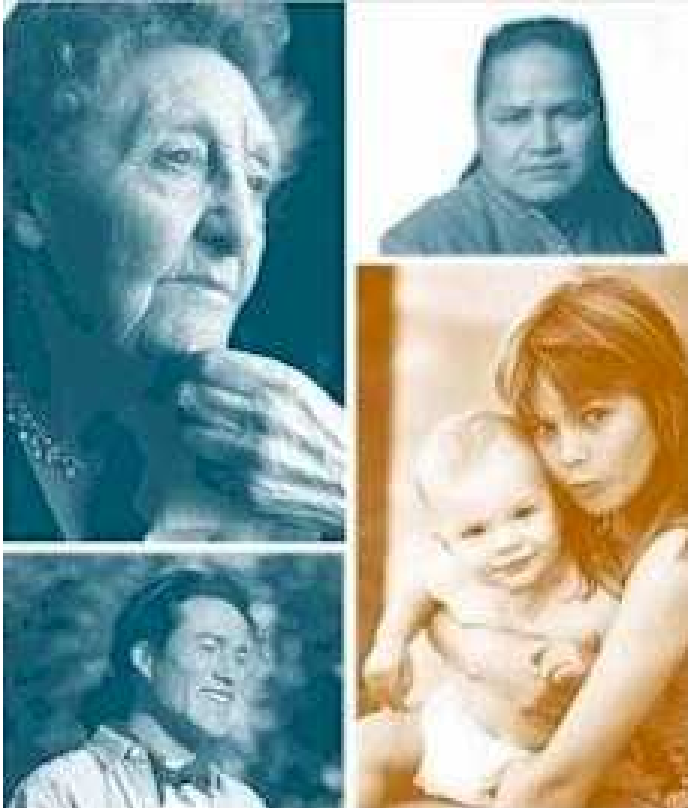


Northeast Michigan Community Mental Health Authority Board Meetings - March 2021



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/Board Member Composition Committee*, Thursday, March 11 @ 2:30 p.m.

 Board Meeting, Thursday, March 11 @ 3:00 p.m.

 Audit Presentation

 Annual Board Member Recognition

The Board meeting will be available as a Conference Call Meeting using:

888-627-8019 PIN # 40994

OR... via Zoom

<https://zoom.us/j/911168583?pwd=SEc3bDZlUW5FY1lSU1R1NFdXTmNLZz09>

Meeting ID: 911 168 583

Password: 013259

In-Person attendance is an option as well.

**Northeast Michigan Community Mental Health Authority
Nomination/Board Member Composition Committee
March 11, 2021 @ 2:30 p.m.**

A G E N D A

I. Slate of Officers Recommendation

Committee Members:
Terry Larson, Chair
Geyer Balog
Terry Small
Pat Przeslawski

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

March 11, 2021 at 3:00 p.m.

A G E N D A

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Approval of Minutes (See pages 1-5)
- VIII. Audit Report – Financial (Straley, Lamp & Kraenzlein PC)[See Enclosed Booklet]
[Compliance Audit to be presented at a later date due to the State not releasing the final form yet]
- IX. Board Member Recognition..... (See page 6)
- X. Recess
- XI. March Monitoring Reports
 - 1. Treatment of Individuals Served 01-002 (See pages 7-10)
 - 2. Treatment of Staff 01-003..... (See pages 11-15)
 - 3. Budgeting 01-004..... (See pages 16-17)
 - 4. Financial Condition 01-005 (See pages 18-19)
 - 5. Asset Protection 01-007 (Included in discussion from Audit Report)
- XII. Board Policies Review and Self Evaluation
 - 1. Budgeting 01-004 [Review Only] (See page 20)
 - 2. Board Members Code of Conduct 02-008[Review & Evaluate]..... (See pages 21-22)
- XIII. Linkage Reports
 - 1. Northern Michigan Regional Entity
 - a. NMRE Board
 - i. Meeting of February 24, 2021 (Verbal)
 - ii. Meeting of January 27, 2021 (See pages 23-26)
 - b. NMRE Contract Extension..... (See page 27)
 - 2. Community Mental Health Association of Michigan (CMHAM)
 - a. Spring Conference – [June 15 & 16 – Grand Traverse Resort - Acme]..... (Verbal)
- XIV. Operational Report..... (See page 28)
- XV. Nomination/Board Member Composition Committee Report..... (Verbal)
- XVI. Chair's Report
 - 1. CMH PAC Campaign (Verbal)
- XVII. Director's Report
 - 1. Director's Report (Verbal)
- XVIII. Information and/or Comments from the Public
- XIX. Information and/or Comments for the Good of the Board
- XX. Next Meeting – Thursday, April 8, 2020 at 3:00 p.m.
 - 1. Set April Agenda (See page 29)
 - 2. Evaluation of Meeting..... (All)
- XXI. 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 [In-Person, Zoom, Uber Conference]**

February 11, 2021

I. Call to Order

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

II. Seating of Board Members

Terry Small - Alcona County

Geyer Balog - Montmorency County

III. Roll Call and Determination of a Quorum

Present: In Person: Geyer Balog, Les Buza, Roger Frye, Lynnette Greskowiak, Eric Lawson, Gary Nowak, Terry Small

Via Zoom:

Via Uber Conference: Bonnie Cornelius, Judy Jones, Pat Przeslawski

Absent: Robert Adrian, Terry Larson

Staff & Guests: Lisa Anderson, Dennis Bannon (ZOOM), Carolyn Bruning(ZOOM), Lee Ann Bushey (ZOOM), Connie Cadarette (ZOOM), Mary Crittenden, Erin Fletcher, Ruth Hewett (ZOOM), Cheryl Kobernik (ZOOM), Larry Patterson (ZOOM), Nena Sork, Brenda Stanton (ZOOM), Eileen Tank, Jen Whyte (UBER)

Robert Adrian joined via ZOOM from Alpena at 3:02 p.m.

IV. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

V. Appointment of Evaluator

Bonnie Cornelius was appointed as evaluator of this meeting.

VI. Acknowledgement of Conflict of Interest

There was no conflict of interest to acknowledge.

VII. Information and/or Comments from the Public

No information or comments were presented.

VIII. Approval of Minutes

Moved by Roger Frye, supported by Pat Przeslawski, to approve the minutes of the January 14, 2021 meeting as presented. Roll call vote: Ayes: Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Eric Lawson, Pat Przeslawski, Terry Small; Nays: Gary Nowak; Absent: Terry Larson. Motion carried.

IX. Consent Agenda

- 1. Havenwyck Mental Health System**
- 2. SentricHR Amendment**

Moved by Gary Nowak, supported by Lynette Greskowiak, to approve the Consent Agenda as presented. Roll call vote: Ayes: Terry Small, Pat Przeslawski, Gary Nowak, Eric Lawson, Judy Jones, Lynnette Greskowiak, Roger Frye, Bonnie Cornelius, Les Buza, Geyer Balog, Robert Adrian; Nays: None; Absent: Terry Larson. Motion carried.

X. Educational Session – SentricHR

Lisa Anderson provided Board members with a brief training on the new payroll system.

Terry Larson arrived at 3:10 p.m.

Lisa Anderson thanked the Board for support in the purchase of the new software system for Human Resources, which includes payroll. This system will create efficiencies for staff working in the field. This system will allow staff to input their time, request leave, look at benefits and paystubs, and many other tasks related to their benefits. Lisa reported the system is being rolled out in small groups to assure everyone gets adequate training. Due to COVID, this has been rolled out slightly slower than what we originally intended. Board members needing assistance will be able to contact HR or Diane for assistance in accessing their records.

Lisa Anderson reviewed the sign-in process Board members will need to complete the first time they access the system. Lisa Anderson provided Board members with definitions of public and private. Board members will want to assure if they are using a public computer, the second level of authentication in accessing the system will protect them from others accessing their records.

Lisa provided a virtual tour of the program, which included locating the paystub and how to look up employees and their email addresses.

Diane Hayka will send Board members attending via the telephone conference line or ZOOM a packet of instructions.

XI. February Monitoring Reports

1. Treatment of Individuals Served 01-002

Pat Przeslawski reported the Recipient Rights meeting in January was a short meeting, which met remotely due to COVID. The quarterly report was reviewed by the Committee. Pat Przeslawski noted all members of the current Recipient Rights Advisory Committee would like to continue in their current appointments for the next Board year.

2. Staff Treatment 01-003

The turnover report was reviewed by Board members. Nena Sork reported some of the turnover was due to closing out the in-house operated Autism program. The program is now contracted by the Agency and many staff went with the new provider. In addition, community support services have been scaled back due to individual preference as they did not want to be in the community during COVID. This resulted in some additional positions vacant.

Moved by Gary Nowak, supported by Lynette Greskowiak, to accept the February monitoring report as presented. Roll call vote: Lynette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small, Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye; Nays: None; Absent: None. Motion carried.

XII. Board Policy Review and Self Evaluation

1. Asset Protection 01-007

Board members reviewed this policy. The audit report scheduled for next month serves as the monitoring report for this policy.

2. Board Committee Principles 02-005

Pat Przeslawski reported this policy seems to be written well. Eric Lawson noted we do not use committees often. Diane Hayka reported the ad hoc committee has been used for work on a CARF issue related to ethics in the past.

3. Delegation to the Executive Director 03-002

Eric Lawson reviewed the policy with Board members and reviewed 4. A. "Decisions or instructions of individual board members, officers, or committees are not binding on the Executive Director except in rare instances when the board has specifically authorized such exercise of authority." Gary Nowak reported that once the board approves the budget the director has the authority to manage services staying within the budget. The policies are designed to identify the tasks the Director cannot do versus what can be done. Geyer Balog requested further clarification about the hands off approach

the Board takes. The new Board members will receive training in policy governance, which will give them a good understanding of the processes this Board utilizes.

XIII. Linkage Reports

1. Community Mental Health Association of Michigan (CMHAM)

a. Go To Bat Award – Representative Sue Allor

Nena Sork reported the Northern Region nominated Representative Sue Allor for the “Go to Bat Award.” This award is for an individual who promotes mental health in the community. The Board Association presented the award to her this week at the virtual Winter Conference. Eric Lawson reported Sue Allor fought to get the state hospital located in northern Michigan. She continues to try to get a small satellite hospital in northern area. Sue Allor is a former Board member at North Country Community Mental Health.

2. Northern Michigan Regional Entity (NMRE)

a. January 27th Board Meeting Report

Gary Nowak reported the minutes from the most recent NMRE Board meeting are not yet available. Nena Sork will be addressing some of what was discussed related to Section 928 in her Director’s report. Terry Larson provided an explanation of the NMRE governing board which is identified in in statute to our new Board members.

Roger Frye noted he is the Chair of the SUD (Substance Use Disorder) Advisory Board at the NMRE. The County Commissioners appoint members to this Advisory Board.

3. Advisory Council

Les Buza reported the Advisory Council met on Monday. He reported 97% of the residents in the group homes have received their COVID vaccines. The Behavioral Health Home program was the educational feature at their Monday meeting. The Advisor Council reviewed the newsletter published by the REP (Regional Entity Partners) Committee. He also noted the new psychiatrist in Rogers City is doing well.

XIV. Operations Report

Mary Crittenden provided an update on the services provided for the month of January 2021. She report 54 contacts to access services. Out of 32 prescreens 16 resulted in hospitalization. Doctor’s services increased in January. She reported the total number of individuals served in January was 1,074. Nena Sork reported there is a breakdown in the bottom table depicting how many individuals received services by county.

XV. Chair’s Report

1. By-Law Update

Eric Lawson reported he finished the “Robert’s Rules of Order for Dummies” and provided a history of the rules and what predicated the need for the author to write the book. He provided the Board with a Robert’s Rules tidbit – “Call the question” is not a proper use as it would mean an immediate end of debate and casting a vote. The proper term is “Previous question” and there must be a second to the motion with a two-thirds majority vote. He notes the rules are designed to assure the voice of the whole board is taken into consideration when making motions and voting.

Eric Lawson noted much of the Board’s discussion was focused on the Nomination’s Committee, assuring their role is defined. Some of the proposed revisions address the “Slate of Officer” role the committee was tasked with and not feeling this should fall solely on the committee. He noted the board could not have a secret ballot according to rules so this language was revised. The proposed pre-nomination ballot has a spot to identify if the person is willing to serve. Gary Nowak voiced his concern over having a committee. He reports in the commissioners nominate in open meetings of the full Board. The proposed process would allow individuals to volunteer to serve in various officer positions without the possibility of feeling intimidated. The Board reviewed the proposed pre-nominations ballot. Gary Nowak disagreed with the using of the pre-nominations ballot and if the board is happy with the current officers, they should remain as officers. Eric Lawson observed when members serve in officer roles they quite often step up their involvement. He noted it is preferred to

have representation from each county in an officer position. Roger Frye reported in all the years he has been with this board, it is fair to have one member from each county.

Moved by Terry Small, supported by Bob Adrian, to approve the by-laws as presented.

Discussion ensued related to the process used in getting to this point in the revision of the by-laws.

Roll call: Ayes: Robert Adrian, Bonnie Cornelius, Lynnette Greskowiak, Eric Lawson, Terry Small;
Nays: Geyer Balog, Les Buza, Roger Frye, Judy Jones, Terry Larson, Gary Nowak, Pat Przeslawski;
Absent: None. Motion did not carry.

At this point, there are no by-law changes.

Motion by Gary Nowak, supported by Geyer Balog, to approve all changes except for the function of the nominating committee.

Roll call vote: Ayes: Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: None.

The Nomination's Committee will meet prior to the Board meeting in March in the Administrative Conference Room. Gary Nowak requested the current officer positions continue. Terry Small and Geyer Balog will become members of this committee to represent Alcona and Montmorency counties respectively.

2. Pre-Nominations Ballot

This ballot was not needed; however, if board members wish to serve they can submit the ballot.

XVI. Director's Report

1. Director's Update

Nena Sork reported the educational session last month provided in-depth information on Section 928. Gary Nowak provided board members with a form letter which could be used to send to legislators. Nena Sork reported after the board meeting last month, CentraWellness also reversed and plan to wait this out to the last quarter of this fiscal year in submitting a reduction of local match, as this Board had agreed on. Gary Nowak reported the bottom line addressed in this letter is the dollars could come back to the local commissioners.

Moved by Gary Nowak, supported by Roger Frye, to send the letter to Senator Stamas related to Section 928. Roll call vote: Ayes: Gary Nowak, Pat Przeslawski, Terry Small, Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson; Nays: None; Absent: None.

2. Endowment Fund Grant Awards

Board members reviewed the report of grant awards from the endowment fund with recognition of one award enabling an individual to maintain living in an apartment.

3. QI Council Update

The minutes for this meeting were distributed at this meeting. The minutes cover the various internal committees of the Agency and their recent activities.

4. Director's Update continued

Nena Sork reported there has been much discussion related to the new changes in the Self-determination program. She reported she participated in the contract/finance committee at the state level. She informed Board members of collaborating with Partner's in Prevention to bring a SAMHSA grant to the area, which would be a five-year grant. Management is also looking at collaboration with the other boards to bring an evidence-based practice training for supervisors related to dealing with trauma. She reported she is on a collaborative committee with the AMA-ESD addressing concerns in education and services during COVID.

Nena Sork introduced Eileen Tank as the Director of Bay View Center. She reported the Agency is working to develop a different funding model for the drop-in center. Roger Frye provided a check to Bay View Center on behalf of the Knights of Columbus in Montmorency County.

Nena reported she participated with the Emergency Managers call on Monday. By tomorrow morning, every one of our group homes will have received their second dose of the COVID vaccine. The Direct Care staff were also offered the vaccines and were able to receive the vaccine if they chose to. At this point of 334 staff – 30 are undecided, 135 declined the vaccine and 170 plan to receive the vaccine. Many have received the first dose. Staff not wanting the vaccine must sign a declination form to show we did offer it to them. She reported agency staff have provided support to DHD #4 working at the clinics and offices.

Nena Sork informed members of a free COVID testing on Saturday, Feb 13 at the Alpena Fairgrounds. Nena Sork reported the agency also has rapid tests to use for staff to keep staff working. Bob Adrian reported the testing at the fairgrounds should determine if the new variant is in the area.

XVII. Information and/or Comments from the Public

There was no information or comments presented.

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

Bonnie Cornelius noted Pat Przeslawski had indicated she will be returning in-person meetings in March and she feels she needs to come back as well. So much is lost when conducting business through the phone.

Eric Lawson expressed his impressiveness with the Board at today's meeting with the amount of discussion.

XIX. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board is Thursday, March 11, 2021 at 3:00 p.m.

1. Set March Agenda

Board members reviewed the March agenda items. The Audit Report traditionally presented at the February Board meeting should be available at the March meeting.

XX. Evaluation of Meeting

Bonnie Cornelius reported the meeting started on time. There was very good participation. She reported the conversations are difficult to hear when listening on the phone. Pat Przeslawski reported she also had trouble hearing some members.

XXI. Adjournment

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

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

Audit Communications

To the Board of Directors
Northeast Michigan Community
Mental Health Authority

We have audited the financial statements of the business-type activities, the major fund, and the aggregate remaining fund information of Northeast Michigan Community Mental Health Authority (the “Authority”) for the year ended September 30, 2020. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 18, 2021. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Authority are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2020. We noted no transactions entered into by the governmental unit during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management’s knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were management’s estimate of useful lives of fixed assets in determining depreciation expense, incurred but not reported employee health care claims and the settlements under state contracts.

The financial statements disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We are pleased to report that we are aware of no material adjustments that should have been included in the financial statements for the year ended September 30, 2020.

Disagreements with Management

For purposes of this letter, a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated February 11, 2021.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Authority's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Authority's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

We applied certain limited procedures to management's discussion and analysis, which is required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

Recent Pronouncements.

The Governmental Accounting Standards Board (GASB) continues to issue pronouncements that affect local government accounting and financial reporting. Below is a brief summary of those new GASB Statements:

- A. Summary of GASB Statement No. 84, *Fiduciary Activities*.** The objective of this Statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported. The requirements of this Statement will enhance consistency and comparability by clarifying whether and how business-type activities should report their fiduciary activities.

GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the implementation date for this standard to periods beginning after December 15, 2019 (the Authority's September 30, 2021 fiscal year).

- B. Summary of GASB Statement No. 87, *Leases*.** The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as

operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities.

GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the implementation date for this standard to periods beginning after June 15, 2021 (the Authority's September 30, 2022 fiscal year).

- C. GASB Statement No. 89 – Accounting for Interest Cost Incurred before the End of a Construction Period.** This statement establishes requirements for interest costs incurred before the end of a construction period. The statement improves the relevance and comparability of information related to capital assets and the cost of borrowing for a reporting period. In addition, this statement simplifies the accounting for interest cost incurred before the end of a construction period. Under this statement, the cost of interest that is incurred prior to the end of the construction period will be an expense in the period in which the cost is incurred for financial statements prepared under the economic resources measurement focus.

GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the implementation date for this standard to periods beginning after December 15, 2020 (the Authority's September 30, 2022 fiscal year).

- D. GASB Statement No. 91 – Conduit Debt Obligations** – The objective of this statement provides a single method of reporting conduit debt obligations by issuers and eliminates diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. This Statement achieves those objectives by clarifying the existing definition of a conduit debt obligation; establishing that a conduit debt obligation is not a liability of the issuer; establishing standards for accounting and financial reporting of additional commitments and voluntary commitments extended by issuers and arrangements associated with conduit debt obligations; and improving required note disclosures. The Council is currently evaluating the impact this standard will have on the financial statements when adopted.

GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the implementation date for this standard to periods beginning after December 15, 2021 (the Authority's September 30, 2023 fiscal year).

Restriction on Use

This information is intended solely for the information and use of the Authority's governing body and management, and is not intended to be, and should not be, used by anyone other than these specified parties.

We appreciate the opportunity to serve Northeast Michigan Community Mental Health Authority. If you have any questions, or if we can be of further service, please feel free to contact us.

We wish to thank the staff of Authority for their assistance during the audit.

Very truly yours,

Straley Lamp & Kraenzlein P.C.

February 11, 2021

**NORTHEAST MICHIGAN COMMUNITY
MENTAL HEALTH AUTHORITY**

Financial Statements

September 30, 2020

STRALEY LAMP & KRAENZLEIN P.C.

CONTENTS

	<u>Page</u>
Management’s Discussion and Analysis	i
Independent Auditor’s Report	1
Financial Statements	
Statement of Net Position	3
Statement of Revenues, Expenses, and Changes in Net Position	4
Statement of Cash Flows	5
Statement of Fiduciary Assets and Liabilities – Agency Fund	6
Notes to Financial Statements	7
Independent Auditor’s Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements performed in Accordance with <i>Government Auditing Standards</i>	17

Northeast Michigan Community Mental Health Authority

Management's Discussion and Analysis

Using this Annual Report

This annual report consists of a series of financial statements. The statement of net position and the statement of revenue, expenses and changes in net position provide information about the activities of the Authority as a whole and present a longer-term view of the Authority's finances.

The Authority is using an allowable alternative approach to present its financial information. Governmental entities that have single programs are allowed to present a combined government-wide and fund financial statement by using a columnar format that requires no reconciliation between fund types. The operations of the Authority are therefore presented using an Enterprise Fund accounting methodology. Thus, the financial information is presented in a manner similar to a private business enterprise. It is the intent of management that this reporting approach gives the reader a clearer picture of its financial condition.

The Authority as a Whole

The table below shows a comparison of the net position of the Authority as of September 30, 2020 compared to the prior year.

	Total business-type activities	
	2019-20	2018-19
Current and other assets	\$ 10,939,872	\$ 7,193,128
Non-current capital assets	1,733,068	1,504,514
Total assets	12,672,940	8,697,642
Current liabilities	6,386,186	2,443,736
Long-term debt outstanding	794,575	717,776
Total liabilities	7,180,761	3,161,512
Net Position		
Net investment in capital assets	1,733,068	1,504,514
Restricted	13,680	-
Unrestricted	3,745,431	4,031,616
Total net position	\$ 5,492,179	\$ 5,536,130

Unrestricted net position consists of \$866,778, an internally reserved amount to pay staff their earned leave pay, and \$2,878,653, an unreserved amount used to finance day-to-day operations. The \$2,878,653 used to finance day-to-day operations represents about 9.6% of current year expenditures, which is a decrease of 1.7% when compared with 2018-19.

The net position invested in capital assets increased \$228,554 from 2018-19. The net investment in capital assets represents 31.6% of net positions as of September 30, 2020.

Northeast Michigan Community Mental Health Authority

Management's Discussion and Analysis

As allowed by the Michigan Mental Health Code and the Authority's intergovernmental contracts, the Authority may establish internal service funds to reserve a portion of its cash balances to fund self-insurance risk. No funds are reserved in any internal service fund in either 2019-20 or 2018-19.

The Authority has designated a portion of its cash balance to fund 100% of its long-term debt obligations to pay for staff earned leave time. The Authority has no other long-term debt outstanding. The Authority's total designated debt cash balance fund increased \$83,778 or 10.7% as compared to a year ago.

The table below shows a comparison of the change in net position of the Authority as of September 30, 2020 compared to the prior year.

	Total business-type activities	
	2019-20	2018-19
Total program revenues	<u>\$ 30,081,048</u>	<u>\$ 28,742,324</u>
Health and human service expenses:		
Mental health services expense	8,249,862	7,570,787
Developmental disability services expense	18,309,128	17,946,246
Other support services expense	1,560,418	1,705,321
Board administration expense	<u>2,018,490</u>	<u>1,621,482</u>
Total health and human service expenses	<u>30,137,898</u>	<u>28,843,836</u>
Change in net position	<u>\$ (56,850)</u>	<u>\$ (101,512)</u>

Total revenues increased by 4.7% while total expenses increased by 4.5% in 2019-20 as compared to 2018-19.

Enterprise Fund Budgetary Highlights

Over the course of the year, the Authority amended the budget twice to accommodate a projected increase in funding of \$569,017 for the fiscal year. The largest budget increases were \$410,497 in Medicaid funds and \$106,170 in COVID-19 grant funds. The largest budget decrease was \$191,567 in travel and gas expenses. A General Fund transfer of \$40,000 was received in 2019-20. The Michigan legislature mandated a \$2.00 per hour wage increase to all direct care workers effective 4/1/2020. This increase has been passed through to all direct care workers.

During 2019-20, Medicaid benefit expenditures of \$26,884,104 were \$1,806,198 less than paid by the Northern Michigan Regional Entity (NMRE). The NMRE holds the Medicaid and Healthy Michigan contracts with the Michigan Department of Health and Human Services (MDHHS) and maintains a risk fund to cover the cost of services that exceed funds paid. The Authority will be reimburse the NMRE for this overage to be added to their allowable risk fund.

Northeast Michigan Community Mental Health Authority

Management's Discussion and Analysis

During 2019-20, actual Healthy Michigan Plan (HMP) benefit expenditures of \$1,568,062 were \$298,128 less than paid by the NMRE. The Authority will be reimburse the NMRE for this underspending. It will net with the Medicaid amount listed above.

During 2019-20, actual General Fund benefit expenditures of \$806,477 (\$901,047 beginning of year contract amount plus \$40,000 transfer amount) were \$134,570 less than allocated by the MDHHS. The Authority received one Section 236 transfer of \$40,000 from North Country CMH to the General Fund before being aware of our excess in General Funds. The Authority was able to carry forward \$45,052 of General Funds into 2020-21. The Authority will owe MDHHS \$89,518 for the underspent General Funds.

