT'S IN?
Throughout Congress' efforts to address the opioid crisis, the National Council and its member organizations have been advocating for a number of important measures, many of which have been included in the new law.

The National Council was pleased to see the following measures in the package:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders via telemedicine in rural and frontier areas and is a direct result of National Council advocacy efforts.

- The Substance Use Disorder Workforce Loan Repayment Act will create incentives for students to pursue addiction treatment careers, increasing timely access to treatment for individuals living with addiction. This legislation was introduced as a result of education and advocacy by the National Council and the Association for Behavioral Healthcare in Massachusetts.

- Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs). The National Council has been working for passage of this legislation since 2009, when behavioral health was left out of a law

that created financial incentives for providers and hospitals to implement EHR systems to improve patient care.

- Ensuring Access to Quality Sober Living Act requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help them adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued *Building Recovery: State Policy Guide for Supporting Recovery Housing* to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.

- Improving Access to Mental Health Services Act will allow behavioral health National Health Service Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

- MAT Prescribing Expansions: The packages pulls a provisions from the Addiction Treatment Access Improvement Act to expand access to medication-assisted treatment (MAT), which is considered the gold standard of opioid use disorder treatment. These measures will: 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine (a MAT medication), 2) temporarily expand the definition of "qualifying practitioner" to prescribe buprenorphine to include nurse anesthetists, clinical nurse specialists, and nurse midwives, 3) permit a DATA-2000 waivered-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if the practitioner meets certain requirements, and 4) codify a change that expanded the number of patients that a physician can treat with buprenorphine at any one time to 275 patients, up from 100 patients. A separate provision would also ensure physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meet the other training requirements to prescribe MAT, can obtain a waiver to prescribe MAT.

- Medicare SUD Treatment Access: The bill creates a demonstration project that would allow Medicare beneficiaries to receive MAT and certain wraparound services at an Opioid Treatment Program (OTP), also known as a methadone clinic. Currently, OTPs are not recognized as Medicare providers, meaning that Medicare beneficiaries receiving MAT at OTPs must pay out-of-pocket.

- IMD Rule Changes: The National Council was pleased to see a provision to temporarily repeal the Institutions for Mental Disease (IMD) exclusion, a policy that prohibits Medicaid payment for residential SUD and mental health care in facilities with more than 16 beds, broadened to cover residential treatment of all substance use disorders, rather than just opioid use disorders. The repeal would last for five years, and cover patient stays of up to 30 days within the previous 12 months. The provision also contains strict maintenance-of-effort requirements. Again, the National Council is disappointed to see little investment in community-based services that ensure patients can maintain a successful recovery after exiting inpatient treatment.

A controversial measure to loosen 42 CFR Part 2, the regulation governing the privacy of SUD treatment records, was not included in the final bill.

The final compromise opioid package contains over 70 opioid-related bills. For a more comprehensive summary of the package's provisions, please see the section-by-section summary here.

Education Opportunities:

MyStrength Offers 3rd Part in Webinar Series on Addressing SUD and the Opioid Crisis

Everyone in healthcare is feeling the pressure to reign in opioid prescribing, successfully treat opioid dependence, better treat pain, and address patient misuse and abuse. Relias curated these webinars to support the providers who are on the front lines of treating those with substance and opioid use disorders, as well as those managing acute and chronic pain.

Join us for a 3-part webinar series to learn the science behind changing healthcare behavior, how to prevent SUD treatment provider burnout and how to best use technology to combat the crisis – topics chosen to help you help those you serve.

[Part 3] The Role of Technology in Solving the Opioid Crisis
Date: November 7 at 2 p.m. ET
Presenters: Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength, Bonni Hopkins, PhD, VP Analytic Innovation and Strategy – Beacon Health Options and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

Join us to discuss the **state of the opioid epidemic in healthcare**, including what progress has been made since the commission report release and declaration of a national State of Emergency. Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse at the National Council for Behavioral Health, will moderate a discussion with clinical experts about the current state of healthcare as it pertains to moving the needle on the opioid epidemic. We'll also hear from Bonni Hopkins, PhD, VP of Analytic Innovation and Strategy from Beacon Health Options, about **how they have used technology to support their efforts**.

Where should healthcare providers, health systems, health plans and payers go from here?
How can the newest digital tools impact self-reported opioid use, quality of life and health outcomes?
What is the role of research in shaping technology to help manage healthcare crises?
What role can predictive modeling play to ensure good opioid stewardship, reduced risk and prevention of dependence?

This webinar is featured as one of a 3-part webinar series from Relias on **Addressing Substance Use Disorders (SUDs) and the Opioid Crisis.** Click below to learn more and register:

http://go.reliaslearning.com/opioids-wbn-series-hub.html?utm_source=partner&utm_medium=email&utm_campaign=partner-toolkit_webinar-hub_opioids

MDHHS announces training on best practice in autism evaluation for Medicaid providers

WHO SHOULD ATTEND?

Psychologists, physicians, social workers, BCBAs, BCaBAs, supervisors, medical directors, and other medical and mental health professionals and administrators serving the Medicaid population who are interested in learning about the best practices in the evaluation of autism spectrum disorder.

The Department of Psychology at Wayne State University is approved by the American Psychological Association to sponsor continuing education for psychologists. The Department of Psychology at Wayne State University maintains responsibility for this program and its content.

ABOUT THE TRAINING

The Michigan Department of Health and Human Services (MDHHS) and Dr. Kara Brooklier have partnered to present Best Practice in Autism Evaluation, a course designed to provide mental health professionals and administrators with an understanding of the process for accurate diagnosis of autism spectrum disorder in toddlers, children, and teens. The focus of this course will surround 1) understanding the core symptoms of autism, 2) common differential co-morbid conditions, and 3)best practices for evaluation from data gathering to clinical formulation and caregiver feedback. Aspects of assessment needed for differential and co-morbid diagnosis of autism spectrum disorders will be thoroughly reviewed.

