

*Northeast Michigan Community Mental Health Authority  
Board Meetings - February 2020*



*Happy Valentine's Day!*

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

\*\* Meeting held in the MI Conference Room



 Executive Committee Meeting, Thursday, February 13\* @ 2:15 p.m.

 Nomination's Committee Meeting, Thursday, February 13\*\* @ 2:30 p.m.

 Board Meeting, Thursday, February 13 @ 3:00 p.m.

**Northeast Michigan Community Mental Health Authority**

**Executive Committee Agenda**

**February 13, 2010 @ 2:15 p.m.**

**1. Director's Evaluation**

**2. Contract Amendment**

**Committee Members:**

Eric Lawson, Chair

Roger Frye, Vice Chair,

Bonnie Cornelius, Secretary

Gary Nowak, Past Chair

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**  
**EMPLOYMENT CONTRACT**

WITH  
**NENA F. SORK**  
FOR THE POSITION OF EXECUTIVE DIRECTOR

**AMENDMENT TO ARTICLE II**

**ARTICLE II – COMPENSATION / CONTRACT PAYMENTS**

This agreement amends the Contract bearing the effective date of May 1, 2019 between Northeast Michigan Community Mental Health Authority, located at 400 Johnson Street, Alpena (hereinafter referred to as the “Board”) and Nena F. Sork, who resides at 114 Barry Street, Alpena (hereinafter referred to as the “Executive Director”).

As provided for under the terms of the Contract, the Board and the Executive Director agrees to amend the following provision:

2.2 Payment for Services: The annual salary is being increased/decreased by \$ \_\_\_\_\_ effective January 1, 2020. (Previous language in original contract --The Employer shall pay the Executive Director an annual salary of \$120,000. After successful completion of a six-month evaluation period (i.e., 7/1/2019 to 1/1/2020), the Board will review salary and with satisfactory performance will make at least \$124,446, the current salary of the Executive Director vacating the position.)

All other terms and condition as set forth in the original Contract shall remain in effect for the duration of this Contract.

**Signature**

The person signing on behalf of the parties hereto certify that by their signature, they are duly authorized to sign this Contract on behalf of the party they represent and said party has authorized this Contract.

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have fully signed this Contract on the day and year first above written.

EMPLOYEE:

NORTHEAST MICHIGAN COMMUNITY  
MENTAL HEALTH AUTHORITY:

By: \_\_\_\_\_  
Signature Date

By: \_\_\_\_\_  
Signature Date

Name: Nena Sork

Name: Eric Lawson

Title: Executive Director

Title: Board Chairperson

**Northeast Michigan Community Mental Health Authority  
Nomination's Committee  
February 13, 2020 @ 2:30 p.m.**

**A G E N D A**

**I. Slate of Officers Recommendation**

Committee Members:  
Terry Larson, Chair  
Steve Dean  
Albert LaFleche  
Gary Wnuk

***Slate of Officers Recommendation  
by Nomination's Committee***

<b>Current Officer</b>	<b>Position</b>	<b>Proposed Officer</b>	<b>Willing to Serve</b>
Eric Lawson	Chair		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Roger Frye	Vice Chair		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bonnie Cornelius	Secretary		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gary Nowak	Past Chair		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Northeast Michigan Community Mental Health Authority

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona <i>Secretary</i>	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2020
Alcona	Gary R. Wnuk Home: 4969 Wildwood Trl/Barton City MI 48705 Mailing: PO Box 327 Lincoln MI 48742		(989) 848-5318	3-31-2021
Alpena	Robert Adrian 227 Dawson St Alpena MI 49707		(989) 255-0208	3-31-2022
Alpena	Steve Dean 2076 Partridge Point Road Alpena MI 49707		(810) 265-9330	3-31-2020
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2022
Alpena <i>Chair</i>	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2021
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2021
Montmorency <i>Vice Chair</i>	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 742-4026	3-31-2020
Montmorency	Albert LaFleche 19030 County Road 451 Hillman MI 49746		(989) 742-4196	3-31-2021
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49779		(989) 734-7383	3-31-2022
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2022
Presque Isle <i>Past Chair</i>	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2020

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**  
**BOARD MEETING**  
February 13, 2020 at 3:00 p.m.  
**A G E N D A**

- I. Call to Order**
- II. Seating of Board Member -**  
Robert Adrian – Alpena County
- III. Roll Call & Determination of a Quorum**
- IV. Pledge of Allegiance**
- V. Appointment of Evaluator**
- VI. Acknowledgement of Conflict of Interest**
- VII. Information and/or Comments from the Public**
- VIII. Approval of Minutes** ..... (See pages 1-5)
- IX. Educational Session – New Website Preview**
- X. February Monitoring Reports**
  - 1. Treatment of Individuals Served 01-002.... (See pages 6-10)
  - 2. Staff Treatment 01-003 ..... (See pages 11-12)
  - 3. Budgeting 01-004 ..... (See pages 13-16)
  - 4. Financial Condition 01-005 ..... (See pages 17-20)
  - 5. Asset Protection 01-007 (Delayed due to late onset of audit)
- XI. Board Policies Review and Self Evaluation**
  - 1. Asset Protection 01-007 ..... (See pages 21-22)
  - 2. Board Committee Principles 02-005 ..... (See pages 23-24)
  - 3. Delegation to the Executive Director 03-002 ..... (See pages 25-26)
- XII. Linkage Reports**
  - 1. CMHAM
    - a. CMH PAC ..... (See pages 27-28)
  - 2. Northern Michigan Regional Entity
    - a. January 22<sup>nd</sup> Board Meeting Report ..... (Verbal)
    - b. December 11<sup>th</sup> Board Meeting Report ..... (See pages 29-33)
- XIII. Operations Report** ..... (See page 34)
- XIV. Chair's Report**
  - 1. Executive Committee Report ..... (Verbal)
    - a. Director's Evaluation
- XV. Director's Report**
  - 1. Director's Update ..... (Verbal)
  - 2. Endowment Fund Grant Awards ..... (See page 35)
- XVI. Information and/or Comments from the Public**
- XVII. Information and/or Comments from the Board for the Good of the Organization**
- XVIII. Next Meeting – Thursday, March 12 at 3:00 p.m.**
  - 1. Set March Agenda ..... (See page 36)
  - 2. Meeting Evaluation ..... All
- XIX. Adjournment**

**MISSION STATEMENT**

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

## Northeast Michigan Community Mental Health Authority Board

### Board Meeting

January 9, 2020

Just prior to the Board meeting, Mark Hunter submitted his letter of resignation.

**I. Call to Order**

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

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

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson

Absent: Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, Lee Ann Bushey, Connie Cadarette, Lynne Fredlund, Larry Patterson, Margie Hale-Manley, Ruth Hewett, Nena Sork, Jen Whyte

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Eric Lawson appointed Albert LaFleche as evaluator for this meeting.

**V. Acknowledgement of Conflict of Interest**

Board members had no conflicts to acknowledge.

**VI. Information and/or Comments from the Public/ Board Member Communication**

There was no information or comments presented.

**VII. Approval of Minutes**

*Moved by Steve Dean, supported by Gary Nowak, to approve the minutes of the December 12, 2019 meeting as presented.* Motion carried.

**VIII. Educational Session – Agency Oversight, Audits**

Lynne Fredlund QI Coordinator, provided Board members with information related to the various audits and oversight processes the Agency uses in their guidance. Lynne provided structure utilized in governance and the tasks each group oversees. Guidance is provided by various agencies – State contract, Mental Health Code, Medicaid Manual, CARF and the PIHP among others. She reviewed the various technical advisories and mandates the Agency must adhere to. She notes there are overlaps with the various agencies but, in essence, every aspect of service provision and all mandates are identified at some point.

Community Mental Health Boards must apply to MDHHS to be certified to provide services. If a Board is accredited by an accreditation provider, MDHHS will accept this as part of the authorization process. This reduces the amount of time the Department needs to look at services.

Lynne noted MDHHS establishes performance indicators and will monitor the agency based on these indicators to assure services are being provided timely. If an Agency does not attain



compliance in an indicator, a plan of correction must be submitted and improvement will be tracked.

MIFAST Reviews look at various programs. The state hires peers to conduct this review so valuable input is received to improve programs. There are also offsite and onsite reviews conducted. The Agency recently conducted a review in the Habilitation Supports Waiver/SED Waiver and Children's Waiver Review. She noted much of this review was conducted via Skype and uploading documents to them for a desk-type audit. Lynne Fredlund reported during this review there were 200+ employee credentials reviewed. She reported the Autism Services (ABA) audit is normally conducted on alternate years to the Habilitation Supports Waiver audits.

The Home and Community Based Waiver included high scrutiny elements and recently 10 sites were reviewed and a report will be forthcoming.

Lynne Fredlund reviewed responsibilities of the PIHP audits and those functions delegated back to the local community mental health for assurances. Lynne Fredlund reviewed the external quality reviews conducted. These are groups hired by MDHHS and an annual review is conducted.

Lynne Fredlund provided Board members with methods to handle complaints or concerns a community member might approach them with and provided Board member with the names of staff to contact in such instances.

Gary Wnuk questioned how and where sanctions could be assessed. Lynne Fredlund reported not meeting a performance indicator could result in a sanction (withhold of some Medicaid funding); however, if indicators are met an incentive is awarded.

Judy Jones noted if a mental health authority is in trouble with non-compliance they do have ample notice and should not be surprised by any type of sanction.

Eric Lawson noted if the Executive Director was not doing a good job, with all the oversight by the various agencies, Board members would know and it would be difficult for this to be masked or covered up. In addition, if the NMRE received complaints, the Board members sitting on the NMRE Board would bring the complaints back to the local Board. In addition, if the CEO at NMRE had concerns, he could contact the Board Chair.

#### **IX. January Monitoring Reports**

##### **1. Emergency Executive Succession 01-006**

Steve Dean noted this monitoring report is written with good detail. In the Board Review/Comments box, questions are written to invite Board member consideration and comments. In reviewing the question for the "Data Test," it was suggested to change the term "relative" to "relevant."

*Moved by Gary Nowak, supported by Gary Wnuk, to accept the January monitoring report as presented which will include the Data Test language revision for future monitoring reports.* Motion carried.

#### **X. Board Policy Review and Self Evaluation**

##### **1. Emergency Executive Succession 01-006**

Revision of policy to include changing CEO to Executive Director.

##### **2. Executive Director Role 03-001**

Proposed revision of this policy includes changing Chief Executive to Executive Director.

*Moved by Lester Buza, supported by Roger Frye, to revise policies 01-006 Emergency Executive Succession and 03-001 Executive Director Role as presented.* Motion carried.

**XI. Linkage Reports**

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

**a. Winter Board Conference [Feb. 4 & 5, Kalamazoo]**

The Annual Winter Conference held in Kalamazoo on February 4 and February 5 is a conference that does not require any voting and this Board traditionally does not attend due to unpredictable weather and distance. Eric Lawson did request Board members to notify Diane Hayka should they want to attend and accommodations would be made. There was no Board member expressing an interest in attending.

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

**a. Board Meeting December 11, 2019**

The minutes were not available as of this date. Gary Wnuk questioned if there was any new information on the proposed changes to the mental health system. Nena Sork reported the next NMRE Board scheduled for January 22 is scheduled for the same times as the Director's Forum in Lansing and many of the directors will be attending the Director's Forum instead. It is expected system reform will be a topic at the Director's Forum.

Roger Frye reported he and Terry Larson attended a SUD Board meeting on Monday with the SUD Board recommending approval of several disbursements of the liquor tax dollars. Terry Larson noted vaping is a big concern in the area and some dollars can be directed to address this concern. There was a proposal to put sensors in bathrooms in the schools to catch those students vaping.

**XII. Operational Report**

Nena Sork reviewed the Operational Report for month ending December 31, 2019 and reported Clubhouse is doing well for attendance. This program continues to build and grow. Private hospitalizations have gone up. She reports inpatient is higher than what was budgeted. The average length of stay previously had been five days and is now 11 days. She reports there were a couple of long-term inpatient stays. She reported the hospital liaison position was vacant since August and there is a candidate to fill this position. The length of stays should improve.

**XIII. Chair's Report**

**1. Executive Committee meeting**

Eric Lawson reported the Director has completed her six-month initial period and per contract will need to be evaluated. Evaluation of the Director is based on the content and timeliness of monitoring reports.

Nominations Committee and Executive Committee will meet prior to the February Board meeting. Diane Hayka offered to assist Board members if they would like to review any old monitoring reports. The Executive Committee will meet at 2:15 p.m. The Nomination's Committee will meet at 2:30 p.m. The role of the Nomination's Committee will be to recommend a Slate of Officers at the March Board meeting. Gary Nowak suggested the Nomination's Committee consider recommending the Board's current officers continue in their respective roles.

Eric Lawson noted with the resignation of Mark Hunter from the Board, we will be seeking two appointments from Alpena County. One to fill the immediate vacancy created by the

resignation, which would cover remaining portion of Mr. Hunter's term and one to fill a vacancy, which will be created when Steve Dean's term expires on March 31, 2020.

**XIV. Director's Report**

**1. Director's Report**

Nena Sork reported Dr. Spurlock provided an interview on WBKB-TV related to Seasonal Affective Disorder. She notes development of the website continues. She attended the Northern Michigan Opioid Regional Consortium (NMORC).

Nena Sork reported the budget continues to be in good shape. Larry Patterson reported there was an additional amount received from NMRE, which increased the revenues. He noted the revenues would be increased even more when a misdirected waiver payment is recaptured. The accounting conversion continues and is working well.

Nena Sork reported the ACT Team would be fully staffed by February 1. Two nurses hired recently will complete the team.

In an update related to the recent interview with a potential psychiatrist, the psychiatrist decided to stay in the Grand Rapids area. Nena Sork did report a renewal contract was signed by Carrie Standen, registered certified nurse practitioner, to continue.

**2. QI Council Update**

The Board members received a copy of the most recent Council minutes. This provides information on the various standing committees. It was noted the Council will be reviewing the data that flows through them to assure trending and communication of trends are communicated to appropriate staff.

**XV. Information and/or Comments from the Public/Board Member Communication**

Gary Wnuk expressed his appreciation of receiving his W-2 tax form in the mail, very legible and early.

Gary Wnuk questioned if there is any guidance on addressing gender dysphoric. When is the appropriate time to address this topic? Nena Sork reported this does not necessarily meet an SED diagnosis and may not be classified as a serious emotional disturbance. There is a diagnosis code for this, however in the new DSM-5 Manual.

Terry Larson reported he listened to the presentation of the oversight this Agency goes through and he noted the Board can be very proud of the staff, which includes the staff providing direct services. Board members applauded staff for their diligent work to assure individuals receive services needed. Nena Sork noted she will be including this praise in her message to the staff in the Agency newsletter.

**XVI. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, February 13, 2020 at 3:00 p.m. The Executive Committee will meet at 2:15 p.m. that day and the Nomination's Committee will meet at 2:30 that day.

**1. Set February Agenda**

The February agenda items were reviewed.

**XVII. Evaluation of Meeting**

Albert LaFleche reported the meeting began at 3:03 p.m. He noted the educational presentation was very good. All are doing a good job.

**XVIII. Adjournment**

*Moved by Lester Buza, supported by Gary Wnuk, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:40 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder



## Recipient Rights Advisory Committee Minutes January 15, 2020

The meeting was called to order at 3:15 p.m. in the Board Room, NEMCMH, 400 Johnson Street, Alpena, MI on January 15, 2020 by Acting Chair Renee Smart-Sheppler.

**Present:** Steve Dean, Tom Fredlund, Judy Jones, Barb Murphy, Renee Smart-Sheppler and Lorell Whitscell  
**Absent:** Patricia Przeslawski (excused)  
**Staff:** Ruth Hewett  
**Guests:** None

**DRAFT MINUTES**

**I. Old Business.** None.

**II. Approval of Minutes.** The minutes were approved as written. Lorell moved to approve the minutes, supported by Barb, motion carried.

**III. New Business.**

REVIEW OF FUNDING: Per the Michigan Mental Health Code, a review of the funding for the rights office was presented by Connie Cadarette, Interim Finance Director. Total budget for FY 20 is \$151,932 which is an increase of \$45,534 from FY 19. Ruth reported the rights advisor began December 9, 2019 and these figures include additional state training costs, salaries, benefits and expenses.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the first quarter of FY 19-20, 10/1/19 – 12/31/19. Complaints totaled 39 of which 32 were opened for investigation, 1 was handled as an intervention, 5 were outside the jurisdiction of the rights office and 1 contained no Code protected right. There were 12 substantiations with 5 investigations pending. All remedial actions were taken with the exception of two and these will be available on next meeting's report. Tom questioned whether a documented counseling stays in an employee's personnel record. This may be a topic for an educational session. Tom moved to review the report, supported by Judy, motion carried.

COMMITTEE APPOINTMENTS: All present committee members expressed a desire to continue on for another year. It was noted that Steve Dean's term on the board will be ending, and an alternate will need to be appointed if the board chair deems it necessary.

UPDATE ON MID-MICHIGAN HEALTH-ALPEN (POINTE EAST): Sue Haefner, RRA, indicated she was able to secure a part-time rights position for Pointe East and the posting is on the website.

**IV. Educational Session.** This session will be presented next meeting. Renee suggested a refresher on the role of the Appeals Committee.

**V. Other Business.**

The next meeting will be April 15, 2020 in the Admin Conference Room at 3:15 p.m. Please remember the "Scent Free Zone" and refrain from using essential oils, scented lotions, and perfumes.

**VI. Adjournment.**

Judy moved to adjourn the meeting, supported by Lorell. The meeting adjourned at 3:45 p.m.

Ruth Hewett, Recorder

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Patricia Przeslawski, Chairperson

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: October, November & December 2019:**

I. COMPLAINT DATA SUMMARY		<u>FY 19-20</u>					<u>FY 18-19</u>			
A. Totals		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
Complaints Received:	39					14	23	20	32	
Investigated:	32					13	20	19	27	
Interventions:	01					-0-	01	-0-	-0-	
Substantiated:	12 + 5 pdg					06	16	10	21	
Outside Jurisdiction:	05					-0-	01	-0-	-0-	
No Code Protected Right:	01					01	01	01	05	

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	3	3		2 + 1 pending
Abuse III	4	4		0
Sexual Abuse	1	1		0
Neglect I	0	0		0
Neglect II	1	1		0
Neglect III	3	3		1
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 <sup>ND</sup> Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	7	6	1	4
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	0	0	0	0
Suitable Services	13	13	0	5 + 3 pending
Treatment Planning	1	1	0	0 + 1 pending
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>33</b>	<b>32</b>	<b>1</b>	<b>12 + 5 pdg</b>

c. Remediation of substantiated rights violations.

<b>Category/Specific Allegation</b>	<b>Specific Provider</b>	<b>Specific Remedial Action</b>
Pending from prev qtr:		
Dignity & Respect	NEMCMH	Verbal Reprimand
Actions this qtr:		
Abuse II	NEMCMH	Termination
Abuse II	NEMCMH	Termination
Neglect III	Hope Network	Verbal Counseling
Confidentiality	NEMCMH	Pending
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Suit Serv-Dign & Resp	NEMCMH	Pending
Suit Serv-Dign & Resp	NEMCMH	Suspension
Suit Serv-Dign & Resp	NEMCMH	Written Reprimand
Suitable Services	NEMCMH	Documented Counseling
Suitable Services	NEMCMH	Documented Counseling



d. Summary of Incident Reports: October, November & December 2019

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'20	'19	'20	'19	'20	'19	'20	'19
01.0 Absent without leave (AWOL)	02	02		02		03		-0-
02.0 Accident – No injury	06	03		06		02		04
02.1 Accident – With injury	14	23		11		19		32
03.0 Aggressive Acts – No injury	30	24		06		14		38
03.1 Aggressive Acts – w/ injury	06	04		03		03		13
03.3 Aggressive Acts – Property Destruc	01	-0-		01		04		08
04.0 Death	05	04		06		07		06
05.0 Fall – No injury	12	10		22		08		10
06.0 Medical Problem	60	44		54		87		53
07.0 Medication Delay	06	10		08		04		05
07.1 Medication Error	19	32		27		32		37
07.2 Medication Other	49	57		44		42		57
07.3 Medication Refusal	47	20		05		02		14
08.0 Non-Serious Injury – Unknwn cause	03	04		03		08		09
09.0 Other	41	49		44		51		62
10.0 Self Injurious Acts – No injury	12	-0-		03		01		26
10.1 Self Injurious Acts – w/injury	06	07		02		03		21
Challenging Behavior	35	25		13		35		30
Fall – with injury	11	10		12		14		22
Arrests	05	08		07		06		04
Total	370	336		279		345		451

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	26.75	26.75
Hours Used in Training Received	5.00	5.00
Hours Used in Site Visits	-0-	-0-

F. Monitoring Activity	Quarter	YTD
Incident Report Received	370	370

G. Source of All Complaints:	Quarter	YTD
Recipient:	11	11
Staff:	14	14
ORR:	07	07
Gdn/Family:	04	04
Anonymous:	03	03
Comm/Gen Pub:	-0-	-0-
Total	39	39

Ruth M. Hewett, Recipient Rights Officer

Date

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INTEROFFICE MEMORANDUM

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TO: BOARD MEMBERS  
FROM: NENA SORK  
SUBJECT: TURNOVER REPORT  
DATE: FEBRUARY 2, 2020  
CC:

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Attached is the Turnover Report required by Policy 01-003, Staff Treatment. This report addresses the period January 1, 2019 through December 31, 2019. The report reflects employment activity for the Board's regular employees; substitute and casual employees have not been included as their employment is, by nature, somewhat sporadic and turnover-prone. In the "Turnover by Department" section, we have included internal transfers in the attached report; i.e., a part-time employee accepting a full-time position in a different home would be considered turnover. At the bottom of the report, we have included a statistic showing turnover "Agency-wide," which reflects turnover of employees actually leaving the agency.