The total change in net position of \$(56,851) represents a shortage of local funds primarily earned by the Authority's participation in the MDHHS Special Fund program which allows a CMH to utilize payments received from individuals and participating insurance companies (i.e. Medicare, Blue Cross Blue Shield, etc.) as local matching funds and from incentive payments received from insurance companies and the NMRE.

The Authority's net revenues were less than planned levels by \$1,178,363 during 2019-20. The net revenues are net of the amount owed to NMRE and MDHHS of \$2,104,326 and \$89,518, respectively, and the actual amount received was higher than budgeted.

The Authority's net expenditures were less than planned levels by \$1,121,512 during 2019-20. In 2019-20 the Authority underspent its self-insured benefits by \$206,877 and underspent its contracted residential services budget by \$859,932.

The Authority had many new items in 2019-20 due to funding, direct expenditures and regulations due to the COVID-19 pandemic. During 2019-20, the workforce was shifted to remote work, services provided by tele-health were greatly expanded, and the State \$2.00 direct care wage pass through to all internal and contract direct care workers caused some slight changes in financial reporting. Revenues were passed through the board from the State to comply with the direct care wage. Two grants were received by the State to help provide for PPE and resources necessary to comply with the work at home mandate by the State. These were all accounted for through the financial statements and adjustments were made to the 2019-20 budget. The 2019-20 required reporting to the State, was altered to accommodate for reporting these changes as well. Some of these items will carry forward to 2020-21 and will be accounted for in a similar manner.

Capital Asset and Debt Administration

Capital assets are items costing more than \$5,000 per item with an estimated useful life exceeding one year. As of September 30, 2020, the Authority had \$4,989,629 invested in capital assets, including land, buildings and building improvements, equipment, vehicles, and leasehold improvements. This is an increase of \$278,288 or 5.9% as compared to 2019-20.

Northeast Michigan Community Mental Health Authority

Management's Discussion and Analysis

Capital assets purchased during fiscal year 2019-20 include new servers and switches for our computer network and the replacement of 11 agency vehicles. The Authority has a long-term vehicle replacement plan in place to replace high mileage and high maintenance vehicles. Due to excessive funds in 2019-20 that plan was stepped up in anticipation of possible reduced funding in 2020-21.

Economic Factors and Next Year's Budgets

The Authority's preliminary budget for 2020-21 is \$31,961,705. This is \$1,823,641 more than actual expenditures for 2019-20 and \$705,129 more than budgeted for 2019-20. This increase is primarily due to projected increases in the Authority's Medicaid and Healthy Michigan plan revenue and General Fund projected increases and a carryforward from 2019-20. The budget will be amended as needed to reflect changes in enrollment, federal and state insurance plans, and funding availability that normally impact the Medicaid and Healthy Michigan benefit plans.

The Authority plans to continue its strong emphasis on self-determined individualized arrangements for community support, employment, and independent living services for persons with serious mental illnesses or intellectual/developmental disabilities. The Authority is also anticipating an increase in prevention and treatment services for Veterans and persons with substance use disorders which co-occur with a serious and persistent illness, serious emotional disturbance and/or intellectual/developmental disability. All programs are reviewed on an ongoing basis to prioritize the needs of our clients and communities served and to keep expenditures in line with available funding.

The Authority is planning no new long-term debt borrowing in 2020-21.

Contacting the Authority's Management

This financial report is intended to provide all readers with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. If you have questions about this report or need additional information, we welcome you to contact the Finance Office.

Independent Auditor's Report

To the Board of Directors
Northeast Michigan Community
Mental Health Authority

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities, the major fund, and aggregate remaining fund information of **Northeast Michigan Community Mental Health Authority** (the "Authority") as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Authority's financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the major fund of ***Northeast Michigan Community Mental Health Authority***, as of September 30, 2020, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, as noted in the table of contents, be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 11, 2021, on our consideration of the Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

Straley Kamp & Kraenzlein P.C.

February 11, 2021

Northeast Michigan Community Mental Health Authority

Statement of Net Position

Proprietary Fund

September 30, 2020

Assets	<u>Enterprise Fund</u>
Current assets	
Cash and cash equivalents	\$ 8,658,516
Designated cash and cash equivalents	72,203
Accounts receivable	943,038
Beneficial interest	4,637
Inventory	37,068
Prepaid items	420,792
Total current assets	<u>10,136,254</u>
Non-current assets	
Designated cash and cash equivalents	794,575
Beneficial interest	9,043
Capital assets not being depreciated	80,000
Capital assets being depreciated, net	1,653,068
Total non-current assets	<u>2,536,686</u>
Total assets	<u>12,672,940</u>
Liabilities	
Current liabilities	
Accounts payable	4,814,405
Accrued payroll and payroll taxes	1,436,289
Unearned revenue	63,289
Current portion of long-term debt	72,203
Total current liabilities	<u>6,386,186</u>
Non-current liabilities	
Long-term debt, net of current portion	<u>794,575</u>
Total liabilities	<u>7,180,761</u>
Net position	
Net investment in capital assets	1,733,068
Restricted	13,680
Unrestricted	3,745,431
Total net position	<u>\$ 5,492,179</u>

The accompanying notes are an integral part of these financial statements.

Northeast Michigan Community Mental Health Authority
Statement of Revenue, Expenses and Changes in Net Position
Proprietary Fund
For the Year Ended September 30, 2020

	Enterprise Fund
Operating revenue	
State contracts	\$ 28,741,352
Contributions from local units	502,533
Charges for services	725,272
Other revenue and reimbursements	102,662
Total operating revenue	<u>30,071,819</u>
Operating expenses - Health and Human Services	
Mental health services	
Outpatient clinic and case management	4,940,197
Inpatient	1,458,860
Prevention	806,048
Community support	804,322
Behavior health home	1,696
Employment	124,428
Other	114,311
Developmental disability services	
Residential	9,462,948
Community support	1,285,667
Supported living and housing	4,142,062
Employment	922,438
Clinical support and case management	2,354,618
Other	141,395
Other support services	1,560,418
Administration	2,018,490
Total operating expenses	<u>30,137,898</u>
Operating income	(66,079)
Non-operating revenue (expenses)	
Interest revenue	8,448
Gain (loss) on beneficial interest	781
Total non-operating revenue (expenses)	<u>9,229</u>
Change in net position	(56,850)
Net position, beginning of year, as previously stated	5,536,130
Prior period adjustment	12,899
Net position, beginning of year, as restated	<u>5,549,029</u>
Net position, end of year	<u><u>\$ 5,492,179</u></u>

The accompanying notes are an integral part of these financial statements.

Northeast Michigan Community Mental Health Authority

Statement of Cash Flows

Proprietary Fund

For the Year Ended September 30, 2020

	<u>Enterprise Fund</u>
Cash flows from operating activities	
Cash received from providing services	\$ 32,220,819
Cash payments to suppliers and affiliates	(10,432,291)
Cash payments for personnel services	<u>(16,328,575)</u>
Net cash provided by operating activities	<u>5,459,953</u>
 Cash flows from capital and related financing activities	
Purchase of capital assets	<u>(491,625)</u>
Net cash used by capital and related financing activities	<u>(491,625)</u>
 Cash flows from investing activities	
Interest received	<u>8,456</u>
Net cash provided by investing activities	<u>8,456</u>
Increase in cash and cash equivalents	4,976,784
Cash and cash equivalents, beginning of the year	<u>4,548,510</u>
Cash and cash equivalents, end of the year	<u>\$ 9,525,294</u>
 Cash and cash equivalents per the statement of net position	
Cash and cash equivalents	\$ 8,658,516
Designated cash and cash equivalents	<u>866,778</u>
	<u>\$ 9,525,294</u>
 Reconciliation of operating income to net cash provided by operating activities	
Operating income	\$ (66,079)
Adjustments to reconcile operating income to net cash used by operating activities:	
Depreciation	263,069
Changes in assets and liabilities:	
Accounts receivable	(143,901)
Inventory	(24,592)
Prepaid items	31,448
Accounts payable	4,423,288
Accrued payroll and payroll taxes	847,920
Deferred revenue	45,022
Long-term debt	<u>83,778</u>
Net cash provided by operating activities	<u>\$ 5,459,953</u>

Non-cash transactions: There were no significant non-cash investing or financing activities during the year.

Northeast Michigan Community Mental Health Authority
Statement of Fiduciary Assets and Liabilities
Agency Fund
September 30, 2020

Assets

Current assets

Cash and cash equivalents

\$ 62,706

Liabilities

Due to consumers

\$ 62,706

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 1 - Summary of Significant Accounting Policies

The Northeast Michigan Community Mental Health Authority (the “Authority”), is a multi-county governmental authority serving Alcona, Alpena, Montmorency and Presque Isle Counties, located in northeastern Michigan. The Authority provides community services to individuals diagnosed with severe mental illnesses, intellectual/developmental disabilities, and/or substance abuse conditions. Services provided by the Authority include inpatient treatment, residential services, case management, outpatient treatment, employment, supported living and housing, and prevention services. The Authority operates under a 12-member Board of Directors.

Reporting Entity - These financial statements represent the financial condition and the results of operations of the Authority. The Authority is not a component of any other reporting entity, as defined by Governmental Accounting Standards Board (“GASB”) Statement No. 61, *The Financial Reporting Entity*. Based on these same criteria, management has not identified any potential component units requiring consideration for inclusion in the Authority’s financial statements.

Government-Wide and Fund Financial Statements - As permitted by GASB Statement No. 34, the Authority uses an alternative approach reserved for single program governments to present combined government-wide and fund financial statements. The Authority’s only major fund comprises the government-wide financial statements. Accordingly, this is presented in the statement of net position and the statement of revenue, expenses and changes in net position.

The operations of the Authority are accounted for as an Enterprise Fund (a proprietary fund) which is designed to be self-supporting. Enterprise Funds are used to account for operations (a) that are financed and operated in a manner similar to private business enterprises, where the intent of the governing body is that the cost of providing goods or services on a continuing basis be financed or recovered primarily through user charges; or (b) where the governing body has decided that periodic determination of revenues earned, expenses incurred, and net income is appropriate for capital maintenance, public policy, management control, accountability or other purposes.

The Risk Reserve Internal Service Fund (a proprietary fund type) is used to account for assets held as a reserve against potential liabilities relative to and as allowed by its contract with the Michigan Department of Health and Human Services (“MDHHS”). Pursuant to these contractual provisions, the Risk Reserve Internal Service Fund has not been presented in these financial statements as there is no current year activity or net position at September 30, 2020.

Measurement Focus, Basis of Accounting and Financial Statement Presentation - The government-wide proprietary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met. There has been no inter-fund activity for the year ended September 30, 2020.

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 1 - Summary of Significant Accounting Policies (continued)

The Enterprise Fund is the Authority's primary operating fund, and only major fund. It accounts for all financial resources of the Authority, except those accounted for in another fund.

Proprietary funds distinguish operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with a proprietary fund's principal ongoing operations. The principal operating revenues of the Authority's operating fund are contract revenues from MDHHS and first- and third-party payers. Operating expenses include the cost of providing mental health and intellectual/developmental disability services together with related support services and administration. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

Cash and Investments - The Authority's cash consists of cash on hand, demand deposits and certificate of deposits. Designated cash and cash equivalents represent amounts held in reserve accounts as authorized by resolution of the Authority's Board. The Authority had no investments during the year ended September 30, 2020.

Receivables - Receivables consist primarily of amounts due from individuals and private or governmental insurance programs and grant reimbursements under the terms of contracts with other agencies, governments and organizations for services rendered. Receivables from first- and third-party payers are presented net of an allowance for uncollectible accounts as estimated by management. The allowance was \$4,600 at September 30, 2020.

Inventory and Prepaid Items - Inventory is valued at the lower of cost or net realizable value, primarily determined on a first-in, first-out basis. Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

Capital Assets - Capital assets, which include buildings, improvements, equipment and vehicles are capitalized and reported in the financial statements. Capital assets are defined as assets with an initial cost of more than \$5,000 and an estimated useful life in excess of one year. Such assets are recorded for reporting purposes at historical cost or estimated historical cost if constructed or purchased.

Capital assets are depreciated using the straight-line method over the following estimated useful lives:

<u>Assets</u>	<u>Years</u>
Buildings	20-40
Leasehold and building improvements	10-15
Equipment	5-7
Vehicles	4

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 1 - Summary of Significant Accounting Policies (continued)

Unearned Revenue - The Authority reported unearned revenue in connection with resources that have been received, but not yet earned, including the portion of the current year MDHHS contract amount that may be carried-over to and expensed in subsequent fiscal years. Such carryover is generally limited to five percent of the MDHHS contract amount.

Compensated Absences - Reflects the accrual of compensated absences adjusted to current salary costs. Permanent employees earn annual leave based upon full or part-time status proportionate to the time worked. Annual leave is 100% vested when earned and may be accrued to a total of 360 hours. Employees are paid 100% of annual accumulated leave when they terminate employment. A small number of employees have accrued leave hours exceeding 360 as allowed by a revision in the leave policy in April 2000. Upon termination, these employees are paid a percentage of their unused leave balances exceeding 360 hours, depending upon the number of hours accumulated and their employment classification.

Net Position - Net position represents the difference between assets and liabilities. Net investment in capital assets consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of any borrowings used for the acquisition, construction or improvement of those assets. Net position is reported as restricted when there are limitations imposed on their use either through the enabling legislation or through external restrictions imposed by creditors grantors, laws or regulations of other governments. Unrestricted net position is the remaining net position that does not fall into any of the criteria for the previously defined categories. When both restricted and unrestricted resources are available for use, the Authority would use restricted resources first, then unrestricted resources.

MDHHS Revenue

MDHHS revenue is recognized as earned.

General Fund Revenue

The Authority provides mental health services on behalf of the Michigan Department of Health and Human Services ("MDHHS"). Currently, the Authority contracts directly with the MDHHS for General Fund revenues to support the services provided for priority population residing in Alcona, Alpena, Montmorency and Presque Isle Counties. The Authority performs an annual settlement of General Funds with MDHHS.

Medicaid Revenue

Northeast Michigan Community Mental Health Authority receives Medicaid revenue from the Northern Michigan Regional Entity (the "NMRE") Pre-Paid Inpatient Health Plan. The NMRE contracts directly with the MDHHS to administer Medicaid revenues for Medicaid-qualified services provided to the residents of the covered counties.

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 1 - Summary of Significant Accounting Policies (continued)

Use of Estimates in the Preparation of Financial Statements - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Initial cash settlements under managed care contracts require substantial use of judgment and are subject to review by the Michigan Department of Health and Human Services. Accordingly, the reported amounts of revenue, deferred revenue and due from/to the State could change.

Note 2 - Deposits and Investments

The captions on the financial statements relating to cash and cash equivalents are as follows:

	Business- Type Activities	Fiduciary Fund	Total
Cash and cash equivalents	\$ 8,658,516	\$ 62,706	\$ 8,721,222
Designated cash and cash equivalents	866,778	-	866,778
	<u>\$ 9,525,294</u>	<u>\$ 62,706</u>	<u>\$ 9,588,000</u>

Cash and investments are comprised of the following at year-end:

Petty cash	\$ 3,025
Checking and savings accounts	8,834,975
Certificates of deposit (due within one year)	<u>750,000</u>
	<u>\$ 9,588,000</u>

Deposit Risk

Custodial credit risk. Custodial credit risk is the risk that in the event of a bank failure, the Authority's deposits may not be returned. State law does not require, and the Authority does not have a policy for deposit custodial credit risk. As of year-end, \$8,735,747 of the Authority's bank balance of \$9,735,747 was exposed to custodial credit risk because it exceeded FDIC and NCUA Insurance limits. The Authority believes that due to the dollar amounts of cash deposits and the limits of FDIC and NCUA insurance, it is impractical to insure all deposits. As a result, the Authority evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 2 - Deposits and Investments (continued)

Interest Rate Risk. The Authority does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from interest rate changes.

Statutory Authority

The Authority is authorized by the State of Michigan to invest surplus funds in the following:

- Bonds, securities, other obligations and repurchase agreements of the United States, or an agency or instrumentality of the United States.
- Certificates of deposit, savings accounts, deposit accounts or depository receipts of a qualified financial institution.
- Commercial paper rated at the time of purchase within the two highest classifications established by not less than two standard rating services and that matures not more than 270 days after the date of purchase.
- Bankers acceptances of United States banks.
- Obligations of the State of Michigan and its political subdivisions that, at the time of purchase are rated as investment grade by at least one standard rating service.
- Mutual funds registered under the Investment Company Act of 1940 with the Authority to purchase only investment vehicles that are legal for direct investment by a public corporation.
- External investment pools as authorized by Public Act 20 as amended through December 31, 1997.

Note 3 - Long-term Debt

The following is a summary of long-term debt transactions of the Authority for the year ended September 30, 2020:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>(Decreases)</u>	<u>Ending Balance</u>	<u>Due within one year</u>
Compensated absences	<u>\$ 783,000</u>	<u>83,778</u>	<u>-</u>	<u>\$ 866,778</u>	<u>\$ 72,203</u>

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 4 - Leases

The Authority is party to numerous operating leases, for which aggregate rental expense was \$258,024. These leases are for residential property and office facilities used to shelter and serve individuals in need.

The following is a schedule of future minimum lease payments required under the operating leases that have initial or remaining terms as of September 30, 2020:

2021	\$ 156,141
2022	109,457
2023	89,472
2024	61,689
2025	20,534
	<u>\$ 437,293</u>

Note 5 - Capital Assets

Capital asset activity for the year ended September 30, 2020 was as follows:

	Beginning Balance	Increases	Decreases	Ending Balance
Capital assets not being depreciated				
Land	\$ 80,000	\$ -	\$ -	\$ 80,000
Total capital assets not being depreciated	80,000	-	-	80,000
Capital assets being depreciated				
Buildings	1,675,531	-	-	1,675,531
Building improvements	434,244	10,830	-	445,074
Leasehold improvements	321,796	-	-	321,796
Vehicles	1,408,463	284,046	(213,334)	1,479,175
Computer equipment	398,718	196,746	-	595,464
Client equipment	95,505	-	-	95,505
Other equipment	297,084	-	-	297,084
Total capital assets being depreciated	4,631,341	491,622	(213,334)	4,909,629

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 5 - Capital Assets (continued)

	Beginning Balance	Increases	Decreases	Ending Balance
Accumulated depreciation				
Buildings	\$ (889,416)	\$ (49,944)	\$ -	\$ (939,360)
Building improvements	(273,101)	(17,978)	-	(291,079)
Leasehold improvements	(222,846)	(28,054)	-	(250,900)
Vehicles	(1,083,216)	(142,701)	213,334	(1,012,583)
Computer equipment	(362,447)	(17,301)	-	(379,748)
Client equipment	(90,273)	(1,930)	-	(92,203)
Other equipment	(285,528)	(5,160)	-	(290,688)
	(3,206,827)	(263,068)	213,334	(3,256,561)
Total accumulated depreciation				
Capital assets being depreciated, net	1,424,514	228,554	-	1,653,068
Capital assets, net	\$ 1,504,514	\$ 228,554	\$ -	\$ 1,733,068

Depreciation expense of \$263,069 was charged entirely to a single Health and Human Services function.

Note 6 - Pension Plans

Defined Contribution Plan

The Authority has adopted a defined contribution retirement plan administered by Voya Institutional Trust Co. The Authority's plan covers all full-time employees. Employees may start contributing on the first month following their regular full-time employment. For participants with a full-time seniority date of at least December 1, 2003 they will be vested 100% immediately. All other participants will be vested 100% after three years of service. Forfeitures of non-vested participants are available to reduce future employer contribution and expenses. Employer contributions of up to 7.5% of gross wages are paid to the plan trustees on a biweekly basis at the same time that wages are paid. The covered payroll for the plan was \$10,461,606. Total employer contributions for the year ended September 30, 2020 were \$737,477, of which \$27,666 was accrued.

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 6 - Pension Plans (continued)

Alternative Social Security Plan

The Authority contributes 5.7% of all non-union employees' salary to the plan. Employees are also required to contribute 6.2% of their salary to the plan. The contributions to the plan are made in lieu of federal social security contributions. Under this plan, employees are 100% vested in their account at inception. Employees of the Authority not eligible to participate in this plan are covered by the Federal Social Security System. The covered payroll for the plan was \$5,915,386. Total employer contributions for the year ended September 30, 2020 were \$337,177.

Note 7 - Contingencies

Under the terms of various federal and state grants and regulatory requirements, the Authority is subject to periodic audits of its agreements. Such audits could lead to questioned costs and/or requests for reimbursement to grantor or regulatory agencies.

As is the case with other entities, the Authority faces exposure from potential claims and legal proceedings involving environmental and other matters. No such claims or proceedings have been asserted as of September 30, 2020.

Note 8 - Risk Management

The Authority is exposed to various risks of loss related to property loss, torts, errors and omissions, and employee's injuries (workers compensation), as well as medical and death benefits provided to employees.

The Authority is a member in the Michigan Municipal Risk Management Authority ("MMRMA"). The MMRMA is a municipal self-insurance entity operating pursuant to the State of Michigan Public Act 138 of 1982. The purpose of MMRMA is to administer a risk management fund, which provides members with loss protection for general and property liability. The Authority has joined with numerous other governmental agencies in Michigan as a participant in MMRMA's pooled insurance program.

The Authority's coverage limits include \$15,000,000 for general liability, \$1,500,000 for vehicle damage and \$8,665,382 for buildings and personal property.

The Authority has purchased commercial insurance for all other risks of loss. Settled claims relating to the commercial insurance have not exceeded the amount of insurance coverage in any of the past three fiscal years, and there was no reduction of coverage in the current year.

The Authority provides medical benefits to its employees through self-insurance. Blue Cross Blue Shield is the third party administrator. The Authority has stop loss coverage for any claims exceeding \$150,000 per member.

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 8 - Risk Management (continued)

The Authority has claims incurred but not paid at September 30, 2020. GASB Statement No. 10 requires that a liability for claims be reported if it is probable that a liability has been incurred at the date of the financial statements and the amount of loss can be reasonably estimated.

The changes in claims in the year ended September 30, 2020 is as follows:

Estimate of prepaid claims, beginning of year	\$ 23,536
Incurred claims and changes in estimates	(2,275,594)
Claim payments	<u>2,275,594</u>
Estimate of claims payable, end of year	<u>\$ 23,536</u>

Note 9 - Community Foundation of Northeast Michigan Fund

The Community Foundation for Northeast Michigan (the "CFNEM") carries certain funds which are for the benefit of the Authority. These funds are not included in the Authority's financial statements as they are considered assets of the CFNEM, but limited amounts would be available upon a successful grant application to the Foundation's Trustees. As of September 30, 2020, the Northeast Michigan Community Mental Health Fund had a balance of \$90,121, of which \$8,711 would be available upon a successful grant application.

Note 10 - Prior Period Adjustment

Information was obtained from the CFNEM that these funds are being held in an agency capacity. Consequently, it was determined the Authority should recognize an asset for the Authority's beneficial interest in the Northeast Michigan Community Mental Health Agency Fund. A prior period adjustment has been recorded to recognize this beneficial interest. As a result, the Authority's net position has been restated by an increase of \$12,899 as of September 30, 2019.

Note 11 - Subsequent Events

Management has evaluated subsequent events through the date of the Independent Auditor's Report, the date on which the financial statements were available to be issued.

Northeast Michigan Community Mental Health Authority

Notes to Financial Statements

Note 11 - Subsequent Events (continued)

In March 2020, the World Health Organization declared the novel coronavirus outbreak (COVID-19) to be a global pandemic. The extent of the ultimate impact of the pandemic on the Authority's operational and financial performance will depend on various developments, including the duration of the spread of the outbreak and its impact on employees, consumers, and vendors, all of which cannot be reasonably predicted at this time. In addition, it may place additional demands on the Authority for providing emergency services to its consumers. While management reasonably expects the COVID-19 outbreak to negatively impact the Authority's financial position, change in financial position, and where applicable, the timing and amounts of cash flows, the related financial consequences and duration are highly uncertain.

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors
Northeast Michigan Community
Mental Health Authority

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business type activities, the major fund, and aggregate remaining fund information of **Northeast Michigan Community Mental Health Authority** (the "Authority"), as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated February 11, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Straley Kamp & Kraenzlein P.C.

February 11, 2021

= = = = = = = = = =

<p style="text-align: center;">THANKS TO ALL BOARD MEMBERS FOR THEIR CONTINUING SERVICE TO THE BOARD</p>

Roger Frye	27 Years
Gary Nowak	22 Years
Pat Przeslawski	21 Years
Terry Larson	20 Years
Lester Buza	11 Years
Judy Jones	8 Years
Eric Lawson	6 Years
Bonnie Cornelius	6 Years
Robert Adrian	1 year
Lynnette Greskowiak	4 months
Geyer Balog	1 month
Terry Small	1 month

Mission

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

Vision

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

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

Northeast Michigan Community Mental Health Authority is funded, in part, by the Michigan Department of Health and Human Services.

Updated 2-24-2020

Quotes from Persons Served...

"_____ is limited with her disability but is cared for wonderfully by staff at Princeton house. Couldn't be at a better place. CMH is wonderful with _____ and really care about her."