LEARNING OBJECTIVES:

1. Participants will be aware of the core variables and symptoms associated with autism spectrum disorder

2. Participants will be able to identify common conditions in the differential diagnosis of autism spectrum disorders

3. Participants will demonstrate understanding of the best practice process for diagnosis of autism spectrum disorder in toddlers, children, and teens

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REGISTRATION INFORMATION

DATE: November 27,2018

TIME: 9:00 am- 12:00 pm

LOCATION: The Children's Center (Training Rooms A&B) 79 W. Alexandrine, Detroit MI 48201

CAPACITY: 70 attendees

REGISTER HERE: https://goo.gl/ifn1Eu

DATE: December 7, 2018

ABOUT DR BROOKLIER:

Dr. Kara Brooklier has been a practicing pediatric neuropsychologist for over 15 years. Her specialization is in the area of neurodevelopmental disorders and specifically autism spectrum disorders. She is Director of Neuropsychological Services at the Children's Center of Wayne County and is clinical training faculty at Children's Hospital of Michigan and Wayne State University Department of Psychiatry & Behavioral Neurosciences. Dr. Brooklier works with her team of staff psychologists, doctoral interns, and postdoctoral fellow to conduct neuropsychological and differential diagnostic evaluations of autism spectrum disorders and associated neurodevelopmental conditions.

TIME: 9:00 am- 12:00 pm

LOCATION: South Grand Building (Grand Conference Room) 333 S. Grand Avenue, Lansing MI 48933

CAPACITY: 100 attendees

REGISTER HERE: https://goo.gl/QUaXrq

myStrength, Relias, and partners offer opioid crisis webinar

Webinar: The Role of Technology in Solving the Opioid Crisis
Date: 2:00 p.m. EST on Wednesday, November 7

Register Now

Can't make it? Register anyway to receive a link to the recording!

A lot has happened since last year's opioid commission report and declaration of a national Public Health Emergency… Or has it? Join us at 2 p.m. EST on November 7th as experts from Beacon Health Options, the National Council for Behavioral Health, Relias, and myStrength discuss the current state of the opioid crisis and what providers and payers can do about it.

Unlike any webinar you've attended before, this presentation offers an engaging and conversational panel discussion about the crisis – which is impacting all genders, most age groups, and all income levels; with less-educated groups being hit the hardest.

Coming Soon: myStrength Support for Opioid Recovery

Each day, more than 130 people in the U.S. die from opioid-related drug overdoses. ***myStrength***, a digital self-care platform for behavioral health and overall well-being, will soon announce expansive new resources to support prevention, treatment and recovery from opioid use disorder, including new tools to educate individuals about medication-assisted treatment (MAT). Join this webinar to learn more about the rich new evidence-based resources, and stay tuned for the launch announcement!

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

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

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

Trainings offered on the following dates.

- January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

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

Annual Home and Community Based Waiver Conference: November 13-14

Registration is open for the 2018 Annual Home and Community Based Waiver Conference November 13-14, 2018 at the Kellogg Hotel and Conference Center in East Lansing.

Click Here to Register:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5208&AppCode=REG&CC=118101003651&REGTYPE=4002-51&REGTYPE=TUESATTENDEE&REGTYPE=4002-22&REGTYPE=4002510

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, administrative staff, providers, autism coordinators, people receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Conference Rate: Full Conference is $170. One day rate is $100. Rates include breakfast and lunch and materials. (Yes, we will be making photocopies of presentations that we have received).
Special Rate: A special $20 conference rate will be offered for people receiving waiver services and their family members.

Michigan Developmental Disabilities Council – Upcoming Events

The Michigan Developmental Disabilities Council is hosting learning opportunities and a train-the-trainer session November 26-28, 2018, at the Kellogg Hotel & Conference Center in East Lansing, MI.

Monday, November 26th Charting the Course to Employment Summit:
Join us to learn about Charting the LifeCourse and the roles we hold in our day-to-day lives to support individuals with Intellectual and Developmental Disabilities (IDD). You will learn about key principles for supporting individuals and engaging families to enhance a person-centered approach for planning and supporting life experiences that will provide preparation for employment.

Tuesday, November 27th Train-the-Trainer: Family Engagement around Employment and Partnering with Families around employment:
The Michigan Employment First Initiative has sponsored the creation of two training resources to build the capacity of educators, employment professionals and advocates in Michigan to better engage families around employment. This event will provide curriculums and presenter notes for each.

Wednesday, November 28th Charting the LifeCourse Community Wide Event:
Join us for this interactive, hands-on workshop to learn about tools that can be used at every life stage to enhance a person-centered approach for planning and supporting life experiences that support a person to reach their vision of the life they choose.
The cost to attend each day is $20. There are scholarships available for self-advocates and family members. Please call the DD Council office at 517-335-3158 to request a scholarship. Registration deadline is November 16th. Space is limited so please register ASAP!

Please contact Yasmina Bouraoui at bouraouiy@michigan.gov, with questions related the Employment Summit and Family Engagement Train-the Trainer, or Tracy Vincent at vincentt1@michigan.gov with questions about the Charting the LifeCourse Community wide Event.

NASW-Michigan's Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE)

Join together with hundreds of social justice advocates from around Michigan for the largest annual gathering of social workers in the state! This all-day event features an advocacy oriented keynote address, networking opportunities, social justice forums, and 16 workshops on legislative issues, political action, and advocacy efforts. 5.5 CEs (1 in pain available) will be awarded to social work licensed attendees. The event is held at the Lansing Center November 1 from 9-4:40. Register here: https://bit.ly/2OTRmED

HMA Health Home Webinar

Medicaid Health Homes:
Lessons from the Field for Successful Development, Implementation
Tuesday, October 30
1 to 2 p.m. EDT

Health Homes have been implemented in at least 22 states under the federal Medicaid Health Home state plan option, and initial results illustrate the potential for meaningful improvements in the quality and cost of care associated with serving individuals with chronic physical, mental, or behavioral conditions.

During this webinar, HMA experts will discuss some of the key lessons learned in these early Health Home initiatives, with a special emphasis on the experience in New York and the District of Columbia. The webinar will also provide practical solutions for the successful development, implementation, and refinement of Health Home care models.

Register at:
https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main_url=https%3A%2F%2Fhlthmgtevents.web

ex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D10805467940182357 9%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU_unq-ett74Gw6YDzKZbHVPhhsj6Qk6fw2%26

Miscellaneous News and Information:

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, Click Here!

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

- Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.
- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.

- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: https://www.mpas.org.