Turnover for 2019, including "in-house" turnover, was 31% (this was 25% in the prior year); when limited to only those employees that actually left the agency, the rate is 25% (this was 20% in the prior year). \*\*For the one-year period January 2018 through December 2018, the US Bureau of Labor Statistics reports a "separation rate" of 33.0 % for employees in the classification of "Healthcare and Social Assistance." Therefore, the agency experienced a more stable workforce last year than the healthcare industry in general.

For those employees who actually left the agency, the table below shows the circumstances under which those employees left during 2019. Also shown is some detail about the reasons for the terminations.

<u>Reason for Leaving</u>		<u># of Separations</u>
Retirement		15
Health/Disability		4
Death		0
Position Contracted Out		0
Bumped		0
Resigned		49
Termination		18
Attendance	5	
Performance	8	
Rights-related	<u>5</u>	
TOTAL		<u>86</u>

\*\*2019 numbers are not yet released

Attachment

**Turnover by Department**

Division/Department Name	# at 1/1/2019	Number Hires/Transfers	Total		Total Turnover Rate
			Employees Separated/Trnsfr'd	# at 12/31/2019	
<b>Administration/Support Services</b>	48	6	12	42	25%
<b>MI Programs</b>					
MI Program Management	4	1	1	4	25%
Psychiatry & Nursing Support	11	1	4	8	36%
OAS Services	12	2	2	12	17%
MI Adult Outpatient	9	2	3	8	33%
MI Adult Casemanagement	12	3	3	12	25%
MI Integrated Employment	3		1	2	33%
MI Adult A.C.T.	7	4	5	6	71%
Home Based Child	11	3	5	9	45%
MI Peer Support Services	3	1	1	3	33%
<b>DD Programs</b>					
DD Program Management	5	3		8	0%
DD Casemanagement	10	4	5	9	50%
DD Clinical Support	4			4	0%
DD App. Behav. Analysis Program	11	9	5	15	45%
DD Integrated Employment	12	3	3	12	25%
DD SIP Residential	47	5	10	42	21%
DD Community Support	31	2	5	28	16%
Blue Horizons	10	3	3	10	30%
Brege	10	5	5	10	50%
Cambridge	11	8	8	11	73%
Harrisville	10	4	2	12	20%
Mill Creek	11	6	7	10	64%
Pine Park	12	3	3	12	25%
Princeton	12	6	6	12	50%
Thunder Bay Heights	12	2	2	12	17%
Walnut	<u>12</u>	5	6	<u>11</u>	50%
<b>Totals</b>	340	91	107	324	31%

**Agency-Wide Turnover**

Division/Department Name	# at <u>1/1/2019</u>	Number <u>Hires</u>	Total		Total Turnover <u>Rate</u>
			Employees <u>Separated</u>	# at <u>12/31/2019</u>	
All Employees	<u>340</u>	<u>70</u>	<u>86</u>	<u>324</u>	25%

**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, 2019**  
**100% of year elapsed**

	Actual September Year to Date	Budget September Year to Date	Variance September Year to Date	Budget FY19	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	100,782.80	96,999.96	\$ 3,783	\$ 97,000	103.9%
2 Private Contracts	73,084.64	57,330.60	15,754	57,331	127.5%
3 Grants from Local Units	512,538.18	507,897.00	4,641	507,897	100.9%
4 Interest Income	20,253.25	9,999.96	10,253	10,000	202.5%
5 Medicaid Revenue	25,474,101.49	24,952,633.00	521,468	24,952,633	102.1%
6 General Fund Revenue	727,571.65	800,467.00	(72,895)	800,467	90.9%
7 Healthy Michigan Revenue	1,218,589.65	1,563,803.00	(345,213)	1,563,803	77.9%
8 3rd Party Revenue	328,650.66	532,132.00	(203,481)	532,132	61.8%
9 SSI/SSA Revenue	499,457.41	504,863.32	(5,406)	504,863	98.9%
10 Other Revenue	86,990.90	87,091.95	(101)	87,092	99.9%
11 <b>Total Revenue</b>	<b>29,042,021</b>	<b>29,113,218</b>	<b>(71,197)</b>	<b>29,113,218</b>	<b>99.8%</b>
<b>Expense</b>					
12 Salaries	12,304,030	12,510,384	206,354	12,510,384	98.4%
13 Social Security Tax	553,951	587,387	33,437	587,387	94.3%
14 Self Insured Benefits	2,202,475	2,170,713	(31,761)	2,170,713	101.5%
15 Life and Disability Insurances	213,832	232,368	18,536	232,368	92.0%
16 Pension	993,118	958,284	(34,835)	958,284	103.6%
17 Unemployment & Workers Comp.	183,361	190,919	7,559	190,919	96.0%
18 Office Supplies & Postage	38,830	45,076	6,246	45,076	86.1%
19 Staff Recruiting & Development	113,596	123,411	9,815	123,411	92.0%
20 Community Relations/Education	17,916	3,871	(14,045)	3,871	462.8%
21 Employee Relations/Wellness	41,457	52,072	10,615	52,072	79.6%
22 Program Supplies	439,796	461,042	21,246	461,042	95.4%
23 Contract Inpatient	1,059,901	1,085,509	25,608	1,085,509	97.6%
24 Contract Transportation	112,566	124,153	11,587	124,153	90.7%
25 Contract Residential	5,172,879	5,119,111	(53,767)	5,119,111	101.1%
26 Contract Employees & Services	3,638,324	3,556,496	(81,828)	3,556,496	102.3%
27 Telephone & Connectivity	116,048	112,242	(3,806)	112,242	103.4%
28 Staff Meals & Lodging	31,440	38,194	6,755	38,194	82.3%
29 Mileage and Gasoline	424,392	453,674	29,282	453,674	93.5%
30 Board Travel/Education	10,741	13,664	2,924	13,664	78.6%
31 Professional Fees	57,003	65,248	8,245	65,248	87.4%
32 Property & Liability Insurance	61,902	60,711	(1,191)	60,711	102.0%
33 Utilities	164,402	172,605	8,203	172,605	95.2%
34 Maintenance	162,443	191,117	28,674	191,117	85.0%
35 Rent	262,609	233,367	(29,241)	233,367	112.5%
36 Food (net of food stamps)	60,690	57,681	(3,008)	57,681	105.2%
37 Capital Equipment	68,963	119,395	50,432	119,395	57.8%
38 Client Equipment	9,906	28,469	18,563	28,469	34.8%
39 Miscellaneous Expense	78,584	88,330	9,746	88,330	89.0%
40 Depreciation Expense	248,683	257,723	9,040	257,723	96.5%
41 <b>Total Expense</b>	<b>28,843,836</b>	<b>29,113,218</b>	<b>269,382</b>	<b>29,113,218</b>	<b>99.1%</b>
42 <b>Change in Net Position</b>	<b>\$ 198,184</b>	<b>\$ -</b>	<b>\$ 198,184</b>	<b>\$ -</b>	<b>0.7%</b>
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ (583,993)				
45 Healthy Michigan Funds (Over) / Under Spent	336,017				
46 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ (247,976)</b>				
47 General Funds to Carry Forward to FY20					
48 General Funds Lapsing to MDHHS	\$ 32,895				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 32,895</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the One Month Ending October 31, 2019**  
**8.33% of year elapsed**

	Actual October Year to Date	Budget October Year to Date	Variance October Year to Date	Budget FY20	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	11,073.15	8,080.10	\$ 2,993	\$ 97,000	11.4%
2 Private Contracts	3,612.50	4,381.83	(769)	52,603	6.9%
3 Grants from Local Units	68,487.68	42,224.52	26,263	506,897	13.5%
4 Interest Income	869.68	833.45	36	10,005	8.7%
5 Medicaid Revenue	1,837,652.10	2,199,049.44	(361,397)	26,399,153	7.0%
6 General Fund Revenue	73,683.00	78,390.90	(4,708)	941,067	7.8%
7 Healthy Michigan Revenue	123,126.93	153,783.80	(30,657)	1,846,144	6.7%
8 3rd Party Revenue	37,295.10	20,491.72	16,803	245,999	15.2%
9 SSI/SSA Revenue	42,456.00	43,012.15	(556)	516,352	8.2%
10 Other Revenue	7,754.21	6,279.93	1,474	75,389	10.3%
11 <b>Total Revenue</b>	<b>2,206,010</b>	<b>2,556,528</b>	<b>(350,517)</b>	<b>30,690,610</b>	<b>7.2%</b>
<b>Expense</b>					
12 Salaries	983,415	1,082,801	99,386	12,998,813	7.6%
13 Social Security Tax	42,714	51,856	9,142	622,521	6.9%
14 Self Insured Benefits	180,101	216,312	36,211	2,596,782	6.9%
15 Life and Disability Insurances	17,079	18,880	1,801	226,653	7.5%
16 Pension	76,681	85,642	8,961	1,028,110	7.5%
17 Unemployment & Workers Comp.	14,371	19,445	5,075	233,439	6.2%
18 Office Supplies & Postage	7,071	3,893	(3,179)	46,729	15.1%
19 Staff Recruiting & Development	6,943	8,055	1,112	96,698	7.2%
20 Community Relations/Education	4,565	336	(4,229)	4,031	113.2%
21 Employee Relations/Wellness	9,547	3,696	(5,851)	44,373	21.5%
22 Program Supplies	32,191	40,087	7,896	481,239	6.7%
23 Contract Inpatient	150,810	98,146	(52,664)	1,178,228	12.8%
24 Contract Transportation	11,211	9,968	(1,243)	119,668	9.4%
25 Contract Residential	272,610	427,453	154,843	5,131,487	5.3%
26 Contract Employees & Services	196,065	334,035	137,970	4,010,018	4.9%
27 Telephone & Connectivity	10,070	10,660	590	127,973	7.9%
28 Staff Meals & Lodging	2,164	2,854	690	34,262	6.3%
29 Mileage and Gasoline	30,807	36,143	5,336	433,893	7.1%
30 Board Travel/Education	2,243	990	(1,253)	11,883	18.9%
31 Professional Fees	2,543	5,499	2,957	66,016	3.9%
32 Property & Liability Insurance	9,239	5,271	(3,968)	63,277	14.6%
33 Utilities	9,924	14,348	4,424	172,239	5.8%
34 Maintenance	12,322	17,530	5,208	210,449	5.9%
35 Rent	21,493	22,067	574	264,910	8.1%
36 Food (net of food stamps)	6,516	5,206	(1,310)	62,494	10.4%
37 Capital Equipment	249	7,143	6,894	85,746	0.3%
38 Client Equipment	176	2,499	2,323	30,000	0.6%
39 Miscellaneous Expense	4,488	5,997	1,509	71,993	6.2%
40 Depreciation Expense	21,096	19,716	(1,380)	236,687	8.9%
41 <b>Total Expense</b>	<b>2,138,704</b>	<b>2,556,528</b>	<b>417,824</b>	<b>30,690,610</b>	<b>7.0%</b>
42 <b>Change in Net Position</b>	<b>\$ 67,307</b>	<b>\$ 0</b>	<b>\$ 67,307</b>	<b>\$ 0</b>	<b>0.2%</b>
Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 184,129				
45 Healthy Michigan Funds (Over) / Under Spent	11,646				
46 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 195,775</b>				
47 General Funds to Carry Forward to FY20	\$ 1,404				
48 General Funds Lapsing to MDHHS	-				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 1,404</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Two Months Ending November, 2019**  
**16.67% of year elapsed**

	Actual November Year to Date	Budget November Year to Date	Variance November Year to Date	Budget FY20	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	20,746.33	16,169.89	\$ 4,576	\$ 97,000	21.4%
2 Private Contracts	6,831.00	8,768.91	(1,938)	52,603	13.0%
3 Grants from Local Units	69,310.01	84,499.73	(15,190)	506,897	13.7%
4 Interest Income	3,157.46	1,667.91	1,490	10,005	31.6%
5 Medicaid Revenue	4,028,930.10	4,400,738.79	(371,809)	26,399,153	15.3%
6 General Fund Revenue	145,725.00	156,875.91	(11,151)	941,067	15.5%
7 Healthy Michigan Revenue	212,372.93	307,752.22	(95,379)	1,846,144	11.5%
8 3rd Party Revenue	63,631.51	41,008.04	22,623	245,999	25.9%
9 SSI/SSA Revenue	84,912.00	86,075.93	(1,164)	516,352	16.4%
10 Other Revenue	14,831.17	12,567.39	2,264	75,389	19.7%
11 <b>Total Revenue</b>	<b>4,650,448</b>	<b>5,116,125</b>	<b>(465,677)</b>	<b>30,690,610</b>	<b>15.2%</b>
<b>Expense</b>					
12 Salaries	1,952,671	2,166,903	214,232	12,998,813	15.0%
13 Social Security Tax	84,888	103,774	18,886	622,521	13.6%
14 Self Insured Benefits	360,887	432,884	71,996	2,596,782	13.9%
15 Life and Disability Insurances	34,233	37,783	3,550	226,653	15.1%
16 Pension	153,676	171,386	17,710	1,028,110	14.9%
17 Unemployment & Workers Comp.	28,741	38,914	10,173	233,439	12.3%
18 Office Supplies & Postage	8,635	7,790	(845)	46,729	18.5%
19 Staff Recruiting & Development	7,811	16,119	8,308	96,698	8.1%
20 Community Relations/Education	4,577	672	(3,905)	4,031	113.5%
21 Employee Relations/Wellness	13,362	7,397	(5,965)	44,373	30.1%
22 Program Supplies	57,782	80,223	22,441	481,239	12.0%
23 Contract Inpatient	263,442	196,411	(67,031)	1,178,228	22.4%
24 Contract Transportation	20,001	19,949	(52)	119,668	16.7%
25 Contract Residential	867,877	855,419	(12,458)	5,131,487	16.9%
26 Contract Employees & Services	441,770	668,470	226,700	4,010,018	11.0%
27 Telephone & Connectivity	21,364	21,333	(31)	127,973	16.7%
28 Staff Meals & Lodging	3,087	5,711	2,624	34,262	9.0%
29 Mileage and Gasoline	62,183	72,330	10,147	433,893	14.3%
30 Board Travel/Education	2,506	1,981	(525)	11,883	21.1%
31 Professional Fees	4,895	11,005	6,110	66,016	7.4%
32 Property & Liability Insurance	18,478	10,548	(7,930)	63,277	29.2%
33 Utilities	24,707	28,712	4,005	172,239	14.3%
34 Maintenance	22,069	35,082	13,013	210,449	10.5%
35 Rent	42,824	44,160	1,337	264,910	16.2%
36 Food (net of food stamps)	10,738	10,418	(320)	62,494	17.2%
37 Capital Equipment	1,497	14,294	12,797	85,746	1.7%
38 Client Equipment	176	5,001	4,825	30,000	0.6%
39 Miscellaneous Expense	27,500	12,001	(15,499)	71,993	38.2%
40 Depreciation Expense	42,193	39,456	(2,737)	236,687	17.8%
41 <b>Total Expense</b>	<b>4,584,571</b>	<b>5,116,125</b>	<b>531,554</b>	<b>30,690,610</b>	<b>14.9%</b>
42 <b>Change in Net Position</b>	<b>\$ 65,876</b>	<b>\$ (0)</b>	<b>\$ 65,877</b>	<b>\$ 0</b>	<b>0.2%</b>
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 2,692				
45 Healthy Michigan Funds (Over) / Under Spent	47,400				
46 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 50,092</b>				
47 General Funds to Carry Forward to FY20					
48 General Funds Lapsing to MDHHS	\$ 4,449				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 4,449</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Three Months Ending December, 2019**  
**25% of year elapsed**

	Actual December Year to Date	Budget December Year to Date	Variance December Year to Date	Budget FY20	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	32,729.87	24,249.99	\$ 8,480	\$ 97,000	33.7%
2 Private Contracts	8,960.00	13,150.74	(4,191)	52,603	17.0%
3 Grants from Local Units	69,310.01	126,724.25	(57,414)	506,897	13.7%
4 Interest Income	4,154.68	2,501.36	1,653	10,005	41.5%
5 Medicaid Revenue	6,223,592.37	6,599,788.23	(376,196)	26,399,153	23.6%
6 General Fund Revenue	238,244.42	235,266.81	2,978	941,067	25.3%
7 Healthy Michigan Revenue	330,823.37	461,536.02	(130,713)	1,846,144	17.9%
8 3rd Party Revenue	101,831.67	61,499.76	40,332	245,999	41.4%
9 SSI/SSA Revenue	127,368.00	129,088.08	(1,720)	516,352	24.7%
10 Other Revenue	21,391.98	18,847.32	2,545	75,389	28.4%
11 <b>Total Revenue</b>	<b>7,158,406</b>	<b>7,672,653</b>	<b>(514,246)</b>	<b>30,690,610</b>	<b>23.3%</b>
<b>Expense</b>					
12 Salaries	3,087,971	3,249,703	161,732	12,998,813	21.8%
13 Social Security Tax	136,136	155,630	19,495	622,521	21.9%
14 Self Insured Benefits	542,856	649,196	106,340	2,596,782	20.9%
15 Life and Disability Insurances	51,224	56,663	5,439	226,653	22.6%
16 Pension	241,732	257,027	15,296	1,028,110	23.5%
17 Unemployment & Workers Comp.	42,221	58,360	16,139	233,439	18.1%
18 Office Supplies & Postage	11,184	11,682	498	46,729	23.9%
19 Staff Recruiting & Development	17,506	24,174	6,668	96,698	18.1%
20 Community Relations/Education	4,577	1,008	(3,569)	4,031	113.5%
21 Employee Relations/Wellness	14,930	11,093	(3,837)	44,373	33.6%
22 Program Supplies	89,360	120,310	30,950	481,239	18.6%
23 Contract Inpatient	469,588	294,557	(175,031)	1,178,228	39.9%
24 Contract Transportation	25,370	29,917	4,547	119,668	21.2%
25 Contract Residential	1,282,184	1,282,872	688	5,131,487	25.0%
26 Contract Employees & Services	640,305	1,002,505	362,200	4,010,018	16.0%
27 Telephone & Connectivity	33,008	31,993	(1,015)	127,973	25.8%
28 Staff Meals & Lodging	5,700	8,565	2,866	34,262	16.6%
29 Mileage and Gasoline	92,794	108,473	15,679	433,893	21.4%
30 Board Travel/Education	2,771	2,971	200	11,883	23.3%
31 Professional Fees	11,724	16,504	4,780	66,016	17.8%
32 Property & Liability Insurance	29,539	15,819	(13,719)	63,277	46.7%
33 Utilities	37,900	43,060	5,160	172,239	22.0%
34 Maintenance	36,516	52,612	16,096	210,449	17.4%
35 Rent	64,555	66,227	1,673	264,910	24.4%
36 Food (net of food stamps)	20,303	15,623	(4,680)	62,494	32.5%
37 Capital Equipment	1,795	21,436	19,641	85,746	2.1%
38 Client Equipment	3,400	7,500	4,100	30,000	11.3%
39 Miscellaneous Expense	30,165	17,998	(12,167)	71,993	41.9%
40 Depreciation Expense	63,303	59,172	(4,132)	236,687	26.7%
41 <b>Total Expense</b>	<b>7,090,616</b>	<b>7,672,653</b>	<b>582,037</b>	<b>30,690,610</b>	<b>23.1%</b>
42 <b>Change in Net Position</b>	<b>\$ 67,791</b>	<b>\$ (0)</b>	<b>\$ 67,791</b>	<b>\$ 0</b>	<b>0.2%</b>
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ (107,911)				
45 Healthy Michigan Funds (Over) / Under Spent	81,112				
46 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ (26,799)</b>				
47 General Funds to Carry Forward to FY20	\$ 11,263				
48 General Funds Lapsing to MDHHS	8,649				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 19,912</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**September 30, 2019**

	<b>Total Business- Type Activities September 30, 2019</b>	<b>Total Business- Type Activities Sept. 30, 2018</b>	<b>% Change</b>
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 3,015,510	\$ 4,482,901	-32.7%
Restricted cash and cash equivalents	783,000	830,103	-5.7%
Investments	750,000	750,000	0.0%
Accounts receivable	2,512,494	963,495	160.8%
Inventory	12,476	15,885	-21.5%
Prepaid items	428,703	341,099	25.7%
Total current assets	<u>7,502,183</u>	<u>7,383,484</u>	<u>1.6%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,424,514	1,512,881	-5.8%
Total non-current assets	<u>1,504,514</u>	<u>1,592,881</u>	<u>-5.5%</u>
Total assets	<u>9,006,697</u>	<u>8,976,365</u>	<u>0.3%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	1,748,339	1,881,100	-7.1%
Accrued payroll and payroll taxes	588,369	623,667	-5.7%
Deferred revenue	51,162	3,852	1228.2%
Current portion of long-term debt (Accrued Leave)	65,224	69,148	-5.7%
Total current liabilities	<u>2,453,094</u>	<u>2,577,767</u>	<u>-4.8%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	717,776	760,955	-5.7%
Total liabilities	<u>3,170,870</u>	<u>3,338,722</u>	<u>-5.0%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	1,504,514	1,592,881	-5.5%
Unrestricted	4,331,313	4,044,762	7.1%
Total net position	<u>\$ 5,835,827</u>	<u>\$ 5,637,642</u>	<u>3.5%</u>
<b>Net Position Beginning of Year</b>			
Revenue	29,042,021		
Expense	(28,843,836)		
Change in net position	<u>198,184</u>		
<b>Net Position September 30, 2019</b>	<u>\$ 5,835,827</u>		