"I am very happy with the way _____ is taken care of."

"I really like my supports coordinator. She's really nice and very friendly."

"We have had great support and commend all people that work with special needs clients."

"Blue Horizon staff are great!"

"The administration and staff continue to do a wonderful job! Thanks to all!"

"I am very satisfied so far".

"Great service provided to our loved one."

"_____ is very well taken care of. Thank you all from the bottom of my heart."

"I am very satisfied with the services _____ receives from NEMCMH. I am exceedingly grateful for the support given to _____. I attribute this solely to the care compassion, professionalism, and exceptional competence of _____ and his full time care giver _____."



Customer Satisfaction Committee



2020

Survey Results

(January 2020 - December 2020)

Northeast Michigan Community Mental

Health Authority

400 Johnson St.

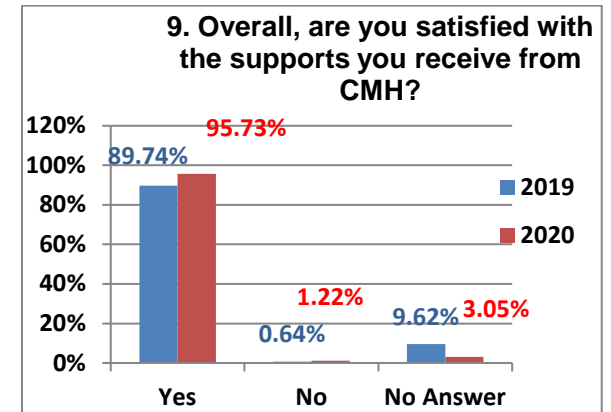
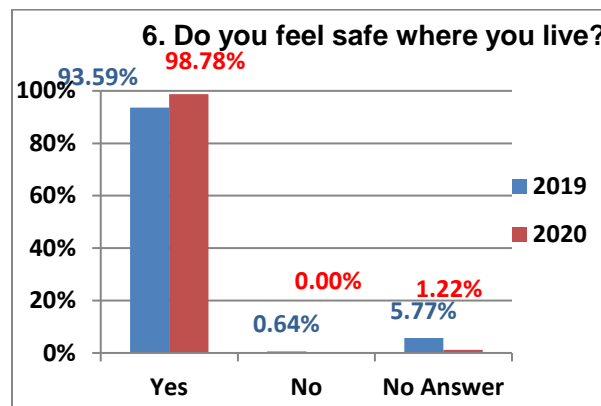
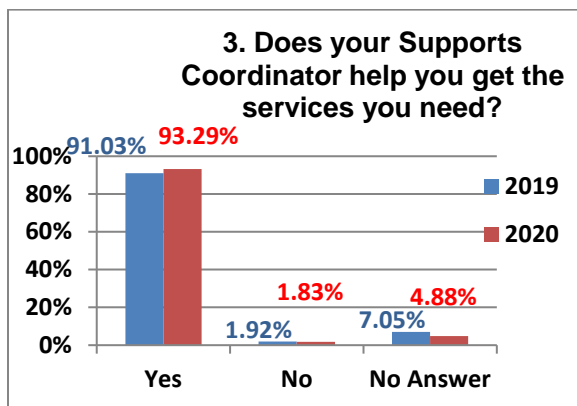
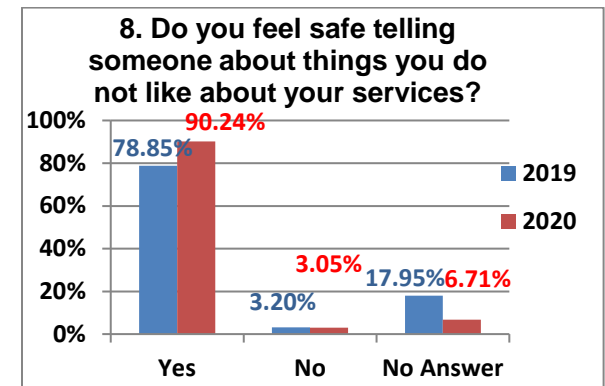
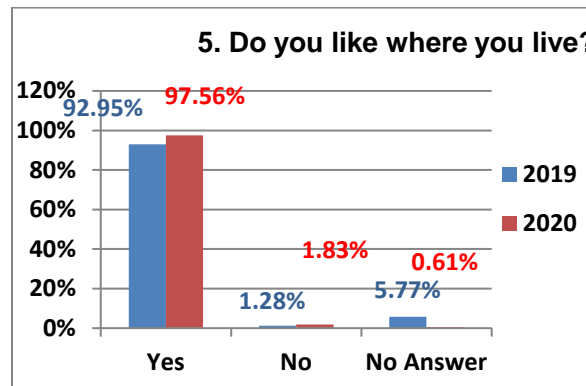
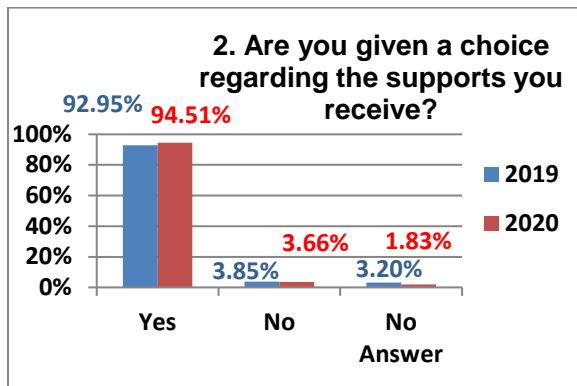
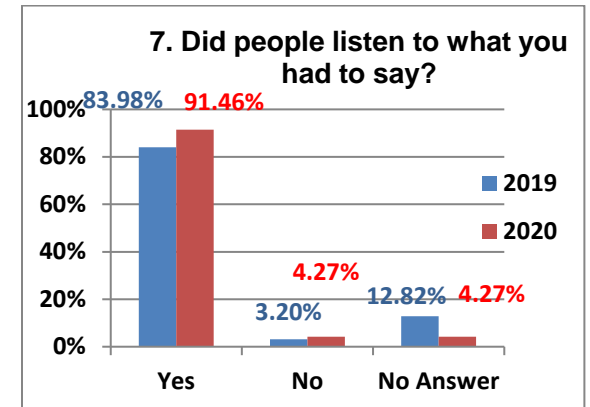
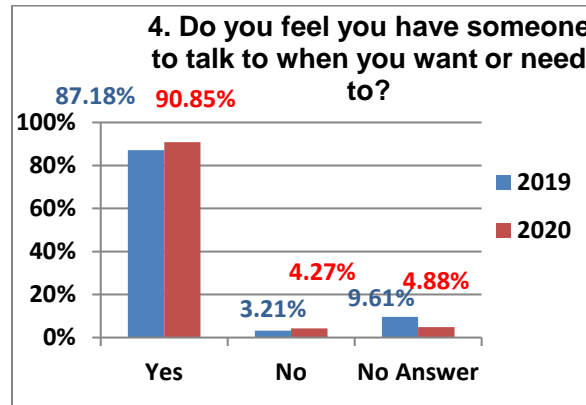
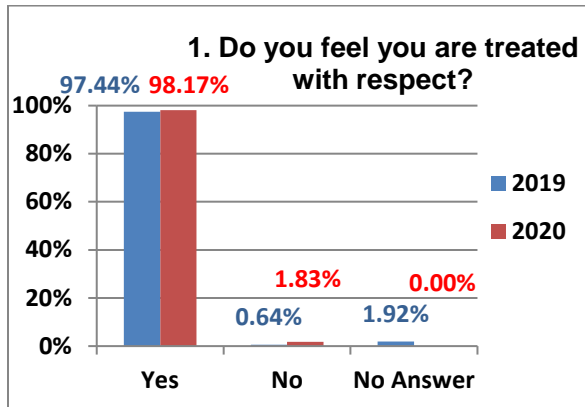
Alpena, MI 49707

Phone: 989-356-2161

NeMCMHA's Intellectual and Development Disabilities Services surveys each individual receiving its services on an annual basis. This survey assists us in measuring how individuals feel about the services provided, by informing us about what is going well and where improvement is needed.

January 1, 2019 through December 31, 2019 - 156 of 346 responded (45%)

January 1, 2020 through December 31, 2020 - 164 of 339 responded (48%)



Management Team Survey

Management Team developed a confidential, six (6) question survey for staff to complete focusing on agency communication and needed agency improvements.

The survey was distributed to staff on August 31, 2020 and closed on October 1, 2020.

Response Rate

136 Respondents or 41.6% of employees completed the survey

Survey Questions and Results

1. *How likely is it that you would recommend NeMCMHA as an employer to a friend or colleague?*
 - Net Promoter Score (NPS) can range from -100 (all detractors) or 100 (all promoters).
NPS formula: (% of customers who are Promoters) - (% of customers who are Detractors) = NPS
 - **-10 NPS**

2. *Communication between senior leaders and employees is good in my organization.*
 - Strongly Disagree: 11.85%
 - Disagree: 27.41%
 - Neutral: 24.44%
 - **Agree: 25.93%**
 - Strongly Agree: 10.37%

3. *How well do the member of your team communicate with each other?*
 - Extremely well: 21.48%
 - Very well: 31.85%
 - **Somewhat well: 36.30%**
 - Not so well: 7.41%
 - Not at all well: 2.96%

4. *In your opinion, which of the following needs improvement at the company? Select top 3.*
 - Providing challenging work: 1.49%
 - Perks and benefits: 33.58%
 - **Recognizing strong performance: 44.78%**
 - Providing meaningful work: 1.49%
 - Opportunities for career development: 20.15%
 - Communication with senior management: 35.07%
 - Job Training: 28.36%
 - Work/Life balance: 26.12%
 - **Managing workload: 35.82%**
 - **Competitive compensation package: 44.78%**

5. *What actions can your employer take to build a better workplace?*

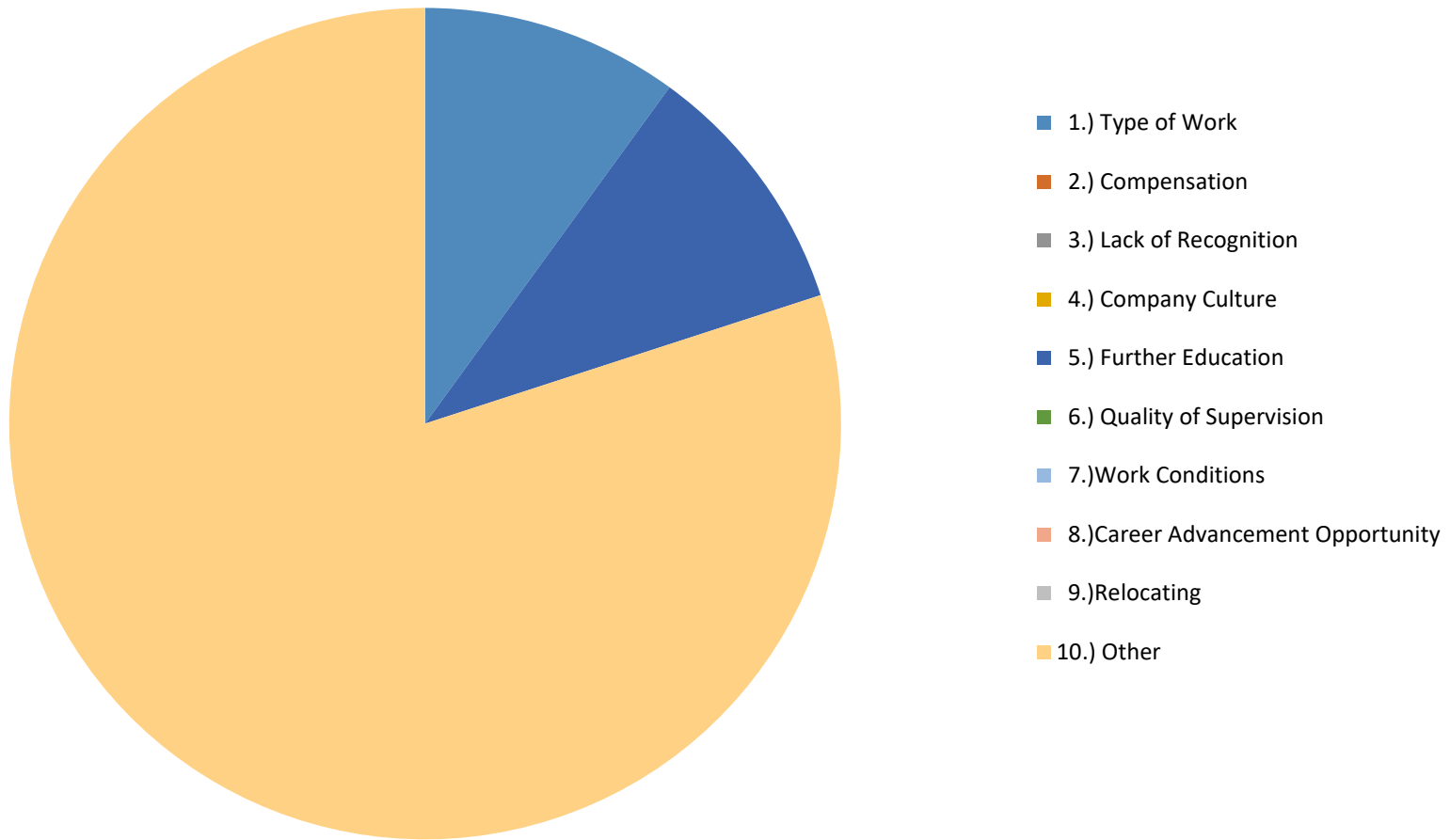
- **Improve Communication**
- **Increase Training**
- **Increase Staffing**
- **Increase Wages/Benefits**
- **Better Supervision**
- **COVID-19 Response**

6. *Please list any areas for improvement for NeMCMHA.*

- **Improve Communication**
- **Staff Appreciation**
- **Increase Wages**

Staff Exit Survey Response

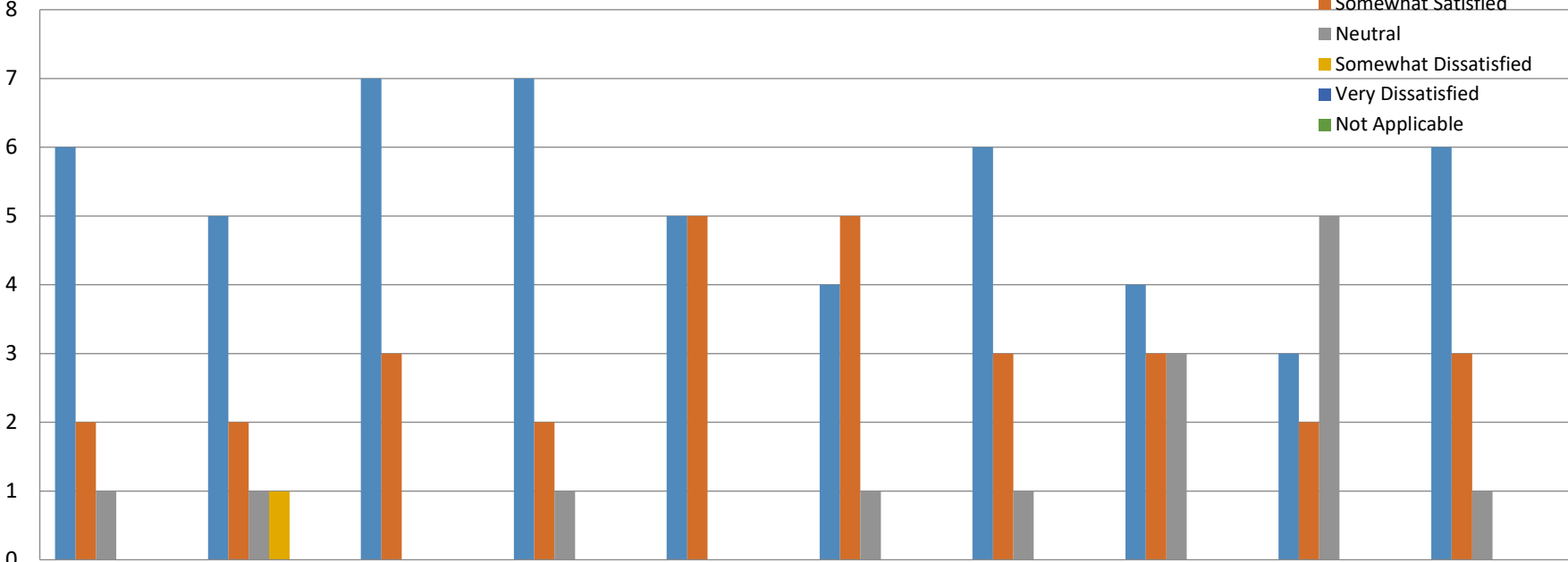
What prompted you to seek alternative employment?



Only 10 surveys returned with one responding for the "Type of Work," one to "Further Education," and eight "Other."

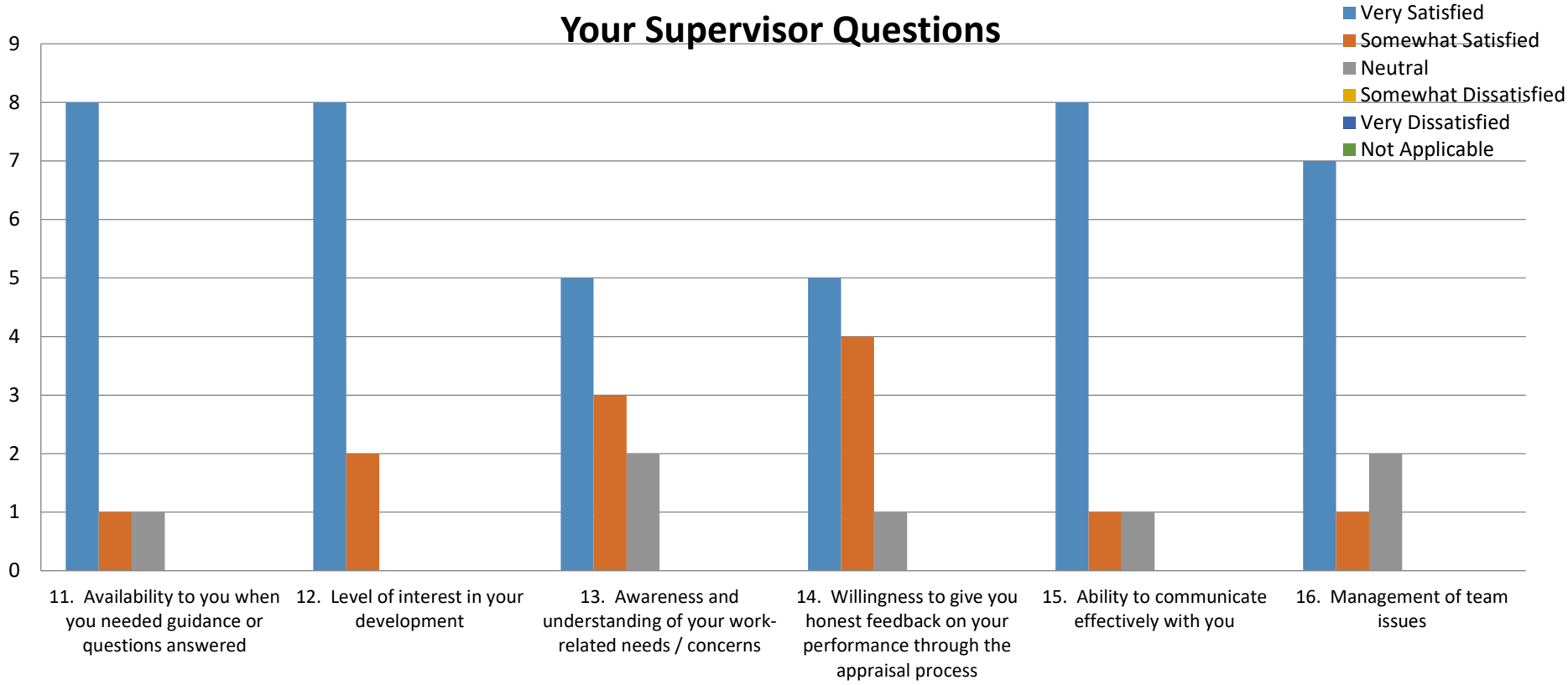
The Job

- Very Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Very Dissatisfied
- Not Applicable

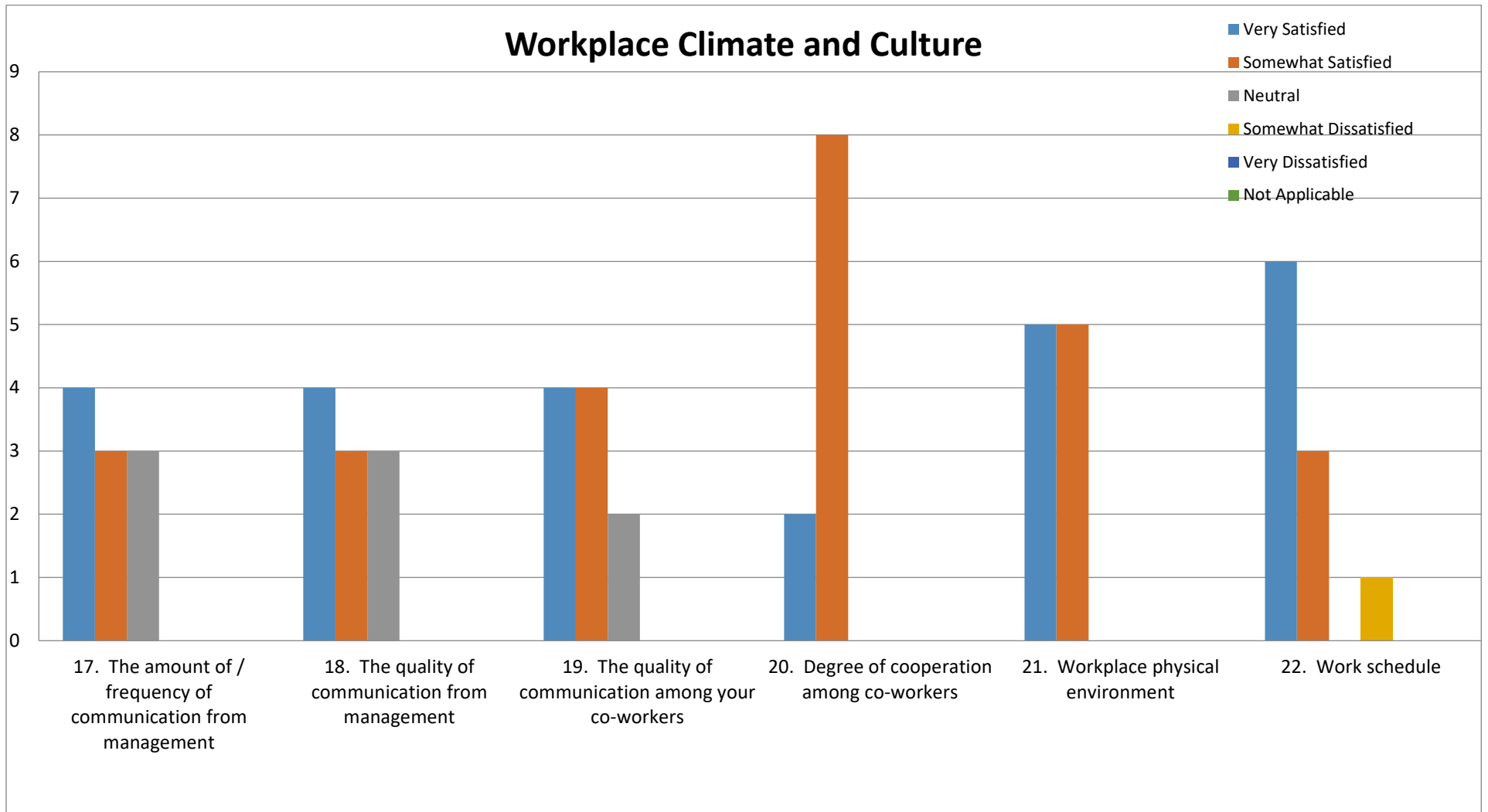


1. The general orientation you received to employment at NeMCMHA
2. The specific orientation you received to your department and job at NeMCMHA
3. The opportunity the job provided for you to use your skills and abilities
4. The opportunity to do interesting work
5. The amount of responsibility you were given in your job
6. The opportunity you were given to make appropriate decisions about your work
7. The opportunity you were given to acquire new skills or to further develop existing skills
8. The workload required of you in your job
9. Advancement opportunities at NeMCMHA
10. The recognition you received for the work you performed