Contact information of the CMH Association's Officers and Staff:

CMHAM Officers Contact information:

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

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

CMHAM Staff Contact information:

Robert Sheehan, CEO, rsheehan@cmham.org
Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Owens, Accounting Clerk, dowens@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Annette Pepper, Training and Meeting Planner, apepper@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org

Northern Michigan Regional Entity

Consumer Newsletter

Issue 19 **Fall 2018**

The *Consumer Newsletter* is written for consumers by consumers. If you have something you would like to contribute to the next issue, please contact Member Services at 1.800.834.3393.

Inside this issue:

Building Healthy, Positive Relationships

Healthy, positive relationships are built on respect, love, and kindness. Knowing the signs of a healthy relationship can help you identify when your relationship might be unhealthy and how to turn it around.

1. **Set Your Own Boundaries:** You get to choose how much of your life to share with another person and shouldn't feel pressured to share more.
2. **It's Okay to Say No:** If something makes you uncomfortable you can choose to not do it. In a healthy relationship your decisions are respected.
3. **Know Your Own Worth:** You shouldn't be asked to change the person that you are in order to gain anyone's trust or respect.
4. **Communication is Key:** Healthy relationships rely on being able to express your thoughts and feelings without being judged or ridiculed. You don't have to agree with someone in order to respect and support them.
5. **Conflict is Normal:** You can overcome conflicts by listening openly to understand various points of view. Recognize that you don't always have to agree, although you should respect different opinions.
6. **Know When to Apologize:** Everyone makes mistakes. A sincere apology is a brave and meaningful way of repairing relationships.
7. **Personal Space is Important:** People need their own time and space to enjoy hobbies, hang-out with friends and family, or just be alone. No one else should control how you spend your personal time.
8. **Honesty and Trust:** Trust is essential to any healthy relationship and being truthful is essential to building trust. This includes being truthful about facts and honest about thoughts and feelings without being hurtful.
9. **Privacy:** Emails, phone calls, and text messages sent to you were meant for you. You have a right to keep them private and you should expect others to keep your messages private too.
10. **Mutual Support:** In a healthy relationship people support each other's hopes and dreams, help each other through difficult times, encourage each other, and are willing to compromise.

Love Always Hopes

by:
Katherine Driggs

We are perfect
because
O' love
We are learning
and growing
In the love that is
Inside of us day by
day
We are love!
We are loved!

Spotlight on Petoskey Club

Petoskey Club members are continuing their involvement with both the Art Speaks and Photo Voice artistic initiatives. Informational meetings are held at the Clubhouse. These are such valuable opportunities for mental health services recipients to express their feelings and insight through personal experiences and their unique perspectives. The expectation of recovery and the lessening of societal stigma are key components of both groups. Petoskey Club has also hosted a Local Food Alliance meeting at the Clubhouse, which included personnel from the Health Department, Groundworks, MSU Extension Service, Building Healthy Communities, and others who have been supportive of the grants that have been received for lunch programs as well as ongoing member education about developing healthy eating and lifestyles. Examples of what has been acquired through the grants are a refrigerated salad bar, greenhouse, a food dehydrator, canning supplies, and other items to enhance the ability to offer "healthFULL" meals.

Petoskey Club members and staff were fortunate to attend the Michigan Clubhouse Conference during the summer and present in four workshops, two of which were in partnership with Advisory Board Member, Jill Ryan, an attorney and non-profit expert. This was the first time presenting for member Patty L. and she did a great job partnering with new staff member Megan M. Preparations are being made to go to the USA Clubhouse Conference in Bethesda, Maryland, for which four scholarships though the Michigan Department of Health and Human Services (MDHHS) have been obtained. Michigan Clubhouse colleagues will meet with Senator Debbie Stabenow while in the Washington DC area. Senator Stabenow has visited the Petoskey Club and has demonstrated a heart for its mission. A main topic of conversation will be concerns about adequate state funding to serve all citizens with severe mental illness, including those without Medicaid.

Petoskey Club social recreation program promotes community inclusion and continues at full speed to afford members opportunities to access cultural resources. In addition to attending the Blissfest Music Festival in July, thanks to discounted tickets provided by Advisory Board Member and Bilssfest Director, Jim Gillespie, members attended the Odawa Pow Wow over the summer. Recent activities included a very educational Soo Locks Boat Tour and tours of Little Traverse Bay on the Bay Harbor shuttle boat, thanks to the efforts of superb planner and networker, Tim C. Invitations have been extended to the other northern Michigan Clubhouses for a Halloween party, with music provided by Carl H., also known as "CJ the DJ." Some ghostly treats and a costume contest will make the event extra SPOOK-TACULAR!

Petoskey Club remains involved in the Clubhouse Michigan coalition, by participating in monthly collaborative calls and attending bi-monthly meetings held at clubhouses around the state. Petoskey Club has been active in mentoring other clubhouse programs to become accredited by Clubhouse International, and will be formally mentoring not-yet-accredited clubs in the upper peninsula. Travel expenses for on-site consultations will be reimbursed by MDHHS. Petoskey Club is pleased to have renewed accreditation by Clubhouse International. Three-year accreditations have been maintained for two decades. This year, a three-year conditional accreditation was given, which means some specific objectives will need to be met and verified by Clubhouse International within one year of the review, before full accreditation is given. Petoskey Club members and staff are confident this goal will be met.

"In order to heal you have to feel." Lady Gaga

Manistee Friendship Society: People Helping People

Having a support system in your life is vital. Manistee Friendship Society is a hub for support in the community for people suffering from mental illness.

Manistee Friendship Society provides a wide array of self-help groups. The current monthly calendar lists support groups for anxiety, depression, anger management, and Alcoholics Anonymous. Coming together and supporting one another though life's hard times is so beneficial! Members share tips and tricks to combat mental illness and addictions. Self-help groups are not for everyone, but it is an option that is available at the Center.

Music therapy and crafting can make a huge impact on recovery as well. Brave Hearts music group was recently started at the Center. Members come together to meet and use music to help guide the journey of recovery. Some play the piano or guitar and some sing. It's a nice way for participants to express themselves and learn from each other. A Drum Circle has also been started. Drumming can reduce tension, anxiety, and stress. It can also help control chronic pain and boost the immune system. It's also A LOT of fun!