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

14.9% or 54 days  
8% - 25%



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

	<b>Total Business- Type Activities December, 2019</b>	<b>Total Business- Type Activities Sept. 30, 2019</b>	<b>% Change</b>
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 3,917,250	\$ 3,015,510	29.9%
Restricted cash and cash equivalents	834,345	783,000	6.6%
Investments	750,000	750,000	0.0%
Accounts receivable	1,195,083	2,512,494	-52.4%
Inventory	12,476	12,476	0.0%
Prepaid items	523,504	428,703	22.1%
Total current assets	<u>7,232,657</u>	<u>7,502,183</u>	<u>-3.6%</u>
Non-current assets:			
Capital assets not being depreciated	83,861	80,000	4.8%
Capital assets being depreciated, net	1,361,210	1,424,514	-4.4%
Total non-current assets	<u>1,445,071</u>	<u>1,504,514</u>	<u>-4.0%</u>
Total assets	<u>8,677,729</u>	<u>9,006,697</u>	<u>-3.7%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	1,804,442	1,748,339	3.2%
Accrued payroll and payroll taxes	902,073	588,369	53.3%
Deferred revenue	17,102	51,162	-66.6%
Current portion of long-term debt (Accrued Leave)	69,501	65,224	6.6%
Total current liabilities	<u>2,793,118</u>	<u>2,453,094</u>	<u>13.9%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	764,844	717,776	6.6%
Total liabilities	<u>3,557,962</u>	<u>3,170,870</u>	<u>12.2%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	1,445,071	1,504,514	-4.0%
Unrestricted	4,458,546	4,331,313	2.9%
Total net position	<u>\$ 5,903,618</u>	<u>\$ 5,835,827</u>	<u>1.2%</u>
<b>Net Position Beginning of Year</b>			
Revenue	7,158,406		
Expense	(7,090,616)		
Change in net position	<u>67,791</u>		
<b>Net Position December 31, 2019</b>	<u>\$ 5,903,618</u>		

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

14.5% or 53 days  
8% - 25%

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

10/01/2019 - 12/31/2019

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	70,020.48
-----	
Revenue:	
Contributions	784.18
-----	
Increase(Decrease)	784.18
-----	
Ending Balance	70,804.66
=====	
RESERVE	
Beginning Balance	15,399.38
-----	
Revenue:	
Interest and Dividends	822.57
Realized Gain(Loss)	30.27
Unrealized Gain(Loss)	4,557.97
-----	
Total Revenue	5,410.81
-----	
Expense:	
Transfer To Spendable This FY	3,844.44
Administrative Fees	286.36
-----	
Total Expense	4,130.80
-----	
Increase(Decrease)	1,280.01
-----	
Ending Balance	16,679.39
=====	
SPENDABLE	
Beginning Balance	9,503.20
-----	
Revenue:	
Transfer From Reserve	3,844.44
-----	
Total Revenue	3,844.44
-----	
Expense:	
-----	
Total Expense	0.00
-----	
Increase(Decrease)	3,844.44
-----	
Ending Balance	13,347.64
=====	

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

Page 2

10/01/2019 - 12/31/2019

	YTD
BALANCE SHEET	
Assets:	
Investment Pool	100,831.69
	-----
Total Assets	100,831.69
	=====
Current Liabilities:	
	-----
Liability\Fund Balances:	
Endowment	70,804.66
Reserve	16,679.39
Spendable	13,347.64
	-----
Total Liability\Fund Balances	100,831.69
	-----
Total Liabilities and Equity	100,831.69
	=====

EXECUTIVE LIMITATIONS

(Manual Section)

**ASSET PROTECTION**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved  
2020

August 8, 2002  
~~June 14, 2007~~ February 13,

●1 **POLICY:**

The ~~CEO~~ Executive Director may not allow assets to be unprotected, inadequately maintained nor unnecessarily risked.

Accordingly, he or she may not:

1. Fail to insure against theft and casualty losses at:
  - Actual cash value less any reasonable deductible for vehicles;
  - Replacement value less any reasonable deductible for personal and real property; and,
  - Against liability losses to board members, staff or the organization itself in an amount greater than the average for comparable organizations.
2. Allow unbonded personnel access to material amounts of funds.
3. Unnecessarily expose the organization, its board or staff to claims of liability. The ~~CEO's~~ Executive Director's annual monitoring report shall include a risk analysis summary.
4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$500 without having obtained comparative prices and quality. Make any purchase over \$5,000 without a stringent method of assuring the balance of long term quality and cost; further, such purchases over \$5,000 not included in the Board's capital equipment budget, shall require Board approval. Orders shall not be split to avoid these criteria.
5. Fail to protect intellectual property, information and files from loss or significant damage.
6. Receive, process or disburse funds under controls which are insufficient to meet the board-appointed auditor's standards.

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

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7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest bearing accounts except where necessary to facilitate ease in operational transactions.
8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission, including changing the name of the organization or substantially altering its identity in the community.
9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD COMMITTEE PRINCIPLES**

(Subject)

Board Approval of Policy  
Last Revision to Policy Approved:  
13, 2020

August 8, 2002  
~~September 14, 2006~~February

●1 **POLICY:**

Board committees, when used, will be assigned so as to reinforce the wholeness of the board's job and so as never to interfere with delegation from board to ~~CEO~~Executive Director. Committees will be used sparingly and ordinarily in an *ad hoc* capacity.

1. Board committees are to help the board do its job, not to help or advise the staff. Committees ordinarily will assist the board by preparing policy alternatives and implications for board deliberation. In keeping with the board's broader focus, board committees will normally not have direct dealings with current staff operations.
2. Board committees may not speak or act for the board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the ~~chief~~executive director.
3. Board committees cannot exercise authority over staff. Because the ~~CEO~~Executive Director works for the full board, he or she will not be required to obtain approval of a board committee before an executive action.
4. Board committees are to avoid over-identification with organizational parts rather than the whole. Therefore, a board committee which has helped the board create policy on some topic will not be used to monitor organizational performance on that same subject.
5. This policy applies only to committees which are formed by board action, whether or not the committees include non-board members. It does not apply to committees formed under the authority of the ~~CEO~~Executive Director.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

**•5 FORMS AND EXHIBITS:**

BOARD STAFF RELATIONSHIP

(Manual Section)

**DELEGATION TO THE ~~CHIEF~~ EXECUTIVE DIRECTOR**

(Subject)

Board Approval of Policy

August 8, 2002

Board Approval of Policy Revision:

February ~~8, 2007~~ 13, 2020

●1 **POLICY:**

All board authority delegated to staff is delegated through the ~~CEO~~Executive Director, so that all authority and accountability of staff—as far as the board is concerned—is considered to be the authority and accountability of the ~~CEO~~Executive Director.

1. The board will direct the ~~CEO~~Executive Director to achieve specified results, for specified recipients, at a specified worth through the establishment of *Ends* policies. The board will limit the latitude the ~~CEO~~Executive Director may exercise in practices, methods, conduct and other “means” to the ends through establishment of *Executive Limitations* policies.
2. As long as the ~~CEO~~Executive Director uses *any reasonable interpretation* of the board’s *Ends* and *Executive Limitations* policies, the ~~CEO~~Executive Director is authorized to establish all further policies, make all decisions, take all actions, establish all practices and develop all activities.
3. The board may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between board and ~~CEO~~Executive Director domains. By so doing, the board changes the latitude of choice given to the ~~CEO~~Executive Director. But so long as any particular delegation is in place, the board and its members will respect and support the ~~CEO’s~~Executive Director’s choices. This does not prevent the board from obtaining information in the delegated areas.
4. Only decisions of the board acting as a body are binding upon the ~~CEO~~Executive Director.
  - A. Decisions or instructions of individual board members, officers, or committees are not binding on the ~~CEO~~Executive Director except in rare instances when the board has specifically authorized such exercise of authority.
  - B. In the case of board members or committees requesting information or assistance without board authorization, the ~~CEO~~Executive Director can



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

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refuse such requests that require—in the ~~CEO's~~ Executive Director's judgment—a material amount of staff time or funds or is disruptive.

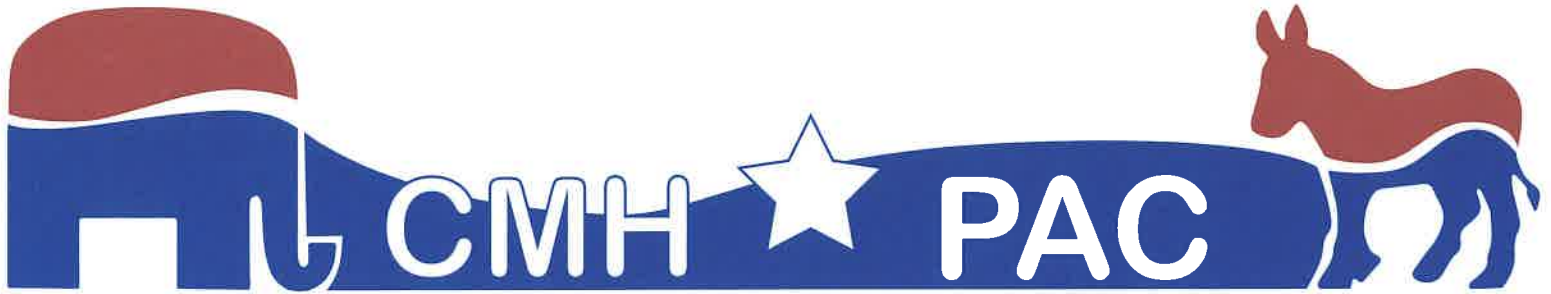
●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**



426 S. Walnut St., Lansing MI 48933 ★ p 517.374.6848 ★ f 517.374.1053 ★ rsheehan@cmham.org

January 28, 2020

To: CMH Board Members/Executive Directors (CMH & PIHP)/Management Staff (CMH & PIHP)/Provider Alliance Members

From: PAC Committee

Re: 2020 Annual PAC Campaign

This memorandum is being sent to all CMH boards, PIHPs and Provider Alliance members to announce and solicit participation in this year's CMH-PAC campaign. The CMH-PAC is a political action committee that helps support representatives and senators in leadership positions and those who champion the funding, legislation, and policy initiatives that help support and improve the provision of community-based mental health and substance use disorder services.

Your donations to the CMH PAC help support candidates who are supportive of our efforts at CMHAM. The money that is raised for the CMH PAC helps raise awareness of our issues. While we are not able to match dollar for dollar the contributions of the larger interest groups your efforts go a long way and give CMHAM a "seat at the table".

2020 will be a critical year in the Michigan Legislature. As you know, this is an election year for the Michigan House – all 110 House seats are up for election, Republicans currently hold a 58-52 majority. In addition to an election year we face significant uncertainty with behavioral health system redesign efforts underway. With so much turnover in the Michigan Legislature over the years and uncertainty surrounding the changes at the state level it is critical we maintain an active presence – **WE MUST CONTINUE TO BUILD OUR PAC FUND** and invest wisely in the future leaders.

Last year's campaign had mixed results from previous years. We raised more money than the previous few years, collecting \$14,031 from only fifteen (15) boards and 182 individuals. The number of CMH Boards participating in our PAC campaign has dropped, but the number of people contributing has increased. The PAC Committee continues to encourage and strive for 100% participation in our efforts.

If you have any questions regarding this year's campaign, please contact Robert Sheehan or Alan Bolter at CMHAM. Thank you for your participation.

## **2020 CMHAM PAC CAMPAIGN Details and Timeline**

The 2020 campaign is designed to encourage more boards and more individuals to participate. Last year only 32% of CMH boards (15 boards) participated in our PAC campaign, the Committee has set a goal of 100% participation.

No specific contribution level is being established as a goal for this year's campaign. Instead, the challenge is to have at least 6 members (50% of the membership of each board) participate in the campaign. Participation by executive staff will be counted towards the participation. Boards that report results of a campaign with at least 6 members participating will qualify for the drawing of the Tiger game box suite tickets.

The campaign is being announced early with the hope that more boards will have time to discuss it merits locally and increase the participation rate. The PAC Committee requests that CMH directors and board chairpersons announce and discuss the campaign over the next three months at their regular monthly meetings. Boards that have conducted successful campaigns have chief executive officer and board member leadership who make this a meeting agenda item and discuss the need for a PAC fund.

**As a special incentive for boards and affiliates that meet the challenge target, Muchmore Harrington Smalley and Associates will again donate a Detroit Tigers suite box (12 tickets) for a Tiger ball game. We will have the details on that game later this year.**

Boards should forward the results of their campaign and donations to the CMH Association offices by June 26, 2020 in order to be in the drawing for the Tiger tickets if eligible.

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM, JANUARY 22, 2020  
NMRE GAYLORD CONFERENCE ROOM**

<b>BOARD MEMBERS IN ATTENDANCE:</b>	Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois (on phone), Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora
<b>BOARD MEMBERS ABSENT:</b>	Christian Marcus
<b>CEOs IN ATTENDANCE:</b>	Stacey Chipman (for Christine Gebhard), Chip Johnston, Teresa Tokarczyk (for Diane Pelts)
<b>STAFF IN ATTENDANCE:</b>	Isaac Gogolin, Eric Kurtz, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek
<b>PUBLIC IN ATTENDANCE:</b>	Chip Cieslinski, Lauri Fischer, Kassondra Glenister, Misty Smith, Sue Winter, Jackie Wurst

CALL TO ORDER

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

ROLL CALL

Let the record show that Christian Marcus was excused from the meeting on this date; all other NMRE Board Members were in attendance.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

The minutes of the December meeting 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 11, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS CORRECTED AS INDICATED; SECOND BY KARLA SHERMAN. MOTION CARRIED. ROGER/KARLA**

APPROVAL OF AGENDA

Mr. Kamps called for approval of the meeting agenda.

**MOTION MADE BY JOE STONE TO APPROVE THE AGENDA FOR THE JANUARY 22, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY JAY O'FARRELL. MOTION CARRIED.**

CORRESPONDENCE

1) The NMRE CEO December 5, 2019 meeting minutes.

- 2) A flyer for a “discussion with NFL legend Herman Moore on how addiction affects us all” scheduled for Saturday, January 25<sup>th</sup> at 11:00AM at Northern Michigan Community College (NCCMC).
- 3) Report from Health Services Advisory Group (HSAG) on the NMRE’s 2017-2018 External Quality Review.
- 4) Report from Health Services Advisory Group (HSAG) on the NMRE’s 2018-2019 External Quality Review Compliance Monitoring Report.
- 5) Quarter 4 FY19 NMRE Performance Indicator Report.
- 6) Summary of the system transformation vision by MDHHS.
- 7) A list of MDHHS public forums and talking points regarding the future of behavioral health in Michigan.
- 8) A letter dated January 2<sup>nd</sup> from Eric Kurtz to Jeff Wieferich commenting on the lack any public forums within the NMRE’s 21 county region.
- 9) A letter dated January 7<sup>th</sup> from Robert Gordon to the Community Mental Health Association of Michigan (CMHAM) following up on his presentation to the House and Senate Health and Human Services Subcommittees.
- 10) Statements of Advocacy Principles Adopted as of January 8<sup>th</sup>
- 11) Recommendations related to MDHHS proposal for the structure and operation of Michigan’s public mental health system prepared by CMHAM dated January 12<sup>th</sup>.
- 12) CMHAM Core system integrity principles and design elements passed unanimously by the CMHA Executive Board December 6, 2019.
- 13) The draft minutes of the January 8<sup>th</sup> regional Finance Committee meeting.
- 14) The draft minutes of the January 15<sup>th</sup> Operations Committee meeting.

Mr. Kurtz drew attention to the System Redesign documents. Mr. Kurtz expressed that his understanding is that the proposal is being reworked based on feedback. Further discussion of the topic was delayed to the “Presentation” portion of the Agenda.

In response to Mr. Kurtz’s letter to Jeff Wieferich (Correspondence item #8), Mr. Kurtz reported that a Community Forum is being planned in the region for February.

#### ANNOUNCEMENTS

Let the record show that the 2020 IRS mileage rate was announced as \$0.575/per mile.

#### PUBLIC COMMENT

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

#### REPORTS

##### **Executive Committee Report**

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

##### **CEO’s Report**

The NMRE CEO Monthly Report for January 2020 was included in the materials for the meeting on this date. Much of Mr. Kurtz’s activities were focused on meetings regarding the System Redesign concept.

Mr. Kamps asked what the most meaningful or intuitive question was asked during CWN’s seminar. Mr. Johnston responded that numerous county officials were in attendance. He walked through the responsibilities of a CMH, which many had not been aware of previously. Mr. Kurtz presented Director Gordon’s plan to the group. He led a lengthy discussion of what is wrong with

the plan and suggested alternatives. A clear takeaway was that individuals learned more about the system than they ever had before. Commitment was given from Sen. Curt VanderWall that he will not support privatization of the behavioral health system. Overall it was a very productive session. Mr. Kamps requested that the PowerPoint from the CWN session be distributed to the Board which will be done.

### **SUD Board Report**

The minutes of the January 6, 2020 meeting of the NMRE SUD Oversight Board were included in the materials for the meeting on this date. Mr. Frye reported that liquor tax requests will be disused under a later Agenda item.

### **Financial Report**

The NMRE Monthly Financial Report for November 2019 was included in the meeting materials.

- Traditional Medicaid showed \$26,513,092 in revenue, and \$26,894,990 in expenses, resulting in a net deficit of \$481,898. Medicaid ISF was reported as \$2,964,048 based in the Interim FSR. Medicaid Savings was reported as \$1,408,261.
- Healthy Michigan Plan showed \$3,449,116 in revenue, and \$3,211,737 in expenses, resulting in a net surplus of \$237,379. HMP ISF was reported as \$2,973,781 based on the Interim FSR. HMP savings was reported as \$0.
- Net Position showed Medicaid and HMP ISF combined net deficit of \$462,233. Medicaid and HMP combined ISF was reported as \$5,937,829. The Total Medicaid and HMP Net surplus, including carry forward and ISF was reported as \$5,475,596.
- Behavioral Health Home showed \$23,871 in revenue, and \$17,503 in expenses, resulting in a net surplus of \$6,368.
- SUD showed all funding source revenue of \$2,729,999, and \$2,401,586 in expenses, resulting in a net surplus of 328,413. Total PA2 funds were reported as \$6,150,921.
- The total October and November HSW Receivable was reported at \$1,124,488.
- The total Medicaid and HMP due to the Boards was reported as \$579,318.

Ms. Yockey clarified that the HMP due has been received by the NMRE. Revenue is tracking with projections. Mr. Kamps asked whether NMRE will be able to add to its reserves in FY20. Ms. Yockey responded that revenue is coming in at projections, however some spending issues remain. Mr. Kurtz noted that he intends to meet with regional CFOs about maintaining spending within PM/PM. Additions to the ISF were not included in the FY20 budget. If Boards spend at PM/PM, we should end the year flat. Mr. Stone stressed that having a fully funded risk reserve, given the system transformation initiative, may prove to be important.

Favorable rates have greatly helped SUD net position.

Regarding the \$6M liquor tax fund balance, Mr. Kamps asked whether the scope of what PA2 can be expended for can be expanded. Clarification was made that PA2 can be used for treatment and prevention services. Mr. Larson expressed concern that \$6M is just "sitting there" when there are so many in need. Mr. Stone noted that PA2 money was a well-kept secret until recently. Mr. Nowak suggested the SUD Oversight Board create a report to send to the 21 County Boards of Commissioners. Mr. Larson remarked that the same issues pertaining to spending liquor tax funds existed when NMSAS was the Coordinating Agency for SUD services.

**MOTION MADE BY GARY NOWAK TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2019; SECOND BY DON TANNER. MOTION CARRIED.**

## **Unpaid HSW Slots**

A summary report was included in the materials for the meeting on this date. Of the NMRE's 680 slots, it was not paid of 33 (4.85%) in October, 38 (5.59%) in November, 41 (6.03%) in December, and 47 (6.91%) in January. MDHHS is strictly monitoring HSW enrollees for habilitative criteria. Ms. Yockey reported that HSW is a large revenue source for the region, over \$40M annually. The NMRE maintains enrollment packets on "standby" to quickly fill vacant slots.

## **Performance Bonus Incentive Payment**

The distribution amounts for the earned performance bonus incentive payment was included in the materials. The \$1,296,812 will be paid in February based on PMPM as follows:

- AuSable Valley will receive \$172,401
- Centra Wellness will receive \$108,286
- North Country will receive \$349,229
- Northeast Michigan will receive \$203,814
- Northern Lakes will receive \$395,919
- NMRE will retain \$67,163

## **NEW BUSINESS**

### **MDHHS-PIHP FY20 Contract Amendment No.2**

Amendment No.2 to the MDHHS-PIHP Contract is due to the Department was issued in December.