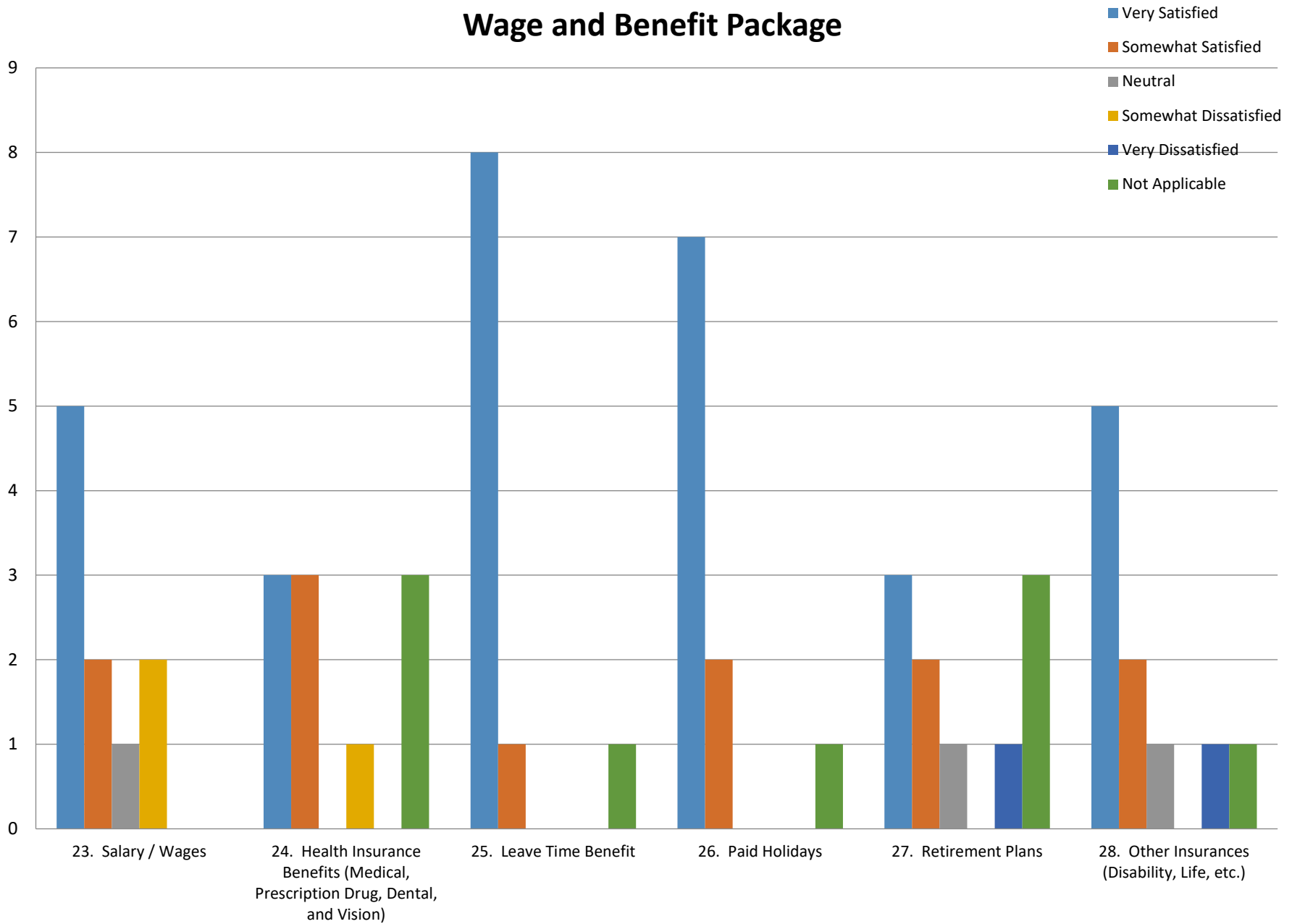
Your Supervisor Questions



Workplace Climate and Culture



Wage and Benefit Package



Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Twelve Months Ending September 30, 2020 Audited
100% of year elapsed

	Actual September Year to Date	Budget September Year to Date	Variance September Year to Date	Budget FY20	% of Budget Earned or Used
Revenue					
1 State Grants	181,858.26	97,000.00	\$ 84,858	97,000.00	187.5%
2 Private Contracts	43,361.06	45,038.00	(1,677)	45,038.00	96.3%
3 Grants from Local Units	502,533.25	613,067.00	(110,534)	613,067.00	82.0%
4 Interest Income	8,793.46	12,164.00	(3,371)	12,164.00	72.3%
5 Medicaid Revenue	26,002,476.83	26,809,653.00	(807,176)	26,809,653.00	97.0%
6 General Fund Revenue	827,037.19	901,044.00	(74,007)	901,044.00	91.8%
7 Healthy Michigan Revenue	1,565,565.74	1,838,496.00	(272,930)	1,838,496.00	85.2%
8 3rd Party Revenue	351,310.04	375,607.00	(24,297)	375,607.00	93.5%
9 SSI/SSA Revenue	495,014.24	492,169.00	2,845	492,169.00	100.6%
10 Other Revenue	103,263.18	75,338.00	27,925	75,338.00	137.1%
11 Total Revenue	30,081,213	31,259,576	(1,178,363)	31,259,576	95.8%
Expense					
12 Salaries	13,109,249.42	13,169,624.00	60,375	13,169,624.00	99.5%
13 Social Security Tax	582,729.70	577,645.97	(5,084)	577,645.97	100.9%
14 Self Insured Benefits	2,088,548.72	2,295,426.06	206,877	2,295,426.06	91.0%
15 Life and Disability Insurances	207,937.58	206,943.00	(995)	206,943.00	100.5%
16 Pension	1,074,653.51	1,077,152.00	2,498	1,077,152.00	99.8%
17 Unemployment & Workers Comp.	197,164.75	171,943.00	(25,222)	171,943.00	114.7%
18 Office Supplies & Postage	39,146.20	41,474.78	2,329	41,474.78	94.4%
19 Staff Recruiting & Development	66,323.29	63,773.00	(2,550)	63,773.00	104.0%
20 Community Relations/Education	19,163.75	14,542.00	(4,622)	14,542.00	131.8%
21 Employee Relations/Wellness	76,405.75	45,987.00	(30,419)	45,987.00	166.1%
22 Program Supplies	468,026.11	556,301.00	88,275	556,301.00	84.1%
23 Contract Inpatient	1,278,371.57	1,269,503.00	(8,869)	1,269,503.00	100.7%
24 Contract Transportation	61,536.16	64,159.00	2,623	64,159.00	95.9%
25 Contract Residential	5,794,516.38	5,626,731.00	(167,785)	5,626,731.00	103.0%
26 Contract Employees & Services	3,287,337.69	4,147,270.00	859,932	4,147,270.00	79.3%
27 Telephone & Connectivity	132,912.47	130,407.00	(2,505)	130,407.00	101.9%
28 Staff Meals & Lodging	12,236.13	14,721.00	2,485	14,721.00	83.1%
29 Mileage and Gasoline	269,704.92	267,357.00	(2,348)	267,357.00	100.9%
30 Board Travel/Education	4,209.18	4,620.00	411	4,620.00	91.1%
31 Professional Fees	67,044.16	48,276.00	(18,768)	48,276.00	138.9%
32 Property & Liability Insurance	46,399.60	43,287.00	(3,113)	43,287.00	107.2%
33 Utilities	154,000.64	153,221.00	(780)	153,221.00	100.5%
34 Maintenance	163,943.08	135,381.00	(28,562)	135,381.00	121.1%
35 Rent	258,023.22	257,507.00	(516)	257,507.00	100.2%
36 Food (net of food stamps)	67,832.07	71,681.00	3,849	71,681.00	94.6%
37 Capital Equipment	178,718.39	437,888.00	259,170	437,888.00	40.8%
38 Client Equipment	12,964.78	14,828.00	1,863	14,828.00	87.4%
39 Miscellaneous Expense	155,897.33	101,438.00	(54,459)	101,438.00	153.7%
40 Depreciation Expense	263,067.53	250,489.00	(12,579)	250,489.00	105.0%
41 Total Expense	30,138,064	31,259,576	1,121,512	31,259,576	96.8%
42 Change in Net Position	\$ (56,851)	\$ 0	\$ (56,851)	\$ 0	-1.0%
Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 1,806,198				
45 Healthy Michigan Funds (Over) / Under Spent	298,128				
46 Total NMRE (Over) / Under Spent	\$ 2,104,326				
47 General Funds to Carry Forward to FY20	\$ 45,052				
48 General Funds Lapsing to MDHHS	89,518				
49 General Funds (Over) / Under Spent	\$ 134,570				

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Fourth Month Ending January 31, 2021
33.33% of year elapsed

	Actual January Year to Date	Budget January Year to Date	Variance January Year to Date	Budget FY21	% of Budget Earned or Used
Revenue					
1 State Grants	21,051.07	34,529.00	\$ (13,478)	103,587.00	20.3%
2 Private Contracts	6,271.00	19,637.32	(13,366)	58,912.00	10.6%
3 Grants from Local Units	107,012.49	188,650.00	(81,638)	565,950.00	18.9%
4 Interest Income	300.28	4,055.00	(3,755)	12,165.00	2.5%
5 Medicaid Revenue	8,482,586.26	9,115,282.56	(632,696)	27,345,847.00	31.0%
6 General Fund Revenue	278,914.34	348,893.04	(69,979)	1,046,679.00	26.6%
7 Healthy Michigan Revenue	450,479.94	625,088.72	(174,609)	1,875,266.00	24.0%
8 3rd Party Revenue	109,214.39	129,116.00	(19,902)	387,346.00	28.2%
9 SSI/SSA Revenue	167,971.05	173,850.56	(5,880)	521,552.00	32.2%
10 Other Revenue	30,756.20	14,800.36	15,956	44,401.00	69.3%
11 Total Revenue	9,654,557	10,653,903	(999,346)	31,961,705	29.8%
Expense					
12 Salaries	4,264,069.77	4,528,788.24	264,718	13,612,264.00	31.3%
13 Social Security Tax	185,615.67	228,783.64	43,168	686,351.00	27.0%
14 Self Insured Benefits	725,582.84	988,645.12	263,062	2,965,936.00	24.5%
15 Life and Disability Insurances	68,350.55	75,088.92	6,738	225,267.00	30.3%
16 Pension	342,409.61	354,973.16	12,564	1,064,919.00	32.2%
17 Unemployment & Workers Comp.	53,362.48	61,415.32	8,053	184,246.00	29.0%
18 Office Supplies & Postage	17,022.28	15,907.24	(1,115)	47,721.00	35.7%
19 Staff Recruiting & Development	27,941.54	30,168.40	2,227	90,505.00	30.9%
20 Community Relations/Education	4,962.04	4,847.32	(115)	14,542.00	34.1%
21 Employee Relations/Wellness	7,973.27	17,357.32	9,384	52,072.00	15.3%
22 Program Supplies	150,026.37	205,019.32	54,993	615,058.00	24.4%
23 Contract Inpatient	460,617.41	419,415.32	(41,202)	1,258,246.00	36.6%
24 Contract Transportation	22,220.24	22,165.96	(54)	66,498.00	33.4%
25 Contract Residential	1,749,289.02	1,777,505.68	28,217	5,332,517.00	32.8%
26 Contract Employees & Services	1,026,127.67	1,319,443.04	293,315	3,958,329.00	25.9%
27 Telephone & Connectivity	44,638.60	44,665.04	26	133,995.00	33.3%
28 Staff Meals & Lodging	1,274.53	10,074.96	8,800	30,225.00	4.2%
29 Mileage and Gasoline	69,263.31	103,061.52	33,798	309,185.00	22.4%
30 Board Travel/Education	751.00	4,554.68	3,804	13,664.00	5.5%
31 Professional Fees	8,692.83	22,191.32	13,498	66,574.00	13.1%
32 Property & Liability Insurance	41,756.85	21,772.32	(19,985)	65,317.00	63.9%
33 Utilities	48,901.69	53,081.92	4,180	159,246.00	30.7%
34 Maintenance	42,868.20	52,490.96	9,623	157,473.00	27.2%
35 Rent	85,458.19	85,976.24	518	232,027.00	36.8%
36 Food (net of food stamps)	15,551.26	21,854.40	6,303	65,563.00	23.7%
37 Capital Equipment	8,965.74	19,144.92	10,179	57,435.00	15.6%
38 Client Equipment	2,269.12	4,942.68	2,674	14,828.00	15.3%
39 Miscellaneous Expense	31,456.77	36,319.28	4,863	108,958.00	28.9%
40 Depreciation Expense	107,910.90	124,247.96	16,337	372,744.00	29.0%
41 Total Expense	9,615,330	10,653,902	1,038,572	31,961,705	30.5%
42 Change in Net Position	\$ 39,227	\$ 0	\$ 39,227	\$ -	-0.7%
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 1,869,027				
45 Healthy Michigan Funds (Over) / Under Spent	326,331				
46 Total NMRE (Over) / Under Spent	\$ 2,195,358				
47 General Funds to Carry Forward to FY21					
48 General Funds Lapsing to MDHHS	\$ 16,694				
49 General Funds (Over) / Under Spent	\$ 83,319				
	\$ 100,013				

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
September 30, 2020

	Total Business- Type Activities September, 2020	Total Business- Type Activities Sept. 30, 2019	% Change
Assets			
Current Assets:			
Cash and cash equivalents	\$ 7,908,516	\$ 3,015,510	162.3%
Restricted cash and cash equivalents	866,778	783,000	10.7%
Investments	750,000	750,000	0.0%
Accounts receivable	943,040	2,169,072	-56.5%
Beneficial Interest in Community Foundation	13,680		
Inventory	37,068	12,476	197.1%
Prepaid items	420,792	452,183	-6.9%
Total current assets	<u>10,939,873</u>	<u>7,182,241</u>	<u>52.3%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,653,068	1,424,514	16.0%
Total non-current assets	<u>1,733,068</u>	<u>1,504,514</u>	<u>15.2%</u>
Total assets	<u>12,672,940</u>	<u>8,686,755</u>	<u>45.9%</u>
Liabilities			
Current liabilities:			
Accounts payable	4,814,405	1,771,819	171.7%
Accrued payroll and payroll taxes	1,436,289	588,369	144.1%
Deferred revenue	63,290	18,267	246.5%
Current portion of long-term debt (Accrued Leave)	72,203	65,224	10.7%
Total current liabilities	<u>6,386,186</u>	<u>2,443,679</u>	<u>161.3%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	794,575	717,776	10.7%
Total liabilities	<u>7,180,762</u>	<u>3,161,454</u>	<u>127.1%</u>
Net Position			
Invested in capital assets, net of related debt	1,733,068	1,504,514	15.2%
Unrestricted	3,759,111	4,031,617	-6.8%
Total net position	<u>\$ 5,492,179</u>	<u>\$ 5,536,131</u>	<u>-0.8%</u>
Net Position Beginning of Year			
Revenue	30,081,213		
Expense	<u>(30,138,064)</u>		
Change in net position	<u>(56,851)</u>		
Net Position September 30, 2020	<u>\$ 5,479,280</u>		

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

12.0% or 44 days
8% - 25%

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
January 31, 2021

	Total Business- Type Activities January, 2021	Total Business- Type Activities Sept. 30, 2020	% Change
Assets			
Current Assets:			
Cash and cash equivalents	\$ 6,724,958	\$ 7,908,516	-15.0%
Restricted cash and cash equivalents	960,139	866,778	10.8%
Investments	750,000	750,000	0.0%
Accounts receivable	983,166	943,040	4.3%
Inventory	37,068	37,068	0.0%
Prepaid items	785,513	420,792	86.7%
Beneficial Interest	4,637	4,637	
Total current assets	<u>10,245,481</u>	<u>10,930,830</u>	<u>-6.3%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,545,157	1,653,068	-6.5%
Beneficial Interest	9,043	9,043	
Total non-current assets	<u>1,634,200</u>	<u>1,742,111</u>	<u>-6.2%</u>
Total assets	<u>11,879,681</u>	<u>12,672,940</u>	<u>-6.3%</u>
Liabilities			
Current liabilities:			
Accounts payable	4,843,699	4,814,405	0.6%
Accrued payroll and payroll taxes	526,069	1,436,289	-63.4%
Deferred revenue	17,707	63,290	-72.0%
Current portion of long-term debt (Accrued Leave)	79,980	72,203	10.8%
Total current liabilities	<u>5,467,455</u>	<u>6,386,187</u>	<u>-14.4%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	880,160	794,575	10.8%
Total liabilities	<u>6,347,614</u>	<u>7,180,762</u>	<u>-11.6%</u>
Net Position			
Invested in capital assets, net of related debt	1,625,157	1,733,068	-6.2%
Unrestricted	3,906,415	3,759,111	3.9%
Total net position	<u>\$ 5,531,572</u>	<u>\$ 5,492,179</u>	<u>0.7%</u>
Net Position Beginning of Year			
Revenue	9,654,557		
Expense	<u>(9,615,330)</u>		
Change in net position	<u>39,227</u>		
Net Position January 31, 2021	<u>\$ 5,531,406</u>		

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

12.2% or 45 days
8% - 25%

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

EXECUTIVE LIMITATIONS

(Manual Section)

BUDGETING

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

April 8, 2004
June 8, 2006

●1 **POLICY:**

Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate materially from board *Ends* priorities, risk fiscal jeopardy, or fail to be derived from a multi-year plan.

Accordingly, he or she may not cause or allow budgeting which:

1. Contains too little information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.
2. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
3. Provides less than is sufficient for board prerogatives, such as costs of fiscal audit, board development, board and committee meetings, and board legal fees.
4. Reduce the current assets at any time to less than twice current liabilities (or allow cash and cash equivalents to drop below a safety reserve of less than \$2,500,000 at any time.)
5. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve ends in future years.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

BOARD MEMBERS ETHICAL CODE OF CONDUCT

(Subject)

Board Approval of Policy

August 8, 2002

Board Approval of Policy Revision:

February 14, 2019

●1 POLICY:

The board commits itself and its members to ethical and businesslike conduct. This includes proper use of authority and appropriate decorum when acting as board members.

1. Members must represent unconflicted loyalty to the interests of the people of Alcona, Alpena, Montmorency and Presque Isle counties. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any board member acting as a consumer of the organization's services.
2. Members must avoid conflict of interest with respect to their fiduciary responsibility.
 - A. There must be no self-dealing or any conduct of private business or personal services between any board member and the organization except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.
 - B. When the board is to decide upon an issue, about which a member has an unavoidable conflict of interest, that member shall absent herself or himself without comment from not only the vote, but also from the deliberation.
 - C. Board members must not use their positions to obtain employment in the organization for themselves, family members or close associates. Should a member desire employment, he or she must first resign.
 - D. Members will disclose their involvements with other organizations, with vendors, or any other associations which might produce a conflict.
3. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in board policies.

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

- A. Members' interaction with the chief executive or with staff must recognize the lack of authority vested in individuals except when explicitly board-authorized.
 - B. Members' interaction with public, press or other entities must recognize the same limitation and the inability of any board member to speak for the board.
 - C. Members will give no consequence or voice to individual judgments of CEO or staff performance.
- 4. Members will respect the confidentiality appropriate to issues of a sensitive nature.
 - 5. Members will be properly prepared for board deliberation.
 - 6. All special gifts, donations, and bequests to the Board and its members shall be reported to the Board. Board members shall not accept gifts, gratuities, entertainment or other favors from any party under contract with, seeking to do business with or receiving services from Northeast Michigan Community Mental Health Authority.
 - A. If fixed property or equipment is donated to the Board, the Board shall determine the fair market value of that property at the time of transfer. If only the use of the property is donated and such usage shall be for matching any other funds, the amount allowed to be matching shall be determined by the fair market value upon the evaluation of an independent appraiser.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

Signature

Date

Printed Name

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JANUARY 27, 2021
GAYLORD BOARDROOM**

ATTENDEES:	Roger Frye, Ed Ginop, Gary Klacking, Terry Larson, Christian Marcus, Gary Nowak, Richard Schmidt, Joe Stone
VIRTUAL ATTENDEES:	Randy Kamps (Traverse City), Mary Marois (Traverse City), Jay O’Farrell (Whittemore), Karla Sherman (Petoskey), Don Smeltzer (Frankfort), Don Tanner (Benzonia), Nina Zamora (Traverse City)
STAFF:	Christine Gebhard, Chip Johnston, Karl Kovacs, Eric Kurtz, Diane Pelts, Brandon Rhue, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek
PUBLIC:	Chip Cieslinski, Sue Winter

CALL TO ORDER

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

ROLL CALL

Let the record show that all NMRE Board Members were in attendance either virtually or in person.

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 agenda items.

APPROVAL OF PAST MINUTES

Let the record show that the December minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE DECEMBER 9, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY JOE STONE. ROLL CALL VOTE.

“Yea” Votes: R. Frye, E. Ginop, R. Kamps, G. Klacking, T. Larson, C. Marcus, M. Marois, G. Nowak, J. O’Farrell, R. Schmidt, K. Sherman, D. Smeltzer, J. Stone, D. Tanner, N. Zamora

“Nay” Votes: Nill

MOTION CARRIED.

CORRESPONDENCE

1) The minutes from the December 10, 2020 meeting of PIHP CEOs.

- 2) The slides from the Opioids Task Force Stakeholder Advisory Group presentation dated December 7, 2020.
- 3) An Informative flyer from the Community Mental Health Association of Michigan (CMHAM) titled "How We Are Funded."
- 4) A memorandum dated December 17, 2020 from Adam Falcone, Esq. to Robert Sheehan, CEO of CMHAM, regarding Service/Encounter Costs for Community Mental Health Service Programs.
- 5) The draft minutes of the NMRE Regional Finance Committee dated January 13, 2021.

Mr. Kurtz drew attention to the Adam Falcone legal opinion obtained by the Association regarding the medical loss ratio. The opinion asserts that CMHSPs and PIHPs are separate entities and CMHSPs' administrative costs should not be charged to the PIHP unless specific arrangements have been made where a CMHSP is performing an administrative task on behalf of a PIHP. The Department has neither acknowledged the letter nor changed the MLR reporting format.

ANNOUNCEMENTS

Let the record show that the NMRE's new Chief Compliance Officer, Tema Pefok, was introduced.

PUBLIC COMMENTS

Let the record show that members of the public attending the meeting virtually were recognized.

REPORTS

Executive Committee Report

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

NMRE Board Policy Committee Report

A summary of the January 13th Board Policy Committee meeting regarding NMRE ByLaws and Open Meetings Act Compliance was emailed to Board Members on January 26th. Mr. Burnham's recommendation was to not make any sweeping changes at this time as changes to the Open Meetings Act regarding virtual meetings are forthcoming given the current environment. Mr. Kurtz added that Mr. Burnham has agreed to draft some "Rules of Engagement" for current and post-pandemic Board operations. Mr. Tanner called it a "great discussion." Mr. Marcus added that changes to FOIA rules are also in the works. NMRE ByLaws and OMA compliance will remain an Agenda topic for February.

CEOs Report

The NMRE CEO Monthly Report for January 2021 was included in the materials for the meeting on this date. Mr. Stone asked about the impact of the removal of exceptions for Performance Indicators. Mr. Kurtz discussed efforts to move to national HEDIS measures for behavioral healthcare; HEDIS measures do not allow exceptions. Mission Based Performance Indicator System data may be less useful than HEDIS data, some of which is currently being collected as part of the PIHPs' Performance Based Bonus Incentive pool.

November 2020 Financial Report

- Traditional Medicaid showed \$34,033,028 in revenue, and \$26,693,717 in expenses, resulting in a net surplus of \$7,339,311. Medicaid ISF was reported as \$6,157,679 based on the Preliminary FSR. Medicaid Savings was reported as \$6,182,146.

- Healthy Michigan Plan showed \$4,805,193 in revenue, and \$2,940,652 in expenses, resulting in a net surplus of \$1,864,541. HMP ISF was reported as \$8,659,840 based on the Preliminary FSR. HMP savings was reported as \$0.
- Net Position* showed net surplus Medicaid and HMP of \$9,203,852; Medicaid and HMP combined ISF based on Preliminary FSR was reported as a \$14,817,519; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$30,203,517.
- Health Home showed \$61,225 in revenue, and \$46,951 in expenses, resulting in a net surplus of \$14,274.
- SUD showed all funding source revenue of \$3,201,832, and \$2,570,238 in expenses, resulting in a net surplus of \$631,594. Total PA2 funds were reported as \$6,068,114.

Ms. Yockey noted that the November surplus included the October direct care wage payment; unspent DCW is paid back to the Department. Medicaid eligibles continue on an upward swing.

MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2020; SECOND BY ED GINOP. ROLL CALL VOTE.

“Yea” Votes: R. Frye, E. Ginop, R. Kamps, G. Klacking, T. Larson, C. Marcus, M. Marois, G. Nowak, J. O’Farrell, R. Schmidt, K. Sherman, D. Smeltzer, J. Stone, D. Tanner, N. Zamora

“Nay” Votes: Nill

MOTION CARRIED.

Operations Committee

The minutes from January 19, 2021 were included in the meeting materials in draft form. Discussion of 928 will occur later in the Agenda.

NEW BUSINESS

January 4, 2021 SUD Board Report and Liquor Tax Requests

The minutes from the January 4, 2021 meeting of the NMRE Substance Use Disorder Oversight Board were included in the materials for the meeting on this date in draft form.

The liquor tax requests recommended by the NMRE Substance Use Disorder Oversight Board on November 2, 2020 were reviewed; the total amount requested for approval was stated as \$74,134.

MOTION MADE BY ROGER FRYE TO APPROVE THE LIQUOR TAX REQUESTS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON JANUARY 4, 2021 FOR A TOTAL AMOUNT NOT TO EXCEED SEVENTY-FOUR THOUSAND ONE HUNDRED THIRTY-FOUR DOLLARS (\$74,134.00); SECOND BY TERRY LARSON. ROLL CALL VOTE.