Arts and crafts can do wonders for the brain. Being wholly focused on a craft project can have an effect similar to meditation, which can assist in the management of anxiety and depression. At the Center, numerous options are available to those who enjoy being crafty. The current calendar lists arts and crafts groups and a weekly knitting & crocheting club. The Manistee Rocks! group meets to paint rocks with positive words, pictures, or quotes and then places them all around the community to bring joy to those who find them.

It is important to stress that anyone feeling down needs to reach out. Call a friend, visit a drop-in center or clubhouse, call the local community mental health, join a support group or participate in a class. Everyone deserves support through life's difficult times. Remember no one is alone. The Manistee Friendship Center offers many ways to help connect people and offer help.

Laugh Out Loud

1. Why does Humpty Dumpty love Autumn?
2. Why did the scarecrow keep getting promoted?
3. Why did the skeleton go to the party alone?
4. Why don't skeletons watch scary movies?
5. Why can't you trust an atom?
6. Did you hear about the kidnapping at school?
7. What did the grape say after it was stepped on?
8. What is a tree's least favorite month?
9. How do you fix a broken pumpkin?
10. What did the tree say to Autumn?
11. What is a witch's favorite class?
12. What did one leaf say to the other?

Answers:

1. Because he had a great fall
2. Because he was out standing (outstanding) in his field
3. Because he had no body to go with him
4. They just don't have the stomach for them
5. Because they make up everything
6. Everything's fine; he woke up
7. Nothing, it just lets out a little wine
8. Sep-timber
9. With a pumpkin patch
10. Leaf me alone
11. Spelling
12. I'm falling for you

How to Make Friends (and Why It Matters)

When you're a kid, making friends is seamless. You meet at the park or at school, play together and before long, you've got a new bestie. Most of us also make friends easily in high school or in sports, when everyone is doing the same thing at more or less the same time. Such connections are not as easy to make when you're a full-grown person working through the challenges of a job and family taking most of your attention and time.

But don't stop trying! Strong friendships are linked to a longer life, mostly because they protect against loneliness, explains Dr. Michael Ryan, a psychologist at Henry Ford Health System. When we have friends, we're more likely to engage in emotionally positive activities. That can have a trickle-down effect in terms of supporting health and wellness.

In fact, studies confirm adult friendships aren't just nice to have if you've got the time. They play a big role in a healthy, happy, and meaningful life. Some studies even suggest close friendships can reduce the risk of everything from high blood pressure to depression. Dr. Ryan offers the following suggestions for making friendships at any stage of life.

1. **Make friends where you are.** Introduce yourself to neighbors, start a conversation with a coworker, or fellow club member. Relationships are easier to establish and maintain if they start where you already are.

2. **Break out of your comfort zone.** Arrange to do something with a new friend that falls outside of the routine and may interest you both. It doesn't matter what you do, the idea is to share a new experience, which studies show, can bring people closer together.

3. **Make time for hobbies.** Whether you enjoy reading, yoga, or looking for Petoskey stones, get out of the house to do the activities you love. While some hobbies, like knitting, are done alone, there's no reason you can't get together in a group rather than going solo. The key is to build friendships around an activity you're already doing and enjoy.

4. **Ask for help.** If you never ask friends for favors, you rob them of a two-way, give-and-take relationship. The "I-can-do-it-all" attitude hurts you (because no one *can* actually do it all!), and it hurts current and future friends, because everyone wants to feel needed and valued. Need help raking leaves or organizing your kitchen? Ask! And then be sure to reciprocate when your help is needed.

5. **Reach out on social media.** If you've fallen out of touch with friends from your past, consider reaching out to them on social media. It's a fun way to re-establish old friendships. And you can exchange messages through social media at any hour, no matter how busy your schedule.

Unsure how to dip your toes into the friendship pool? Look for gatherings in the community or a local high school sporting event.

Most importantly, don't be afraid to put yourself in situations where you can make friends. Just like you can't win the lottery without buying a ticket, you can't make new friends when by sitting alone at home.

No matter how you build your friendships—whether online or in real life—remember quality is always more important than quantity. "People can have dozens of connections and acquaintances and still feel lonely," Dr. Ryan says, "It's better to focus on developing just a few high-quality friendships with people who really know you and can help you on your journey through life's struggles and celebrate the successes."

My name is Jake Null and I am the new Supervisor at The Light of Hope Clubhouse in Alpena. The Clubhouse is currently moving in an exciting direction, aiming at becoming accredited by April 1st 2019 in order to better serve its members. On Wednesday, October 10th, The Clubhouse went to The Alpena Farmer's Market. On Friday, October 12th, members went to Knaebes Orchard, and on Friday, October 19th, members will attend The Day of Recovery in Gaylord. At The Clubhouse, when not doing educational or wellness related outings, focus is on skill-building such as cooking, running a store, wellness, socialization, using various computer software, answering phones in a professional capacity, etc. during a work-ordered-day, as well as assisting members with employment (including our unique and successful Transitional Employment) and education goals. We are always looking for more referrals for members from Alpena, Alcona, Presque Isle, and Montmorency Counties! If anyone has any questions about how to get a referral, they can call The Northeast Michigan Community Mental Health Authority (NEMCMH) at 989.356.2161 (M-F 8a-4p). If anyone has any questions regarding The Light of Hope Clubhouse they can call 989.356.8468 (M-F 8a-4p).

NMRE's Opioid Health Home 1st in State

The Michigan Department of Health and Human Services (MDHHS) gained approval to launch the state's first Opioid Health Home, serving the northern most 21 counties in the lower peninsula. A health home is not a building, but is vision of health care for individuals with Medicaid who have diseases like diabetes or asthma, mental health issues, smoke or are obese, and may abuse substances. These individuals have better results when they have the support and assistance of their communities. Michigan's Opioid Health Home will provide full care management services to individuals with Medicaid who have an opioid use disorder and who also have, or are at risk of developing, another health condition. It will function as the individual's main health office to treat his or her medical, mental health, and substance use needs.