- 1) Section 18.1.15 Electronic Visit Verification (EVV) was added.
- 2) Section 7.7.3 Supports Intensity Scale language was added to require that newly eligible individuals receive a SIS assessment within their first year of services. Language pertaining to the three-year timeframe to conduct initial assessments was removed as the timeframe concluded on September 30, 2019.
- 3) Sections 8.4 through 8.4.15 were amended to remove the services requirements for HSW and CWP payments.
- 4) Section 2.10.1 was added to reflect the arrangement between MDOC and MDHHS that the PIHP is responsible for medically necessary SUD services to individuals under the supervision of MDOC after they are no longer incarcerated.
- 5) Attachment P7.7.1.1 PIHP Reporting Requirements removes an exception for CWP on the MUNC, and updates waiver references from 1915(b)(3) to 1115, 1915(i).
- 6) Attachment P39.0.1 PIHP Compliance Examinations was revised to remove Administration Cost Report and add Medical Loss Ratio.

Clarification was made that the PIHP is responsible for SUD services to individual under MDOC supervision exclusively for the Medicaid-only population. This group has also been added as a priority services population.

**MOTION MADE BY JOE STONE TO APPROVE AMENDMENT NUMBER TWO (NO.2) TO THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR THE MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES PROGRAM(S), THE HEALTHY MICHIGAN PROGRAM, AND SUBSTANCE USE DISORDER COMMUNITY GRANT PROGRAMS; SUPPORT BY ED GINOP.**

## **Request for Proposals for MAT Providers**

The NMRE issued a Request for Proposals for Medication Assisted Treatment (MAT) services in November 2019 to add Outpatient treatment to the array of services. A summary prepared by the NMRE Provider Network Manager was included in the materials for the meeting on this date. A "no" was previously recommended for DOT Caring Center, Inc.; NMRE has given it further thought

and recommends approving. The NMRE Substance Use Disorder Oversight Board supported NMRE's recommendation of issuing contracts with six providers.

**MOTION MADE BY TO ROGER FRYE APPROVE THAT THE NORTHERN MICHIGAN REGIONAL ISSUE CONTRACTS WITH BALDWIN FAMILY HEALTH CARE, INC., HOPE NETWORK CENTER FOR RECOVERY, RECOVERY PATHWAYS, LLC, SAMARITAN HEALTHCARE, PC, DOT CARING CENTERS, INC., AND SACRED HEART REHABILITATION CENTER, INC. FOR THE PROVISION OF MEDICATION ASSISTED TREATMENT; SECOND BY GARY NOWAK. MOTION CARRIED.**

#### **Liquor Tax Requests**

- 1) Bear River Health – Otsego County – \$84,398
- 2) Catholic Human Services – Otsego County – \$10,340
- 3) Health Department of Northwest Michigan – All 21 Counties – \$333,500

Mr. Frye explained that the SUD oversight Board recommended approval of the Bear River Health and Catholic Human Services requests.

Regarding the request from the Health Department of Northwest Michigan for a vaping campaign and educational curriculum and vape detectors to be used in the school systems in the 21-county service area, the SUD Oversight Board was not comfortable with the original ask of \$672,500, given the lack of specific information. Mr. O'Farrell agreed, adding that the request and presentation were very disorganized. He would like more information regarding the specific schools participating in the anti-vaping initiatives. He also suggested more involvement from the community. The SUD Oversight Board only recommended approving the media campaign and educational curriculum at a total cost of \$333,500.

**MOTION MADE BY JAY O'FARRELL TO TABLE A RECOMMENDATION UNTIL SUCH TIME AS A MORE COMPREHENSIVE REQUEST IS RECEIVED FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN; SECOND BY DON TANNER.**

Mr. O'Farrell withdrew his motion based on parliamentary procedure requirement that a specific time be included in a motion to table an agenda item. Mr. Tanner withdrew his second. The decision was made to approve the liquor tax requests individually.

**MOTION MADE BY DON TANNER TO APPROVE THE REQUEST FROM BEAR RIVER HEALTH FOR EIGHTY-FOUR THOUSAND THREE HUNDRED NINETY-EIGHT DOLLARS (\$84,398.00) OTSEGO COUNTY LIQUOR TAX DOLLARS TO PROVIDER SERVICES TO INMATES HOUSED IN THE COUNTY JAIL; SECOND BY ROGER FRYE. MOTION CARRIED.**

**MOTION MADE BY JOE STONE TO APPROVE THE REQUEST BY CATHOLIC HUMAN SERVICES FOR TEN THOUSAND THREE HUNDRED FORTY (\$10,340.00) OTSEGO COUNTY LIQUOR TAX DOLLARS TO IMPLEMENT A FAMILIES AGAINST NARCOTICS PROGRAM; SECOND BY ED GINOP. MOTION CARRIED.**

Let the record show that there was no motion to approve the liquor tax request from the Health Department of Northwest Michigan.

**MOTION MADE BY GARY NOWAK TO SEND THE LIQUOR TAX REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN BACK TO THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD FOR FURTHER**



**CONSIDERATION AFTER MORE SPECIFIC INFORMATION HAS BEEN OBTAINED. SECOND BY JAY O'FARRELL. MOTION CARRIED.**

OLD BUSINESS

**Disclosure of Ownership**

The NMRE Disclosure of Ownership Policy/Procedure was included in the materials for the meeting on this date. Federal regulations require Medicaid Providers, Fiscal Agents, and Managed Care entities to comply with all requirements to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions. The NMRE is required to keep disclosure statements on file for:

- 1) Any Subcontractor who receives \$25,000 or more per year.
- 2) NMRE/CMHSP requires each applicable subcontractor to identify their "managing employee(s)" in policy or procedure. NMRE/CMHSP defines their managing employees as: Chief Executive Officer, Chief Financial Officer, and Chief Operating Officer, where applicable.
- 3) All applicable Disclosing Entities.
- 4) **NMRE/CMHSP Board Members.**

Disclosure statements were distributed to Board Members to complete on this date.

PRESENTATION

**Michigan's Proposed Behavioral Health Plan**

Mr. Johnston provided an overview of the CMHSP system: who it serves, what services it must provide, what services are provided beyond the requirements, and payment structure.

Mr. Kurtz presented on the State's "Future Plan," the goals of which are to: 1) broaden access to quality care; 2) improve coordination and cut red tape, and 3) increase behavioral health investment and financial stability. Numerous problems with the Plan were identified. Mr. Kurtz added that it is unclear whether any of it is even legal. At a minimum, numerous changes to policies, laws, regulations, would be necessary. Alternative plans were reviewed that would be far simpler to implement and would have the care integration outcome, the expansion of the Behavioral Health home for one.

Mr. Kurtz will keep Board Members informed as information becomes known. He is working closely with Tim Kangas from NorthCare Network to advocate for the rural north.

COMMENTS

Let the record show that no comments were offered at the close of the meeting on this date.

MEETING DATES

The next meeting of the NMRE Board of Directors will take place on February 26, 2020 at 10:00AM at the NMRE office in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 12:05PM.

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM, DECEMBER 11, 2019  
NMRE GAYLORD CONFERENCE ROOM**

<b>BOARD MEMBERS IN ATTENDANCE:</b>	<b>Roger Frye, Ed Ginop, Randy Kamps, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora</b>
<b>BOARD MEMBERS ABSENT:</b>	<b>Annie Hooghart, Gary Klacking</b>
<b>CEOs IN ATTENDANCE:</b>	<b>Chip Johnston, Christine Gebhard, Karl Kovacs, Diane Pelts, Nena Sork</b>
<b>STAFF IN ATTENDANCE:</b>	<b>Eric Kurtz, Sara Sircely, Deanna Yockey, Carol Balousek</b>
<b>PUBLIC IN ATTENDANCE:</b>	<b>Chris Frasz, Susan Latuszek</b>

CALL TO ORDER

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

ROLL CALL

Let the record show that Annie Hooghart and Gary Klacking were excused from the meeting on this date; all other NMRE Board Members were in attendance.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

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

**MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE OCTOBER 23, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY DON TANNER. MOTION CARRIED.**

APPROVAL OF AGENDA

Mr. Kamps called for approval of the meeting agenda.

**MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE DECEMBER 11, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY RICHARD SCHMIDT. MOTION CARRIED.**

CORRESPONDENCE

- 1) The minutes from the November 7, 2019 PIHP CEOs meeting.
- 2) The Community Mental Health Association's November 2019 School-Based Mental Health Newsletter.

- 3) The Community Mental Health Association's November 2019 Newsletter.
- 4) A Press Release from MDHHS dated November 14, 2019 Governor Witmer, Michigan Opioids Task Force announce efforts to combat opioid epidemic, cut opioid deaths in half.
- 5) Bullet Points from MDHHS Director Robert Gordon's keynote presentation to the Community Mental Health Association of Michigan dated October 22, 2019. This topic will be discussed in greater detail under the "Presentation" portion of the Agenda.

### ANNOUNCEMENTS

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

### PUBLIC COMMENT

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

### REPORTS

#### **Executive Committee Report**

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

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

The NMRE CEO Monthly Report for November and December 2019 was included in the materials for the meeting on this date. Mr. Kurtz referred to his attendance at the North Country Board Retreat as a highlight. Mr. Kurtz made note of his meeting with Sara Esty on November 25<sup>th</sup>, which will be discussed further under the "Presentation" portion of the meeting Agenda.

#### **SUD Board Report**

The minutes of the November 4, 2019 meeting of the NMRE SUD Oversight Board were included in the materials for the meeting on this date. Mr. Frye reported that he was not in attendance for the meeting. Ms. Sircely stated that liquor tax requests will be disused under a later Agenda item.

#### **Financial Report**

The NMRE Monthly Financial Report for September 2019 was included in the meeting materials.

- Traditional Medicaid showed \$158,408,195 in revenue, and \$163,819,475 in expenses, resulting in a net deficit of \$5,411,280. Medicaid ISF was reported as \$6,611,541. Medicaid Savings was reported as \$1,408,261.
- Healthy Michigan Plan showed \$18,647,282 in revenue, and \$21,210,824 in expenses, resulting in a net deficit of \$2,563,542. Healthy Michigan ISF was reported as \$5,408,357. HMP carry forward \$0.
- Net Position showed Medicaid and HMP combined net deficit of \$7,974,822. Medicaid carry forward in the amount of \$1,408,261 and Medicaid and HMP ISF in the amount of \$12,019,898. The total Medicaid and HMP net surplus was reported as \$5,453,337.
- Behavioral Health Home showed \$120,590 in revenue and \$146,994 in expenses, resulting in a net deficit of \$26,404.
- SUD showed all funding source revenue of \$114,326,492 and \$14,663,860 in expenses, resulting in a net deficit of \$337,368. Total PA2 funds were reported as \$6,338,074.

Ms. Yockey indicated that final expenditures for some of the CMHSPs may be projected high.

MDHHS has acknowledged issues with payments received by the PIHPs, citing a problem in CHAMPS. The necessary adjustments needed to correct the issue may take up to nine months to sort out. It was also noted that MDHHS did not provide any revenue projections to the PIHPs.

In October, Medicaid was \$1M higher than September which was in line with projections. Additionally, the NMRE was paid for only 571 of its 689 HSW slots. It was noted that the NMRE's positive financial position is uncommon among PIHPs.

Mr. Frye commented on the deficit for SUD services. He asked whether SUD will ever show a positive net position. Ms. Yockey responded that a significant rate increase for FY20 plus community grant funds will have a substantial effect.

Mr. Tanner remarked on a new story about a 50% reduction in liquor tax for those distillers who produce liquor in the state that utilize local materials. Mr. Kurtz responded that he had not heard about it. Mr. Stone asked whether any tax dollars are available from the sale of recreational marijuana. Mr. Kurtz answered that he's not seen any movement on that to date.

**MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR SEPTEMBER 2019; SECOND BY GARY NOWAK. MOTION CARRIED.**

#### NEW BUSINESS

##### **NMRE Medical Director Contract**

The agreement to contract with Curtis Cummins, MD as the NMRE Medical Director was included in the meeting materials in draft form. Clarification was made that Northern Lakes also contracts with Dr. Cummins.

**MOTION MADE BY DON TANNER TO APPROVE THE CONTRACT BETWEEN THE NORTHERN MICHIGAN REGIONAL ENTITY AND CURTIS CUMMINS, MD FOR HIS SERVICES AS MEDICAL DIRECTOR; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.**

##### **SUD Planning Session**

A planning session was held November 14<sup>th</sup> with NMRE staff and SUD CEOs and facilitated by Jane Sundmacher. The Practical Vision end product document was included in the materials for the meeting on this date. Ms. Sundmacher proposed the question, "What do we want to see in the Substance Use Disorder system by 2023 as a result of our actions?" Working through the exercise, eight items were identified:

- 1) Dynamically expanded robust continuum of care
- 2) Strategically improved care
- 3) Meaningfully recognized in the health care system
- 4) Collectively embraced regional priorities
- 5) Adequately allocated flexible funding
- 6) Expertly developed workforce competencies
- 7) Purposefully increased access to care
- 8) Easily accessed timely client data

These guidelines will be used to direct funds and identify gaps in services in the region. Mr. Kurtz noted that the planning session was a first step in the process. The next step will be to identify barriers. A final product will be brought to the Board.

### **Liquor Tax Requests**

- 1) Catholic Human Services – Iosco County \$56,380.
- 2) District Health Department #10 – Wexford County \$18,267 and Missaukee County \$8,233.
- 3) Catholic Human Services – Kalkaska County \$41,800 (FY20 = \$38,317; FY21 = \$10,449).
- 4) Centra Wellness Network – Manistee County \$40,390 and Benzie County \$29,057.
- 5) Catholic Human Services – Grand Traverse County \$50,000 (FY20 = \$45,833; FY21 = \$4,167).
- 6) Catholic Human Services – Leelanau County \$38,126 (FY20 = \$28,595; FY21 = \$9,531).
- 7) Catholic Human Services – Alpena County \$28,635, Alcona County \$10,414, Montmorency County \$9,306, and Presque Isle County \$12,869.
- 8) Catholic Human Services – Montmorency County \$42,639.
- 9) Catholic Human Services/Traverse City Downtown Development Authority – Grand Traverse County \$100,000.

Ms. Marois asked that the last request be sent to the Board. Ms. Zamora questioned how monitoring the “drinking culture” would be achieved. Mr. Kamps provided some insight on the culture in Traverse City, particularly regarding one establishment. Mr. Kovacs noted that Police Chief Jeff O’Brien has been a tremendous asset to the Traverse City area.

**MOTION MADE BY JOE STONE TO APPROVE THE LIQUOR TAX REQUESTS PRESENTED FOR APPROVAL ON THIS DATE AND AS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE ON NOVEMBER 4, 2019; SECOND BY KARLA SHERMAN. MOTION CARRIED.**

### OLD BUSINESS

Let the record show that there was no “Old Business” placed on the agenda for the meeting on this date.

### PRESENTATION

#### **System Transformation**

The slides from Director Gordon’s December 4<sup>th</sup> presentation to Health and Human Services Joint House and Senate Committees and his October 22<sup>nd</sup> keynote to CMHAM were included in the materials for the meeting. Mr. Kurtz distributed his “Early Analysis of MDHHS Proposed System Redesign” to the Board on this date.

Mr. Stone commented that at the most recent CMHAM Executive Committee it was discussed that the Association’s position should be neither for nor against the MDHHS proposal; a position to keep in mind the needs of all involved was supported. Input from PIHPs and CMHSPs is needed. Mr. Stone assured the Board that input sent to Bob Sheehan will get to the Department. Mr. Johnston voiced the numerous regulatory changes that would be required to implement the plan as stated, including amending the Michigan Constitution. Mr. Stone emphasized that information must be conveyed to “the people that matter.” Mr. Kurtz expressed that he has met with numerous individuals and the message doesn’t get through. Mr. Johnston added that the current system is fine except for Lakeshore, which needs to be cleaned up.

Mr. Kurtz summarized his early analysis document for discussion purposes. Ms. Gebhard noted that much could be done right now to achieve the stated goals. Mr. Johnston added that almost all the Department’s talking points are “false.” Mr. Kovacs cited expansion of the Behavioral Health Home as a brilliant alternative to 298. He also noted that Director Gordon and Sara Esty have little to no expertise on this topic.

Mr. Stone offered to schedule a meeting with the four CMHAM Officers to go over the issues point by point with Bob Sheehan. Discussions will continue with like-minded partners. Ms. Gebhard suggested meeting with legislators (they don't know what they don't know) once the comprehensive, specific talking points are developed to present better alternatives. Mr. Nowak added that the counties need to be educated too regarding what could happen. Mr. Schmidt commented that during meetings of the Michigan Association of Counties (MAC) the views of rural counties are often overshadowed by more urban areas.

**MOTION MADE BY KARLA SHERMAN TO ALLOW THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER TO SPEND THE AMOUNT NEEDED TO ALLOW HIM TO WORK WITH NECESSARY PARTIES TO DEVELOP A RESPONSE TO MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES' SYSTEM TRANSFORMATION PLAN; SUPPORT BY GARY NOWAK.**

Discussion: Mr. Tanner asked if the region is still pursuing a rural exemption. Mr. Kurtz responded, "It's still on the table."

Mr. Kamps expressed discomfort with approving carte blanche funding for this. After discussion, the Board agreed to an amount not to exceed \$25K.

**MS. SHERMAN AMENDED HER MOTION TO APPROVE AN AMOUNT NOT TO EXCEED TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00); MR. NOWAK SUPPORTED. MOTION CARRIED BY UNANIMOUS VOTE.**

COMMENTS

**Board**

- Mr. Stone requested that a response to the system transformation documents go out to the Board as soon as possible which Mr. Kurtz agreed to do.
- Mr. Tanner asked whether there is a time during the (system transformation) process to educate someone in the media. He noted that the general public/voters don't know what's going on. Mr. Kamps suggested inviting media to the meeting with Legislators. Mr. Frye suggested informing and notifying county commissioners. Mr. Larson urged the Board to give Mr. Kurtz the authority to develop talking points or a newsletter (or both) for distribution.
- Mr. Frye announced that he was reappointed to the Northeast Michigan Board for another three-year term. He noted that a Commissioner was not familiar with Northeast Michigan CMH or its Board and asked what they do.
- Mr. Kamps shared a personal story related to the opioid epidemic.
- Mr. Nowak wished everyone a happy holiday.

**CMHSP CEOs and Staff**

- The documentary "Ernie and Joe" on HBO about San Antonio's 10-person mental health unit was recommended by Ms. Marois and enjoyed by staff.

MEETING DATES

The next meeting of the NMRE Board of Directors will take place on January 22, 2020 at 10:00AM at the NMRE office in Gaylord.

ADJOURN

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



# Consumer Advisory Council

Regular Meeting  
02-10-20

5:15 PM to 6:15 PM  
Board Room

Meeting called by: Diane Hayka

Type of meeting: Regular

Facilitator: Laura Gray

Attendees: Roger Boston, Les Buza, Alan Fischer, Janet Freeman, Laura Gray, Anne Ryan, Eileen Tank

Absent: Roger Engle (excused), Dave Schaedig (excused)

Public:

Staff: Nena Sork, Diane Hayka

## ----- Agenda Topics -----

### Welcome

Laura Gray welcomed Council members.

### Targeted Agenda Items:

#### Discussion:

*Approval of Minutes*  
**DRAFT**

By Consensus, the minutes of the October 7, 2019 Consumer Advisory Council meeting were approved by consensus.

### Action items:

#### Person responsible:

Diane Hayka

#### Deadline:

### Targeted Agenda Items:

*Educational Session – By-Law Review*

#### Discussion:

Terms of Council members were reviewed. Laura Gray indicated she did not plan to continue on the Council when her term expires March 31, 2020. Roger Boston and Janet Marwede indicated they would continue. It was noted there is difficulty with recruiting to meet representation from the four counties and the different population groups.

Discussion ensued related to changing Consumer Advisory Council name to something else. After discussion, this group will be called Northeast Michigan Community Mental Health Authority Advisory Council.

By Consensus, the name will be changed and the remaining by-laws will stay as is; however, areas needing updated to reflect the change from Northern Affiliation to Northern Michigan Regional Entity will also be updated.

### Action items:

#### Person responsible:

**Deadline:**

**Targeted Agenda Items:**

***NMRE Updates***

**Discussion:**

Regional Entity Partners (REP) Update

Roger Boston reported this year instead of the Spring Day of Recovery Education, an rally will be held in a park in Gaylord with food and games. This will be open to all who attended in the past. Roger noted the REP Committee also discussed whether surveys are preferred via computer or paper copies. He noted the push is to eliminate paper surveys; however, if a paper survey is needed one will be provided. Diane Hayka noted Mari had inquired as to whether a Wednesday or Friday would work for the rally as she was looking at May 20 or 22. The members felt having it in June for the future would be better as weather would be better.