“Yea” Votes: R. Frye, E. Ginop, R. Kamps, G. Klacking, T. Larson, C. Marcus, M. Marois, G. Nowak, J. O’Farrell, R. Schmidt, K. Sherman, D. Smeltzer, J. Stone, D. Tanner, N. Zamora

“Nay” Votes: Nill

MOTION CARRIED.

NMRE Subpoena for CLS Rates (Washtenaw County Case)

NMRE received a subpoena (along with the other 9 PIHPs) regarding a case originating in Washtenaw County regarding self-determination services for members on the Habilitation Supports Waiver and the processes used to set the SD rates. Mr. Kurtz intends to respond that the NMRE is not a provider of services nor does it set rates for self-determination.

PRESENTATION

Local Match Draw Down – the Latest

Mr. Marcus thanked Mr. Johnston for his straightforward explanation. Through the PIHP Contract Negotiations Workgroup, Mr. Kurtz intends to propose this language be removed from the MDHHS-PIHP Contract; the PIHP simply requests the funds from CMHSPs as directed by MDHHS. It is unclear whether legislators are aware that the intent language in the fiscal boilerplate was not fulfilled.

Christine Gebhard commented that this topic was discussed during Directors Forum earlier on this date. The Association intends to call a special meeting to discuss the matter.

Currently all five Member CMHSPs have decided to pay at 80% while reserving the right to make a proportional adjustment in Quarter 4; the next payment is due on February 10th.

Mr. Nowak requested that Mr. Johnston draft a form letter that can be shared with CMHSP Boards of Directors and legislators, which Mr. Johnston agreed to do. Mr. Ginop suggested inviting local legislators to an upcoming Board meeting.

COMMENTS

Board

- Mr. Stone asked Mr. Kurtz for his thoughts on the new MDHHS Director Elizabeth Hertel. Mr. Kurtz responded that he has worked with her in the past and she possesses a solid foundation in the mental health system and structure.
- Mr. Frye announced that he was reappointed to the NMRE Substance Use Disorder Oversight Board.

Staff/CMHSP CEOs

- Mr. Johnston noted that Sarah Esty (Senior Deputy Director, Policy and Planning Administration) has left MDHHS.
- Mr. Johnston announced that Tim Markey was appointed to the NMRE Substance Use Disorder Oversight Board representing Benzie County.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on February 24, 2021.

ADJOURN

Let the record show that the Meeting adjourned at 11:09AM.

**AMENDMENT BETWEEN
NORTHERN MICHIGAN REGIONAL ENTITY
AND
NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
AMENDMENT C**

Medicaid Managed Specialty Supports and Services Provided Under Michigan's 1115 Demonstration Waiver for Substance Use Disorder, 1915(i)/(c) State Plan and Waiver Programs, The Healthy Michigan Program, MICHild Program, The Flint 1115 Waiver, and Substance Use Disorder Community Grant Programs

THIS AGREEMENT is made and entered into this 1st day of March, 2021, by and between **NORTHERN MICHIGAN REGIONAL ENTITY** (the "Payor"), whose administrative offices are located at 1999 Walden Dr, Gaylord, MI 49735, and **NORTHEAST MICHIGAN MENTAL HEALTH AUTHORITY** (the "Provider"), whose administrative offices are located at 400 Johnson Street, Alpena, Michigan 49707.

Amendment Purpose. This amendment extends the term of the contract for an additional seven (7) months or until a successor agreement is executed.

Term. The term of this Agreement shall be extended from March 1, 2021 through September 30, 2021. This Agreement will automatically extend on a month-to-month basis thereafter upon the terms and conditions set forth herein until amended pursuant to Part XXXII of the Agreement, or until a successor Agreement is executed by and between the parties, or is terminated by either party unless terminated in accordance with Part VI, of the Agreement.

This Amendment is a change to the Term of the original contract.

FOR PAYOR: Northern Michigan Regional Entity

Eric Kurtz, Chief Executive Officer

Date

PROVIDER: Northeast Michigan CMH Authority

Nena Sork, Executive Director

Date

	Program	Consumers served February 2021 (2/1/21 - 2/28/21)	Consumers served in the Past Year (3/1/20 - 2/28/21)	Running Monthly Average(year) (3/1/20 - 2/28/21)
1	Access / Crisis / Prescreens	55 - Routine 1 - Emergent 2 - Urgent 47 - Crisis 41 - Prescreens	594 - Routine 1 - Emergent 6 - Urgent 607 - Crisis 489 - Prescreens	50 - Routine 0 - Emergent 1 - Urgent 52 - Crisis 41 - Prescreens
2	Doctors' Services	372	1381	416
3	Case Management			
	Older Adult (OAS)	118	253	106
	MI Adult	133	382	156
	MI ACT	25	175	24
	Home Based Children	55	107	43
	MI Children's Services	148	339	125
	IDD	135	381	149
4	Outpatient Counseling	157(17/140)	376	195
5	Hospital Prescreens	41	489	41
6	Private Hospital Admissions	10	195	16
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	44	104	39
	MI	21	68	21
	Touchstone Clubhouse	79	94	83
9	Peer Support	43	64	37
10	Community Living Support Services			
	IDD	77	142	70
	MI	66	104	63
11	CMH Operated Residential Services			
	IDD Only	58	86	58
12	Other Contracted Resid. Services			
	IDD	32	33	31
	MI	36	38	37
13	Total Unduplicated Served	1026	2278	1067

County	Unduplicated Consumers Served Since March 2020
Alcona	238
Alpena	1398
Montmorency	250
Presque Isle	286
Other	83
No County Listed	23

APRIL AGENDA ITEMS

Policy Review

Financial Condition 01-005

Communication & Counsel 01-009

Policy Review & Self-Evaluation

Governing Style 02-002

Cost of Governance 02-013

Monitoring Reports

Budgeting 01-004

Communication & Counsel 01-009

Activity

Election of Officers

Set Calendar and Committee Appointments [Organizational Meeting]

Ownership Linkage

Educational Session

Compliance Audit Presentation??

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

BYLAWS

PREAMBLE^[DH1]

Recognizing the responsibility of the Alcona, Alpena, Montmorency, and Presque Isle County Boards of Commissioners to provide suitable mental health services to the above named counties, the boards of commissioners have duly appointed a Community Mental Health Board as a Mental Health Authority according to Public Act 258, 1974, as amended.

Recognizing further the responsibility of this Authority in upholding the best interests of the citizens through concerted effort in providing and maintaining mental health services in accordance with Public Act 258, 1974, as amended, the Northeast Michigan Community Mental Health Authority hereby organizes in conformity with bylaws and regulations herein-stated.

For the purpose of these bylaws, whenever the term "Authority" shall appear, it shall be interpreted to mean the Northeast Michigan Community Mental Health Authority, who shall have authority in the government of the county mental health services for the above-mentioned counties. Whenever the term "Board" shall appear, it shall be interpreted to mean the Board of Directors of the Northeast Michigan Community Mental Health Authority. Whenever the term "Department" is used, it shall be interpreted to mean the Michigan Department of Health and Human Services.

ARTICLE I - NAME

The name of this Board shall be the NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY.

ARTICLE II - MISSION

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

ARTICLE III - DUTIES

This community mental health authority shall:

- A. Examine and evaluate the mental health needs of the counties it represents and the public and nonpublic services necessary to meet those needs.

Approved by the Northeast Board – March 10, 1994

Last revision approved by the Northeast Board – February 11, 2021

- B. Review and approve an annual plan and budget for the program. (The format and documentation of the annual plan and budget shall be as specified by the Department.)
- C. Provide and advertise a public hearing on the annual plan and budget.
- D. Submit to each board of commissioners a copy of the Board's needs assessment, annual plan and requests for new State funds.
- E. Take such actions as it deems necessary and appropriate to secure private, federal, and other public funds to help support the program.
- F. Approve and authorize contracts for services.
- G. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the program.
- H. Appoint an executive director of the community mental health program who shall meet standards of training and experience as established by the Department in Administrative Rules.
- I. Establish general policy guidelines within which the director shall execute the program.
- J. Subject to the provisions of Chapter II of Public Act 258, 1974, as amended, the Authority may enter into contracts for purchase of mental health services with private or public agencies.

Contracts may be entered into with any facility or entity of the Michigan Department of Health and Human Services with the approval of the Michigan Department of Health and Human Services.

ARTICLE IV- MEMBERSHIP

Section 1. Appointment

The county boards of commissioners of the counties involved, being Alcona, Alpena, Montmorency, and Presque Isle, shall establish a 12-member community mental health authority board of directors. Each board of commissioners shall appoint the board members from its county.

Section 2. Composition

The composition of the Board shall be as specified in the Mental Health Code, section 222.

Section 3. Terms; Vacancies; Removal of Member

The term of office of a board member shall be three (3) years from April 1 of the year of appointment. Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board members are encouraged to attend all board meetings. If a Board member misses two consecutive meetings without advance notice to the Board Chairperson or his or her designee, a letter from the Board Chairperson will be sent to the board member inquiring about the member's intent to fulfill his or her term of office. If no response is received within 30 days, a second letter will be sent with a copy to the Chairperson of the appointing County Commission. If no response is received within 30 days, a letter will be sent to the Chairperson of the appointing County Commission requesting the removal of the board member according to the requirements of the Mental Health Code, § 224, which states in part: A board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office.

ARTICLE V - OFFICERS

Section 1. Officers; Election; Term of Office

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

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

- By the October Meeting prior to the April election, the Chair will recommend to the Board, subject to the approval of the Board, a "Board Officers Nominating Committee", a Special Committee of the Board which shall exist for the sole purpose of nominating candidates to fill the positions of the Board's Offices; that Committee as needed to fill Board vacancies, the Chair will appoint a "Nomination/Board Member Composition Committee," which shall consist of at least four and no more than six Board Members, preferably one from each county.

This Committee shall review the terms of all Board members with terms expiring and identify the need for individuals with lived experience or a family member of an individual with lived experience for potential appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county Boards of Commissioners as necessary by the Board's Chair or his/her designee.

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

Section 2. Duties

Chair - The Chair shall be the presiding officer at all meetings of the Board; shall be an ex officio member of all committees; shall appoint the Chair of the standing and special committees; shall sign and execute in the name of the Board; shall call meetings of the Board; shall work with the Executive Director to create the meeting agenda; and shall perform such other duties as are required by the Board.

Vice-Chair - The Vice-Chair, in the event of the incapacity or absence of the Chair, shall assume the duties prescribed to the Chair. In the absence of the Chair from a meeting of the Board, the meeting shall be called to order by one of the officers of the appointed Board, designated as temporary Chair, in the following order of precedence:

Vice Chair ... then Secretary.

If the Chair does arrive, the temporary Chair shall surrender the chair to him/her.

Secretary - The Secretary or his/her designee shall send appropriate notices, shall act as custodian of all records and reports, and shall be responsible for the keeping and reporting of adequate records of all meetings of the Board.

Section 3. Additional Officers

The Board may elect or appoint such other officers or agents as it may deem necessary for the transaction of business of the Board, and for terms to expire the same as other officers provided for in these Bylaws.

Section 4. Removal of an Officer

The Board may remove an Officer for just cause by the majority of the Board (7). A member removed from office shall remain a member of the Board unless he or she is removed from the Board by the appointing board of commissioners according to Article IV, Section 3.

Section 5. Replacement of an Officer

Should an Officer be unable to finish their term of office, the Board Chair will appoint a replacement for the position vacated, preferably from the same County to assure equal representation on the Executive Committee. If the appointee rejects the appointment, the Chair will appoint another Board member.

ARTICLE VI - MEETINGS

Section 1. Regular Meetings

The board of directors of Northeast Michigan Community Mental Health Authority shall hold at least twelve regular meetings annually at a time and place to be designated by the Chair of the Board. All meetings of the Board shall be open to the public and shall be held in a place available to the general public. All meetings shall be held in accord with 1976 P.A. Act 267 (the "Open Meetings Act") and 1976 P.A. 422 (the "Freedom of Information Act"). Within ten days after the April meeting of the Board in each year, the Secretary shall post a public notice stating the dates, times and places of its regular meetings.

If there is a change in the schedule of regular meetings of the Board, there shall be posted within three days after the meeting at which the change is made, a public notice stating the new dates, times, and places of its regular meetings.

Upon written request, at the same time a public notice of meeting is posted, the Secretary shall provide a copy of the public notice of that meeting to any newspaper published in the state and to any radio and television station located in the state, free of charge.

Other requirements pertaining to regular meetings of this Board contained in Public Act 267, 1976 shall be adhered to.

The agenda for regular meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Pledge of Allegiance
- Appointment of Evaluator
- Acknowledgement of Conflict of Interest
- Information and/or Comments from the Public
- Board Training
- Approval of Minutes
- Consent Agenda
- Monitoring Reports
- Policy Review, Approval & Self-Evaluation (if any)
- Linkage Reports
- Operation Report (if any)
- Chair's Report
- Director's Report
- Information and/or Comments from the Public
- Information and/or Comments for the Good of the Board
- Next Meeting – Setting Agenda
 - Meeting Evaluation
- Adjournment

Section 2. Special Meetings

Special meetings of the Board may be called by the Chair or upon written request of any three members of the Board filed with the Secretary or his/her designee. Notices of a special meeting shall be given by one of the following means or as required by the Open Meetings Act:

- a. Personal notice by telephone or otherwise to each Board member at least 24 hours before such meeting.
- b. Public notice at least eighteen hours before such meeting, stating date, time, and place.
- c. As otherwise determined by the Chair.

Each notice of a special meeting shall state the time, place, and purpose thereof.

The agenda for special meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Statement of Purpose of Meeting
- Transaction of Business According to Stated Purpose
- Adjournment

Section 3. Closed Meetings

A 2/3 majority roll call vote of appointed Board members shall be required to call a closed session, for purposes stated in Section 8, Public Act 267, 1976. The roll call vote and the purpose or purposes for calling the closed meeting shall be entered into the minutes of the meeting at which the vote is taken.

Section 4. Meeting by Remote Communication

A Board member may participate in a meeting by conference telephone or any similar communication equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

Section 5. Minutes

The Board shall keep minutes of each meeting showing the date, time, place, members present, members absent, any decisions made at a meeting open to the public, and the purpose or purposes for which a closed session is held. The minutes shall include all roll call votes taken at the meeting.

Minutes shall be public records open to public inspection and shall be available at the address designated on posted public notices pursuant to Section 1. Copies of the minutes shall be available to the public at a reasonable estimated cost for printing and copying.

Proposed minutes shall be available for public inspection no later than eight (8) business days after the meeting to which the minutes refer. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting at which the minutes are approved by the Board.

A separate set of minutes shall be taken by the Secretary or his/her designee at the closed meeting; these minutes shall not be available to the public, and shall only be disclosed if required by a civil action filed under Section 10, 11, or 13 of Public Act 267, 1976. These minutes may be destroyed one year and one day after approval of the minutes of the regular meeting at which the closed meeting was approved.

Section 6. Materials to be Furnished Board Members

Insofar as possible, all members of the Board shall be mailed a copy of the proposed agenda and copies of all material to be considered at regular Board meetings in advance of such meetings; however, any Board member or the Director may place an item on the agenda by requesting the Chair to include such item or items.

Insofar as possible, all members of the Board shall be mailed copies of the agenda to be considered at special Board meetings, unless this requirement shall be waived by unanimous consent of all Board members.

Section 7. Quorum and Voting

One-half plus one of the appointed Board members, which shall include one officer, shall constitute a quorum of the Board. Consistent with Robert's Rules of Order, motions made during Board and committee meetings shall require a second in order to be considered. The affirmative vote of the majority of the votes cast shall be required for the passage of any motion or resolution at any meeting of the Board or its committees. The Chair of the Board will be allowed to vote.

It shall be the prerogative of any Board member to require a roll call vote on any motion.

Section 8. Decorum during Debate

Board members shall confine their remarks to the question, be courteous in their language and behavior, not arraign the motives of another board member and emphasize it is not the individual, but the measure which is subject of debate. The Chair will assure enforcement of these behavioral guidelines.

The Chair shall call to order any person who is being disorderly by speaking or otherwise disrupting the meeting proceedings by failing to be courteous, by speaking longer than a reasonable time or by speaking vulgarities. Such person shall thence be warned by the Chair that he/she may be expelled from the meeting and he/she shall not be permitted to speak further at the same meeting except upon special request of the board. If the person continues to be disorderly and disrupt the meeting, the Board Chair or a designee shall contact local law enforcement to have said individual removed from the meeting. No person shall be removed from a public meeting except for an actual breach of the peace committed at the meeting.

ARTICLE VII - COMMITTEES

The Board of Directors shall establish the following standing committees: Executive Committee and Recipient Rights Committee. The standing committees shall perform such functions and duties as designated by the Board.

At the annual organizational meeting of the Board, the Chair of the Board shall appoint the Chair and members of the standing committees; those persons shall be members of the Board, except that the Recipient Rights Committee membership may include Community Mental Health Board members, staff personnel, government officials, attorneys, mental health consumer interest group representatives, or other persons, at the discretion of the Board Chair.

The Chair shall appoint the chair and members of special committees, subject to the approval of the Board; those persons need not be members of the Board, shall be counted for quorum and shall be eligible to vote on committee matters. The Chair of the Board shall be the only ex officio member of any and all standing committees, shall be included in counting for quorum, if present, and shall be eligible to vote.

The Board may establish such other committees as it deems proper.

All standing and special committees shall meet upon the call of the committee Chair, with the concurrence of the Board Chair, to consider whatever business is before said committee in order to recommend appropriate action to the Board.

Committees of the Board may meet by teleconference providing all requirements of the Open Meetings Act are met including providing and announcing a location at which members of the public may attend and hear the entire deliberations of the committee and all committee members.

Matters reported by a committee may be reported with a recommendation for Board action, or solely for the information of the Board.

Tenure on standing committees shall be for a one-year term beginning in April or until the appointment of a new committee; however, nothing herein shall be construed to prevent reappointment of any committee member.

Nothing contained in this Article shall be construed to deny any Board member the right to attend any meeting of any standing or special committee.

For Board committees a quorum shall be defined as equal to at least fifty percent (50%) of the committee membership.

Notices to the public regarding committee meetings shall be posted pursuant to Section 5, Public Act 267 of 1976, and Article VI of these Bylaws.

Section 1. Executive Committee

The Executive Committee shall consist of four members: the Chair, Vice-Chair, Secretary of the Board and immediate past Chair. If the immediate past Chair is no

longer a current member of the Board, the Board shall elect an additional board member to serve as an at-large member of the Committee. It is the preference of the Board to have all four counties represented on the Committee. This committee shall have authority to act on behalf of the Board during the period between meetings of the Board, subject to any prior limitation imposed by the Board and with the understanding that all matters of major importance be referred to the Board.

At the request of the board (by consensus or majority vote) or the Chair, this Committee may research and apprise Board members of proposed, pending and current legislation pertaining to mental health services, and shall recommend a Board position.

Section 2. Recipient Rights Committee

This Committee shall advise the Board and Director concerning implementation of policy as it relates to the Recipient Rights system and shall review the operation of the Office of Recipient Rights in accordance with Section 757 of the Mental Health Code. This Committee shall serve as the Appeals Committee under Section 784. Preference is to have at least two Board representatives as members of this Committee.

ARTICLE VIII - DIRECTOR OF COMMUNITY MENTAL HEALTH AUTHORITY

The Director of the Northeast Michigan Community Mental Health Authority shall be selected by the Board. The Director shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as may be adopted by the Board, or any of its committees to which it has delegated authority. The Director shall ensure that appropriate orientation programs for new Board members and continuing education programs for all Board members are carried out and shall represent the Board in all areas in which the Board has not formally designated some other person to so act.

ARTICLE IX - MISCELLANEOUS

Section 1. Amendment and Adoption of Bylaws

These Bylaws may be amended or repealed by the affirmative vote of a majority of the members of the Board present at any regular or special meeting of the Board if notices of the proposed amendment or repeal are contained in the written notice of the meeting, such notice to be given prior to such a meeting by ordinary mail. Bylaws may also be amended without notice by a three-fourths vote of the Board members present.

Section 2. Rules of Order

Robert's Rules of Order shall be the parliamentary guideline for all matters of procedure not specifically covered by the Bylaws or by specific rules or procedures adopted by this Board.

Section 3. Conflict of Interest

No Board member shall in any way be a contractor for purposes of remuneration of this Authority or its contracting agencies unless a competitive bid process is utilized, the Board member discloses the association and affiliation, and a two-thirds (2/3) majority vote of the Board supports such a contract.

Section 4. Employment

Employment of a Board member or any member of his or her immediate family is prohibited.

Section 5. Suspension of Rules

The rules governing all matters of procedure of the Board provided in the Bylaws and in subsequent governing resolutions may be temporarily suspended at any time by the unanimous consent of the members present to facilitate the accomplishment of any legal objectives of the Board.

Section 6. Depository

As a Mental Health Authority, the Board may act as its own depository of funds, or, at its discretion, designate a county willing to act as depository.

Section 7. Per Diem and Reimbursement

Board members shall be paid in accord with the payment schedule for Northeast Michigan Community Mental Health Authority.

Section 8. Assurances

With respect to both employment practices and services rendered, the Authority will not discriminate against persons because of religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation or physical or mental handicap.

No service or program provided by the Authority will be withheld from any person on the basis of residence in a county other than Alcona, Alpena, Montmorency, and Presque Isle counties. If a person cannot meet financial obligations incurred by such program or service, the county of residence will be billed.

WEEKLY Update

February 26, 2021

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

TABLE OF Contents

CMH Association and Member Activities	2
<i>New! Interim CEO named to lead Detroit-Wayne Integrated Health Network.....</i>	<i>2</i>
<i>New! 2020 Go To Bat Award Recipient: Representative Sue Allor, Michigan House of Representatives</i>	<i>3</i>
<i>New! News story: Michigan will receive millions in federal grants in support of behavioral health.....</i>	<i>4</i>
<i>New! Learning about the Grand Challenges for Social Work</i>	<i>4</i>
<i>New! Traveling Art Show.....</i>	<i>5</i>
State & National Developments and Resources.....	5
<i>New! Michigan Health Endowment Fund: behavioral health grant opportunity</i>	<i>5</i>
<i>New! Health Affairs blog: envisioning the future of complex care</i>	<i>6</i>
<i>New! Health Affairs podcast: what a \$15 minimum wage could mean for population health</i>	<i>7</i>
<i>New! Changes in the leadership of Michigan’s Children’s Services Agency.....</i>	<i>7</i>
State Legislative Update	8
<i>View February’s Legislative Video on CMHA’s Website.....</i>	<i>8</i>
<i>New! Direct Care Worker Wage Increase Becoming an Issue In Supplemental</i>	<i>8</i>
<i>New! Senate Passes FY21 Supplementals</i>	<i>9</i>
<i>DHHS EMERGENCY ORDERS.....</i>	<i>9</i>
<i>Executive Orders Signed.....</i>	<i>10</i>
Federal Update.....	10

<i>Urge Your Legislators to Cosponsor the Medicaid Reentry Act</i>	10
Education Opportunities	11
<i>Registration Deadline! Noon on Monday, March 1, 2021 - 13th Annual Virtual Gambling Disorder Symposium</i>	11
<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open</i>	12
<i>VIRTUAL Pain Management and Mindfulness Trainings – Registration Open</i>	12
<i>Virtual Motivational Interviewing College Trainings – Registration Open</i>	13
Behavioral Telehealth Resource Center	14
<i>Telehealth Resource Center</i>	14
<i>New! Educational Opportunities Available</i>	14
<i>Behavioral Health Provider Experiences with Telehealth during COVID-19</i>	14
Education & Training Resources from Great Lakes MHTTC	15
<i>CMHA’s partnership with SAMHSA funded Great Lakes MHTTC</i>	15
<i>Catalog of MHTTC resources</i>	15
<i>MHTTC announces series on National School Mental Health Curriculum</i>	15
<i>MHTTC upcoming webinar series: healing school communities in the context of racial violence: where do we go from here?</i>	16
News from Our Preferred Corporate Partners	16
<i>Abilita: Are you ready for E-911?</i>	16
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma</i> ..	16
CMH Association’s Officers & Staff Contact Info	16
<i>CMHA Officers Contact Information:</i>	16
<i>CMHA Staff Contact Information:</i>	17

CMH Association and Member Activities

New! Interim CEO named to lead Detroit-Wayne Integrated Health Network

Below are excerpts from a recent press release announcing leadership changes at the Detroit-Wayne Integrated Care Network.



The Detroit Wayne Integrated Health Network's Board of Directors has named Eric Doeh as Interim CEO, most recently serving as Deputy CEO/Chief Operating Officer. He will oversee all day-to-day operations of the organization in conjunction with his Executive Leadership team. Doeh has been an integral part of DWIHN since he joined four years ago and will continue to lead the company in its mission of providing exemplary integrated behavioral health services and supports to 75,000 people in Wayne County. He will also oversee DWIHN's new Community Crisis Center scheduled to break ground later this year as well as continue working closely with the Detroit Police Department and the city of Detroit Housing Department on the implementation of its behavioral health co-pilot project.

Mr. Doeh was an instrumental force in driving our System Transformation plan to successful outcomes for the people we serve; and remains committed to work with Federal and State governments to ensure that healthcare dollars are spent efficiently, accurately and responsibly.