The Northern Michigan Regional Entity (NMRE) was selected as the first pilot location in the state because its 21-counties are deeply affected by the opioid epidemic. The Opioid Health Home will bring critical recovery-centered resources to individuals with Medicaid who are struggling with opioid use disorder by connecting them with needed clinical and social services. MDHHS is partnering with the NMRE and qualified Opioid Treatment Programs (NMSAS Recovery Center) and Office Based Opioid Treatment Providers (Alcona Health Centers, Centra Wellness Network, Thunder Bay Community Health Centers, and Traverse Health Clinic) in the region. The main objectives of the Opioid Health Home are to:

- Improve care management for individuals with Medicaid who have opioid use disorders and chronic health conditions, including Medication Assisted Treatment.
- Improve care coordination between physical and behavioral health care services.
- Improve care transitions between primary, specialty, and inpatient settings of care.

The Opioid Health Home officially launched on October 1st. MDHHS estimates that 3,000 individuals with Medicaid living in the NMRE region qualify to participate in this program. The NMRE has identified staff including an OHH Program Director, OHH Clinical Director, and two OHH Coordinators to work with MDHHS and Health Home Providers. The Providers have care teams that include a doctor, nurse, Clinical Care Manager, and a Recovery Coach or Community Health Worker. These individuals will be sure to address other needs like dental care, transportation, and housing, so that people in the program have a chance to lead meaningful and productive lives free from the burden of addiction.

Beautiful Boy

Dealing with addiction and facing the long road to recovery is an incredibly challenging process. A new movie, based on two books from a father and son dealing with the son's addiction, tackles this often painful subject in a way not often shown on film. The road to recovery is often portrayed as a straight path, rather than one that is long, twisting, and filled with pot holes.

Released on October 12th, the film "Beautiful Boy" tells the story of David and Nic, a father and son, coping with 18-year-old Nic's relentless drug dependence. David realizes that his son has been living a secret life. He tries to help, but Nic refuses and rehab does little to steer him away from the destructive path he's on. David is reminded that relapse is part of recovery and that sobriety is not easily obtained, but the result of intensely hard work and commitment.

The film shows uncomfortable realities about addiction but also about how those who are addicted are viewed. It's a film about the responsibility of parenting, but also its limitations. In the words of David, "To live with addiction — one's own or a loved one's — involves living with uncertainty. It also requires enormous suffering. I'm coming to accept these truths after years of fighting them. The surprise is that the more I accept them, the less I suffer."

Voice of the Heart

by:
Vance E. Bradley-Carter, PhD

A single heart, one heart alone,
one voice unheard, a voice unknown.
yet, there she lies in barren land—
one heart, one voice, still she stands;
at times, she does not see how her strength prevails—

days bring sorrow
and nights bring her loneliness;
yet, she is never alone—
for inside lives and breathes a soul unto herself—

seeking not fortune of man's treasures;
she lives by the moment
in hopes that there will be more;
yet, moments are not living as she kneels in prayer—
she has known from the beginning that
the voice of the heart
is the answer to her prayer.

Recovery Council

The NMRE Recovery Council is a committee made up of clinical staff from Community Mental Health and the Regional Entity Partners consumer advocacy group. The goal of the Recovery Council is to monitor that services provided in the region are structured to help people with mental health diagnoses enter into a state of long-term recovery.

Hope is the belief that challenges can be overcome. It is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and values. It is holistic, addresses the whole person, and is supported by peers, friends, and family members.

The process of recovery is personal and occurs via many pathways. It may include clinical treatment, medications, spirituality, peer support, family support, and self-care. Recovery is continual growth and improvement in one's health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience is a key component of recovery.

Resilience is the ability to cope with adversity and adapt to challenges or change. Resilience develops over time and allows and individual to cope with life's challenges and be better prepared for the next stressful situation. Optimism and the ability to remain hopeful are essential to resilience and the recovery process.

Northeast Michigan Community Mental Health Authority
Employment Report
October 1, 2018 to October 31, 2018

DIVISION/DEPARTMENT NAME

Administration/Support Services	59
Vacancies	2

PROGRAMS

Psychiatry & Nursing Support	14
MI Adult Outpatient (ACCESS-CRS-ESU)	8
Home-Based Child	11
Vacancies	0
MI Adult A.C.T.	8
DD Integrated Employment	15
MI Integrated Employment	3
Clubhouse	5
Vacancies	3
DD Case Management	13
MI Adult Case Management	14
Older Adult Services	12
DD ABA Program	15
Vacancies	6
Peer Support Services & MNA	6
DD SIP Residential	45
DD Community Support	32
Blue Horizons	10
Brege	12
Cambridge	12
Harrisville	12
Mill Creek	12
Pine Park	12
Princeton	12
Thunder Bay Heights	12
Walnut	12
Vacancies	11

TOTAL: 366

ADMINISTRATION/SUPPORT SERVICES

Meske, Cathy	**Director**
Hayka, Diane	Executive Secretary
Rajasekhar, Paul	**Medical Director**
Arora, Monika	Psychiatrist
Banicki-Hoffman, Anastasia	Psychiatrist
Standen, Carrie RNP	Nurse Practitioner
Wirgau, Jeffery PA-C	Physician Assistant
Barbeau, Dayna	Customer Services
Bruning, Carolyn	**Administrative Assistant**
Vacancy (PT)	SIS Assessor
Bushey, LeeAnn	**Administrative Assistant (Supervises Peers & MNA)**
Sork, Nena	**Chief Operating Officer**
Crittenden, Mary	*ACCESS-CRS-ESU Supervisor/Team Lead*
Jameson, Mary	*CE Coordinator/Clubhouse Supervisor/Team Lead*
Murphy, Linda	*OAS/OBRA Coordinator/Team Lead*
Yachasz, Peggy	*SIP Coordinator/Team Lead*
Pollard, Mark	**SD Supervisor**
Elowsky, Teresa	SD Coordinator
Keller-Somers, Felonie	SD Coordinator
Pilarski, Amy	**Project Coordinator**
Whyte, Jennifer	**Compliance Officer**
Fredlund, Lynne	Quality Improvement Coordinator
Hewett, Ruth	**Recipient Rights Officer**
Vacancy	Recipient Rights Advisor
Jaworowski, Cheryl	**Finance Director**
Anthony, Joell (PT)	Staff Accountant
Cadarette, Connie	Payroll Specialist
Piontkowski, Kathy	Statistical Clerk
Patterson, Larry	**Accounting Supervisor**
Stanton, Brenda	Staff Accountant
Anderson, Mable (PT)	Accounting Clerk
Thomas, Doreen	Accounting Clerk
Kearly, Nancy	**Reimbursement Officer**
Dumsch, Carol	Reimbursement Clerk
Lundholm, Julie	Reimbursement Clerk
Skowronek, Jane	Reimbursement Clerk
Greer, Richard	**Facility & Fleet Supervisor**
Carr, David	Maintenance I
Fleming, Jerry	Maintenance I
Wirgau, Alan	Maintenance I
King, Patrick (PT)	Housekeeper I/Maintenance II – Alpena Office
Tovey, Beth	Housekeeper I – Alpena Office
Bannon, Dennis	**IS Director**
Wiitala, Richard (Contract)	IS Consultant
Blandford, Mark	SQL Administrator/Data Analyst
Lepper, Jason	Systems Administrator
Roesner, Joseph	Systems Administrator
Roussin, Donna	IS Data & Training Technician
Wilson, Cody	Information Systems Technician
Anderson, Lisa	**Human Resources Manager**
Keller, Kay	Human Resources Assistant
Rouleau, Tina	Human Resources Specialist-Benefits/Payroll
Domke, Genevieve	Human Resources Specialist-Training/Special Projects
McConnell, Jamie	**Office Manager**
Brousseau, Patricia	Clerical Support Staff