Eileen Tank reported the minutes of the REP Committee from January 16<sup>th</sup> should have a correction. She requested Roger Boston to inform the REP Committee when he attends the next meeting of this correction. Under member reports, bullet "f" says "The new director cut funding for the drop in, they are no longer able to get general funds." Nena provided some background on the reason to withhold General Fund dollars. Roger Boston noted it is difficult to get grants to assist with operational funding. In addition, there are other fund raising efforts such as bottle drives, etc. to raise funds. It was noted assisting with General Funds was to be a start-up investment only. Bay View Center has been in existence for 10 years now. The intent was to have the Center self-sustaining utilizing fund raising events and grant writing.

NMRE Board Meetings

The minutes from the October and December NMRE Board meeting were included in the mailed materials for this meeting. Council members had no comments or concerns related to minute content.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

***October Operational Report***

**Discussion:**

Nena Sork reported there have been more hospitalizations recently and inpatient individuals are staying for longer periods of time. Nena Sork reported the ACT Team, as of today, is fully staffed. This program has been limited in numbers due to staff shortages. Fidelity requires there be only 10 individuals assigned to a staff person. With the latest additions, we can grow the program to 40. Nena Sork provided information as to who would be treated in the ACT program. In the interim, until the team was fully staffed, some individuals received intensive case management services to fill the gap created by the shortage.

Discussion regarding costs of inpatient facilities such as state hospitals and private hospitals occurred. It was noted in the state facilities the cost to the Agency is the 10% County Share of the service. The state transferred hospital dollars the Agency received to pay for the services back to the state and they now pay for the majority of the cost. Northeast made an agreement with the counties to assume the risk of the 10% County Share and dollars are included in the local match request to the counties. This amount is recalculated every five years based on utilization. Inpatient at the local hospital can be as much as \$1,000 per day. Foster care homes also require cost of care which may leave an individual with very little for personal funds. In addition, there are specialized residential facilities which are much more expensive.



Nena informed Council members of a mix up on the state payments noting payments to the community mental health programs were shorted statewide. Without correction it would have amounted to approximately \$144,000,000 in less funding. She noted the Habs Support Waiver payments for Northeast were sent to another community mental health program as well and correction to redirect those funds will be needed.

Nena provided a history of Autism Services and the mandate to provide services to children in the 0-6 age range. In just a couple of years, the state expanded coverage to include individuals up to age 21. She noted this Agency focused on the age group 0-6 and if caught early change can be made. The older group is served through contractual arrangements with providers such as Centria or Autism Centers of America.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

**Board Agenda Review**

**Discussion:**

Roger Boston suggested an increase in the per diem for Council members. This request should be presented to the Board during strategic planning and budget development. Board meetings are generally two hours long and they also have prep work to do prior to arriving at the meeting. Board members receive \$40 per diem. The Council meeting is generally one hour or less.

The featured educational session at the Board meeting will showcase the new website under development. Nena noted the enhancement will include the completion of the employment application on-line. People will be able to see jobs available. Events will be listed and information such as meeting notices, board packets and other associated materials will be available on the website.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

*Other*

**Discussion:**

Nena Sork reported on Friday, February 21 from 2 pm to 4 pm, the State is hosting a forum in Grayling at Kirtland Community College to discuss the MDHHS proposed changes of statewide community mental health services. State Director Robert Gordon has rolled out a plan to reform mental health services in Michigan. This is an opportunity to provide input as to whether you would support or oppose such a plan.

Nena offered to share some "talking points" that have been developed within the NMRE regarding questions and concerns about these proposed changes

**Action items:**

**Person responsible:**

**Deadline:**

**Next Regular Meeting Date:**

The next regular meeting is scheduled for April 6, 2020 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 6:15 p.m.

		Consumers served January 2020 (1/1/20 - 1/31/20)	Consumers served in the Past Year (2/1/19 - 1/31/20)	Running Average (Variable Timeframe) (10/1/19 - 1/31/20)
1	<b>Access / Crisis / Prescreens</b>	83 - Routine 0 - Emergent 0 - Urgent 74 - Crisis 49 - Prescreens	781 - Routine 2 - Emergent 2 - Urgent 933 - Crisis 575 - Prescreens	68 - Routine 0 - Emergent 0 - Urgent 76 - Crisis 49 -Prescreens
2	<b>Doctors' Services</b>	546	1390	479
3	<b>Case Management</b>			
	Older Adult (OAS)	107	332	117
	MI Adult	186	485	180
	MI ACT	28	51	24
	Home Based Children	46	73	34
	MI Children's Services	122	311	108
	IDD	224	410	217
4	<b>Outpatient Counseling</b>	210(35/175)	516	197
5	<b>Hospital Prescreens</b>	49	575	49
6	<b>Private Hospital Admissions</b>	21	290	23
7	<b>State Hospital Admissions</b>	0	3	0
8	<b>Employment Services</b>			
	IDD	52	76	54
	MI	27	67	24
	Touchstone Clubhouse	84	97	79
9	<b>Peer Support</b>	34	60	35
10	<b>Community Living Support Services</b>			
	IDD	94	113	94
	MI	79	144	73
11	<b>CMH Operated Residential Services</b>			
	IDD Only	58	69	59
12	<b>Other Contracted Resid. Services</b>			
	IDD	31	32	33
	MI	36	40	37
13	<b>Total Unduplicated Served</b>	1171	2451	1133

County	Unduplicated Consumers Served Since February 2019
Alcona	277
Alpena	1510
Montmorency	271
Presque Isle	291
Other	15
No County Listed	87

To: Board Members  
From: Margie Hale-Manley  
Date: January 29, 2020  
Subject: Endowment Fund Grant Awards

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In continuing to provide notification to the Board for usage of the spendable dollars available in the Endowment Fund created through The Community foundation of Northeast Michigan, this memo serves as an update of the grant awards since August 1, 2019.

As you may recall, a committee was established to review applications for grants and approve awards while maintaining funding to assure future needs can be met. The funds awarded are not covered by other resources.

1. \$100.00-Household supplies for independent living
2. \$250.00-Micro-enterprise supplies

Total award for past six months: \$350.00

## **MARCH AGENDA ITEMS**

### **Policy Review**

Budgeting 01-004

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

Governance Commitment 02-001

Code of Conduct 02-008

### **Monitoring Reports**

Treatment of Consumers 01-002 (Satisfaction Surveys)

Staff Treatment 01-003 (Employee Surveys)

Budgeting 01-004 (Finance Report)

Asset Protection 01-007 (included with audit report)

### **Activity**

Board Member Recognition

### **Ownership Linkage**

### **Educational Session**

Audit Reports – Financial and Compliance

## Contents:

**Searching for past articles in Weekly Update:** Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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

### **New! Lifeways receives full CARF accreditation**

Recently Lifeways CMH received word that the organization received full accreditation from CARF – one of the nation’s leading provider accreditation bodies. Excerpts from the accreditation letter are provided below. Congratulations to Lifeways.

It is my pleasure to inform you that LifeWays has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

- Assessment and Referral: Mental Health (Adults)
- Assessment and Referral: Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Integrated Behavioral Health/Primary Care: Comprehensive Care (Adults) Network
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)

This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

Please note that the enclosed accreditation report identifies no recommendations. This accomplishment is achieved on only 3 percent of CARF surveys.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community.

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

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

## State and National Developments and Resources:

### **New! MDHHS announces additional public forum on system design – Northern Michigan**

Earlier this month, Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon spoke to legislators about the MDHHS vision for the future of the state's public behavioral health system. He spoke about the strengths of Michigan's behavioral health system as well major challenges the system faces and the values we want to keep in the forefront as we move toward the future of behavioral health system reform. Director Gordon also reviewed key design elements of a future, improved system. In case you missed it, you can find the Director's full remarks, slides, and supporting materials at [www.Michigan.gov/futureofbehavioralhealth](http://www.Michigan.gov/futureofbehavioralhealth).

To continue the conversation, MDHHS is hosting public forums around the state to provide **individuals and families served** by our specialty behavioral health system a chance to ask questions and provide feedback on this vision for the future.

MDHHS is hosting six forums in early 2020, including five in-person events and one virtual forum. All events will be hosted from 5:00-6:30 p.m. Registration is not required, but strongly encouraged to help us best prepare for the events. You can find the links to register for each event below:

Register for our **virtual forum** on February 6 [here](#)

**An additional public forum** has now been scheduled at Kirtland Community College in Grayling, Michigan on Friday, February 21 from 2:30pm-4:00pm. Individuals can register and submit questions in advance at [this link](#). Registration is encouraged for our planning purposes but not required.

We hope these forums will be a valuable opportunity to hear from the most important stakeholders in our system—the people we serve.

Learn more at: <https://www.michigan.gov/futureofbehavioralhealth>

Send your thoughts to: [MDHHS-FutureOfBH@michigan.gov](mailto:MDHHS-FutureOfBH@michigan.gov)

### **New! MDHHS seeking comments on proposed HCBS policy**

MDHHS recently issued a draft policy revising the segments of the state's Medicaid plan that impact the Home and Community Based Services (HCBS) program. MDHHS is seeking public comment on this proposed policy.

The proposed policy can be found [here](#).

Mail or e-mail comments to:

Morgan VanDenBerg  
Bureau of Community Based Services  
Behavioral Health and Developmental Disabilities Administration Lewis Cass Building  
320 S. Walnut Street  
Lansing, Michigan 48913

E-mail Address: [vandenbergm@michigan.gov](mailto:vandenbergm@michigan.gov)

### **New! More and More Americans Are Dying by Suicide. What Are We Missing?**

Below are excerpts from a recent news story on the rising suicide rate in the United States. It underscores the growing recognition that societal and economic factors are key contributors to the nation's suicide rate.

[Numbers released Thursday from the Centers for Disease Control and Prevention](#) show 48,344 people died by suicide in 2018, up from 47,173 the year before. While the increase was small, just two-tenths of a percent, the rise in deaths over time has been steady. Since 1999, the suicide rate has climbed 35%.

Death rates in 2018 increased for only two of the 10 leading causes of death: suicide and influenza/pneumonia.

"I was 100% unsurprised," said April Foreman, a clinician and board member at the American Association of Suicidology, noting systems of science and care have remained static. "That's not acceptable. We need to start treating these deaths seriously and respecting these survivors by upping our game in public health."

Suicide is the nation's 10th-leading cause of death, with 14.2 deaths per 100,000 people, though that rate alone belies the scope of the problem. While thousands of people die by suicide each year, millions think about it.

In 2017, 10.6 million American adults seriously thought about suicide, 3.2 million made a plan, and 1.4 million attempted it, [according to the CDC](#).

Despite more awareness and less stigma around suicide, theories about the intransigent death rate abound.

Some suspect a [lack of funding](#) is to blame. Money to research and combat suicide continues to lag behind other leading killers. The National Institutes of Health, the largest public funder of biomedical research in the world, [spent \\$103 million on suicide and suicide prevention in 2017](#). It spent \$689 million that year studying breast cancer, which killed only a few thousand more people. In 2018, spending on suicide increased to \$147 million.

It's impossible to solve a problem, suicide experts say, when it is not well understood.

"We've tried a lot of things, including telling everybody to just magically know the signs and care more. I don't think that's going to work," Foreman said. "We haven't tried ... spending at the scale of the problem, and since we have tried it with other diseases and it's worked, there's no reason to not try it."



Others say there's reticence in the suicide prevention community to admit that some of the most promising interventions may not work on a broad scale and that suicide's intractability is a sign it's time to go back to the drawing board.

"It's demonstrating that everything we've been doing, all the repeating of the same things over and over, it's not working," said Dese'Rae L. Stage, a suicide survivor and founder of [Live Through This](#), a project that amplifies the voices of people who've survived suicide attempts. "If our whole goal is to help people, then we need to help people, and that requires a little bit of critical self-reflection on ourselves and on the field."

Some experts say reducing the suicide rate won't occur without examining the environments people live in or larger societal ills, such as economic insecurity and discrimination that may drive people to despair. Survivors agree.

"It's not like someone is just broken," Stage said. "There are all these things that happen in their life that break them. Abuse, poverty, homophobia, marginalization. Are we too focused on the individual and not enough on the systemic causes of suicide?"

For example, a study published this month in the Journal of Epidemiology and Community Health found that [increasing the minimum wage](#) by \$1 could reduce the suicide rate among workers with a high school degree or less, especially when unemployment rates are higher. Being unemployed or living in poverty can increase the risk of suicide, according to the CDC.

This month, the American Foundation for Suicide Prevention announced it had moved into "[Phase II of Project 2025](#)," which aims to reduce the suicide rate by 20% over 10 years. The plan is focused on four areas: firearms, health care systems, emergency departments and corrections systems.

If successful, it would reduce the suicide rate to its lowest level in 30 years.

"If you look at the history of suicide prevention, you will see several similar movements in the past where they say, 'We want to reduce this rate by so much by this time,'" Foreman said. "I think that's the right goal, but I don't see us absolutely insisting for the ... changes that we would need to get there."

### **New! CHCS blog: The Importance of Integrated Care Models that Address Medical, Behavioral, and Social Health Needs**

Below are excerpts from the Center for Health Care Studies (CHCS), one of the nation's leading resources on health care innovation, on the impact of clinically integrated efforts.

Years ago, when I worked as a certified nurse-midwife in a federally qualified health center in the South Bronx in New York City, I worried: Was I actually helping the women that I cared for?

While I provided prenatal, gynecological, and primary care, I often felt I was just scratching the surface of what patients really needed. I prescribed antibiotics for the woman with a urinary tract infection, but what about that black eye? For the 16-year-old pregnant teen, I could make sure her baby's heart rate was normal, but she was living in a shelter because her family had kicked her out. To ignore the "non-medical" issues that profoundly affected my patients' health made me feel like I was applying band-aids to gaping wounds. We could refer some patients for behavioral health and social services, but access was inadequate, and care was siloed and uncoordinated.

The care we provided was, by traditional medical standards, high quality, but it was not truly person-centered.

This new blog post by Karla Silverman, MS, RN, CNM, senior clinical officer at the Center for Health Care Strategies (CHCS), relates her first-hand experiences as a nurse-midwife to explore the need and opportunities for a different care model — a reimagined approach where clinicians work together with the people they care for to fully understand their health needs. The post outlines creative solutions for rethinking complex care being tested by eight organizations participating in Advancing Integrated Models, a new CHCS initiative made possible through support from the Robert Wood Johnson Foundation.

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

### **New! NPR Life Kit podcast episode: How to Start Therapy**

National Public Radio has, for the past several years, produced a podcast series, “Life Kit” that addresses a wide range of quality of life issues. A recent podcast on how all of us can make the best use of psychotherapy is excerpted below.

Feeling anxious? Overwhelmed? Unhappy? Not sure what you're feeling at all? These might be signs that your "check engine" light is on and seeing a therapist could help. If the mere thought of trying to find help seems overwhelming, you're not alone. Plenty of people put off seeking treatment or try to ignore symptoms because mental health is often easier to brush off as not urgent.

"We feel like there's a hierarchy of pain, and if our problem doesn't feel big enough, we wait until we're basically having the equivalent of an emotional heart attack before somebody will make that call," says Lori Gottlieb, a psychotherapist, [advice columnist](#) and author of the book *Maybe You Should Talk to Someone*.

#### **Explore Life Kit**

This story is adapted from an episode of *Life Kit*, NPR's podcast with tools to help you get it together. Listen to the podcast at the top of the page, or find it [here](#).

On top of that, the process of researching and scheduling that first appointment can be an emotional burden on its own — but procrastinating often allows the problem to grow. If you wait until things get really bad, [the harder it will be to address](#).

We've got four tips to help you make therapy work for you. Be sure to listen to the *Life Kit* episode "[How To Start Therapy](#)" for more advice from experts who know that this is more than just making a phone call. If it were that easy, you'd have done it already!

Additional information on this podcast can be found [here](#).

### **New! Well Being Trust offers mental health resources**

Recently, the work of the Well Being Trust has been highlighted in the popular mental health press. This Trust provides a wide range of resources, accessible to the full mental health community. Below is an excerpt from a description of the Well Being Trust.

Well Being Trust is a national foundation dedicated to advancing a vision of a nation where everyone is well in mental, social and spiritual health.

Launched by Providence St. Joseph Health in 2016 as an independent 501(c)(3) public charity with an initial seed endowment of \$100 million plus an additional \$30 million to be invested in California from 2017 to 2019, Well Being Trust is now investing in approaches that have the potential to model the way forward. Well Being Trust was created to advance clinical, community and cultural change...*to transform the health of the nation and improve well-being for everyone.*

We recognize that this work cannot have the needed impact if it is driven by any one organization. It needs to be co-owned by all of us and informed by the wisdom of people, organizations, and communities. With partners and grantees, we are supporting and encouraging a powerful movement that benefits everyone.

2018 was momentous: We worked with leaders across the country—ReThink Health, Dr. Vivek Murthy, IP3, Community Initiatives, and scores of others—in the development of a shared agenda through the [Well Being Legacy](#) initiative. This community strategy—which is being advanced via a growing partnership of more than 50 local communities and national organizations—connects leaders across a multitude of sectors, creating complementary benefits for the built environment, for racial equity, for food justice, for improved child development—all of which will promote well-being for all.

2018 was momentous: We increased the impact of our policy and advocacy work to advance transformative policies. We engaged governmental structures at all levels by leveraging grantees, partners, and thought leaders—Bipartisan Policy Center, Hopelab, United States of Care, Trust for America's Health, Kennedy Forum and others—and increased support for a well-being agenda. We increased the evidence- and advocacy-base for mental health parity and improving access to and standards for mental health treatment—to solve the deaths of despair and prevent future similar epidemics.

2018 was momentous: We advanced the national conversation that normalizes addressing mental health and substance misuse and supported enhanced social engagement with youth at the point of their lives where there is the greatest opportunity for impact. This work engages millions through social dialogue, media partnerships, and networks—and we supported youth as peer advocates to help them turn to one another.

In 2019, we plan to seize on this momentum, accelerate change, transcend silos and divisions, and ensure everyone can thrive.

Learn more about Well Being Trust [here](#).

## State Legislative Update:

### **New! Governor Delivers the State of the State**

On Wednesday evening, Governor Gretchen Whitmer delivered her second State of the State address. Below please find links to the full text of her address and to several Fact Sheets that expand on her comments. We will continue to provide you with additional information and analysis, including a response from Republican legislative leaders that is expected later this morning.

The Governor's address was shorter than is typical and focused primarily on executive actions that she will take rather than on proposed joint efforts with the state Legislature.

Highlights of the Governor's address:

- The Governor will immediately ask the State Transportation Commission to issue bonds (\$3.5 billion over 5 years) for road and bridge repair on "the worst of our most highly traveled state roads" but still calls upon the Legislature to "come up with a real, long term solution to fix the roads".
  - The Governor is instructing the Michigan Department of Labor and Economic Opportunity to expand the right to overtime pay to "tens of thousands" of Michigan workers. She will also be focusing on a crackdown on payroll fraud.
  - The Governor will expand access to pre-kindergarten and early literacy programs for children. She also urged final passage of bipartisan legislation creating Michigan ReConnect, a program to provide tuition free skills training and degree programs for adults.
  - The Governor calls for enactment of state legislation mirroring the federal Affordable Care Act, to codify in state law provisions such as protecting patients with pre-existing conditions and prohibiting discrimination by insurers.
  - The Governor will create a bipartisan Prescription Drug Task Force to focus on pricing transparency and on lowering prescription drug costs.
  - The Governor will initiate a number of initiatives to improve maternal and child health. These include an upcoming budget proposal to increase access for Medicaid services to low income mothers, such as expanding postpartum care for one year, expanding access to substance disorder services and mental health services and expanding home visiting programs.
- [https://www.michigan.gov/documents/whitmer/3RD\\_GRADE\\_FINAL\\_1\\_679737\\_7.pdf](https://www.michigan.gov/documents/whitmer/3RD_GRADE_FINAL_1_679737_7.pdf)
  - [https://www.michigan.gov/documents/whitmer/CHILD\\_CARE\\_FINAL\\_679739\\_7.pdf](https://www.michigan.gov/documents/whitmer/CHILD_CARE_FINAL_679739_7.pdf)
  - [https://www.michigan.gov/documents/whitmer/HEALTHY\\_MOMS\\_FINAL\\_679740\\_7.pdf](https://www.michigan.gov/documents/whitmer/HEALTHY_MOMS_FINAL_679740_7.pdf)
  - [https://www.michigan.gov/documents/whitmer/POST\\_SECONDARY\\_FINAL\\_679741\\_7.pdf](https://www.michigan.gov/documents/whitmer/POST_SECONDARY_FINAL_679741_7.pdf)
  - [https://www.michigan.gov/documents/whitmer/PROTECTING\\_HEALTH\\_CARE\\_FINAL\\_679742\\_7.pdf](https://www.michigan.gov/documents/whitmer/PROTECTING_HEALTH_CARE_FINAL_679742_7.pdf)
  - [https://www.michigan.gov/documents/whitmer/REBUILDING\\_MICHIGAN\\_FINAL\\_679743\\_7.pdf](https://www.michigan.gov/documents/whitmer/REBUILDING_MICHIGAN_FINAL_679743_7.pdf)
  - [https://www.michigan.gov/documents/whitmer/RX\\_FINAL\\_679745\\_7.pdf](https://www.michigan.gov/documents/whitmer/RX_FINAL_679745_7.pdf)

### **Federal Update:**

#### **\$200 million in CCBHC Expansion Grants Now Available Nationwide**

Community Mental Health entities across the nation are now eligible to apply for Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants, under a funding opportunity announcement released this week by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The National Council has long advocated for increased funding for the grant program. They have also been a forceful advocate for expansion of CCBHCs to all 50 states. Not only does the \$200 million

SAMHSA will make available this year represent a \$50 million increase from 2019, the funding is now available to clinics nationwide – an important step toward expanding the CCBHC model across the country.