We wish Eric the best in his new role.

New! 2020 Go To Bat Award Recipient: Representative Sue Allor, Michigan House of Representatives



The "Go To Bat" Award is presented by the Community Mental Health Association of Michigan to an individual outside of the public mental health system (DHHS or CMH) who exemplifies extraordinary concern, advocacy or leadership aimed at improving the quality and quantity of community-based mental health services for persons with mental illness and developmental disabilities in Michigan.

Representative Allor was a Board member of North County Community Mental Health from 2011 to 2016. In 2019, Representative Allor lobbied to get a state psychiatric facility located in northern Michigan or the Upper Peninsula. Currently all five facilities in the state are located in the southern part of our state. After bringing a workgroup of legislators together in her first term in office, she was successful in getting a placeholder dedicated in the budget to plan for a satellite state psychiatric facility in the north, a first step toward addressing the lack of care for our residents. While she met with Governor

Gretchen Whitmer to argue the need for this facility, the Governor chose not to plan for a psychiatric facility to meet the needs of northern Michigan. Representative Allor noted her position is to ensure mental health services are available for all citizens in the state, not just the areas that are most populated. Representative Allor has assisted the five Northern Community Mental Health organizations in advocating for the elimination of the Local Match Draw Down. She was instrumental in arranging meetings with Representative Whiteford. Representative Whiteford's support was instrumental to the 5-year phase out of local match dollars being used to draw down Medicaid funds for the State.

New! News story: Michigan will receive millions in federal grants in support of behavioral health

Below are excerpts from a recent news story on the designation of six additional Certified Community Behavioral Health Centers (CCBHC) in Michigan.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a list of grants as part of the federal COVID-19 relief and funding package passed in December, including six grants to Michigan mental health and substance use treatment clinics. With this funding, six Michigan clinics will be able to implement more comprehensive mental health and substance use treatment by adopting the CCBHC model – an integrated and sustainably-financed model for care delivery.

“The addition of these new CCBHC sites will expand, to other Michigan communities, the powerful impact that CCBHC services have had in the communities served by the state’s existing CCBHC sites,” said Robert Sheehan, CEO of the Community Mental Health Association of Michigan (CMHA). “These new CCBHC sites are one more step in fulfilling the vision of Senator Debbie Stabenow – Michigan’s senior U.S. Senator. That vision is the use of innovative financing to leverage the powerful service delivery structures and approaches found in this state’s and the nation’s publicly sponsored mental health system – making this system the easily accessible, high impact, community-based mental health system that was envisioned in the original 1963 Community Mental Health Act. We applaud Senator Stabenow and the National Council for Behavioral Health for their leadership on this front.”

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

New! Learning about the Grand Challenges for Social Work

With the recent appointment of CMHA staff to the Leadership Board of the Grand Challenges in Social work (a national initiative of the American Academy of Social Work and Social Welfare to champion social progress powered by science), information on the Grand Challenge will be featured in the Weekly Update and through other publications and venues.

As part of this effort, Weekly Update readers can learn more about each of the Grand Challenges by clicking on the links below:

Individual and family well-being

1. [Ensure healthy development for youth](#)
2. [Close the health gap](#)
3. [Build healthy relationships to end violence](#)
4. [Advance long and productive lives](#)

Stronger social fabric

1. [Eradicate social isolation](#)
2. [End homelessness](#)
3. [Create social responses to a changing environment](#)
4. [Harness technology for social good](#)

Just society

1. Eliminate racism
2. Promote smart decarceration
3. Build financial capability and assets for all
4. Reduce extreme economic inequality
5. Achieve equal opportunity and just

New! Traveling Art Show

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

State & National Developments and Resources

New! Michigan Health Endowment Fund: behavioral health grant opportunity

The Michigan Health Endowment Fund's 2021 Behavioral Health Initiative opened on February 24 and will award up to \$6 million in grants up to \$500,000 to Michigan organizations. The Health Fund is seeking proposals that improve access to mental health and SUD services, serve more people with shorter wait times, incorporate innovative technology, encourage the retention of behavioral health providers, and identify behavioral health concerns at the point of first response with timely treatment access, especially for children and older adults.

To be considered, grants must address at least one of the Health Fund's two cross-cutting goals: workforce and integration. Workforce refers to methods that build, extend, and strengthen behavioral health workforce capacity through training and development for clinicians, program staff, and informal caregivers.

Integration involves models that coordinate care, services, and community resources to promote better health. The Health Fund is specifically interested in projects that systematically integrate mental health, substance use, and medical care providers to meet all a person's health needs, no matter where they seek care.

Concept papers are due March 15, and proposals are due April 22. For more information about this grant opportunity, visit [the Health Fund's website](#).

New! Focus on the needs of persons with intellectual disabilities and those who serve them during the pandemic – Stay Well webinar and discussion



The COVID-19 pandemic has changed life dramatically for many people living with intellectual disabilities as well as those who provide services and supports to them--creating anxiety, depression, and symptoms of emotional distress some have never experienced before. How can the Stay Well initiative support these individuals and their caregivers in managing these feelings and regaining hope?

Join the Michigan Stay Well grant team for “Uplifting our Intellectually Disabled Community” for a free, 1-hour webinar designed for caregivers.

The webinar will consist of a presentation followed by an interactive discussion. You will learn: How to recognize and address normal symptoms of emotional distress in yourselves and the intellectually disabled individuals whom you serve.

How anyone can get free, confidential emotional support from trained crisis counselors
Self-care tips and coping strategies

WHEN: Thursday March 12, 2021 from 1 – 2 pm
HOW TO REGISTER: https://zoom.us/webinar/register/WN_FbZvghh0QGiqSkJ6raudaQ
HOW TO CONNECT: Follow the unique link emailed to you after registration
PRESENTER: Erin Wallace, CDP, Lead Outreach Specialist, Stay Well grant program

After the presentation, we invite you to share your experiences and ask questions.

This Stay Well webinar is brought to you by the Michigan Department of Health and Human Services with grant funding from the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

New! Health Affairs blog: envisioning the future of complex care

Below are excerpts from a recent Health Affairs blog on complex care.

The last 10 years have seen major growth in the field of complex care. With a growing evidence base of best practices, and the emergence of supportive payment models following the passage of the Affordable Care Act, the number of health care systems and health plans engaged in complex care has expanded dramatically.

So what is the future of complex care? Understanding how to fortify the nation’s complex care infrastructure can help inform the priorities of the Biden-Harris administration and the Department of Health and Human Services. In this *Health Affairs* [blog post](#), Allison Hamblin, MSPH, CEO at the Center for Health Care Strategies and Kedar Mate, MD, CEO at the Institute for Healthcare Improvement, forecast what complex care might look like over the next four

years and identify opportunities to build a stronger and more effective field of complex care going forward.

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

New! Health Affairs podcast: what a \$15 minimum wage could mean for population health

Below are excerpts from a recently issued Health Affairs podcast on the relation of the minimum wage standards and the health of a community, state, nation.

The minimum wage hasn't been raised since its [last adjustment in 2009](#). Now, as the federal government is drafting a COVID-19 stimulus package, it looks that gradually raising the minimum wage is on the table to be included.

This week, President Joe Biden stated he supported [raising the federal minimum wage to \\$15](#) an hour.

But what are the health implications for raising the minimum wage? More money could mean an increased ability to purchase health coverage...or unhealthy food. But these aren't binary decisions and the [research is still evolving for how increased minimum wages affect our health](#).

Listen to *Health Affairs'* Rob Lott and Jeff Byers discuss what's happening with the \$15 minimum wage proposal, what it could mean for population health, and what's next.

Hear the [podcast here](#).

New! Changes in the leadership of Michigan's Children's Services Agency

Below are excerpts of the recent announcement of the change in the Executive Director of Michigan's Children's Services Agency.

The Michigan Department of Health and Human Services (MDHHS) Children's Services Agency is poised to continue the successful reform efforts that have occurred under the leadership of JooYeun Chang, who is leaving for a new position with the federal government.

MDHHS Director Elizabeth Hertel has announced the appointment of Stacie Bladen as interim executive director for the Children's Services Agency.

"JooYeun Chang has been a passionate advocate for children and families as executive director," Hertel said. "She has led a reform of the state's child protection system that prioritizes family well-being and preventing abuse, neglect and trauma. I am confident that this progress will continue under new leadership. Stacie Bladen has played a key role in our successes as Children's Services Agency policy and program deputy director. She and her team will make sure that reform efforts continue to move forward."

The Children's Services Agency oversees the state's child welfare system, including Children's Protective Services, the foster care system that serves approximately 12,000 children, adoption services and juvenile justice programs.

State Legislative Update

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

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system that (or each) month at the State Capitol. Our February Briefing features CMHA Associate Director, Alan Bolter, provides an overview of the Governor's FY22 executive budget as well as a couple of other key updates. *To view the latest video, [CLICK HERE!](#)*

New! [Direct Care Worker Wage Increase Becoming an Issue In Supplemental](#)

House and Senate Republicans are negotiating a midyear supplemental spending bill to send to the Governor's desk, but a pair of issues are gumming up the works. House Republicans are insisting any COVID-19 relief spending bill include a Rep. Pamela Hornberger (R-Chesterfield Twp.) measure that shifts the power to close schools and youth sports during a pandemic from the state health department to local health officials. HB 4049 likely would not receive support from the Governor, but the mood among House Republicans and some Senate Republicans that she at least be tested on the issue.

Standing in the way of the tie-bar is Senate Appropriations Committee Chair Jim Stamas (R-Midland) who wants signed before Sunday a spending plan that extends the \$2-an-hour pay bump for direct care workers, which otherwise would end Feb. 28. In fact, Stamas would prefer to raise this pay rate to \$2.25 an hour.

Reportedly, House Appropriations Committee Chair Tom Albert (R-Lowell) isn't supporting doing both, which has the two chambers locked up at this point. The problem is the policy likely dies either way. Either the pay-rate extension doesn't make the budget, or the Governor kills it when she vetoes any bill that gives life to Hornberger's bill, HB 4049.

Left out of the room at this point is State Budget Director Dave Massaron, who is trying to avoid a non-negotiated budget from being passed by the Legislature and dumped on the Governor's desk, which looks likely at this point.

Massaron [penned](#) the two legislative appropriations chairs today to say he and his staff are ready to meet with them "at any time that works for your schedules" in the hopes of negotiating a midyear COVID-19 relief spending plan. Money for vaccine distribution, in-person learning, food assistance and rental assistance is on the table as part of the Governor's Michigan COVID Recovery Plan, Massaron said, and "it is unfortunate" that a meeting with legislative leaders hasn't happened, yet.

"Let's work together to benefit all Michiganders," Massaron wrote. "I will make myself and my team available at any time that works for your schedules."

New! Senate Passes FY21 Supplementals

On Thursday, the Senate passed two COVID-19 supplemental spending measures: [Senate Bill 114 \(S-2\)](#) and [Senate Bill 29 \(S-3\)](#).

Senate Bill 114 passed along party lines as Democrats attempted to amend the measure to add additional federal COVID-19 relief and recovery money that was allocated to the state, as well as address the inclusion of two controversial provisions. One provision mirrored a provision included in a House-passed COVID spending bill regarding notification around vaccines developed with the use of aborted fetal tissue or human embryonic stem cell derivation lines. The other provision would prohibit the use of the social vulnerability index for purposes of informing priority groups for COVID-19 vaccinations.

Senate Bill 114 did include an extension of the much sought-after \$2.25 per hour wage increase for direct care workers. The extension would be in effect for the remainder of the fiscal year. Unfortunately, at this time, it does not appear there will be further action to advance the increase before its expiration on February 28.

The bills now head to the House for further consideration.

House Bill 4047, which was passed out of the Senate Appropriations Committee on Wednesday, and included funding for the federal mental health block grant (\$8 million) and SUD block grant (\$17 million), as well as congregate and home-delivered meals (\$1.3 million) did not advance out of the full Senate today.

Many issues surrounding the appropriation of the state's federal COVID-19 funding remain unresolved and will require further negotiations.

DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For individuals still interested, or in need of referencing previous *Executive Orders*, please click [here](#).

Today, Governor Whitmer announced the finalization of the Feb. 1 reopening of indoor dining for restaurants and bars, but with a 10 p.m. curfew and a 25% capacity limit, up to 100 people.

Large stadiums will also be allowed more capacity to allow for additional attendance at high school football finals being hosted this weekend, under the newest epidemic order issued by the Michigan Department of Health and Human Services (DHHS) that will take effect Feb. 1 and run until Feb. 21.

The new capacity limits allow for 500 people at venues that seat over 10,000 people, while stadiums that seat less than 10,000 are allowed to be at 20% capacity, up to 250 people.

The order also will allow concessions at casinos, movie theaters and stadiums; personal services requiring mask removal and non-residential gatherings of up to 10 people from two households.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-181** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 181.

Federal Update

Urge Your Legislators to Cosponsor the Medicaid Reentry Act

Last week, Reps. Tonko (D-NY) and Turner (R-OH) were joined by Senators Baldwin (D-WI) and Braun (R-IN) in reintroducing the Medicaid Reentry Act (H.R. 955/S. 285). This bipartisan bill would allow states to restart Medicaid coverage for eligible incarcerated individuals up to 30 days before their release from jail or prison. H.R. 955/S. 285 is an important step toward improving access to much-needed mental health and substance use services for one of the most vulnerable populations in the country.

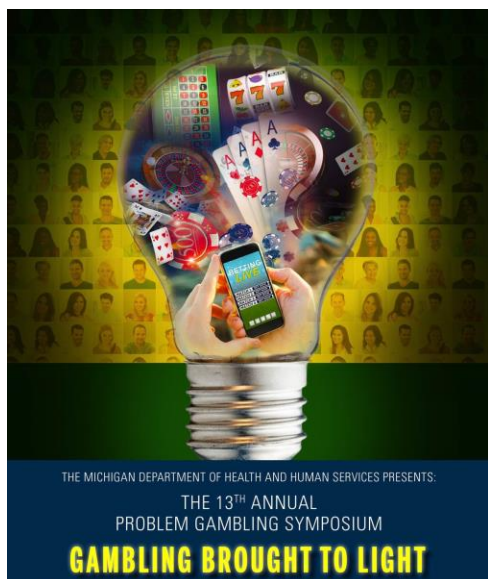
Will you take two minutes today to urge your legislators to cosponsor the Medicaid Reentry Act?

<https://www.thenationalcouncil.org/policy-action/write-your-legislators/?vsrc=%2FCampaigns%2F58978%2FRespond#/TakeAction/Go/LetterGroupID/25/publicGRRecID/88E807BF-5056-92E0-69D373CF5A273620/EID/ELSAPXOKYL>

The criminal justice system has become the largest de facto mental health and substance use disorder treatment provider in the country. According to the Bureau of Justice Statistics, more than half of people in the criminal justice system have a mental illness. Of those with serious mental illness, approximately 75 percent also have a co-occurring substance use disorder. Successful reentry into the community requires enabling justice-involved individuals to avoid returning to the exact environmental factors that led to their incarceration in the first place. Equipping individuals with timely access to substance use,

mental health, and other health-related services before release, will facilitate the transition to community-based care necessary to break the cycle of recidivism.

Education Opportunities



THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES PRESENTS:
THE 13TH ANNUAL
PROBLEM GAMBLING SYMPOSIUM
GAMBLING BROUGHT TO LIGHT
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
MARCH 4 AND MARCH 5, 2021
ONLINE

**Registration Deadline! Noon on Monday, March 1, 2021
- 13th Annual Virtual Gambling Disorder Symposium**

**Record attendance of over 350 people! We've
extended the registration deadline to: Noon on
Monday, March 1, 2021**

**The Michigan Department of Health and Human
Services Presents:**

**Michigan's 13th Annual Virtual Gambling
Disorder Symposium
"Gambling Brought to Light"**

**March 4 & 5, 2021 Virtual Educational Sessions
Each Morning**

In recognition of Problem Gambling Awareness Month, the Michigan Department of Health and Human Services (MDHHS) is hosting the Thirteen Annual Gambling Disorder Symposium. The symposium is a forum that provides continuing education credits to professional members of the Gambling Disorder community, and access to Gambling Disorder trainings, treatment, prevention resources and personal recovery stories. Anyone affected by or interested in GD, is welcome to attend.

This year's symposium will address how COVID has changed the face of gambling, the impact made to gambling disorder within the youth and veteran communities, the implications of sports betting and on-line gambling, and responsible gambling.

Who Should Attend?

CEOs, COOs, CFOs, medical directors, clinical directors, case workers, prevention specialists, supports coordinators, other practitioners at all levels of practice (beginning, intermediate and/or advanced), and all individuals affected by Gambling Disorder.

Symposium Registration Fee: FREE

Sponsorship Opportunity - \$35:

As a symposium sponsor, you will gain visibility throughout the day to promote your company's brand, products and services directly to approximately 300 attendees. Your company logo will be on the home page of the virtual conference website. Only a limited number of high-impact sponsorship opportunities are being made available. When you register as an attendee, check the sponsorship option during the registration process.

No Fee to Attend but Registration is Required (Space is limited)!

[CLICK HERE TO REGISTER!](#)

This event is sponsored by the Michigan Department of Health and Human Services Behavioral Health & Developmental Disabilities Administration and facilitated by The Community Mental Health Association of Michigan.

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. 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.

Dates:

- March 22, 2021 *(SOLD OUT)*
- April 5, 2021 [\(Register Here\)](#) *(9 spots left)*
- April 26, 2021 [\(Register Here\)](#) *(18 spots left)*

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 12:00pm
Education: 12:00pm – 3:00pm

Training Fees: \$120 CMHA Members \$143 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- March 8, 2021 *(SOLD OUT)*
- March 30, 2021 *(SOLD OUT)*

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

- April 6, 2021 ([Register Here](#)) (47 spots left)

Training Fees: \$43 CMHA Members \$51 Non-Members

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

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

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE
April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE

Times:

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

Training Fees:

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

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

CMHA recommendations: Michigan's emerging Medicaid telemedicine policies: Recognizing that the Medical Services Administration of MDHHS is in the process of revising and expanding the state's Medicaid telemedicine policies, CMHA has created a document which outlines recommended telemedicine policies. These recommendations reflect the views of a broad cross section of CMHA members and stakeholders.

New! Educational Opportunities Available



Upper Midwest Telehealth Resource Center - Ask the Experts!

There's no such thing as a dumb question! What questions do you have about telehealth? What barriers do you see with your telehealth program? Join the UMTRC staff for an interactive coffee break where you ask the questions.

February 26, 2021

1:00pm - 1:30pm | Timezone: EST

Hosted By: Becky Sanders, UMTRC Project Director

Location: Video conferencing - UMTRC- Virtual Zoom Meeting

Register by [clicking here!](#)

Need more information? Contact Becky Sanders at bsanders@indianarha.org

Behavioral Health Provider Experiences with Telehealth during COVID-19

[The Behavior Health Workforce Research](#) Center at the Institute for Healthcare Policy and Innovation, University of Michigan recently completed key informant interviews and published a brief that highlights key findings and federal policy implications. Read the [IHPI Brief here](#).

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

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

MHTTC announces series on National School Mental Health Curriculum

The National School Mental Health Curriculum was the result of a partnership between the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH) to identify priority training topics, develop training content and gather related resources for inclusion in the training curriculum.

The national Mental Health Technology Transfer Center (MHTTC) Network, one of the groups that provides the backbone support for that curriculum, has developed and is hosting an 8-part training series using the National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools. Each session will include a pre-session video, live panel session, and post-session regional breakout.

Information on this free series, which starts on February 9 and runs through March 25, can be [found here](#).

MHTTC upcoming webinar series: healing school communities in the context of racial violence: where do we go from here?

About the Learning Series: Healing School Communities in the Context of Racial Violence: Where do we go from here? is a two-part learning series intended for students, families, educators and school mental health professionals who are navigating the ongoing impact of racial violence in all forms on student mental health. More information at:

<https://mhttcnetwork.org/centers/global-mhttc/healing-school-communities-context-racial-violence-where-do-we-go-here>

News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out www.abilita.com/michigan-e911 to learn more and find out what you need to do to prepare!

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of

Directors, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

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

CMHA Staff Contact Information:

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

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

WEEKLY Update

February 19, 2021

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

TABLE OF Contents

CMH Association and Member Activities	3
<i>New! West Michigan CMH and the Mask Up, Mask Right initiative</i>	<i>3</i>
<i>New! Six Michigan mental health centers receive CCBHC designation</i>	<i>3</i>
<i>New! CMHA guest editorial: the impact of 2020 on our mental health is often overlooked.....</i>	<i>4</i>
<i>New! CMHA and incompass Michigan guest editorial: What's next for Michigan's direct care workers 4</i>	
<i>New! Behavioral Health Learning Collaborative (BHLC) of Michigan in development</i>	<i>4</i>
State & National Developments and Resources.....	5
<i>New! Implicit bias training: Michigan's Licensing and Regulatory Affairs taking public comment</i>	<i>5</i>
<i>New! NIAAA report: the impact of continuing care on SUD recovery.....</i>	<i>6</i>
<i>New! SAMHSA publishes new SUD advisory Series</i>	<i>6</i>
<i>New! SAMHSA forms African American Behavioral Health Center of Excellence</i>	<i>7</i>
<i>New! Disabled Detroiters & caregivers: vaccine priority in Detroit Mayor's initiative.....</i>	<i>7</i>
<i>New! International webinar series: mental health and agriculture.....</i>	<i>8</i>
State Legislative Update	9
<i>New! View February's Legislative Video on CMHA's Website</i>	<i>9</i>
<i>FY22 Executive Budget Proposal</i>	<i>9</i>
<i>DHHS EMERGENCY ORDERS.....</i>	<i>12</i>
<i>Executive Orders Signed.....</i>	<i>12</i>

Federal Update.....	13
<i>New! Urge Your Legislators to Cosponsor the Medicaid Reentry Act.....</i>	<i>13</i>
Education Opportunities.....	14
<i>Registration Open: 13th Annual Virtual Gambling Disorder Symposium</i>	<i>14</i>
<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open.....</i>	<i>15</i>
<i>VIRTUAL Pain Management and Mindfulness Trainings – Registration Open.....</i>	<i>15</i>
<i>Virtual Motivational Interviewing College Trainings – Registration Open.....</i>	<i>16</i>
<i>Self-Care and Resiliency Training</i>	<i>16</i>
Behavioral Telehealth Resource Center.....	17
<i>Telehealth Resource Center</i>	<i>17</i>
<i>Educational Opportunities Available.....</i>	<i>17</i>
<i>Behavioral Health Provider Experiences with Telehealth during COVID-19.....</i>	<i>18</i>
Education & Training Resources from Great Lakes MHTTC	18
<i>New! CMHA’s partnership with SAMHSA funded Great Lakes MHTTC</i>	<i>18</i>
<i>Catalog of MHTTC resources.....</i>	<i>18</i>
<i>MHTTC announces series on National School Mental Health Curriculum</i>	<i>18</i>
<i>New! MHTTC ongoing webinar series: the impact of mental health on students and youth (parts 3 and 4).....</i>	<i>19</i>
<i>New! MHTTC upcoming webinar series: healing school communities in the context of racial violence: where do we go from here?</i>	<i>19</i>
News from Our Preferred Corporate Partners	19
<i>Abilita: Are you ready for E-911?</i>	<i>19</i>
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma..</i>	<i>20</i>
CMH Association’s Officers & Staff Contact Info	20
<i>CMHA Officers Contact Information:</i>	<i>20</i>
<i>CMHA Staff Contact Information:</i>	<i>20</i>

CMH Association and Member Activities

New! West Michigan CMH and the Mask Up, Mask Right initiative



8,400 KN95 protective masks were recently distributed to 32 residential group home providers in Mason, Lake and Oceana counties as part of the Mask Up, Mask Right campaign through the Michigan Department of Health and Human Services. West Michigan CMH assisted MDHHS with the local distribution. Pictured is Deb Davis (left), manager of the Samaratis group home in Scottville, accepting the masks from Nicole Kusebuski, network and QI specialist at West Michigan CMH.

New! Six Michigan mental health centers receive CCBHC designation

Below are excerpts from a recent news story, carried in Crain's Detroit Business, on the addition of six new Certified Community Behavioral Health Centers (CCBHC) in Michigan. This press coverage was the result of a joint public relations effort between CMHA and the National Council for Behavioral Health.

The federal Substance Abuse and Mental Health Services Administration granted nearly \$24 million to the six centers that also allows them to expand opioid addiction and suicide prevention services by becoming certified community behavioral health clinics.

The centers are the Neighborhood Service Organization (\$4 million), Southwest Counseling Solutions Inc. (\$3.95 million), Development Centers Inc. (\$4 million), Faith Hope and Love Outreach Center (\$3.97 million), Northeast Guidance Center (\$4 million), all in Detroit; and LifeWays Community Mental Health (\$3.88 million) in Jackson.

This funding is a result of the Excellence in Mental Health and Addiction Treatment Act authored by Michigan U.S. Sen. Debbie Stabenow, a Democrat. and Republican Sen. Roy Blunt of Missouri.

Robert Sheehan, CEO of the Community Mental Health Association of Michigan, said in a statement that the six new sites will help expand much needed mental health and substance abuse services in Michigan.