Lane, Sara	Clerical Support Staff
LaCross, Cathy	Clerical Support Staff
Seguin, Sharon	Clerical Support Staff
Vogelheim, Rose	Clerical Support Staff
Boldrey, Peggy (PT)	Clerk Typist II – Hillman Office
Brege, Barbara (PT)	Clerk Typist II – Fletcher Street Office
Martinez, Chelsey (PT)	Clerk Typist II – Float
Hartman, Molly (PT)	Clerk Typist II – Rogers City Office
Norman, Michelle (PT)	Clerk Typist II – Hillman Office

Services Reporting To:

Team Lead-Crittenden, Mary — ACCESS-CRS-ESU Supervisor

PSYCHIATRIC & NURSING SERVICES

Orozco, Lisa	*Psychiatric Nursing Supervisor*
Dehring, Donald	Psychiatric Nurse
Male, Alison	Psychiatric Nurse
Wozniak, Tina	Psychiatric Nurse
Hentkowski, Nancy (PT)	Licensed Practical Nurse
McGee, Maggie (PT)	Licensed Practical Nurse
Anderson, Carolyn	Registered Nurse
Hardies, Mary	Registered Nurse/Infection Control Nurse
Schimmel, Joan	Registered Nurse

MI ADULT OUTPATIENT

Brege, Linnea	BHC/CR Clinician
Challender, Elsie (Ruth)	CRS Clinician
Curry, Renee	CRS Clinician
Dumsch, Danica	CRS Clinician
Hamilton, Sarah	CRS Clinician
Jensen, Samantha	CRS Clinician
Knoch, Michelle	CRS Clinician
Slaght, Stephen	CRS-Hospital Discharge Clinician

HOME-BASED CHILD

Tallant, Lauren	*Children's Services Supervisor*
Gajewski, Maribeth	Clinician/Case Manager
Garbutt, Sarah	Clinician/Case Manager
Guthrie, Constance	Clinician/Case Manager
Hasse, Julie	Clinician/Case Manager
Herman, Nicole	Clinician/Case Manager
Kruzell, Brian	Clinician/Case Manager
Stahlbaum, Caitlin	Clinician/Case Manager
Susewitz, Ami	Clinician/Case Manager
Eagling, Michelle (PT)	Home Based Assistant
Herriman, Kurt (PT)	Home Based Assistant
Douglas, Rachel (Cas)	Home Based Assistant-SUB

Services Reporting To:

Team Lead-Jameson, Mary — ACT Supervisor

MI ADULT A.C.T.

Daoust, Lindsey	ACT Clinician/Casemanager
Noble, Dorien	ACT Registered Nurse
Taylor, Cassidy	ACT Social Worker
Vacancy	ACT Registered Nurse
Misel, Joann	ACT Clerical Support Staff
Gersewski, Marlene	MI Community Support Worker
Wilson, Karen (PT)	MI Community Support Worker

MI INTEGRATED EMPLOYMENT

Garlanger, Sherry	Employment Specialist
Miller, Zackeria	Employment Specialist
Wysocki, Christine	Employment Specialist

CLUBHOUSE

Konieczny, Lisa	Clubhouse Generalist
Niemetta, Jeffrey	Clubhouse Generalist
Vacancy (PT)	Community Employment Job Coach
Borchard, Rod (CAS)	Driver
Vacancy (CAS)	Driver

DD INTEGRATED EMPLOYMENT

Hale-Manley, Margaret	***Community Employment Coordinator***
Collins, Kimberly	CE Assistant
Stawowy, Angela	CE Assistant
Barbeau, Jessica	CE Supervisor
Kowalski, Teresa	CE Supervisor
Rygwelski, Brandi	Job Coach - PI
Spencer, Melinda	Job Coach-PI/MON
Cool, Roger	Job Coach
Bevan, Brianna (PT)	Job Coach
Grulke, Kelli (PT)	Job Coach - PI
Kensa, Ann (PT)	Job Coach
Prevost, Cheyenne (PT)	Job Coach
Robb, Kayla (PT)	Job Coach
Srebnik, Cindy (PT)	Job Coach
Spaulding, Daniel (Cas)	Peer Mentor

Services Reporting To:

Team Lead-Murphy, Linda — OAS/OBRA Coordinator

OLDER ADULT SERVICES

Brenton, Pam	OBRA /Older Adult Services Registered Nurse
Gohl, Laura	OBRA/Older Adult Services Case Manager
Kaiser, William	OBRA/Older Adult Services Clinician/Case Manager
Kwiatkowski, Mariah	OBRA/Older Adult Services Case Manager
Minnick, Martha	OBRA/Older Adult Services Case Manager
Knopf, LeAnn (PT)	OBRA/Older Adult Services Clerical Support Staff
Atkinson, Thomas	Older Adult Services Support Worker
Carriveau, Jackie (PT)	Older Adult Services Support Worker
Hochrein, Pat (PT)	Older Adult Services Support Worker
McDonald, Tammie	Older Adult Services Support Worker
Rembowski, Bernadine (PT)	Older Adult Services Support Worker