The CCBHC program supports clinics in expanding access to a comprehensive array of mental health and addiction services in community-based settings, while improving their ability to coordinate care with other health system partners and collect and report on quality metrics.

Clinics applying for Expansion Grants are eligible for two-year grants of up to \$2 million per year. Organizations in all 50 states may apply for grants, though priority will be given to clinics in the 24 states that received CCBHC planning grants in 2016.

The National Council will host an informational call to provide more details about CCBHC status, training opportunities and lessons learned from prior cohorts. Stay tuned for more details and registration information.

SAMHSA has established a March 10 deadline for grant applications. Read the official SAMHSA [announcement](#) for more information on the program requirements.

Our website includes more information on [CCBHCs](#), which remain among the National Council’s highest priorities.

## Education Opportunities:

### CMHA 2020 Annual Winter Conference Details



#### Community Mental Health Association of Michigan

#### Annual Winter Conference *"Charting the Course Together"*

**February 4 & 5, 2020**  
**Radisson Plaza Hotel, Kalamazoo, Michigan**

**Online registration is now closed, but onsite registration is available.**

**Pre-Conference Institute: Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition**

**Monday, February 3, 2020**

1:00pm – 4:00pm Training (12:30pm Registration)

**Registration Fees:**

\$60 CMHA Members, \$72 Non-Members

## **WINTER CONFERENCE KEYNOTE PRESENTATIONS:**

### **National Perspective: Landscape and Opportunities for Community Mental Health**

- *Melissa Bailey, MA, Senior Fellow, Center for Health Care Strategies, Inc.*

### **Real Men Do Cry: A Guide to Mental Fitness**

- *Eric Hipple, Mental Health Outreach Specialist, NFL Alumnus, Detroit Lions*

### **The Importance of Helping Individuals Achieve their Personal Goals - Resources and Tools**

- *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

### **Behavioral Health Transformation Update and Breakout Discussions**

- *Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of Health and Human Services*

## **CONTINUING EDUCATION INFORMATION:**

**Social Workers:** This pre-conference "Building Collaboration between Psychology and Law Enforcement on Violence Indicator Recognition" course (2/3/20) qualifies for a maximum of 3 Continuing Education hours. This "Annual Winter Conference" course (2/4/20-2/5/20) qualifies for a maximum of 7 Continuing Education hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

**Substance Abuse Professionals:** CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in the pre-conference "Building Collaboration between Psychology and Law Enforcement on Violence Indicator Recognition" course (2/3/20) may receive a maximum of 3 RELATED contact hours. Substance Abuse Professionals participating in the "Annual Winter Conference" course (2/4/20-2/5/20) may receive a maximum of 9 contact hours. Some "Related" workshops may meet MCBAP/IC&RC educational requirements for focused topics in addiction certification domains. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

## **Registration open for FY20 Motivational Interviewing College regional trainings**

Registration is now open for the FY20 Motivational Interviewing College regional trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.

### **Dates/Locations:**

#### **February – DoubleTree Grand Rapids - Airport**

**Basic:** [Monday & Tuesday, Feb. 24-25, 2020](#)

**Advanced:** [Monday & Tuesday, Feb. 24-25, 2020](#)

**Supervisory:** [Tuesday, Feb. 25, 2020](#)

**April – DoubleTree Detroit – Dearborn**

**Basic:** [Monday & Tuesday, April 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, April 20-21, 2020](#)

**Supervisory:** [Tuesday, April 21, 2020](#)

**Teaching MI:** [Wednesday & Thursday, April 22-23, 2020](#)

**July – Hotel Indigo, Traverse City**

**Basic:** [Monday & Tuesday, July 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, July 20-21, 2020](#)

**Supervisory:** [Tuesday, July 21, 2020](#)

**Times:**

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

**Training Fees:**

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes training materials, continental breakfast and lunch each day.

*Be sure to register as soon as possible, training space is limited and will fill up quickly!*

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

## Registration open for FY20 DBT Trainings

### 2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

**Dates/Locations:**

- March 30-31, 2020 – Hilton Garden Inn Lansing West | [CLICK HERE](#) for more information and to register now
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | [CLICK HERE](#) for more information and to register now

**Who Should Attend?**

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan*. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

**Training Fee:**

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



## 5-Day Comprehensive DBT Trainings

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

### Dates/Locations:

- May 18-22, 2020 – Holiday Inn Grand Rapids Airport West | [CLICK HERE](#) for more information and to register now
- June 8-12, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

### Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan.* This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

### Training Fee:

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

## Save the Date: Self-Determination Conference

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

### Date & Time:

May 5, 2020  
8am – 5pm  
Lansing, MI 48933

### Location:

Lansing Center  
333 E. Michigan Ave.

### Who Should Attend?:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.



Registration available soon, check [CMHA website](#) for more information and updates.

### **New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

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

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.***

***This training fulfills the MCBAP approved treatment ethics code education – specific.***

***This training fulfills the MPA requirements for psychologists.***

Trainings offered on the following dates:

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

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

\$115 CMHA Members

\$138 Non-Members

### **Pain Management and Mindfulness Trainings**

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.

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

*Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.*

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

## Managing Mental Health Crisis

### Program Overview:

This course is designed to provide participants with a better understanding of mental illness as it relates to law enforcement. Managing a Mental Health Crisis (MMHC) is a culmination of knowledge and skills developed by law enforcement and mental health professionals with the intention of promoting effective and high-quality responses to mental health related incidents.

### Dates:

February 17–18, 2020 - Pines Behavioral Health

January 22nd – 23rd, 2020 - CNS Healthcare

March 17th – 18th, 2020 - Bay College – Joseph Heirman University Center

April 15th – 16th, 2020 - M-TEC University Center

## Autism & Intellectual Developmental Disorders

### Program Overview:

This course is designed to provide participants with the knowledge and skills required to provide effective, equitable service to people with intellectual and/or developmental disabilities including autism spectrum disorder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

### FOUR 2-Hour Sessions Available:

January 14, 2020

January 21, 2020

January 28, 2020

### Training Location:

Madison Heights Police Department

**For more information and to register, see training flyers [HERE](#).**

## Miscellaneous News and Information:

## News from Our Preferred Corporate Partners:

### Abilita provides telecommunication guidance



Finding a good Telecom Consultant is difficult



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

1. Start with the easy stuff

Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good!

We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

6. BUT....be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "bushy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward  
Managing Consultant  
517-853-8130  
[daylward@abilita.com](mailto:daylward@abilita.com)  
My profile page

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



Click at left for a video overview of the new Moving Beyond Trauma program

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. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

## Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

[Request a Meeting](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

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

### **CMHA Officers Contact Information:**

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
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## Contents:

**Searching for past articles in Weekly Update:** Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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## CMH Association and Member Activities:

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

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

## State and National Developments and Resources:

### MDHHS announces public forums on system design

You are receiving this email based on your interest in the future of the public behavioral health system within the state of Michigan.

Earlier this month, Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon spoke to legislators about the MDHHS vision for the future of the state’s public behavioral health system. He spoke about the strengths of Michigan’s behavioral health system as well major challenges the system faces and the values we want to keep in the forefront as we move toward the future of behavioral health system reform. Director Gordon also reviewed key design elements of a future, improved system. In case you missed it, you can find the Director’s full remarks, slides, and supporting materials at [www.Michigan.gov/futureofbehavioralhealth](http://www.Michigan.gov/futureofbehavioralhealth).

To continue the conversation, MDHHS is hosting public forums around the state to provide **individuals and families served** by our specialty behavioral health system a chance to ask questions and provide feedback on this vision for the future.

MDHHS will host five forums in early 2020, including four in-person events and one virtual forum. All events will be hosted from 5:00-6:30 p.m. Registration is not required, but strongly encouraged to help us best prepare for the events. You can find the links to register for each event below:

Register for **Saginaw** on January 30 [here](#)

Register for our **virtual forum** on February 6 [here](#)

A flyer with the full schedule of forums is also attached. We would appreciate your help spreading the word, especially to people and families served. You can also find updates and the most recent information on our website: [www.michigan.gov/FutureOfBehavioralHealth](http://www.michigan.gov/FutureOfBehavioralHealth).

We hope these forums will be a valuable opportunity to hear from the most important stakeholders in our system—the people we serve.

Learn more at: <https://www.michigan.gov/futureofbehavioralhealth>

Send your thoughts to: [MDHHS-FutureOfBH@michigan.gov](mailto:MDHHS-FutureOfBH@michigan.gov)

### **New! Michigan schools urged to tackle rising youth suicides: 'You need a plan'**

Below are excerpts from a recent news story related to youth suicide in Michigan.

When a young person is lost to suicide, the search for answers often leads to a question: What is being done in K-12 schools to address the problem?

In Michigan, where suicide prevention education for students and training for teachers is not mandatory, the answer is little to nothing.

That's despite the fact that [suicide is the second leading cause of death](#) for young people in the state between ages 10 and 24, behind accidents. Youth and young adult suicide rates in Michigan and nationally have been climbing steadily since 2007, and the state outpaced the national rate from 2011 to 2017, figures show.

The full story can be found at:

<https://www.detroitnews.com/story/news/education/2020/01/20/michigan-schools-urged-tackle-rising-youth-suicides/4434560002/>

### **New! Editorial: Healthy Michigan living up to its name**

Below are excerpts from a recent editorial regarding the impact that the Healthy Michigan Plan.

Former Gov. Rick Snyder helped sell a Republican Legislature on expanding Michigan's Medicaid program by claiming his plan would ultimately lead to a healthier state — and [save the state money](#) down the road.



The 2013 deal, which came with sizable federal subsidies under the Affordable Care Act, was dubbed Healthy Michigan and it currently covers about 660,000 individuals — many more than originally predicted.

Snyder said this state's program could be a model for the other states that adopted the expansion. New research supports this.

Officials who implemented the expansion set up features to encourage enrollees to understand their own individual health risks and to seek preventive care — rather than rely on costly emergency room visits. The state expects enrollees to visit a primary care physician within the first three months of enrollment.

The full editorial can be found at:

<https://www.detroitnews.com/story/opinion/editorials/2020/01/04/editorial-healthy-michigan-living-up-its-name/2797715001/>

### **New! Trump Administration to Soon Issue Guidance on Medicaid Block Grants**

Below are excerpts from a recent news story on the federal efforts to foster the movement of Medicaid block grants, by states, rather than the current Medicaid funding program.

The Trump administration plans to release guidance as soon as this month for granting states waivers to convert Medicaid funding to block grants, according to two people familiar with the matter, paving the way for a transformation of the 55-year-old program that is likely to reignite a partisan feud.

The impending release comes as a surprise after the Office of Management and Budget, which reviews regulatory actions, indicated in November that block-grant instructions had been withdrawn. Lawmakers and legal advisers speculated that the guidance may have been shelved or significantly delayed.

Approving state waivers to change Medicaid funding to block grants would be among the administration's most controversial moves to reshape Medicaid, a federal-state program that provides health coverage to one in five low-income Americans. Medicaid is the main source of long-term care coverage for Americans and is a guaranteed benefit, or entitlement, for eligible individuals.

Lawmakers in Tennessee, Alaska and Oklahoma have already expressed an interest in pursuing block grants. Supporters of block grants say the change would free states from federal requirements and give them more flexibility to try new ways to increase coverage and cut costs.

"Regrettably, the Trump administration is encouraging states to apply for these illegal waivers in its ongoing effort to fundamentally alter and weaken Medicaid's financing structure," Rep. Frank Pallone of New Jersey and Sen. Ron Wyden of Oregon, both Democrats, wrote in a Jan. 14 joint letter to the Health and Human Services inspector general.

Medicaid funding is open-ended, meaning the federal government matches state spending. If that funding is converted to a block grant, a state could get a limited, lump sum of federal money instead.

The full article can be found at:

<https://www.msn.com/en-us/news/us/trump-administration-to-soon-issue-guidance-on-medicaid-block-grants/ar-BBZ7hC3>

## **New! National Public Radio announces mental health and schools web slide show**



National Public Radio (NPR) has recently announced a web-based slide show, “A Silent Epidemic: Our public schools are struggling to handle millions of students with mental health problems. Here’s why. ”

This web-based slide show provides very accessible and sound information on school-based mental health services. That slide show can be found at: <http://apps.npr.org/mental-health/>

## **New! Resource related to seeing the future of CCBHC**

Below is the announcement of an upcoming web-based resource to help the mental health field understand the future of the CCBHC initiative.

Congress has extended the Certified Community Behavioral Health Clinic (CCBHC) demonstration five times and allocated \$450 million to date for CCBHC expansion. Due to the program’s continued success, states are exploring opportunities to implement the CCBHC initiative through Medicaid waivers or State Plan Amendments.

Experts with the National Council and Relias will discuss the future of the CCBHC program and how clinics can seize the opportunity to leverage CCBHC status and funding to enhance staff training and clinical operations.

Join us for this important webinar, [The Future of CCBHCs: Opportunities for Expansion and Lessons Learned From the Field](#), on **Wednesday, January 29 at 2-3 p.m. ET**. Rebecca Farley David, of the National Council for Behavioral Health, and Melissa Lewis-Stoner, of Relias, will discuss:

The ins and outs of the CCBHC model and why states are turning to it as the ‘gold standard’ of delivery system transformation.

Opportunities the CCBHC model presents for clinics—and lessons learned from the first cohort of CCBHCs about how to fully realize those opportunities.

What the future holds for adoption of the CCBHC model outside the original demonstration, including recent updates from SAMHSA.

How clinics leverage CCBHC status to advance staff training, implement a culture of learning, and support clinicians through the transition in team structure and functions.

[Register Today](#)

## **New! Daily Show discusses impact of race on mental health diagnosis**

*The Daily Show's* Trevor Noah wants to break down the obstacles that limit mental health care access in the black community.

In his latest "If You Don't Know, Now You Know" segment, he walked through the major barriers that keep members of the black community from receiving crucial mental health services.

For one, there are the racial inequalities in diagnosis.

"One of the reasons many black people don't get the proper treatment is misdiagnosis," Noah said. "What is seen as depression in white people can be seen as 'disruptive behavior' in black people."

Making matters worse, there's a stark scarcity of black therapists. This makes it incredibly difficult for black people to find a black therapist, Noah says.

This episode of The Daily Show can be seen at: <https://mashable.com/video/trevor-noah-mental-health-access/>

## **State Legislative Update:**

### **Report: County Jails Holding Too Many People**

Crime is at a 50-year low, yet the state's average jail population in 2016 was 16,600, nearly triple that of the 1975 average daily number of 5,700, according to a Michigan Joint Task Force on Jail and Pretrial Incarceration report released this week.

Link to report: <https://courts.michigan.gov/News-Events/Documents/final/Jails%20Task%20Force%20Final%20Report%20and%20Recommendations.pdf>

"When we first gathered in Detroit in July, we did not know enough about who was in our jails or why our jail population had expanded so dramatically when crime is at a 50-year low. And now we do," Supreme Court Chief Justice Bridget McCormack explained at a press conference unveiling the report. "We know that about 50% of our jail population are pretrial detainees and 50% are serving some kind of sentence for an offense or a parole or probation violation. We know what law enforcement and court practices drive those populations. We know that rural jail populations, especially where there are few mental health and substance abuse services, have outpaced urban jail populations."

The task force recommended creating a "tiered statutory framework for pretrial release that presumes release on personal recognizance unless the court makes an individualized determination that the person poses a significant risk of not appearing, absconding, or causing bodily harm to another person."

The task force also found that in 2018 nearly 358,000 driver licenses were suspended for people failing to appear in court and failing to pay fines and fees. The task force recommended that license suspensions and revocations be limited to driving violations related to public safety and should not occur for failure to pay fines or fees.

Other driving offenses, like driving with a suspended license, should be reclassified as civil infractions rather than misdemeanors, the task force found.

A quarter of those entering jails had a serious mental illness, the task force found. Substance abuse also was prevalent in the vast majority of the jail population. To address that, the task force made "ambitious recommendations to deflect and divert certain individuals with behavioral health needs away from the justice system and into treatment."

The report also calls for "behavioral health crisis training for law enforcement, dispatch, and jail officers."

Speaker of the House Lee Chatfield acknowledged there will be costs to implementing the recommendations although no cost figures were included in the report. Chatfield said funding the reform would be a priority.

The report is the product of nine months of data collection which included five public hearings.

### **Federal Update:**

#### **\$200 million in CCBHC Expansion Grants Now Available Nationwide**

Community Mental Health entities across the nation are now eligible to apply for Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants, under a funding opportunity announcement released this week by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The National Council has long advocated for increased funding for the grant program. They have also been a forceful advocate for expansion of CCBHCs to all 50 states. Not only does the \$200 million SAMHSA will make available this year represent a \$50 million increase from 2019, the funding is now available to clinics nationwide – an important step toward expanding the CCBHC model across the country.

The CCBHC program supports clinics in expanding access to a comprehensive array of mental health and addiction services in community-based settings, while improving their ability to coordinate care with other health system partners and collect and report on quality metrics.

Clinics applying for Expansion Grants are eligible for two-year grants of up to \$2 million per year. Organizations in all 50 states may apply for grants, though priority will be given to clinics in the 24 states that received CCBHC planning grants in 2016.

The National Council will host an informational call to provide more details about CCBHC status, training opportunities and lessons learned from prior cohorts. Stay tuned for more details and registration information.

SAMHSA has established a March 10 deadline for grant applications. Read the official SAMHSA [announcement](#) for more information on the program requirements.

Our website includes more information on [CCBHCs](#), which remain among the National Council's highest priorities.

## Education Opportunities:

### Still Time to Register! CMHA 2020 Annual Winter Conference Details



#### Community Mental Health Association of Michigan

#### Annual Winter Conference *"Charting the Course Together"*

February 4 & 5, 2020  
Radisson Plaza Hotel, Kalamazoo, Michigan

[Click Here to Register for the Winter Conference!](#)

[Click Here to Register for the Pre-Conference: Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition](#)

[Click Here to be an Exhibitor](#)

**Pre-Conference Institute: Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition**

**Monday, February 3, 2020**

1:00pm – 4:00pm Training (12:30pm Registration)

**Registration Fees:**

\$60 CMHA Members, \$72 Non-Members

**WINTER CONFERENCE KEYNOTE PRESENTATIONS:**

**National Perspective: Landscape and Opportunities for Community Mental Health**

– *Melissa Bailey, MA, Senior Fellow, Center for Health Care Strategies, Inc.*

## **Real Men Do Cry: A Guide to Mental Fitness**

- *Eric Hipple, Mental Health Outreach Specialist, NFL Alumnus, Detroit Lions*

## **The Importance of Helping Individuals Achieve their Personal Goals - Resources and Tools**

- *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

## **Behavioral Health Transformation Update and Breakout Discussions**

- *Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of Health and Human Services*

## **CONTINUING EDUCATION INFORMATION:**

**Social Workers:** This pre-conference “Building Collaboration between Psychology and Law Enforcement on Violence Indicator Recognition” course (2/3/20) qualifies for a maximum of 3 Continuing Education hours. This “Annual Winter Conference” course (2/4/20-2/5/20) qualifies for a maximum of 7 Continuing Education hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

**Substance Abuse Professionals:** CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in the pre-conference “Building Collaboration between Psychology and Law Enforcement on Violence Indicator Recognition” course (2/3/20) may receive a maximum of 3 RELATED contact hours. Substance Abuse Professionals participating in the “Annual Winter Conference” course (2/4/20-2/5/20) may receive a maximum of 9 contact hours. Some “Related” workshops may meet MCBAP/IC&RC educational requirements for focused topics in addiction certification domains. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

## **Registration open for FY20 Motivational Interviewing College regional trainings**

Registration is now open for the FY20 Motivational Interviewing College regional trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.

### **Dates/Locations:**

#### **February – DoubleTree Grand Rapids - Airport**

**Basic:** [Monday & Tuesday, Feb. 24-25, 2020](#)

**Advanced:** [Monday & Tuesday, Feb. 24-25, 2020](#)

**Supervisory:** [Tuesday, Feb. 25, 2020](#)

## **April – DoubleTree Detroit – Dearborn**

**Basic:** [Monday & Tuesday, April 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, April 20-21, 2020](#)

**Supervisory:** [Tuesday, April 21, 2020](#)

**Teaching MI:** [Wednesday & Thursday, April 22-23, 2020](#)

## **July – Hotel Indigo, Traverse City**

**Basic:** [Monday & Tuesday, July 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, July 20-21, 2020](#)

**Supervisory:** [Tuesday, July 21, 2020](#)

### **Times:**

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

### **Training Fees:**

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes training materials, continental breakfast and lunch each day.

*Be sure to register as soon as possible, training space is limited and will fill up quickly!*

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

## **Registration open for FY20 DBT Trainings**

### **2-Day Introduction to DBT Trainings**

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

### Dates/Locations:

- March 30-31, 2020 – Hilton Garden Inn Lansing West | [CLICK HERE](#) for more information and to register now
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | [CLICK HERE](#) for more information and to register now

### Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan*. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

### Training Fee:

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

## 5-Day Comprehensive DBT Trainings

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

### Dates/Locations:

- May 18-22, 2020 – Holiday Inn Grand Rapids Airport West | [CLICK HERE](#) for more information and to register now
- June 8-12, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

### Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan.* This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

### Training Fee:

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

## Save the Date: Self-Determination Conference

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

### Date & Time:

May 5, 2020  
8am – 5pm  
Lansing, MI 48933

### Location:

Lansing Center  
333 E. Michigan Ave.