"This funding will dramatically improve the health and welfare of people in dozens of communities across Michigan," said Chuck Ingoglia, president and CEO of the National Council for Behavioral Health, in a statement.

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

New! CMHA guest editorial: the impact of 2020 on our mental health is often overlooked

Below are excerpts from recent guest editorial, by CMHA staff, carried in Bridge magazine, on mental health needs during the pandemic.

With the arrival of 2021 many are celebrating the end of a very difficult year. However, we should all take note of the repercussions of the past 12 months that are likely to linger. In the final months of 2020, Michiganders participated in a conflict-ridden and prolonged election season, the roll-out of COVID-19 vaccines, and the challenges of educating our children during a pandemic. Despite these continued changes there has been an important yet often overlooked constant — the impact of 2020 on our mental health.

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

New! CMHA and incompass Michigan guest editorial: What's next for Michigan's direct care workers

Below are excerpts from a recent guest editorial by CMHA and its longtime partner, incompass Michigan, urging the extension of the wage increase provided to the direct care workers in Michigan's public mental health system.

Michigan's workforce is grounded in a tradition of a fair day's work for a fair day's pay. We like to roll up our sleeves and deliver results, with a promise that we'll be compensated responsibly when our work is finished.

But what happens when that fair compensation disappears? When the promise is broken?

Unfortunately, we're about to find out.

Today, tens of thousands of direct care workers provide much-needed care and support to 100,000 state residents with developmental disabilities and mental illness. These workers go into homes and offer much more than a fair day's work — in fact, they deliver everything from counseling, vocational training and respite to urgently-needed bathing, feeding, lifting and exercise. Nearly a million Michigan residents rely on the essential services they provide.

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

New! Behavioral Health Learning Collaborative (BHLC) of Michigan in development

CMHA has joined a number of other statewide partners in building a Michigan Behavioral Health Learning Collaborative (BHLC). This collaborative, still in development, is being designed to provide access to a range of mental health resources targeted to aid school-age youth, their families, and school personnel. Below is summary of this Collaborative. When it opens, CMHA will be letting its members and Weekly Update readers, know of this resource.

WHAT:

A BHLC shares best practices as well as technology, training and other resources to help Michigan school districts improve mental health programs. The goal is to scan, identify, assess, and treat school age youth grades K - 12 to reduce youth suicides and other mental issues as well as reach families and school staff.

WHO:

Community Mental Health Association of Michigan, Michigan Association of School Psychologists, Michigan Association of School Social Workers, Michigan School Counselor Association, Michigan Department of Education, Michigan Department of Health and Human Services, MC3-Psychiatry Support for Michigan primary care providers, Michigan Chapter, American Academy of Pediatrics, Michigan Chapter, School Nurses Association, Michigan State University Extension

With invites out to: Michigan State Police, Michigan Sheriffs Association, Forestview Hospital, University of Michigan Hospital, University of Michigan Trails Program, Pine Rest Services, Spectrum Health Care

WHY: A BHLC...

- Connects disparate behavioral health/suicide prevention programs and professionals
- Expands access to knowledge and resources that improve health outcomes
- Generates state and local data that can be leveraged to identify hotspots, allocate resources, and apply for public and private funding
- Serves as a multiagency/multidiscipline cross-training platform
- Provides 24/7 Critical Incident/Crisis/Disaster Mental Health consultation to schools

WHEN:

Michigan BHLC is forming now and will launch operations by June. Other BHLCs are operating in Pennsylvania, Kansas, and California.

State & National Developments and Resources

New! Implicit bias training: Michigan's Licensing and Regulatory Affairs taking public comment

Michigan's Licensing and Regulatory Affairs Department (LARA) has developed draft rules – as well as a regulatory impact statement on Implicit Bias Training – both of which are both available for public review. LARA has scheduled a public hearing for Tuesday, March 9, 2021 at 1:00PM (a virtual meeting link is included below) and written public comments will be received from February 15 through March 9.

The draft language can be [found here](#). Additional details related to the public comment period can be [found here](#).

Michiganders can [submit any written comments or suggestions here](#).

Michiganders may also participate in the virtual public hearing and provide oral comments directly to LARA's Bureau of Professional Licensing. The public hearing will be held via Zoom and can be [accessed here](#).

CMHA urges its members, partners, and Weekly Update readers to participate in this public comment/public hearing process.

New! NIAAA report: the impact of continuing care on SUD recovery

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has released a new report examining research on the efficacy of continuing care for alcohol and drug use disorders in adolescents and adults. Includes review of the latest approaches. More information on this report can be [found here](#).

New! SAMHSA publishes new SUD advisory Series

The Substance Abuse and Mental Health Services Administration (SAMHSA) has published a series of eleven new *Advisories* summarizing updated guidance and recommendations on topics in the substance use disorder (SUD) treatment field, including adolescent screening for SUD, addressing suicidal thoughts in SUD treatment, pharmacotherapy prescribing and more. This series can be [accessed here](#).

Leading thinkers issue recommendations for transforming mental health and SUD services

Below are excerpts from a recent paper, developed by some of the nation's leading thinkers on mental health system design and operations, outlining recommendations designed to transform the nation's mental health system.

Even with great advances in behavioral health policy in the last decade, the problems of mental illness and addiction persist in the United States—so more needs to be done. In this article, which is part of the National Academy of Medicine's Vital Directions for Health and Health Care: Priorities for 2021 initiative, we describe the steps needed to improve outcomes, focusing on three strategies. We argue for transforming the behavioral health system to meet people where they are, decriminalizing mental illness and substance use disorders to facilitate recovery, and raising awareness of social context and social needs as essential to effective care. We call for supporting structures in the workforce and structures of accountability, outcome measurement, and more generous financing of behavioral health care. These steps have costs, but the enormous benefits of a major transformation in behavioral health policy far outweigh the expenses.

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

New! SAMHSA forms African American Behavioral Health Center of Excellence

Responding to the urgent need for greater equity and effectiveness in behavioral health services for African Americans, the U.S. Department of Health and Human Services, Substance



African American Behavioral Health
CENTER OF EXCELLENCE

Abuse and Mental Health Services Administration (SAMHSA) has established a new National Center, the African American Behavioral Health Center of Excellence (AABH-COE).

From its administrative and academic home in the National Center for Primary Care at Morehouse School of Medicine (MSM) in Atlanta, the new Center of Excellence will develop and disseminate training, technical assistance (TA), and resources to help healthcare practitioners eliminate behavioral health disparities within this large and diverse population.

Founded October 1, 2020, this innovative yet deeply grounded Center has been structured to mobilize the scholarship and expertise of many distinguished voices in African American behavioral health and health equity, the knowledge and wisdom of multiple national bodies representing a broad spectrum of Black stakeholders, and the established networks of a host of strategic partners committed to marketing and disseminating the new Center's products and services.

The center of excellence proposed to meet the following goals.

- Goal 1: Increase the capacity of BH systems to provide outreach, engage, retain, and effectively care for Black/African American (B/AA) people.
- Goal 2: Improve dissemination of up-to-date information and culturally appropriate evidenced-based practices/approaches for B/AA people.
- Goal 3: Increase workforce development opportunities focused on implicit bias, social determinants of health, structural racism, and other factors that impede high-quality care for B/AA.
- Goal 4: Increase collaboration between CoE and SAMHSA TTA providers, to infuse culturally appropriate information on B/AA people in all SAMHSA-funded TTA Centers.

Of note: Because CMHA is the Michigan partner to the SAMHSA-funded TTA Centers, as information on this center becomes available, it will be shared with CMHA members and Weekly Update readers.

More information on this Center of Excellence can be [found here](#).

New! Disabled Detroiters & caregivers: vaccine priority in Detroit Mayor's initiative

Below are excerpts from a recent news story highlighting the success of the work of disability rights advocates and the Mayor of Detroit in ensuring that the COVID vaccination needs of persons with disability are met.

...Mayor Mike Duggan, Chief Public Health Officer, Denise Fair, and Director of Disability Affairs, Christopher Samp, announced an expansion of vaccine eligibility to Detroiters 18 years and older with intellectual and developmental disabilities, as well as their caregivers. This expansion was the result of a multi-prong campaign, including hundreds of letters and phone calls to Mayor Duggan and Ms. Fair over the last 2 weeks, led by Detroit Disability Power and supported by countless organizations and individuals who care about Detroit's Disability Community.

We commend the city for leading on this important and life saving initiative. And we call on the Governor to follow suit, ensuring Michiganders with disabilities from all regions of our state have the same opportunity to protect themselves as we do now in Detroit.

“Thank you to the City of Detroit for prioritizing COVID-19 vaccinations for people with disabilities. This has the potential to protect tens of thousands of disabled lives. With Detroit leading, we hope more cities, counties and the State of Michigan follow suit,” said Jeffrey Nolish, policy director for Detroit Disability Power.

New! International webinar series: mental health and agriculture

The Global Forum for Rural Advisory Service is offering a Webinar Series discussing what is contributing to mental health issues in agriculture, examples of protective and detrimental policies, how to reach out to provide successful interventions to agricultural populations, and showcasing best practice examples from the GFRAS Network.

Join Dr. Heidi Radunovich, Associate Professor & Extension Program Director for University of Florida Engagement Human Development, and Terasa Younker, M.A., Research Associate and Study Coordinator for the University of Florida.

MARCH 5, 12 & 19- 2021

2:00 – 4:00 pm **Central European Time**

8:00 – 10:00 am Eastern Time

Webinar I: March 5, 2021: Mental Health & Agriculture: What's It All About?

Webinar II: March 12, 2021: Policies & Interventions

Webinar III: March 19, 2021: Best Practices from the GFRAS Network

Webinars I and II will be led by Dr. Heidi Radunovich, Associate Professor & Extension Program Director for University of Florida Engagement Human Development. Dr. Radunovich has a PhD in Clinical Psychology and experience with Extension Workers.

Important note: This series will be offered from 2-4 pm, Central European Time. A link to join the discussion will be sent to participants a week prior to each webinar.

[Register here](#)

State Legislative Update

New! [View February's Legislative Video on CMHA's Website](#)

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system that (or each) month at the State Capitol. Our February Briefing features CMHA Associate Director, Alan Bolter, provides an overview of the Governor's FY22 executive budget as well as a couple of other key updates. *To view the latest video, [CLICK HERE!](#)*

FY22 Executive Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

	<u>FY'20 (Final)</u>	<u>FY'21 (Final)</u>	<u>FY'22 (Exec Rec)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,487,345,800	\$2,653,305,500	\$3,011,525,500
-Medicaid Substance Abuse services	\$68,281,100	\$87,663,200	\$80,988,900
-State disability assistance program	\$0	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$108,754,700	\$108,333,400	\$78,005,200
-Health Homes Program	\$3,369,000	\$26,769,700	\$33,005,400
-Autism services	\$230,679,600	\$271,721,000	\$356,875,800
-Healthy MI Plan (Behavioral health)	\$371,843,300	\$589,941,900	\$540,551,700
-CCBHC	\$0	\$0	\$25,597,300

Other Highlights of the FY22 Executive Budget:

Direct Care Worker Wage Increase

The Executive Recommendation provides \$110 million (\$43.1 million general fund) in fiscal year 2021 and \$360 million (\$121.4 million general fund) in fiscal year 2022 to permanently continue the \$2 per hour wage increase for direct care workers who provide critical care to our most vulnerable neighbors through Medicaid-funded behavioral health supports, community- and facility-based long-term care services, and home-based services provided through area agencies on aging. Maintaining the wage increase will help to stabilize the workforce and ensure continued access to services.

CCBHC Implementation

The FY22 Executive Budget includes \$26.5 million gross, \$5.0 million general fund (6.0 FTEs) to support a two-year implementation of the Centers for Medicare and Medicaid (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration program. Proposed funding will be used to:

- **Establish 14 CCBHC sites**, through 11 Community Mental Health Programs and 3 non-profit behavioral health entities, to provide comprehensive access to behavioral health services to vulnerable individuals.
- Create a new Behavioral Health Policy and Operations Office to oversee the implementation of the CCBHC demonstration, Medicaid Health Homes, and other behavioral health integration initiatives. The new office will comprise 6 new FTE positions and 9 reassigned FTE positions responsible for policy, operations, technical assistance, and quality monitoring support.

KB vs. Lyon lawsuit

The FY22 Executive Budget includes \$90 million gross (\$30 million general fund) to recognize new costs related to the implementation of policy changes associated with the KB v. Lyon lawsuit settlement. These caseload costs will come from program changes aimed at increasing consistency in access to behavioral health services for Medicaid enrollees and those served through the child welfare system.

Other items

- \$1 million for Autism Service Navigation (general fund) is maintained in the Executive Budget on an ongoing basis. Support for this program has been included in recent budgets on a one-time basis.
- \$3.5 million for cross enrollment expansion to improve technology and communication tools to better identify and enroll individuals needing support and services.
- \$8.4 million to reduce health disparities and expand the use of community-based navigators to enhance access to health coverage, and improve screening, data sharing and interoperability of existing data systems through the Michigan Health Information Network.
- \$15 million one-time for state psychiatric hospital special maintenance for capital improvements at all five of Michigan's psychiatric hospitals.

Key Boilerplate Sections:

Sec. 928. Each PIHP shall provide, from internal resources, local funds to be used as a part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.

Sec. 974. The department and PIHPs shall allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to instead receive supports and services from another provider if the individual shows that he or she is eligible and qualified to receive supports and services from another provider. Other providers may include, but are not limited to, MIChoice and program of all-inclusive care for the elderly (PACE).

Sec. 1000. (1) From the funds appropriated in part 1, the department of health and human services shall provide sufficient funding to increase the wages paid to direct care workers described in subsection (2) by \$2.00 per hour above the rates paid on March 1, 2020 for the current fiscal year.

(2) The direct care wage increase shall be provided to direct care workers employed by the department of health and human services, its contractors, and its subcontractors who received a \$2.00 per hour state-funded wage increase beginning in April 2020. The total combined direct care wage increases from the April 2020 direct care wage increase and the wage increase outlined in this section shall be \$2.00 per hour and shall be in effect for the current fiscal year.

(3) From the funds appropriated in part 1, the department of health and human services shall provide sufficient funding to increase the wages paid to direct care workers described in subsections (4) and (5) by \$2.00 per hour above the rates paid on June 1, 2020 for the current fiscal year.

(4) A direct care wage increase of \$2.00 per hour shall be provided to direct care workers employed by skilled nursing facilities for the current fiscal year. This funding shall include all costs incurred by the employer, including payroll taxes, due to the \$2.00 per hour increase. As used in this subsection, "direct care workers" means a registered nurse, licensed practical nurse, competency-evaluated nursing assistant, and respiratory therapist.

(5) A direct care wage increase of \$2.00 per hour shall be provided to direct care workers employed by area agencies on aging and its contractors for in-home and respite services for the current fiscal year. This funding shall include all costs incurred by the employer, including payroll taxes, due to the \$2.00 per hour increase.

(6) Contractors and subcontractors receiving funding to support these direct care wage increases shall be required to provide documentation of the wage increases provided pursuant to this section to the department of health and human services.

(7) Any payment enhancement above the hourly rate in effect immediately prior to the wage increase shall be of no effect in determining any employee's average compensation as provided by any contract or other provision of law.

(8) A direct care worker may elect to not receive the wage increase provided in this section. The election to not receive the wage increase in this section must be made either in writing or electronically. The

employer of a direct care worker who has elected to not receive the wage increase in this section must remit back to the state any of the funds authorized by this section based on the number of direct care workers it employs who have elected to not receive the wage increase authorized by this section.

Sec. 1009 (1) From the funds appropriated in part 1 for Medicaid mental health services and Healthy Michigan plan - behavioral health, the department shall continue the \$2.00 hourly wage increase for direct care workers as implemented in the previous fiscal year. Funds provided in this section must be utilized by a PIHP to maintain the wage increase for direct care worker wages, for the employer's share of federal insurance contributions act costs, purchasing worker's compensation insurance, or the employer's share of unemployment costs.

(2) Each PIHP shall report to the department by February 1 of the current fiscal year the range of wages paid to direct care workers, including information on the number of direct care workers at each wage level.

(3) The department shall report the information required to be reported according to subsection (2) to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year.

DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For individuals still interested, or in need of referencing previous *Executive Orders*, please click [here](#).

Today, Governor Whitmer announced the finalization of the Feb. 1 reopening of indoor dining for restaurants and bars, but with a 10 p.m. curfew and a 25% capacity limit, up to 100 people.

Large stadiums will also be allowed more capacity to allow for additional attendance at high school football finals being hosted this weekend, under the newest epidemic order issued by the Michigan Department of Health and Human Services (DHHS) that will take effect Feb. 1 and run until Feb. 21.

The new capacity limits allow for 500 people at venues that seat over 10,000 people, while stadiums that seat less than 10,000 are allowed to be at 20% capacity, up to 250 people.

The order also will allow concessions at casinos, movie theaters and stadiums; personal services requiring mask removal and non-residential gatherings of up to 10 people from two households.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-181** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 181.

Federal Update

New! Urge Your Legislators to Cosponsor the Medicaid Reentry Act

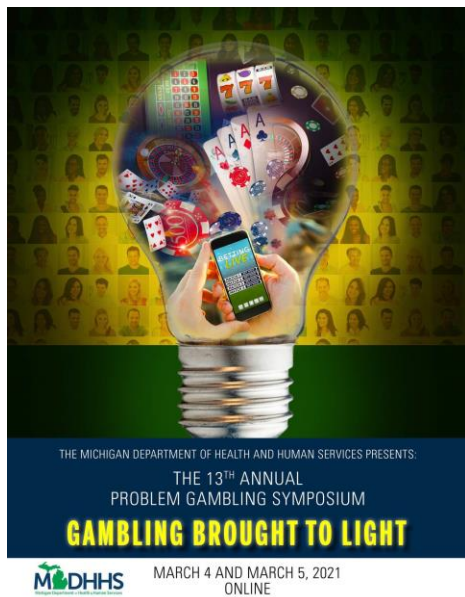
Last week, Reps. Tonko (D-NY) and Turner (R-OH) were joined by Senators Baldwin (D-WI) and Braun (R-IN) in reintroducing the Medicaid Reentry Act (H.R. 955/S. 285). This bipartisan bill would allow states to restart Medicaid coverage for eligible incarcerated individuals up to 30 days before their release from jail or prison. H.R. 955/S. 285 is an important step toward improving access to much-needed mental health and substance use services for one of the most vulnerable populations in the country.

Will you take two minutes today to urge your legislators to cosponsor the Medicaid Reentry Act?

<https://www.thenationalcouncil.org/policy-action/write-your-legislators/?vsrc=%2FCampaigns%2F58978%2FRespond#/TakeAction/Go/LetterGroupID/25/publicGRRecID/88E807BF-5056-92E0-69D373CF5A273620/EID/ELSAPXOKYL>

The criminal justice system has become the largest de facto mental health and substance use disorder treatment provider in the country. According to the Bureau of Justice Statistics, more than half of people in the criminal justice system have a mental illness. Of those with serious mental illness, approximately 75 percent also have a co-occurring substance use disorder. Successful reentry into the community requires enabling justice-involved individuals to avoid returning to the exact environmental factors that led to their incarceration in the first place. Equipping individuals with timely access to substance use, mental health, and other health-related services before release, will facilitate the transition to community-based care necessary to break the cycle of recidivism.

Education Opportunities



Registration Open: 13th Annual Virtual Gambling Disorder Symposium

REGISTRATION OPEN!

The Michigan Department of Health and Human Services Presents:

**Michigan's 13th Annual Virtual Gambling Disorder Symposium
"Gambling Brought to Light"**

March 4 & 5, 2021

Virtual Educational Sessions Each Morning

In recognition of Problem Gambling Awareness Month, the Michigan Department of Health and Human Services (MDHHS) is hosting the Thirteen Annual Gambling Disorder Symposium. The symposium is a forum that provides continuing education credits to professional members of the Gambling Disorder community, and access to Gambling Disorder trainings, treatment, prevention resources and personal recovery stories. Anyone affected by or interested in GD, is welcome to attend.

This year's symposium will address how COVID has changed the face of gambling, the impact made to gambling disorder within the youth and veteran communities, the implications of sports betting and on-line gambling, and responsible gambling.

Who Should Attend?

CEOs, COOs, CFOs, medical directors, clinical directors, case workers, prevention specialists, supports coordinators, other practitioners at all levels of practice (beginning, intermediate and/or advanced), and all individuals affected by Gambling Disorder.

Symposium Registration Fee: FREE

Sponsorship Opportunity - \$35:

As a symposium sponsor, you will gain visibility throughout the day to promote your company's brand, products and services directly to approximately 300 attendees. Your company logo will be on the home page of the virtual conference website. Only a limited number of high-impact sponsorship opportunities are being made available. When you register as an attendee, check the sponsorship option during the registration process.

No Fee to Attend but Registration is Required (Space is limited)!

[CLICK HERE TO REGISTER!](#)

This event is sponsored by the Michigan Department of Health and Human Services Behavioral Health & Developmental Disabilities Administration and facilitated by The Community Mental Health Association of Michigan.

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. 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.

Dates:

- February 22, 2021 *(SOLD OUT)*
- March 22, 2021 *(SOLD OUT)*
- April 5, 2021 [\(Register Here\)](#) *(15 spots left)*
- April 26, 2021 [\(Register Here\)](#) *(21 spots left)*

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 12:00pm
Education: 12:00pm – 3:00pm

Training Fees: \$120 CMHA Members \$143 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- March 8, 2021 *(SOLD OUT)*
- March 30, 2021 *(SOLD OUT)*
- April 6, 2021 [\(Register Here\)](#) *(50 spots left)*

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees: \$43 CMHA Members \$51 Non-Members

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

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

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE
April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE

Times:

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

Training Fees:

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

Self-Care and Resiliency Training

This session offers training on self-care, mindfulness, and resiliency and how these interact and relate to one another. We will talk about the importance of a healthy self-care routine and how you can start to implement one into your daily life. Mindfulness can be a great self-care tool and we will discuss how to incorporate this into your routine, as well as different mindfulness activities you can practice. Lastly, we will discuss how to become more resilient in your everyday life.

Participants in this training will learn:

- What self-care, resiliency, and mindfulness are and how these interact
- How to introduce self-care, mindfulness, and resiliency traits into your everyday life

- The importance of self-care, mindfulness, and resiliency in your life

February 22, 2021

9:00am - 11:00am | Timezone: US/Central

Hosted By: Great Lakes MHTTC

Register by [clicking here!](#)

Need more information? Contact us at sherrie.nichols@wisc.edu

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

[CMHA recommendations: Michigan's emerging Medicaid telemedicine policies](#): Recognizing that the Medical Services Administration of MDHHS is in the process of revising and expanding the state's Medicaid telemedicine policies, CMHA has created a document which outlines recommended telemedicine policies. These recommendations reflect the views of a broad cross section of CMHA members and stakeholders.

Educational Opportunities Available

[The Upper Midwest Telehealth Resource Center](#) provides education and resources on Telehealth Adoption, Delivery, Compliance and Reimbursement. Some available webinars are noted below.

[Telehealth & Medicaid: What's Next? A Roadmap for Medicaid Telehealth Policy in a Post- COVID World \(Panel discussion\)](#)

Date: February 5, 2021

Time: 2:00 pm - 3:00 pm

Telehealth & Medicaid: What's Next? A Roadmap for Medicaid Telehealth Policy in a Post- COVID World (Panel discussion)

Contact: Center for Connected Health

[NCTRC Webinar - Telehealth Policy Update: What Has Happened and What to Look for in 2021](#)

Date: February 18, 2021

Time: 2:00 pm - 3:00 pm

NCTRC Webinar
Contact: Center for Connected Health Policy

Behavioral Health Provider Experiences with Telehealth during COVID-19

[The Behavior Health Workforce Research](#) Center at the Institute for Healthcare Policy and Innovation, University of Michigan recently completed key informant interviews and published a brief that highlights key findings and federal policy implications. Read the [IHPI Brief here](#).

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

New! CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

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

MHTTC announces series on National School Mental Health Curriculum

The National School Mental Health Curriculum was the result of a partnership between the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH) to identify priority training topics, develop training content and gather related resources for inclusion in the training curriculum.

The national Mental Health Technology Transfer Center (MHTTC) Network, one of the groups that provides the backbone support for that curriculum, has developed and is hosting an 8-part training series using the National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools. Each session will include a pre-session video, live panel session, and post-session regional breakout.

Information on this free series, which starts on February 9 and runs through March 25, can be [found here](#).

New! MHTTC ongoing webinar series: the impact of mental health on students and youth (parts 3 and 4)

Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19

<https://mhttcnetwork.org/centers/great-lakes-mhttc/event/impact-mental-health-students-youth-part-3-youth-social-distancing>

Part 4: How to have Meaningful Conversations with Youth about Mental Health

<https://mhttcnetwork.org/centers/great-lakes-mhttc/event/impact-mental-health-students-youth-part-4-how-have-meaningful>

Parts 1 and 2 will be available on our website soon.

New! MHTTC upcoming webinar series: healing school communities in the context of racial violence: where do we go from here?

About the Learning Series: Healing School Communities in the Context of Racial Violence: Where do we go from here? is a two-part learning series intended for students, families, educators and school mental health professionals who are navigating the ongoing impact of racial violence in all forms on student mental health. More information at:

<https://mhttcnetwork.org/centers/global-mhttc/healing-school-communities-context-racial-violence-where-do-we-go-here>

News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out www.abilita.com/michigan-e911 to learn more and find out what you need to do to prepare!