MI ADULT CASEMANAGEMENT & DD PSYCHOLOGIST

Witkowski, Katherine	*CSM/SC Supervisor*
Ross, Bailey	Psychologist
Edgar-Travis, Alisha	Case Manager
Harbson, Jessica	Case Manager
Herbek, Chelsea (Split)	Case Manager
Miller, Megan	Case Manager
Ross, Nancy	Case Manager
Stepanski, Ingrid	Case Manager
Stephan, Melissa	Case Manager
VanTrump, Olivia	Case Manager
Dziesinski, Nancy	MI Community Support Worker
Watson, Dylan	MI Community Support Worker
Ludwig, Alyssa (PT)	MI Community Support Worker
Murphy, Katie (PT)	MI Community Support Worker

DD CASEMANAGEMENT

Vacancy	*Support Coordinator Supervisor*
Vacancy	Support Coordinator – Hillman
Brousseau, Sharon	Clinician/Case Manager
DeRoque, Linda	Support Coordinator – Presque Isle
Dickins, Jill	Support Coordinator – P.I./Alpena
Lang, Cheryl	Support Coordinator – Alpena
Leeck, Tamara	Support Coordinator – Blue Horizons
Lis, Frank (Split)	Case Manager
Vacancy (Split)	Case Manager
Morford, Margaret	Support Coordinator – Alpena
Schackmann, Debbie	Support Coordinator – Alpena
Standen, Jane	Support Coordinator – Alpena
Wilkinson, Cailey (PT)	Support Coordinator – Alpena

APPLIED BEHAVIORAL ANALYSIS PROGRAM (7 FT, 8 PT)

Sola, Amanda	*ABA Program Supervisor*
Sawasky, Jocelyn	Assistant Behavior Analyst
Smith, Erin	Assistant Behavior Analyst
Latz, Kori	Behavior Technician
Lundquist, Jessica	Behavior Technician
Ziroll, Kurt	Behavior Technician
Vacancy	Behavior Technician
Kensa, Tori (PT)	Behavior Technician
Kundinger, Sarah (PT)	Behavior Technician
Morgan, Angela (PT)	Behavior Technician
O'Neal, Christian (PT)	Behavior Technician
Phillips, Amber (PT)	Behavior Technician
Ranshaw, Brooke (PT)	Behavior Technician
Vacancy PT)	Behavior Technician
Vacancy (PT)	Behavior Technician

Services Reporting To:

Team Lead-Yachasz, Peggy — SIP Coordinator

PEER SUPPORT SERVICES & MONDAY NIGHT ACTIVITIES

Bushey, LeeAnn	*Peer Support Supervisor*
Gapske, Amber	Peer Support Specialist
Murphy, Barbara	Peer Support Specialist
Ellsworth, Patrick (PT)	Peer Support Specialist
Szott, Judy (PT)	Customer Service-Peer Support
Millard, Linda (CAS)	MNA Co-Coordinator
Jenson, Julie (CAS)	MNA Co-Coordinator

DD SIP RESIDENTIAL

Beebe, Melissa	*SIP Supervisor*
Campbell, Linda	*SIP Supervisor*
Danielson, Jolie	*SIP Supervisor*
Grochowski, Karen	*Lead SIP Supervisor*
Schuelke, Amanda	*SIP Supervisor*
Thompson, Amy	*SIP Supervisor*
Boyle, Laura	SIP Worker
Brenner, Karen	SIP Tech
Freitas, David	SIP Worker
Hamlin, Michelle	SIP Worker
Keetch, Brandinn	SIP Worker
Keller, James	SIP Tech
Kline, Lori	SIP Worker
Kuligowski, John	SIP Worker
Miller, Kayla	SIP Worker
Oliver, Jackie	SIP Worker
Pernie, Debra	SIP Worker
Richardson, Tamara	SIP Tech
Schillerstrom, Norman	SIP Worker
Skiba, Melissa	SIP Worker
Welch, Carol	SIP Worker
Werda, Monica	Lead SIP Tech
Williams, Christine	SIP Tech
Wozniak, Corinne	SIP Worker
Vacancy	SIP Worker
Zygaj, Sandra	SIP Worker
Ballard, Renee (PT)	SIP Worker
Bohlen, Cameron (PT)	SIP Worker
Bowers, Samantha (PT)	SIP Worker
Brun, Wendy (PT)	SIP Tech
Clay, Kaydee (PT)	SIP Tech
Cohoon, Patrick (PT)	SIP Worker
Gambrel, Beatrice (PT)	SIP Worker
Grant, Tracy (PT)	SIP Tech
Hall, Keli (PT)	SIP Worker
Hirschenberger, Mary (PT)	SIP Worker
Hochrein, Hailey (PT)	SIP Worker
Kazyaka, Kelly (PT)	SIP Worker
Koppenol, Marla (PT)	SIP Worker
Simpson, Bill (PT)	SIP Worker
Sharp, McKenna (PT)	SIP Worker
Smalley, Caitltn (PT)	SIP Worker
Sutkay, Sara (PT)	SIP Tech
Wenzel, Kim (PT)	SIP Tech

2 PT Openings (1) Wkr & (1) Tech

DD COMMUNITY SUPPORT

Vacancy	*CSS Supervisor*
Pickard, Phil	*CSS Supervisor*
St John, Patti	*CSS Supervisor*
Abbert, Lance	CS Worker
Dziesinski, Steve	CS Worker
Fleming, Monica	CS Worker - PI
Grulke, Bonnie	CS Worker - PI
Hampson, Sandy	CS Worker
Lamble, Kristine	CS Worker
Mills, Cindy	CS Worker
Snedden, Brenda	CS Worker
Twite, Susan	CS Worker
Baumgarten, Lisa (PT)	CS Worker - MON
Collins, Douglas (PT)	CS Worker
Cook, Tamara (PT)	CS Worker
Creekmore, Krista (PT)	CS Worker - MON
Daniel, Jessica (PT)	CS Worker – PI
Fras, Monica (PT)	CS Worker
Jakey, Lisa (PT)	CS Worker - MON
June, Rick (PT)	CS Worker
Krajniak, Amanda (PT)	CS Worker - PI
Kuznicki, Melissa (PT)	CS Worker
LaPere, John (PT)	CS Worker
Moldenhauer, Dennis (PT)	CS Worker
Parson, Laurie (PT)	CS Worker - MON
Peltier, Lisa (PT)	CS Worker
Vacancy (PT)	CS Worker - PI
Rasche, Rick (PT)	CS Worker
Shepherd, Crystal (PT)	CS Worker - MON
Soldenski, Konnie (PT)	CS Worker
Tracey, Karena (PT)	CS Worker – MON
Wojan, Leah (PT)	CS Worker - PI

DD GROUP HOMES

Hale-Manley, Margaret ***CE Coordinator/Homes Supervisor***

BLUE HORIZONS (5 FT/5 PT)

Smart-Sheppler, Renee	*Home Supervisor*
Barkley, Carrie	Residential Training Worker
Bruski, Christie	Residential Training Worker
Filipiak, Kathy	Residential Training Worker
Parsell, Kayla	Residential Training Worker
Bellenir, Roseann (PT) Night Worker	Residential Training Worker
Brown, Kayla (PT)	Residential Training Worker
Jones, Linda (PT) Night Worker	Residential Training Worker
Lakin, Alicia (PT)	Residential Training Worker
Worth, Courtney (PT)	Residential Training Worker

BREGE (7 FT/5 PT)

Smith, Ann – Supervisor	
Colorite, Julie	Residential Training Worker
Kortman, Kaitlyn	Residential Training Worker
Schultz, Courtney	Residential Training Worker
Sorrells, Lori	Residential Training Worker
Szumila, Mindy	Residential Training Worker
Wirgau, Randy	Residential Training Worker
Carper, Ashton (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Kruczynski, Linda (PT)	Residential Training Worker
Marx, Dawn (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker

CAMBRIDGE (7 FT/5 PT)

Hunt, Tina	*Home Supervisor*
LaBonte, Elizabeth	Residential Training Worker
Lake, Hank	Residential Training Worker
Reed, Jody	Residential Training Worker
Spencer, Jessica	Residential Training Worker
Webster, Ashley	Residential Training Worker
Wojda, Kathy (Temp HS @ PIP)	Residential Training Worker
Dodge, Ellarie (PT)	Residential Training Worker
Gutzman, Nichole (PT)	Residential Training Worker
Guy, Nicole (PT)	Residential Training Worker
West, Lori (PT)	Residential Training Worker
Wirgau, Courtney (PT)	Residential Training Worker

HARRISVILLE (7 FT/5 PT)

Reynolds, Bob	*Home Supervisor*
Anderson, Geraldine	Residential Training Worker
Duterte, Ma-Gina	Residential Training Worker
Lancaster, Kim	Residential Training Worker
Mahalak, Elke	Residential Training Worker
Matthews, Lani	Residential Training Worker
Nelson, Sam	Residential Training Worker
Cummins, Duane (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Moran, Starlene (PT)	Residential Training Worker
Newland, Lori (PT)	Residential Training Worker
Windsor, Natalie (PT)	Residential Training Worker

MILL CREEK (7 FT/5 PT)

Matthews, Julie	*Home Supervisor*
Anderson, Lisa	Residential Training Worker
Belt, Donna	Residential Training Worker
Burns, Sandy	Residential Training Worker
Cole, Candy	Residential Training Worker
Rifenbark, May	Residential Training Worker
Rock, Nancy	Residential Training Worker
Armstrong, Sally (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Simmonds, Katherine (PT)	Residential Training Worker
Storms, Teresa (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker

PINE PARK (7 FT/5 PT)

Cumper, Lois (Wojda, Kathy Temp)	*Home Supervisor*
Buckingham, Linda	Residential Training Worker
Parent, Amy	Residential Training Worker
Penn, David	Residential Training Worker
Ridgeway, Kathleen	Residential Training Worker
Safford, Denise	Residential Training Worker
Tinker, Rebecca	Residential Training Worker
Graber, Dana (PT)	Residential Training Worker
Jobe, Betti (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Ploe, Linda (PT)	Residential Training Worker
Sewell, Linda (PT)	Residential Training Worker

PRINCETON (8 FT/4 PT)

LaMay, Cindy	*Home Supervisor*
Fleck, Christine	Residential Training Worker
Lefebvre, Rose	Residential Training Worker
Ranger, Patti	Residential Training Worker
Rinard, Cathy	Residential Training Worker
Smith, Judy	Residential Training Worker
Vermeulen, Joeann	Residential Training Worker
Wilson, Tonya	Residential Training Worker
Justice, Stephani (PT)	Residential Training Worker
Luebben Sara (PT)	Residential Training Worker
Smith, Andrea (PT)	Residential Training Worker
Stoinski, Anna (PT)	Residential Training Worker

THUNDER BAY HEIGHTS (7 FT/5 PT)

Fletcher, Rhonda	*Home Supervisor*
Behring, Jan	Residential Training Worker
Bunch, Lora	Residential Training Worker
Cordes, Valerie	Residential Training Worker
Gilbert, Cindy	Residential Training Worker
Greene, Debra	Residential Training Worker
Holland, Onnalee	Residential Training Worker
Cumper, Chelsey (PT)	Residential Training Worker
Cuzzort, Treva (PT)	Residential Training Worker
Hawley, Michelle (PT)	Residential Training Worker
Saddler, Nancy (PT)	Residential Training Worker
Tucker, Katelyn (PT)	Residential Training Worker

WALNUT (8 FT/4 PT)

Kissane, Heidi	*Home Supervisor*
Brado, Gail	Residential Training Worker
Donajkowski, Tamara	Residential Training Worker
Dorr, Judy	Residential Training Worker
Gutzman, Star	Residential Training Worker
Longpre, Melissa	Residential Training Worker
Ostendorf, Kayla	Residential Training Worker
Tadajewski, Jackie	Residential Training Worker
Brock, Tonya (PT)	Residential Training Worker
Peters, Paula (PT)	Residential Training Worker
Standen, Angela (PT)	Residential Training Worker
Waligora, Melissa (PT)	Residential Training Worker