## Who Should Attend?:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

Registration available soon, check [CMHA website](#) for more information and updates.

## **New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

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

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.***

***This training fulfills the MCBAP approved treatment ethics code education – specific.***

***This training fulfills the MPA requirements for psychologists.***

Trainings offered on the following dates:

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

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

\$115 CMHA Members

\$138 Non-Members

## **Pain Management and Mindfulness Trainings**

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.

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

*Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.*

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

## **Managing Mental Health Crisis**

Program Overview:

This course is designed to provide participants with a better understanding of mental illness as it relates to law enforcement. Managing a Mental Health Crisis (MMHC) is a culmination of knowledge and skills developed by law enforcement and mental health professionals with the intention of promoting effective and high-quality responses to mental health related incidents.

Dates:

February 17–18, 2020 - Pines Behavioral Health

January 22nd – 23rd, 2020 - CNS Healthcare

March 17th – 18th, 2020 - Bay College – Joseph Heirman University Center

April 15th – 16th, 2020 - M-TEC University Center

## **Autism & Intellectual Developmental Disorders**

Program Overview:

This course is designed to provide participants with the knowledge and skills required to provide effective, equitable service to people with intellectual and/or developmental disabilities including autism spectrum disorder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

FOUR 2-Hour Sessions Available:

January 14, 2020

January 21, 2020

January 28, 2020

Training Location:

Madison Heights Police Department

**For more information and to register, see training flyers [HERE](#).**

## **Miscellaneous News and Information:**

**News from Our Preferred Corporate Partners:**

**New! TBD Solutions & the Crisis Residential Association hosting webinar on impact of homelike settings in residential crisis services**

**No Place Like Home? Critical Considerations for Residential Crisis Settings**

Thursday, February 27<sup>th</sup>  
12pm ET/9am PT

Nearly 50 years ago, residential crisis treatment emerged as a psychiatric hospital alternative in a vastly different setting--in homes with features much like the neighboring houses occupied by people who are not in crisis. While the model has since been expanded and experimented with, the homelike environment remained constant up until recently as communities have begun building multi-function crisis centers in the same buildings. In this webinar we gather national experts in residential crisis treatment to explore the extent to which residential crisis services should be provided in a home or homelike setting, and the implications of providing them anywhere else.

Moderator:  
Travis Atkinson, Consultant, TBD Solutions

Panelists:  
Steve Fields, Executive Director, The Progress Foundation, CA  
Steve Miccio, Executive Director, People, USA, NY  
Jaime Brewer, Director of Programs, Community Reach Center, CO

Register at <https://register.gotowebinar.com/register/3092163552193749772>



**Abilita provides telecommunication guidance**



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

1. Start with the easy stuff  
Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good! We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

6. BUT....be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "busy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward  
Managing Consultant  
517-853-8130  
[daylward@abilita.com](mailto:daylward@abilita.com)  
My profile page

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



Click at left for a video overview of the new Moving Beyond Trauma program

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. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

## Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

[Request a Meeting](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

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

### CMHA Officers Contact Information:

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Audrey Daul, Administrative Assistant, [adaul@cmham.org](mailto:adaul@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Janessa Nichols, Accounting Assistant, [jnichols@cmham.org](mailto:jnichols@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)  
Madi Sholtz, Training and Meeting Planner, [msholtz@cmham.org](mailto:msholtz@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

## Contents:

**Searching for past articles in Weekly Update:** Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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

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

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

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

### **MDHHS announces public forums on system design**

You are receiving this email based on your interest in the future of the public behavioral health system within the state of Michigan.

Earlier this month, Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon spoke to legislators about the MDHHS vision for the future of the state’s public behavioral health system. He spoke about the strengths of Michigan’s behavioral health system as well major challenges the system faces and the values we want to keep in the forefront as we move toward the future of behavioral health system reform. Director Gordon also reviewed key design elements of a future, improved system. In case you missed it, you can find the Director’s full remarks, slides, and supporting materials at [www.Michigan.gov/futureofbehavioralhealth](http://www.Michigan.gov/futureofbehavioralhealth).



To continue the conversation, MDHHS is hosting public forums around the state to provide **individuals and families served** by our specialty behavioral health system a chance to ask questions and provide feedback on this vision for the future.

MDHHS will host five forums in early 2020, including four in-person events and one virtual forum. All events will be hosted from 5:00-6:30 p.m. Registration is not required, but strongly encouraged to help us best prepare for the events. You can find the links to register for each event below:

Register for **Marquette** on January 22 [here](#)

Register for **Saginaw** on January 30 [here](#)

Register for our **virtual forum** on February 6 [here](#)

A flyer with the full schedule of forums is also attached. We would appreciate your help spreading the word, especially to people and families served. You can also find updates and the most recent information on our website: [www.michigan.gov/FutureOfBehavioralHealth](http://www.michigan.gov/FutureOfBehavioralHealth).

We hope these forums will be a valuable opportunity to hear from the most important stakeholders in our system—the people we serve.

Learn more at: <https://www.michigan.gov/futureofbehavioralhealth>

Send your thoughts to: [MDHHS-FutureOfBH@michigan.gov](mailto:MDHHS-FutureOfBH@michigan.gov)

[Learn More About This Grant](#)

### **New! Michigan State Loan Repayment Program 2020 Application Period Update**

The Michigan State Loan Repayment Program (MSLRP) assists employers in the recruitment and retention of medical, dental, and mental health primary care providers who continue to demonstrate their commitment to building long-term primary care practices in underserved communities designated as Health Professional Shortage Areas (HPSAs). MSLRP will assist those selected by providing up to \$200,000 in tax-free funds to repay their educational debt over a period of up to eight years. Participants compete for consecutive two-year MSLRP agreements requiring them to remain employed for a minimum of 40 hours per week for no less than 45 weeks per year at eligible nonprofit practice sites providing primary healthcare services to ambulatory populations. Providers must remain with the employers who sponsor them during their two-year agreements, and employers must continue to employ the providers they sponsor during their two-year service obligations.

The MSLRP application process is very competitive. Providers and employers serious about successfully competing for a loan repayment agreement will need to carefully read the attached [MSLRP Application Period Update](#) the entire [MSLRP website](#), as it is updated for the current application period, including the Participant Information and Requirements sections, as well as the instructions on all required application forms.

2020 Application Period: February 3 through February 7, 2020 Postmarks Only

HPSA-Find Address and County Documentation Required for All Practice Site

Rural Health Clinics Not Approved as NHSC Practice Sites Must Submit NHSC-Compliant Sliding Fee

Schedule and Policy

### Top Priority Applicants for 2020 Application Period

- Inpatient Pediatric Psychiatrists
- Genesee County Applicants
- Please Note: Genesee county applicants remain a top priority, but employers will now be required to make contributions equal to 20 percent of their providers' loan repayment agreements
- Northern Obstetric Service Providers:

Please Note: For providers other than OB/GYN physicians and certified nurse midwives (CNMs) to be considered a top priority, employers must include a signed letter with their Practice Site Applications (See below.)

### Important Reminders

- Non-priority Practice Sites with HPSA Scores of 8 or Higher Treated as Priority
- Updated MSLRP Review Process
- *Workdays Away Form* Must be Submitted with *Final Work Verification Form*
- Participants Must Complete Service Obligations with Original Employers
- Employers Must Employ Participants Throughout Service Obligations

If, after reading the MSLRP Update, website, and application forms you have questions about the program, please contact Ken Miller at (517) 241-9946 or [Millerk3@michigan.gov](mailto:Millerk3@michigan.gov) or Brittany Brookshire at (517) 284-4986 or [BrookshireB1@michigan.gov](mailto:BrookshireB1@michigan.gov).

### **New! MDHHS announces \$17.5 million in grant funds to combat the opioid epidemic**

The Michigan Department of Health and Human Services (MDHHS) recently announced the allocation of \$17.5 million from the State Opioid Response (SOR) Grant from the U.S. Department of Health & Human Services to respond to the opioid epidemic and help meet Gov. Gretchen Whitmer's goal of cutting opioid overdose deaths by half within five years.

The funds will support services for individuals at highest risk of overdose, including offering medications to treat opioid use disorder, as well as naloxone within the criminal justice system and in emergency departments following an overdose. MDHHS will also invest in programs to help expand community-based treatment opportunities such as adding mobile care units, supporting start-up costs for new treatment services and offering student loan repayment to health care providers who offer medications to treat opioid use disorder. Finally, the grant will help continue the expansion of syringe service programs.

"This epidemic is hurting families in every community in our state and we need to use every tool in the toolbox to address it," said Whitmer. "These efforts will help move us closer to our goal of cutting the number of opioid deaths in half in five years."

These efforts will offer new targeted programs within MDHHS's strategy of prevention, treatment and harm reduction. An application was submitted to the federal Substance Abuse and Mental Health Services Administration to approve this use of the funds; services will begin upon approval.

"We cannot tackle this epidemic alone," said Dr. Joneigh Khaldun, MDHHS chief medical executive and chief deputy director for health. "Providing communities and medical providers with tools and resources to fight this crisis is critical to our efforts to end this public health crisis."

Through these funds, MDHHS is working to address racial disparities in opioid overdose deaths. In 2018, death rates rose by nearly 20 percent for African American Michiganders, while falling by 5 percent for Caucasian residents. Increases in deaths in Wayne and Genesee counties accounted for much of this disparity. MDHHS will work closely with local partners to support new services in these counties, as well as support community outreach to aid local response efforts, make connections to treatment resources and fight stigma.

The breakdown of funds is as follows:

<b>Program</b>	<b>Budget</b>
Naloxone distribution to high-risk areas and populations	\$4.5 million
Medications to treat opioid use disorder in emergency departments	\$4 million
Medications to treat opioid use disorder in jails	\$3 million
Syringe service programs	\$2 million
Mobile care units	\$1.7 million
Loan repayment for providers beginning or expanding medication-assisted treatment	\$1.25 million
Outreach to increase providers offering medications to treat opioid use disorder	\$410,000
Data-driven overdose response efforts	\$235,000
Start-up costs for new treatment services	\$235,000
Community engagement in majority-minority communities	\$200,000
<b>TOTAL</b>	<b>\$17.5 million</b>

These new projects will build on work already underway through the SOR grant. In the grant's second year, which began Oct. 1, nearly \$28 million was allocated to prevention, treatment and recovery support efforts that include offering local prevention programs, promoting safer prescribing practices, increasing access to medication-assisted treatment, funding individual treatment costs, recovery housing and distributing naloxone.

For more information about the state's opioids response and available resources, visit [Michigan.gov/opioids](https://Michigan.gov/opioids).

### **New! Director of Michigan ORR John Sanford to retire**



After overseeing the Office of Recipient Rights for 34+ years, Director John Sanford is retiring!!

Join us

January 31, 2020

2:00-4:00 p.m. in the Lewis-Cass Building  
3rd Floor Large Conference Room

### **New! MDHHS issues Request for Proposals for juvenile justice diversion pilot programming**

The Michigan Department of Health and Human Services (MDHHS), in partnership with the Mental Health Diversion Council (MHDC), has issued a Request for Proposals (RFP) for public and private non-profit organizations to provide community-based programming designed to promote juvenile justice diversion. The MDHHS and MHDC are seeking applicants to provide evidence-based/evidence-informed practices to children and youth who are at risk for juvenile justice involvement but have not been adjudicated. This is an effort to promote juvenile justice diversion, allowing youth to avoid the judgement process within the juvenile justice system and/or authorization of a delinquency petition.

“Juvenile diversion is an opportunity to redirect youth from formal processing in the juvenile justice system,” said Dr. Debra Pinals, MDHHS medical director for Behavioral Health and Forensic Programs and appointee to the MHDC. “It’s an opportunity to set at-risk youth on a new path with the goal of reducing repeat offenses and building alternatives to help them develop better and safer outcomes for all.”

This RFP is designed to promote juvenile justice diversion as part of the work of the juvenile justice subcommittee of the Mental Health Diversion Council (MHDC), specifically related to the goal to “strengthen and expand preemptive diversion by fostering community support services” and support “oversight and implementation of statewide pilot initiatives and administering best practices through data collection” outlined in their Diversion Strategies Action Plan. Funding for these initiatives is provided through MHDC funding and MDHHS general fund appropriations.

Funded applicants will work with MDHHS, MHDC and a data and evaluation team specific to this project. The total amount allocated for this program is up to \$750,000 per fiscal year, with individual award amounts varying based upon project scope and need, up to a total of \$1.5 million for the program over a three-year period. First year projects will receive funding April 1, 2020 through Sep. 30, 2020, with the intention to renew projects annually through Sep. 30, 2022 subject to project performance and funding availability.

Grant applications must be submitted electronically through the MI E-Grants program by Feb. 11 at 3 p.m.

For more information or to apply, visit the [MI E-Grants website](#) and select "About EGrAMS" link in the left panel to access the "Competitive Application Instructions" training manual. The complete RFP can be accessed under the 'Current Grants' section under the "Behavioral Hlth and Dev Dis Adm Standard" link and selecting the "JDPP-2020" grant program.

### **New! What Schizophrenia Does to Families**

Below is an excerpt from a recent Washington Post story on the impact to persons with schizophrenia and their families.

Alissa Dumsch flips through her high school yearbook, pausing on a photo of a hulking young man with sandy hair and a chiseled jaw. "There's Aaron," she says, pointing to her brother. "He was so good-looking." She turns a few more pages. "Here he is at student council. I ran every year — and I lost every year," she says, laughing. "He ran one year and, like, won by a landslide!"

We're sitting in her home in Scarsdale, N.Y., along with her parents, Anita and Pat, and her sister, Amanda. Alissa's husband quietly tapes hockey sticks in the corner while the youngest of their three boys, a toddler, waddles into the room with an oversized navy helmet teetering on his head.

Aaron is the only one missing. He knows we're here though. His parents told him. And he knows about this article; he gave me permission to write it the first time we spoke by phone, in the fall of 2018, when I explained what it would mean to share the story of his struggle with mental illness with a journalist and have his name and photo printed in a national magazine. "That would be awesome," he said. As time went by, his family and I continued to check in to make sure he still felt that way.

Pat reaches toward the coffee table and picks up a scrapbook, titled "A Superstar's Keepsake," that Alissa made decades ago to commemorate Aaron's accomplishments in high school. "Oh gosh, it makes you think," he says, studying the pages as if they were Aaron himself. "Wish you could turn back time, go back to that day and relive some of these things."

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

## State Legislative Update:

### **New! Report: County Jails Holding Too Many People**

Crime is at a 50-year low, yet the state's average jail population in 2016 was 16,600, nearly triple that of the 1975 average daily number of 5,700, according to a Michigan Joint Task Force on Jail and Pretrial Incarceration report released this week.

Link to report: <https://courts.michigan.gov/News-Events/Documents/final/Jails%20Task%20Force%20Final%20Report%20and%20Recommendations.pdf>

"When we first gathered in Detroit in July, we did not know enough about who was in our jails or why our jail population had expanded so dramatically when crime is at a 50-year low. And now we do," Supreme Court Chief Justice Bridget McCormack explained at a press conference unveiling the report. "We know that about 50% of our jail population are pretrial detainees and 50% are serving some kind of sentence

for an offense or a parole or probation violation. We know what law enforcement and court practices drive those populations. We know that rural jail populations, especially where there are few mental health and substance abuse services, have outpaced urban jail populations."

The task force recommended creating a "tiered statutory framework for pretrial release that presumes release on personal recognizance unless the court makes an individualized determination that the person poses a significant risk of not appearing, absconding, or causing bodily harm to another person."

The task force also found that in 2018 nearly 358,000 driver licenses were suspended for people failing to appear in court and failing to pay fines and fees. The task force recommended that license suspensions and revocations be limited to driving violations related to public safety and should not occur for failure to pay fines or fees.

Other driving offenses, like driving with a suspended license, should be reclassified as civil infractions rather than misdemeanors, the task force found.

A quarter of those entering jails had a serious mental illness, the task force found. Substance abuse also was prevalent in the vast majority of the jail population. To address that, the task force made "ambitious recommendations to deflect and divert certain individuals with behavioral health needs away from the justice system and into treatment."

The report also calls for "behavioral health crisis training for law enforcement, dispatch, and jail officers."

Speaker of the House Lee Chatfield acknowledged there will be costs to implementing the recommendations although no cost figures were included in the report. Chatfield said funding the reform would be a priority.

The report is the product of nine months of data collection which included five public hearings.

### **Federal Update:**

#### **New! \$200 million in CCBHC Expansion Grants Now Available Nationwide**

Community Mental Health entities across the nation are now eligible to apply for Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants, under a funding opportunity announcement released this week by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The National Council has long advocated for increased funding for the grant program. They have also been a forceful advocate for expansion of CCBHCs to all 50 states. Not only does the \$200 million SAMHSA will make available this year represent a \$50 million increase from 2019, the funding is now available to clinics nationwide – an important step toward expanding the CCBHC model across the country.

The CCBHC program supports clinics in expanding access to a comprehensive array of mental health and addiction services in community-based settings, while improving their ability to coordinate care with other health system partners and collect and report on quality metrics.

Clinics applying for Expansion Grants are eligible for two-year grants of up to \$2 million per year. Organizations in all 50 states may apply for grants, though priority will be given to clinics in the 24 states that received CCBHC planning grants in 2016.

The National Council will host an informational call to provide more details about CCBHC status, training opportunities and lessons learned from prior cohorts. Stay tuned for more details and registration information.

SAMHSA has established a March 10 deadline for grant applications. Read the official SAMHSA [announcement](#) for more information on the program requirements.

Our website includes more information on [CCBHCs](#), which remain among the National Council's highest priorities.

## Education Opportunities:

### Still Time to Register! CMHA 2020 Annual Winter Conference Details



#### Community Mental Health Association of Michigan

#### Annual Winter Conference *"Charting the Course Together"*

February 4 & 5, 2020  
Radisson Plaza Hotel, Kalamazoo, Michigan

[Click Here to Register for the Winter Conference!](#)

[Click Here to Register for the Pre-Conference: Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition](#)

[Click Here to be an Exhibitor](#)

**Pre-Conference Institute: Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition**

**Monday, February 3, 2020**

1:00pm – 4:00pm Training (12:30pm Registration)



**Registration Fees:**

\$60 CMHA Members, \$72 Non-Members

**WINTER CONFERENCE KEYNOTE PRESENTATIONS:****National Perspective: Landscape and Opportunities for Community Mental Health**

- *Melissa Bailey, MA, Senior Fellow, Center for Health Care Strategies, Inc.*

**Real Men Do Cry: A Guide to Mental Fitness**

- *Eric Hipple, Mental Health Outreach Specialist, NFL Alumnus, Detroit Lions*

**The Importance of Helping Individuals Achieve their Personal Goals - Resources and Tools**

- *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

**Behavioral Health Transformation Update and Breakout Discussions**

- *Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of Health and Human Services*

**CONTINUING EDUCATION INFORMATION:**

**Social Workers:** This pre-conference "Building Collaboration between Psychology and Law Enforcement on Violence Indicator Recognition" course (2/3/20) qualifies for a maximum of 3 Continuing Education hours. This "Annual Winter Conference" course (2/4/20-2/5/20) qualifies for a maximum of 7 Continuing Education hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

**Substance Abuse Professionals:** CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in the pre-conference "Building Collaboration between Psychology and Law Enforcement on Violence Indicator Recognition" course (2/3/20) may receive a maximum of 3 RELATED contact hours. Substance Abuse Professionals participating in the "Annual Winter Conference" course (2/4/20-2/5/20) may receive a maximum of 9 contact hours. Some "Related" workshops may meet MCBAP/IC&RC educational requirements for focused topics in addiction certification domains. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

**New! Registration now open for FY20 Motivational Interviewing College regional trainings**

Registration is now open for the FY20 Motivational Interviewing College regional trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.



## **Dates/Locations:**

### **February – DoubleTree Grand Rapids - Airport**

**Basic:** [Monday & Tuesday, Feb. 24-25, 2020](#)

**Advanced:** [Monday & Tuesday, Feb. 24-25, 2020](#)

**Supervisory:** [Tuesday, Feb. 25, 2020](#)

### **April – DoubleTree Detroit – Dearborn**

**Basic:** [Monday & Tuesday, April 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, April 20-21, 2020](#)

**Supervisory:** [Tuesday, April 21, 2020](#)

**Teaching MI:** [Wednesday & Thursday, April 22-23, 2020](#)

### **July – Hotel Indigo, Traverse City**

**Basic:** [Monday & Tuesday, July 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, July 20-21, 2020](#)

**Supervisory:** [Tuesday, July 21, 2020](#)

## **Times:**

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

## **Training Fees:**

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes training materials, continental breakfast and lunch each day.