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Treandra Bailey, Policy Analyst; publicpolicy@cmham.org
Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org

Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@cmham.org
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org
Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org
Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org

WEEKLY Update

February 12, 2021

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

TABLE OF Contents

CMH Association and Member Activities	2
<i>New! CMHA members part of next round of CCBHC designations.....</i>	<i>2</i>
<i>New! Copper Country CMH & Arbor Circle featured in news story: Michigan can't fill mental health jobs amid COVID. These ideas could help.....</i>	<i>3</i>
<i>New! MSU Center for Ethics and Humanities in the Life Sciences Breakfast: Mental Health Care Access: Making the Dollars and "Common Sense" Case for Parity</i>	<i>3</i>
<i>New! West Michigan CMH donation</i>	<i>4</i>
State & National Developments and Resources.....	4
<i>New! Ron Manderscheid, national advocate and CMHA partner, announces his departure from NACBHDD.....</i>	<i>4</i>
<i>New! Michigan's Chief Medical Executive named to federal COVID-19 Health Equity Task Force.....</i>	<i>5</i>
<i>New! Autism Alliance of Michigan underscores its roles and resources.....</i>	<i>6</i>
<i>New! Health Affairs blog: to improve COVID-19 vaccine distribution, engage behavioral health providers</i>	<i>6</i>
<i>New! NIH networks to advance emotional well-being research</i>	<i>7</i>
<i>New! Some doctors have negative perceptions of patients with disabilities — and that impacts quality of care, study finds.....</i>	<i>7</i>
State Legislative Update	8
<i>View January's Legislative Video on CMHA's Website</i>	<i>8</i>

<i>New! FY22 Executive Budget Proposal</i>	8
<i>DHHS EMERGENCY ORDERS</i>	11
<i>Executive Orders Signed</i>	11
Federal Update	12
<i>New! Senate Passes Budget Resolution</i>	12
Education Opportunities	12
<i>Registration Open: 13th Annual Virtual Gambling Disorder Symposium</i>	12
<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open</i>	13
<i>VIRTUAL Pain Management and Mindfulness Trainings – Registration Open</i>	14
<i>Virtual Motivational Interviewing College Trainings – Registration Open</i>	14
<i>New! Self-Care and Resiliency Training</i>	15
Behavioral Telehealth Resource Center	15
<i>Telehealth Resource Center</i>	15
<i>Educational Opportunities Available</i>	16
<i>Behavioral Health Provider Experiences with Telehealth during COVID-19</i>	16
Education & Training Resources from Great Lakes MHTTC	16
<i>Catalog of MHTTC resources</i>	16
<i>MHTTC announces series on National School Mental Health Curriculum</i>	17
News from Our Preferred Corporate Partners	17
<i>Abilita: Are you ready for E-911?</i>	17
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma.</i> 17	
CMH Association’s Officers & Staff Contact Info	18
<i>CMHA Officers Contact Information:</i>	18
<i>CMHA Staff Contact Information:</i>	18

CMH Association and Member Activities

New! CMHA members part of next round of CCBHC designations

Recently, the federal Substance Abuse and Mental Health Association (SAMHSA) announced the next



round of Certified Community Behavioral Health Center (CCBHC) sites in Michigan. Those sites include the following:

- LIFEWAYS Jackson
- NEIGHBORHOOD SERVICE ORGANIZATION Detroit
- SOUTHWEST COUNSELING SOLUTIONS, INC. Detroit
- DEVELOPMENT CENTERS, INC. Detroit
- FAITH HOPE AND LOVE OUTREACH CENTER Detroit
- NORTHEAST GUIDANCE CENTER Detroit

In the next several days, CMHA and the National Council for Behavioral Health will be issuing a joint press release applauding this announcement.

Congratulations to these new Michigan CCBHC sites.

New! Copper Country CMH & Arbor Circle featured in news story: Michigan can't fill mental health jobs amid COVID. These ideas could help.

Below are excerpts from a recent news story about the behavioral health workforce shortage – with quotes from the CEOs of Copper Country Community Mental Health Services and Arbor Circle,

.... deeper challenges for Michigan, which was short on behavioral health workers even before COVID disrupted the economy and kept millions of people, including children, in isolation.

It's a crisis mental-health advocates say calls for a range of bold solutions, including broadened funding support for college loan forgiveness for mental health professionals who commit to practice in underserved areas of the state.

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

New! MSU Center for Ethics and Humanities in the Life Sciences Breakfast: Mental Health Care Access: Making the Dollars and “Common Sense” Case for Parity

Below is information on the next session of the “Bio-Ethics for Breakfast” series sponsored by the Michigan State University Center for Ethics and Humanities in the Life Sciences. Weekly Update readers will recognize the speakers featured at this breakfast.

Zoom Webinar Registration: bit.ly/b4b-feb25

Thursday, February 25, 2021

Program: 7:30 - 8:45 AM (ET)

Speakers: Malkia Newman and Debra A. Pinals, MD

New! West Michigan CMH donation



COVID mask donation. Deb Davis (left), manager of the Samaratis group home in Scottville, accepts a donation of KN95 protective masks from Nicole Kusebuski, network and QI specialist at West Michigan Community Mental Health (WMCMH). WMCMH donated 8,400 masks to 32 residential home providers in Mason, Lake and Oceana counties as part of the Mask Up, Mask Right campaign through the Michigan Department of Health and Human Services.

State & National Developments and Resources

New! Ron Manderscheid, national advocate and CMHA partner, announces his departure from NACBHDD

Below is the recent announcement, from Ron Manderscheid, the longtime President and CEO of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and the National Association for Rural Mental Health (NARMH), of his decision to leave the leadership of NACBHDD.

Dear NACBHDD and NARMH Colleagues:

This is to tell you of my intention to leave my position as President/CEO of NACBHDD and NARMH by mid-summer. Subsequently, I will continue to be active in the field via speaking, teaching, writing, consulting, and advocating around mental health, substance use, and I/DD issues.

It has been my great privilege and pleasure to work with you for the past eleven+ years. I have greatly appreciated all of the kindness, assistance, and support you have extended to me during this entire period.

A NACBHDD Search Committee has been formed consisting of Bob Sheehan (Chair), Kyle Kessler, Lynn Canfield, and David Weden from the Executive Committee, representing NACBHDD and NARMH, and Maria Walker, representing I/DD.

I look forward to continuing to work with you on the same issues, just from a slightly different perch.

My very best wishes for each and every one of you.

Ron Manderscheid, PhD
President/CEO,
NACBHDD - National Association of County Behavioral Health and Developmental Disability
Directors
NARMH - National Association for Rural Mental Health

CMHA, a longtime member of NACBHDD, wishes Ron the best in his future endeavors.

On a related note, Ron and the NACBHDD Officers recently issued the announcement of the position vacancy seeking qualified candidates for the position of NACBHDD President and CEO. That posting is provided below. We ask that Weekly Update readers share this posting with any and all whom you think would be interested in applying.

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and the National Association for Rural Mental Health (NARMH) announce the position of President and Chief Executive Officer for the two national membership associations headquartered in Washington, DC. The successful candidate will be responsible for the management of both associations, together with policy development, management of initiatives, and liaison with relevant federal agencies and related national, state, and county associations.

Candidates are requested to submit applications electronically to the attention of Robert Sheehan at nnelson@nacbhd.org no later than close of business on March 12. A complete application will include a cover letter detailing the candidate's qualifications, a detailed resume, a writing sample prepared by the candidate, and at least three letters of reference supporting the candidate's qualifications to manage two national organizations with a focus on county behavioral health and intellectual/developmental disability programs.

New! Michigan's Chief Medical Executive named to federal COVID-19 Health Equity Task Force

Below are excerpts from a recent press release announcing the appointment of Dr. Joneigh Khaldun Michigan's Chief Medical Executive to the Biden-Harris COVID-19 Health Equity Task Force

... President Joe Biden and Vice President Kamala Harris announced non-federal members of the Biden-Harris COVID-19 Health Equity Task Force, including Dr. Joneigh Khaldun, chief medical executive and chief deputy for health at the Michigan Department of Health and Human Services.

"I am honored to be part of the COVID-19 Health Equity Task Force and to play a part in helping address inequities as they relate to the COVID-19 pandemic, said Khaldun. "The virus has had a disproportionate impact on our most vulnerable communities, including communities of color. I

look forward to making contributions as part of this task force that will ensure that future pandemic responses do not ignore or exacerbate health inequities.”

Khaldun has been the lead strategist advising the state’s COVID-19 response and has held former roles leading work to address disparities as Detroit’s health director and the chief medical officer of Baltimore.

The Task Force is charged with issuing a range of recommendations to help inform the COVID-19 response and recovery. This includes recommendations on equitable allocation of COVID-19 resources and relief funds, effective outreach and communication to underserved and minority populations and improving cultural proficiency within the Federal Government.

New! Autism Alliance of Michigan underscores its roles and resources

The Autism Alliance of Michigan (AAoM), a longtime partner of CMHA, recently issued a short statement underscoring the breadth of its work, in an aim to ensure that CMHA members and stakeholders have an accurate understanding of the work of AAoM and how AAoM could be of assistance to CMHA members and stakeholder. That announcement is provided below.

AAoM is a statewide organization and strives for a collaborative approach with professionals and families affected by autism to provide free professional consultation across the lifespan.

Reach out to AAoM with ANY questions, including the following:

- Adult Services
- Community Events and Recreation
- Comprehensive Autism Evaluations
- Employment
- Family and Sibling Support
- Insurance Support
- Medical Providers
- Safety
- Special Education
- Therapy Services

To work with AAoM, they can be reached by email: navigator@aaomi.org or phone: 877.463.AAOM. More information on AAoM can be [found here](#).

New! Health Affairs blog: to improve COVID-19 vaccine distribution, engage behavioral health providers

Below are excerpts from a recent health affairs blog urging the use of behavioral health providers to improve COVID-19 vaccination rates.

States’ distribution plans for COVID-19 vaccines currently outline strategies to reach health care workers, long-term care facilities, and some priority populations, but most do not explicitly

address populations with serious mental illness and chronic substance use disorders. Many such people are [vulnerable to COVID-19](#) because they receive treatment in [residential or inpatient facilities](#) or live in shared housing or congregate care, places where the virus has been shown to [spread quickly](#). They have high rates of comorbid physical health [conditions](#) that place them at risk for poor COVID-19 outcomes, and there is also compelling evidence of [higher COVID-19 mortality](#) among people who were recently diagnosed with a mental disorder. As states refine their plans to distribute COVID-19 vaccines, they should engage behavioral health providers to develop strategies to reach the populations they serve.

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

New! NIH networks to advance emotional well-being research



Five new research networks totaling \$3.13 million in funding from the National Institutes of Health (NIH) will allow investigators to refine and test key concepts that advance the study of emotional well-being.

More information on these research networks can be [found here](#).

New! Some doctors have negative perceptions of patients with disabilities — and that impacts quality of care, study finds

Below are excerpts from a recent news story on the recent report highlighting physician views of persons with disabilities.

More than 82% of American doctors say they believe patients with significant disabilities have a worse quality of life than people who don't have disabilities, according to a new study. Those negative perceptions can have big impacts on the quality of care patients with disabilities receive.

Researchers at Harvard Medical School and Massachusetts General Hospital found that negative perceptions of patients with disabilities are widespread among physicians -- to a degree they say is "disturbing."

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

State Legislative Update

View January's Legislative Video on CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system that (or each) month at the State Capitol. Our December Briefing features CMHA Associate Director, Alan Bolter, provides a 2020 legislative lame duck session recap which concluded in late December. *To view the latest video, [CLICK HERE!](#)*

New! FY22 Executive Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

	<u>FY'20 (Final)</u>	<u>FY'21 (Final)</u>	<u>FY'22 (Exec Rec)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,487,345,800	\$2,653,305,500	\$3,011,525,500
-Medicaid Substance Abuse services	\$68,281,100	\$87,663,200	\$80,988,900
-State disability assistance program	\$0	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$108,754,700	\$108,333,400	\$78,005,200
-Health Homes Program	\$3,369,000	\$26,769,700	\$33,005,400
-Autism services	\$230,679,600	\$271,721,000	\$356,875,800
-Healthy MI Plan (Behavioral health)	\$371,843,300	\$589,941,900	\$540,551,700
-CCBHC	\$0	\$0	\$25,597,300

Other Highlights of the FY22 Executive Budget:

Direct Care Worker Wage Increase

The Executive Recommendation provides \$110 million (\$43.1 million general fund) in fiscal year 2021 and \$360 million (\$121.4 million general fund) in fiscal year 2022 to permanently continue the \$2 per

hour wage increase for direct care workers who provide critical care to our most vulnerable neighbors through Medicaid-funded behavioral health supports, community-and facility-based long-term care services, and home-based services provided through area agencies on aging. Maintaining the wage increase will help to stabilize the workforce and ensure continued access to services.

CCBHC Implementation

The FY22 Executive Budget includes \$26.5million gross, \$5.0million general fund(6.0FTEs) to support a two-year implementation of the Centers for Medicare and Medicaid (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration program. Proposed funding will be used to:

- **Establish 14 CCBHC sites**, through 11 Community Mental Health Programs and 3 non-profit behavioral health entities, to provide comprehensive access to behavioral health services to vulnerable individuals.
- Create a new Behavioral Health Policy and Operations Office to oversee the implementation of the CCBHC demonstration, Medicaid Health Homes, and other behavioral health integration initiatives The new office will comprise 6 new FTE positions and 9 reassigned FTE positions responsible for policy, operations, technical assistance, and quality monitoring support.

KB vs. Lyon lawsuit

The FY22 Executive Budget includes \$90 million gross (\$30 million general fund) to recognize new costs related to the implementation of policy changes associated with the KB v. Lyon lawsuit settlement. These caseload costs will come from program changes aimed at increasing consistency in access to behavioral health services for Medicaid enrollees and those served through the child welfare system.

Other items

- \$1 million for Autism Service Navigation (general fund) is maintained in the Executive Budget on an ongoing basis. Support for this program has been included in recent budgets on a one-time basis.
- \$3.5 million for cross enrollment expansion to improve technology and communication tools to better identify and enroll individuals needing support and services.
- \$8.4 million to reduce health disparities and expand the use of community-based navigators to enhance access to health coverage, and improve screening, data sharing and interoperability of existing data systems through the Michigan Health Information Network.
- \$15 million one-time for state psychiatric hospital special maintenance for capital improvements at all five of Michigan's psychiatric hospitals.

Key Boilerplate Sections:

Sec. 928. Each PIHP shall provide, from internal resources, local funds to be used as a part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds

shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.

Sec. 974. The department and PIHPs shall allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to instead receive supports and services from another provider if the individual shows that he or she is eligible and qualified to receive supports and services from another provider. Other providers may include, but are not limited to, MIChoice and program of all-inclusive care for the elderly (PACE).

Sec. 1000. (1) From the funds appropriated in part 1, the department of health and human services shall provide sufficient funding to increase the wages paid to direct care workers described in subsection (2) by \$2.00 per hour above the rates paid on March 1, 2020 for the current fiscal year.

(2) The direct care wage increase shall be provided to direct care workers employed by the department of health and human services, its contractors, and its subcontractors who received a \$2.00 per hour state-funded wage increase beginning in April 2020. The total combined direct care wage increases from the April 2020 direct care wage increase and the wage increase outlined in this section shall be \$2.00 per hour and shall be in effect for the current fiscal year.

(3) From the funds appropriated in part 1, the department of health and human services shall provide sufficient funding to increase the wages paid to direct care workers described in subsections (4) and (5) by \$2.00 per hour above the rates paid on June 1, 2020 for the current fiscal year.

(4) A direct care wage increase of \$2.00 per hour shall be provided to direct care workers employed by skilled nursing facilities for the current fiscal year. This funding shall include all costs incurred by the employer, including payroll taxes, due to the \$2.00 per hour increase. As used in this subsection, "direct care workers" means a registered nurse, licensed practical nurse, competency-evaluated nursing assistant, and respiratory therapist.

(5) A direct care wage increase of \$2.00 per hour shall be provided to direct care workers employed by area agencies on aging and its contractors for in-home and respite services for the current fiscal year. This funding shall include all costs incurred by the employer, including payroll taxes, due to the \$2.00 per hour increase.

(6) Contractors and subcontractors receiving funding to support these direct care wage increases shall be required to provide documentation of the wage increases provided pursuant to this section to the department of health and human services.

(7) Any payment enhancement above the hourly rate in effect immediately prior to the wage increase shall be of no effect in determining any employee's average compensation as provided by any contract or other provision of law.

(8) A direct care worker may elect to not receive the wage increase provided in this section. The election to not receive the wage increase in this section must be made either in writing or electronically. The employer of a direct care worker who has elected to not receive the wage increase in this section must

remit back to the state any of the funds authorized by this section based on the number of direct care workers it employs who have elected to not receive the wage increase authorized by this section.

Sec. 1009 (1) From the funds appropriated in part 1 for Medicaid mental health services and Healthy Michigan plan - behavioral health, the department shall continue the \$2.00 hourly wage increase for direct care workers as implemented in the previous fiscal year. Funds provided in this section must be utilized by a PIHP to maintain the wage increase for direct care worker wages, for the employer's share of federal insurance contributions act costs, purchasing worker's compensation insurance, or the employer's share of unemployment costs.

(2) Each PIHP shall report to the department by February 1 of the current fiscal year the range of wages paid to direct care workers, including information on the number of direct care workers at each wage level.

(3) The department shall report the information required to be reported according to subsection (2) to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year.

DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For individuals still interested, or in need of referencing previous *Executive Orders*, please click [here](#).

Today, Governor Whitmer announced the finalization of the Feb. 1 reopening of indoor dining for restaurants and bars, but with a 10 p.m. curfew and a 25% capacity limit, up to 100 people.

Large stadiums will also be allowed more capacity to allow for additional attendance at high school football finals being hosted this weekend, under the newest epidemic order issued by the Michigan Department of Health and Human Services (DHHS) that will take effect Feb. 1 and run until Feb. 21.

The new capacity limits allow for 500 people at venues that seat over 10,000 people, while stadiums that seat less than 10,000 are allowed to be at 20% capacity, up to 250 people.

The order also will allow concessions at casinos, movie theaters and stadiums; personal services requiring mask removal and non-residential gatherings of up to 10 people from two households.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-181** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 181.

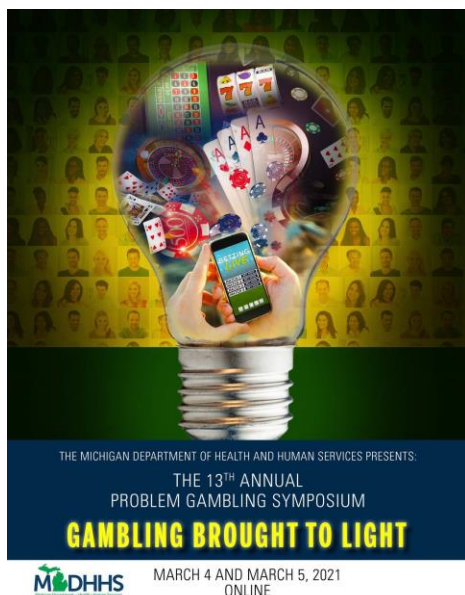
Federal Update

New! Senate Passes Budget Resolution

Last week, the Senate passed a [budget resolution](#), instructing committees to draft a COVID-19 stimulus package. This process, known as reconciliation, will allow leadership to shepherd through a relief package with a simple, filibuster-proof majority in the Senate. If the House approves of the budget resolution, committees will have until February 16 to pull together the bill – with leadership aiming to get the relief legislation onto President Biden's desk by March 14. This \$1.9 trillion stimulus package is expected to align with

[President Biden's COVID-19 plan](#), which included \$4 billion to SAMHSA. [Click here for a detailed memorandum](#) on the budget reconciliation process in the coming weeks.

Education Opportunities



Registration Open: 13th Annual Virtual Gambling Disorder Symposium

REGISTRATION OPEN!

The Michigan Department of Health and Human Services Presents:

Michigan's 13th Annual Virtual Gambling Disorder Symposium
"Gambling Brought to Light"

March 4 & 5, 2021

Virtual Educational Sessions Each Morning

In recognition of Problem Gambling Awareness Month, the Michigan Department of Health and Human Services (MDHHS) is hosting the Thirteen Annual Gambling Disorder Symposium. The symposium is a forum that provides continuing education credits to professional members of the Gambling Disorder community, and access to Gambling Disorder trainings, treatment, prevention resources and personal recovery stories. Anyone affected by or interested in GD, is welcome to attend.

This year's symposium will address how COVID has changed the face of gambling, the impact made to gambling disorder within the youth and veteran communities, the implications of sports betting and on-line gambling, and responsible gambling.

Who Should Attend?

CEOs, COOs, CFOs, medical directors, clinical directors, case workers, prevention specialists, supports coordinators, other practitioners at all levels of practice (beginning, intermediate and/or advanced), and all individuals affected by Gambling Disorder.

Symposium Registration Fee: FREE

Sponsorship Opportunity - \$35:

As a symposium sponsor, you will gain visibility throughout the day to promote your company's brand, products and services directly to approximately 300 attendees. Your company logo will be on the home page of the virtual conference website. Only a limited number of high-impact sponsorship opportunities are being made available. When you register as an attendee, check the sponsorship option during the registration process.

No Fee to Attend but Registration is Required (Space is limited)!

[CLICK HERE TO REGISTER!](#)

This event is sponsored by the Michigan Department of Health and Human Services Behavioral Health & Developmental Disabilities Administration and facilitated by The Community Mental Health Association of Michigan.

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. 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.

Dates:

- February 22, 2021 **(SOLD OUT)**
- March 22, 2021 **(SOLD OUT)**

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am



- April 5, 2021 ([Register Here](#)) (24 spots left)
- April 26, 2021 ([Register Here](#)) (27 spots left)

Lunch Break: 11:30am – 12:00pm
Education: 12:00pm – 3:00pm

Training Fees: \$120 CMHA Members \$143 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- March 8, 2021 (SOLD OUT)
- March 30, 2021 (SOLD OUT)
- April 6, 2021 ([Register Here](#)) (59 spots left)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees: \$43 CMHA Members \$51 Non-Members

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

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

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE
April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE

Times:

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

Training Fees:

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

New! Self-Care and Resiliency Training

This session offers training on self-care, mindfulness, and resiliency and how these interact and relate to one another. We will talk about the importance of a healthy self-care routine and how you can start to implement one into your daily life. Mindfulness can be a great self-care tool and we will discuss how to incorporate this into your routine, as well as different mindfulness activities you can practice. Lastly, we will discuss how to become more resilient in your everyday life.

Participants in this training will learn:

- What self-care, resiliency, and mindfulness are and how these interact
- How to introduce self-care, mindfulness, and resiliency traits into your everyday life
- The importance of self-care, mindfulness, and resiliency in your life

February 22, 2021

9:00am - 11:00am | Timezone: US/Central

Hosted By: Great Lakes MHTTC

Register by [clicking here!](#)

Need more information? Contact us at sherrie.nichols@wisc.edu

Behavioral Telehealth Resource Center

Telehealth Resource Center

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

[CMHA recommendations: Michigan's emerging Medicaid telemedicine policies](#): Recognizing that the Medical Services Administration of MDHHS is in the process of revising and expanding the state's Medicaid telemedicine policies, CMHA has created a document which outlines recommended telemedicine policies. These recommendations reflect the views of a broad cross section of CMHA members and stakeholders.

Educational Opportunities Available

[The Upper Midwest Telehealth Resource Center](#) provides education and resources on Telehealth Adoption, Delivery, Compliance and Reimbursement. Some available webinars are noted below.

[Telehealth & Medicaid: What's Next? A Roadmap for Medicaid Telehealth Policy in a Post- COVID World \(Panel discussion\)](#)

Date: February 5, 2021

Time: 2:00 pm - 3:00 pm

Telehealth & Medicaid: What's Next? A Roadmap for Medicaid Telehealth Policy in a Post- COVID World (Panel discussion)

Contact: Center for Connected Health

[NCTRC Webinar - Telehealth Policy Update: What Has Happened and What to Look for in 2021](#)

Date: February 18, 2021

Time: 2:00 pm - 3:00 pm

NCTRC Webinar

Contact: Center for Connected Health Policy

Behavioral Health Provider Experiences with Telehealth during COVID-19

[The Behavior Health Workforce Research](#) Center at the Institute for Healthcare Policy and Innovation, University of Michigan recently completed key informant interviews and published a brief that highlights key findings and federal policy implications. Read the [IHPI Brief here](#).

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.



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

MHTTC announces series on National School Mental Health Curriculum

The National School Mental Health Curriculum was the result of a partnership between the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH) to identify priority training topics, develop training content and gather related resources for inclusion in the training curriculum.

The national Mental Health Technology Transfer Center (MHTTC) Network, one of the groups that provides the backbone support for that curriculum, has developed and is hosting is 8-part training series using the National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools. Each session will include a pre-session video, live panel session, and post-session regional breakout.

Information on this free series, which starts on February 9 and runs through March 25, can be [found here](#).

News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out www.abilita.com/michigan-e911 to learn more and find out what you need to do to prepare!

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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