*Be sure to register as soon as possible, training space is limited and will fill up quickly!*

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

## **Registration open for FY20 DBT Trainings**

### **2-Day Introduction to DBT Trainings**

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

## **Dates/Locations:**

- March 30-31, 2020 – Hilton Garden Inn Lansing West | [CLICK HERE](#) for more information and to register now
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | [CLICK HERE](#) for more information and to register now

## **Who Should Attend?**

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan.* This

seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:

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

### 5-Day Comprehensive DBT Trainings

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

Dates/Locations:

- May 18-22, 2020 – Holiday Inn Grand Rapids Airport West | [CLICK HERE](#) for more information and to register now
- June 8-12, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan.*

This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:

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

### Save the Date: Self-Determination Conference

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Date & Time:

Location:

May 5, 2020  
8am – 5pm  
Lansing, MI 48933

Lansing Center  
333 E. Michigan Ave.

## Who Should Attend?:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

Registration available soon, check [CMHA website](#) for more information and updates.

## **New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

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

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.***

***This training fulfills the MCBAP approved treatment ethics code education – specific.***

***This training fulfills the MPA requirements for psychologists.***

Trainings offered on the following dates:

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

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

\$115 CMHA Members

\$138 Non-Members

## **Pain Management and Mindfulness Trainings**

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.

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

*Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness.*

*This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.*

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

### **Managing Mental Health Crisis**

Program Overview:

This course is designed to provide participants with a better understanding of mental illness as it relates to law enforcement. Managing a Mental Health Crisis (MMHC) is a culmination of knowledge and skills developed by law enforcement and mental health professionals with the intention of promoting effective and high-quality responses to mental health related incidents.

Dates:

February 17–18, 2020 - Pines Behavioral Health

January 22nd – 23rd, 2020 - CNS Healthcare

March 17th – 18th, 2020 - Bay College – Joseph Heirman University Center

April 15th – 16th, 2020 - M-TEC University Center

### **Autism & Intellectual Developmental Disorders**

Program Overview:

This course is designed to provide participants with the knowledge and skills required to provide effective, equitable service to people with intellectual and/or developmental disabilities including autism spectrum disorder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

FOUR 2-Hour Sessions Available:

January 14, 2020

January 21, 2020

January 28, 2020

Training Location:

Madison Heights Police Department

**For more information and to register, see training flyers [HERE](#).**

### **New! Webinar: Solutions to Behavioral Health Workforce Shortages and Lack of Funding**

You are invited to a Zoom webinar, sponsored by the National Council on Aging:

**When:** Jan 23, 2020 12:00 PM Eastern Time (US and Canada)

**Topic:** National Coalition on Mental Health and Aging Webinar Series- Solutions to Behavioral Health Workforce Shortages and Lack of Funding

**Presenter:** Ron Manderscheid, Ph.D.

**Presenter bio:** Dr. Manderscheid is the Executive Director of the National Association of County Behavioral Health and Developmental Disability Directors and the National Association for Rural Mental Health.

Register in advance for this webinar:

[https://ncoa.zoom.us/webinar/register/WN\\_uLHeKymqQT-6-fjstSoxHA](https://ncoa.zoom.us/webinar/register/WN_uLHeKymqQT-6-fjstSoxHA)

After registering, you will receive a confirmation email containing information about joining the webinar.

### **New! Upcoming Webinar - Tips & Tools for Implementing the Primary Care Behavioral Health Model**

**Date: Wednesday, January 22, 2-3 p.m. ET**

The Primary Care Behavioral Health (PCBH) model, a team-based approach to managing complex health conditions in primary care, has been well researched and applied in primary care. The goal of the PCBH model is to improve and promote overall health within the general population, recognizing that half of all patients in primary care present with psychiatric comorbidities.

While the PCBH model is geared toward primary care, behavioral health provider organizations are well-positioned to adopt PCBH approaches to address physical health in behavioral health settings.

Find out how you can adopt PCBH strategies in both primary care and behavioral health settings during **“Tips and Tools for Implementing the Primary Care Behavioral Health Model,” a webinar hosted by the [Center of Excellence on Integrated Health Solutions](#) on January 22 from 2-3 p.m. ET.**

Presented by Andrew Philip, Ph.D., Senior Director, Clinical and Population Health at the Primary Care Development Corporation (PCDC), and Clarissa Anguilar, Ph.D., Director of Psychology and Training at Northwest Integrated Care Clinic.

During this webinar, you’ll gain:

- A roadmap to developing a strong integrated team with examples of best practices and lessons learned from successful implementation.
- Core components to developing and implementing an effective PCBH model.
- Effective communication and engagement strategies to create organization-wide buy-in.

**[Register Today](#)**

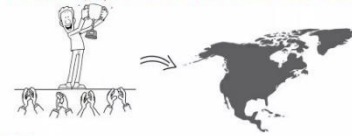
## Miscellaneous News and Information:

### News from Our Preferred Corporate Partners:

#### Abilita provides telecommunication guidance



Finding a good Telecom Consultant is difficult



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

1. Start with the easy stuff

Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good!

We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

6. BUT...be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "busy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward  
Managing Consultant  
517-853-8130  
[daylward@abilita.com](mailto:daylward@abilita.com)  
[My profile page](#)

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



**Click at left for a video overview of the new Moving Beyond Trauma program**

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. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

## Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

[Request a Meeting](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

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

### CMHA Officers Contact Information:

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063



### **CMHA Staff Contact Information:**

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

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

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

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

Audrey Daul, Administrative Assistant, [adaul@cmham.org](mailto:adaul@cmham.org)

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

Janessa Nichols, Accounting Assistant, [jnichols@cmham.org](mailto:jnichols@cmham.org)

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

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

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

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

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

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

Madi Sholtz, Training and Meeting Planner, [msholtz@cmham.org](mailto:msholtz@cmham.org)

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

**Northeast Michigan Community Mental Health Authority  
Employment Report  
January 1, 2020 to January 31, 2020**

**DIVISION/DEPARTMENT NAME**

Administration/Support Services	54
Vacancies	2

**PROGRAMS**

MI Adult Outpatient (ACCESS-CRS-ESU)	10
Home-Based Child	14
Vacancies	6

MI Adult A.C.T.	8
Psychiatry & Nursing Support	8
Vacancies	2

IDD Case Management	11
MI Adult Case Management	13
Older Adult Services	14
ABA Program	15
Self Determination Services	4
Vacancies	2

Peer Support Services & MNA	6
SIP Residential	49
Community Support	33
IDD/MI Integrated Employment	18
Blue Horizons	10
Brege	12
Cambridge	12
Harrisville	12
Mill Creek	12
Pine Park	12
Princeton	12
Thunder Bay Heights	12
Walnut	12
Vacancies	23

**TOTAL:**

**363**

## ADMINISTRATION/SUPPORT SERVICES

### **Sork, Nena**

Hayka, Diane

### **Rajasekhar, Paul**

Banicki-Hoffman, Anastasia

Spurlock, Lisa

Standen, Carrie RNP

Wirgau, Jeffery PA-C

### **Bruning, Carolyn**

Smart-Sheppler, Renee (PT)

### **Bushey, LeeAnn**

### **Crittenden, Mary**

*Dumsch, Danica*

*Orozco, Lisa*

*Witkowski, Katherine*

*Yachasz, Peggy*

### **Whyte, Jennifer**

Fredlund, Lynne

### **Hewett, Ruth**

Danielson, Jolie

Anthony, Joell (PT)

Cadarette, Connie

### **Patterson, Larry**

Stanton, Brenda

Fleming, Darla

Thomas, Doreen

### **Kearly, Nancy**

Dumsch, Carol

Lane, Sara

Lundholm, Julie

Skowronek, Jane

### **Greer, Richard**

Carr, David

Fleming, Jerry

Wirgau, Alan

Gapske, Vanessa (PT)

Tovey, Beth

### **Bannon, Dennis**

Blandford, Mark

Lepper, Jason

Roesner, Joseph

Roussin, Donna

Wilson, Cody

### **Anderson, Lisa**

Keller, Kay

Rouleau, Tina

Domke, Genevieve

### **McConnell, Jamie**

Brousseau, Patricia

*Vacancy*

LaCross, Cathy

Vogelheim, Rose

Bates, Ashley (PT)

Brege, Barbara (PT)

Hartman, Molly (PT)

*Vacancy* (PT)

### **Director**

Executive Secretary

### **Medical Director**

Psychiatrist

Psychiatrist

Nurse Practitioner

Physician Assistant

### **Administrative Assistant**

SIS Assessor

### **Administrative Assistant (Supervises Peers & MNA)**

### **Chief Operating Officer**

*ACCESS-CRS-ESU Supervisor/Team Lead*

*Psychiatric Nurse Supervisor/Team Lead*

*CSM/SC Supervisor/Team Lead*

*SIP Coordinator/Team Lead*

### **Compliance Officer**

Quality Improvement Coordinator

### **Recipient Rights Officer**

Recipient Rights Advisor

Staff Accountant

Acting Finance Director/Payroll Specialist

### **Accounting Supervisor**

Staff Accountant

Accounting Clerk

Accounting Clerk

### **Reimbursement Officer**

Reimbursement Clerk

Reimbursement Clerk

Reimbursement Clerk

Reimbursement Clerk

### **Facility & Fleet Supervisor**

Maintenance I

Maintenance I

Maintenance I

Housekeeper I – Alpena Office

Housekeeper I – Alpena Office

### **IS Director**

SQL Administrator/Data Analyst

Systems Administrator

Systems Administrator

IS Data & Training Technician

Information Systems Technician

### **Human Resources Manager**

Human Resources Assistant

Human Resources Specialist-Benefits/Payroll

Human Resources Specialist-Training/Special Projects

### **Office Manager**

Clerical Support Staff

Clerical Support Staff

Clerical Support Staff

Clerical Support Staff

Clerk Typist II – Hillman Office

Clerk Typist II – Fletcher Street/Alpena Office

Clerk Typist II – Rogers City Office

Clerk-Typist II

**Services Reporting To:  
Team Lead-Dumsch, Danica**

**MI ADULT OUTPATIENT**

Brege, Linnea  
Koss, Meagan  
Curry, Renee  
*Vacancy*  
Hamilton, Sarah  
Jensen, Samantha  
Knoch, Michelle  
Van Goethem, Frank (Cas)  
**Pilarski, Amy**  
Schuelke, Amanda

**HOME-BASED CHILD**

*Tallant, Lauren*  
*Vacancy*  
*Vacancy*  
Herman, Nicole  
Kruzell, Brian  
Rich, Ashley  
Stahlbaum, Caitlin  
Susewitz, Ami  
Taylor, Natalie  
*Vacancy (PT)*  
*Vacancy (PT)*  
Cebula, Jill (Cas)  
Mshar, Alethea (Cas)  
*Vacancy (PT)*

**Services Reporting To:  
Team Lead-Lisa Orozco**

**MI ADULT A.C.T.**

*Olsen, Barbara*  
Daoust, Lindsey  
Rodgers, Jaelen  
*Vacancy*  
Lister, Megan  
Misel, Joann  
Gersewski, Marlene  
Wilson, Karen (PT)

**PSYCHIATRIC & NURSING SERVICES**

Dehring, Donald  
Male, Alison  
Wozniak, Tina  
*Vacancy (PT)*  
Anderson, Carolyn  
Hardies, Mary  
Schimmel, Joan  
Barbeau, Dayna

**ACCESS-CRS-ESU Supervisor**

BHC/CR Clinician  
CRS Clinician  
CRS Clinician  
CRS Clinician  
CRS Clinician  
CRS Clinician  
CRS Clinician  
CRS Clinician  
**Project Coordinator**  
CRS-Hospital Discharge Clinician

*Children's Services Supervisor*  
Clinician/Case Manager  
Clinician/Case Manager  
Clinician/Case Manager  
Clinician/Case Manager  
Clinician/Case manager  
Clinician/Case Manager  
Clinician/Case Manager  
Clinician/Case Manager  
Home Based Assistant  
Home Based Assistant  
Parent Support Partner  
Parent Support Partner  
Youth Peer Support Partner

**Psychiatric Nursing Supervisor/Team Lead**

*ACT Supervisor*  
ACT Clinician/Case Manager  
ACT Registered Nurse  
ACT Registered Nurse  
ACT Social Worker  
ACT Clerical Support Staff  
MI Community Support Worker  
MI Community Support Worker

Psychiatric Nurse  
Psychiatric Nurse  
Psychiatric Nurse  
Registered Nurse  
Registered Nurse  
Registered Nurse/Infection Control Nurse  
Registered Nurse  
Customer Services

**Services Reporting To:  
Team Lead-Katherine Witkowski**

**CSM/SC Supervisor/Team Lead**

**SELF DETERMINATION SERVICES**

**Elowsky, Teresa**  
Keller-Somers, Felonie  
Stephen, Melissa  
Norman, Michelle (CAS)

**SD Supervisor**  
SD Coordinator  
SD Coordinator  
SD Clerical

**OLDER ADULT SERVICES**

**Murphy, Linda**  
Brenton, Pam  
Giese, Mariah  
Gohl, Laura  
Kaiser, William  
Wright, Xenah  
*Vacancy* (PT)  
Knopf, LeAnn (PT)  
Atkinson, Thomas  
Carriveau, Jackie (PT)  
Jack, Lacey (PT)  
McDonald, Tammie  
Olson, Rebecca (PT)  
Custer, Olivia (Cas)

**OBRA/OAS Supervisor**  
OBRA /Older Adult Services Registered Nurse  
OBRA/Older Adult Services Case Manager  
OBRA/Older Adult Services Case Manager  
OBRA/Older Adult Services Clinician/Case Manager  
OBRA/Older Adult Services Case Manager  
OBRA/Older Adult Services Case Manager  
OBRA/Older Adult Services Clerical Support Staff  
Older Adult Services Support Worker  
Older Adult Services Support Worker  
Older Adult Services Support Worker  
Older Adult Services Support Worker  
Older Adult Services Support Worker  
Older Adult Services Support Worker

**MI ADULT CASEMANAGEMENT & DD PSYCHOLOGIST**

Ross, Bailey  
Edgar-Travis, Alisha  
Fullerton, Tayna  
Harbison, Jessica  
Herbek, Chelsea  
Lis, Frank  
Ross, Nancy  
Stepanski, Ingrid  
VanTrump, Olivia  
Dziesinski, Nancy  
Watson, Dylan  
Ludwig, Alyssa (PT)  
*Vacancy* (PT)

Psychologist  
Case Manager  
Case Manager  
Case Manager  
Case Manager  
Case Manager  
Case Manager  
Case Manager  
Case Manager  
MI Community Support Worker  
MI Community Support Worker  
MI Community Support Worker  
MI Community Support Worker

**DD CASEMANAGEMENT**

Hasse, Julie  
Baker, Carole  
Brousseau, Sharon  
Dickins, Jill  
Heikkuri, Kelly  
Leeck, Tamara  
LeeLopez, Jessica  
Martin, Carly  
Schackmann, Debbie  
Snyder, Lana  
Standen, Jane

*Support Coordinator Supervisor*  
Case Manager  
Clinician/Case Manager  
Support Coordinator  
Case Manager  
Support Coordinator  
Case Manager  
Case Manager  
Support Coordinator  
Case Manager  
Support Coordinator

## **APPLIED BEHAVIORAL ANALYSIS PROGRAM (7 FT, 8 PT)**

<i>Sola, Amanda</i>	<i>ABA Program Supervisor</i>
Snow, Brianna	ABA Clinician/Case Manager
Smith, Erin	Assistant Behavior Analyst
Latz, Kori	Behavior Technician
Lundquist, Jessica	Behavior Technician
Ranshaw, Brooke	Behavior Technician
Ziroll, Kurt	Behavior Technician
Bruski, Alicia (PT)	Behavior Technician
Kensa, Tori (PT)	Behavior Technician
Kundinger, Sarah (PT)	Behavior Technician
Miller, Kendall (PT)	Behavior Technician
Morgan, Angela (PT)	Behavior Technician
Niles, Jessica (PT)	Behavior Technician
Schwiesow, Kayla (PT)	Behavior Technician
Sharp, McKenna (PT)	Behavior Technician
Hetcel, Victoria (Cas)	Behavior Technician

### **Services Reporting To:**

**Team Lead-Yachasz, Peggy**

**SIP Coordinator**

## **PEER SUPPORT SERVICES & MONDAY NIGHT ACTIVITIES**

<i>Bushey, LeeAnn</i>	<i>Peer Support Supervisor</i>
Murphy, Barbara	Peer Support Specialist
Carriveau, Andrew (PT)	Peer Support Specialist
Gapske, Amber (PT)	Peer Support Specialist
Szott, Judy (PT)	Customer Service-Peer Support
Millard, Linda (CAS)	MNA Co-Coordinator
Jenson, Julie (CAS)	MNA Co-Coordinator

## **I/DD/MI INTEGRATED EMPLOYMENT**

<i>Hale-Manley, Margaret</i>	<i>Community Employment Coordinator</i>
Garlanger, Sherry	Employment Department Supervisor
Collins, Kimberly	CE Assistant-Lead
Keetch, Brandinn	CE Assistant
Stawowy, Angela	CE Assistant
Miller, Zackeria	Employment Specialist
Mulka, Marisol	Employment Specialist
<i>Vacancy</i>	Employment Specialist
Kowalski, Teresa	CE Supervisor
Prevost, Cheyenne	Job Coach
Spencer, Melinda	Job Coach-PI/MON
Thomas, Kayla	Job Coach
Bevan, Brianna (PT)	Job Coach
Gohl, Shelby (PT)	Job Coach
Grulke, Kelli (PT)	Job Coach - PI
Rygwelski, Brandi (PT)	Job Coach-PI
<i>Vacancy</i> (PT)	Job Coach
<i>Vacancy</i> (PT)	Job Coach

## **SIP RESIDENTIAL**

*Grochowski, Karen*

*Birch II, Jeffrey*

*Campbell, Linda*

*Miller, Kayla*

*Skiba, Melissa*

Ballard, Renee

Bertram, Kristie

Bohlen, Cameron

Boyle, Laura

Bristow, Josh

Freitas, David

Hamlin, Michelle

Kline, Lori

*Vacancy*

Rider, Kathy

Schillerstrom, Norman

*Vacancy*

*Vacancy*

Welch, Carol

Wozniak, Corinne

Zygaj, Sandra

Badgero, Alisha (PT)

Bowers, Samantha (PT)

Cohoon, Patrick (PT)

Gapske, Laurie (PT)

Hall, Keli (PT)

Hill, Randall (PT)

Hirschenberger, Mary (PT)

Hochrein, Hailey (PT)

Kazyaka, Kelly (PT)

Koppenol, Marla (PT)

Simpson, William (PT)

Smalley, Caitlin (PT)

*Vacancy* (PT)

*Vacancy* (PT)

*Vacancy* (PT)

*Vacancy* (PT)

*Werda, Monica*

Sutkay, Sara (PT)

Wenzel, Kim (PT)

Brun, Wendy

Richardson, Tamara

*Vacancy*

Williams, Christine

Gambrel, Beatrice (PT)

Grant, Tracy (PT)

Paad, Chelsea (PT)

Roznowski, Amanda (PT)

*Vacancy* (PT)

*Lead SIP Supervisor*

*SIP Supervisor*

*SIP Supervisor*

*SIP Supervisor*

*SIP Supervisor*

SIP Worker

SIP Worker

SIP Worker

SIP Worker

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SIP Worker

SIP Worker

SIP Worker

SIP Worker

*MR Supervisor*

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

## COMMUNITY SUPPORT

*Barbeau, Jessica*

Spaulding, Daniel (Cas)

*Pickard, Phil*

*St John, Patti*

Abbert, Lance

Dziesinski, Steve

Grulke, Bonnie

Hampson, Sandy

*Vacancy*

Lamble, Kristine

Mills, Cindy

Snedden, Brenda

Twite, Susan

Baumgarten, Lisa (PT)

Chojnacki, Amy (PT)

Collins, Douglas (PT)

Cook, Tamara (PT)

Creekmore, Krista (PT)

Daniel, Jessica (PT)

Fras, Monica (PT)

Jakey, Lisa (PT)

Krajniak, Amanda (PT)

Kuznicki, Melissa (PT)

LaPere, John (PT)

Moldenhauer, Dennis (PT)

*Vacancy* (PT)

*Vacancy* (PT)

*Vacancy* (PT)

Rasche, Rick (PT)

Shepherd, Crystal (PT)

Soldenski, Konnie (PT)

Tracey, Karena (PT)

Wojan, Leah (PT)

*Lead CSS Supervisor*

Peer Mentor

*CSS Supervisor*

*CSS Supervisor*

CS Worker

CS Worker

CS Worker - PI

CS Worker

CS Worker - PI

CS Worker

CS Worker

CS Worker

CS Worker

CS Worker – MON

CS Worker

CS Worker

CS Worker

CS Worker - MON

CS Worker – PI

CS Worker

CS Worker - MON

CS Worker - PI

CS Worker

CS Worker

CS Worker - MON

CS Worker

CS Worker - PI

CS Worker

CS Worker - MON

CS Worker

CS Worker – MON

CS Worker - PI

## DD GROUP HOMES

*Hale-Manley, Margaret*

*CE Coordinator/Homes Supervisor*

### BLUE HORIZONS (5 FT/5 PT)

*Thompson, Amy*

Barkley, Carrie

Bruski, Christie

Filipiak, Kathy

Parsell, Kayla

Bellenir, Roseann (PT) Night Worker

Brown, Kayla (PT)

Jones, Linda (PT) Night Worker

Kingsbury-Szumila, Ruth (PT)

Ulch, Brandy (PT)

*Home Supervisor*

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker





