

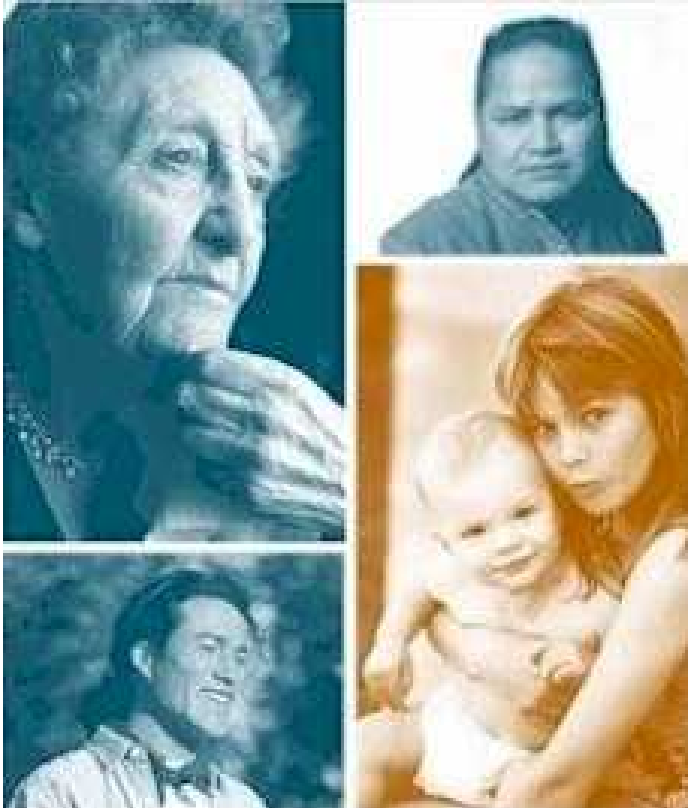
# *Northeast Michigan Community Mental Health Authority*

## *Board Meetings - March 2020*



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



 Board Meeting, Thursday,  
March 12 @ 3:00 p.m.

 Audit Presentation

 Annual Board Member  
Recognition



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

March 12, 2020 at 3:00 p.m.

A G E N D A

MISSION STATEMENT

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

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Approval of Minutes ..... (See pages 1-6)
- VIII. Audit Report – Financial/Compliance . (Straley, Lamp & Kraenzlein PC)[See Enclosed Booklet]  
[Compliance Audit to be distributed at meeting – State just released last required reports for this audit]
- IX. Board Member Recognition..... (See page 7)
- X. Recess
- XI. Consent Agenda ..... (See page 8)
  - 1. Blue Horizons Management Agreement
  - 2. Presidio Ad Hoc Support Agreement
- XII. Presidio Emergency Equipment Purchase..... (See page 9)
- XIII. NMRE Contract Approval..... (See page 10)
- XIV. March Monitoring Reports
  - 1. Treatment of Individuals Served 01-002 ..... (See pages 11-12)
  - 2. Treatment of Staff 01-003..... (See pages 13-15)
  - 3. Budgeting 01-004..... (See page 16)
  - 4. Financial Condition 01-005 ..... (See pages 17)
  - 5. Asset Protection 01-007..... (Included in discussion from Audit Report)
- XV. Board Policies Review and Self Evaluation
  - 1. Budgeting 01-004..... [Review Only] ..... (See page 18)
  - 2. Board Members Code of Conduct 02-008[Review & Evaluate]..... (See pages 19-20)
- XVI. Linkage Reports
  - 1. Northern Michigan Regional Entity
    - a. NMRE Board
      - i. Meeting of February 26, 2020..... (Verbal)
      - ii. Meeting of January 22, 2020 ..... (See pages 21-26)
    - 2. Community Mental Health Association of Michigan (CMHAM)
      - a. Spring Conference – [June 9 & 10 – Grand Traverse Resort - Acme]..... (Verbal)
- XVII. Operational Report..... (See page 27)
- XVIII. Nominations Committee Report..... (See page 28)
- XIX. Chair's Report
  - 1. CMH PAC Campaign ..... (See pages 29)
- XX. Director's Report
  - 1. Director's Report ..... (Verbal)
  - 2. QI Council Update ..... (See pages 30-38)
- XXI. Information and/or Comments from the Public
- XXII. Information and/or Comments for the Good of the Board
- XXIII. Next Meeting – Thursday, April 9, 2020 at 3:00 p.m.
  - 1. Set April Agenda ..... (See page 39)
  - 2. Evaluation of Meeting..... (All)
- XXIV. Adjournment

**Northeast Michigan Community Mental Health Authority Board**

**Board Meeting**

**February 13, 2020**

**I. Call to Order**

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

**II.** Seating of Board member – Robert Adrian, Alpena County.

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

Present: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk

Absent: Steve Dean (excused), Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Connie Cadarette, Julie Hasse, Lynne Fredlund, Margie Hale-Manley, Ruth Hewett, Nena Sork, Jen Whyte

**IV. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**V. Appointment of Evaluator**

Eric Lawson appointed Terry Larson as evaluator for this meeting.

**VI. Acknowledgement of Conflict of Interest**

Board members had no conflicts to acknowledge.

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

There was no information or comments presented.

**VIII. Approval of Minutes**

*Moved by Gary Nowak, supported by Albert LaFleche, to approve the minutes of the January 9, 2020 meeting as presented.* Motion carried.

**IX. Educational Session – New Website Preview**

Nena Sork provided Board members with history as to why there is a need to provide a more interactive, ADA compliant website. She reports one main feature will be the ability to apply for positions and submit an employment application on line. The new website will allow job openings to be more fully advertised in hopes of enhancing recruitment. Dennis Bannon guided Board members through the website noting the website project is still under development. Lisa Anderson provided Board members with the potential involved in creating this method for filling positions.

**X. February Monitoring Reports**

**1. Treatment of Individuals Served 01-002**

Board member received the monitoring report and Eric Lawson noted there would need to be an alternate appointed to replace Steve Dean on the Recipient Rights Committee. Diane Hayka noted this is not a requirement of the Mental Health Code but the alternate fills in when one Board member cannot attend. Gary Nowak suggested the Board continue with the

alternate. This appointment will be made in April during committee appointments in the organizational meeting of the Board.

Ruth Hewett reported the number of substantiations have remained low even though the number of complaints have increased.

**2. Staff Treatment 01-003**

The Board received the turnover report for calendar year 2019. Eric Lawson noted there were many retirements during the last year. Nena Sork noted there were 106 individuals hired over this period as well. Most of the department's vacancies are filled. She reported retirements continue there will be another retirement later this month.

Judy Jones questioned the turnover in Cambridge. Lisa Anderson noted the home supervisor changed and this sometimes attributes to other turnover.

**3. Budgeting 01-004**

Nena Sork noted the reports included in the packet and reviewed at Monday's Management Team meeting would be having revisions due to a needed correction. Connie Cadarette reported she has been working with our consultant hired to assist this Agency in the transition to automation of state reporting. During the transition process, it was determined there was a misinterpretation of the data that led to errors in reporting of our revenues and financials for the FY19. This misinterpretation affect the amounts reported for Medicaid and General Funds. These numbers will be corrected and next month the final numbers from last year will be presented. Once last fiscal year is finalized, the first quarter of this fiscal year will be corrected and Board members will receive new statements for this period as well. Nena Sork reported the outcome of this correction most likely will make the year-end in a deficit.

Nena Sork informed the Board that we will be reviewing other years, at least back to FY17, to assure the previous year's reports have been correctly reported. Connie Cadarette noted she is working closely with Richard Carpenter of the Rehmann Group and other CFOs at other Boards. The everyday accounting has a clean audit it is just the reporting of the funding under which the revenues are reported. It is hopeful the reporting misinterpretation began on May 1, 2017 when this agency transitioned to PCE and was not a continued past practice.

**4. Financial Condition 01-005**

The Financial Condition monitoring report would also be affected by the adjustments as noted above. Connie Cadarette noted the days of operation with unrestricted funds would also be less after the potential fix.

Gary Wnuk questioned if other community mental health providers would have the same misinterpretation. Nena Sork noted she has contacted Eric Kurtz to notify him. From the CFOs contacted, it appears this was a misinterpretation of our previous CFO and would not affect other community mental health providers.

**5. Asset Protection 01-007**

This monitoring report is traditionally in line with the audit presentation, which should be presented at the March Board meeting.

***Moved by Albert LaFleche, supported by Gary Nowak, to accept the February monitoring report as presented.*** Motion carried.

Gary Wnuk questioned if the monitoring report related to budgeting and financial condition should be included due to the revisions. Eric Lawson noted the reported was provided and should be included. When the revision is provided at a future meeting, it will be addressed.

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

**1. Asset Protection 01-007**

The revision of this policy includes changing CEO to Executive Director.

**2. Board Committee Principles 02-005**

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

**3. Delegation to the Executive Director 03-002**

4. The revision of this policy includes changing CEO to Executive Director.

*Moved by Lester Buza, supported by Gary Wnuk, to revise policies 01-007 Asset Protection, 02-005 Board Committee Principles and 03-002 Delegation to the Executive Director as presented. Motion carried.*

**XII. Linkage Reports**

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

**a. CMH PAC**

Nena Sork noted the annual drive for the CMH PAC is underway. She reports the Association is a leader in organizing efforts to lobby for the community mental health programs. She encourages continued participation. Eric Lawson suggested consideration of the equivalent one 'per diem' to the CMH PAC be considered. The final collection of contributions will be at the May meeting. To be eligible for the Tiger Box Suite tickets, all contributions must be in by June. Checks should be made out to CMH PAC and given to Diane Hayka to send it as a group.

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

**a. Board Meeting January 22, 2020**

Roger Frye noted the Board had a lot of discussion about the liquor tax allocations. Many of the counties do not request to utilize the funds. Terry Larson reported in this region Catholic Human Services requests for funds. Terry Larson noted one of the last requests was for monitors in the bathrooms to curb vaping in the school restrooms. Gary Nowak suggested the PA2 Fund balances be sent to the commissioners. Bob Adrian questioned if the Health Department would be eligible to use funds. Roger Frye and Terry Larson, representatives on the SUD Advisory Board, noted the funds can only be awarded to organizations certified to provide addiction services.

It was noted in the December meeting there were several approvals for the PA2 funds. Discussion ensued related to the portion of the liquor tax the county gets.

Gary Nowak is a current representative of the NMRE with a term expiring the end of March. Eric Lawson appointed Gary Nowak to another three-year term.

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

The printed minutes for this meeting was included in the materials mailed.

**3. Consumer Advisory Council**

Lester Buza reported the Council met on Monday, February 10. Laura Gray, the current chair of the Council, announced her retirement from the Council. Lester Buza noted there was discussion related to the autism services currently offered.

He also noted there is a forum scheduled in Grayling at Kirtland Community College on February 21 from 2:00 – 4:00 p.m. related to the proposed redesign of the statewide community mental health system.

***Moved by Gary Nowak, supported by Albert LaFleche, to send letters to the county to address the reform of the mental health program, signed by Eric Lawson.*** Nena Sork noted the Association has developed talking points and this information would be forwarded to commissioners. Motion carried.

**XIII. Operational Report**

Nena Sork reported Mary Crittenden is on maternity leave after giving birth to twin boys, Charlie and Kent. Nena reviewed the Operational Report for month ending January 31, 2020. She noted the report identifies the number of individuals receiving services by county.

Mr. Adrian questioned if there was potential of closing the inpatient psych unit at MidMichigan Regional Health Center. Nena Sork reported the hospital gets a higher reimbursement for the services it provides due the regional status. Should the psych unit close, the regional status would be lost.

**XIV. Chair's Report**

**1. Executive Committee Report**

**a. Director's Evaluation / Amended Contract**

Eric Lawson reported the Director's Evaluation was conducted which included a discussion on the contract amendment. Bonnie Cornelius noted six months have really gone by fast. ***Moved by Roger Frye, supported by Gary Nowak, to amend the Director's contract increasing the salary by \$4,446.00 as recommended by the Executive Committee.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Steve Dean, Pat Przeslawski. Motion carried.

**XV. Director's Report**

**1. Director's Report**

Nena Sork reported she met with the Children's Advocacy Center a week after the last meeting and they are working on the forensic center for children of abuse. She also attended the Alcona HSCC meeting with Carolyn Bruning. She attended the CMHAM Members' Services committee as Vice Chair and is attending the Finance and Contract Negotiation committee after that meeting. She attended the Director's Forum and the new Director's roundtable. The primary focus was related to the plan MDHHS has to restructure the community mental health system. Nena Sork also participated in a conference call meeting with PCE and reported PCE has an audit module, which can check various items. Investigation will continue as to the value of using this module.

Nena Sork reported one of the meetings she attended identified that juvenile offenders with sexual conduct issues are being sent to treatment and the costs to the counties are high for residential treatment. They are working toward a grant for Alpena and Montmorency counties to assist with creating options within the county versus sending to the costly residential treatment facilities outside the region. She notes it appears Alpena and Montmorency Courts and Prosecutors offices, Alcona Health and DHHS may be the agencies to take the lead in this. Bob Adrian noted the end result is the costs come back to the local taxpayers.

Nena Sork reported she met with Community Partners to work on a Health Endowment Fund Grant.

Centria is a contract provider, which we have used to deliver services in the Agency's autism program. We informed Centria we would pay them what we receive minus the Agency's administrative cost. She reported the current contract expired December 31, 2019 and Centria is unwilling to sign the contract with the current rates. Centria did not sign last year's contract until the very end of the FY due to the same reasons. She reported 12 kids are served by this contractual arrangement and can be transferred to other contract providers for services. The cancellation will provide a 90-day transition period.

***Moved by Gary Wnuk, supported by Gary Nowak to authorize the cancellation of the Centria contract as presented.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Steve Dean, Pat Przeslawski. Motion carried.

Clubhouse property was sold to another group. The Agency has a lease in place with BMLB and we have verbal agreement to continue the lease with the new owner, TW Investments LC. The lease transfer will be effective March 1, 2020. ***Moved by Albert LaFleche, supported by Gary Wnuk, to approve lease transfer from BMLB to TW Investments LC.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Steve Dean, Pat Przeslawski. ***Motion carried.***

Our initial year of contractual arrangement with Touchstone included a cost settlement at the end of the fiscal year. The Agency was aware the first year (start up) would be somewhat more expensive, but by building the clubhouse program future costs should be more cost effective. The FY 19 Touchstone contract settlement amounts to \$28,922.

***Move by Terry Larson, supported by Bonnie Cornelius, to authorize the cost settlement for Touchstone of \$28,922.*** Roll call vote: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Steve Dean, Pat Przeslawski. Motion carried.

NEMROC's contract was also a work in progress last year due to implementing a different funding arrangement for services provided. In May, an amendment was made to the contract to provide a cash advance, which was still within the constraints of the initial contract, and then to conduct a cost settlement at fiscal year-end. NEMROC provided the Agency with an Invoice for the additional funds needed for the cost settlement along with their audit report, which supported the charge. This was paid in last fiscal year's financial period. During the audit, it was noted this should have been presented for Board approval. ***Moved by Gary Nowak, supported by Albert LaFleche, to approve the cost settlement NEMROC contracts for FY19 in \$27,891.95 as presented.***

Robert Adrian noted he would have a conflict of interest on this item as his wife is employed at NEMROC. ***Moved by Gary Wnuk, supported by Gary Nowak, to allow Robert Adrian to abstain from voting on this contract close out.*** Motion carried.

Roll call vote to approve NEMROC contract settlement of \$27,891.95: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Abstain: Robert Adrian; Absent: Steve Dean, Pat Przeslawski. Motion carried.

Nena Sork provided the Board with information on the quality improvement opportunity identified to address the need to have shower facilities and a changing station for individuals receiving services. This building had a bathroom used for storage and a project was initiated to convert this space for use to meet the need. She noted the original cost of the project was proposed to be under \$5,000, which did not require specific board approval; however, plumbing issues caused the project to overrun by about \$1,400. In-house staff performed the majority of the work. ***Moved by Gary Wnuk, supported by Roger Frye to approve expenses associated with bathroom renovation.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Steve Dean, Pat Przeslawski. Motion carried.

**2. Endowment Fund Update**

The endowment fund grant awards for the past six months were reported.

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

There were no comments presented.

**XVII. Information and/or Comments from the Board for the Good of the Organization**

Roger Frye reported the Tootsie Roll drive by the Knights of Columbus in Montmorency County generated a check in the amount of \$498.72 to the Bay View Center

Eric Lawson requested board consideration be made during meetings to eliminate sidebar conversations during the meeting.

**XVIII. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, March 12, 2020 at 3:00 p.m.

**1. Set March Agenda**

The March agenda items were reviewed.

**XIX. Evaluation of Meeting**

Terry Larson reported the meeting was a good meeting and answered "Yes" to all the review form questions.

**XX. Adjournment**

***Moved by Gary Wnuk, supported by Albert LaFleche, to adjourn the meeting.*** Motion carried. This meeting adjourned at 4:48 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder



# Straley Lamp & Kraenzlein P.C.

Certified Public Accountants

Philip T. Straley, CPA/PFS  
Bernard R. Lamp, CPA  
James E. Kraenzlein, CPA/ABV/CFF  
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Jeff A. Taphouse, CPA  
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Andrew R. Lamp, CPA  
Chelsea A. Meeder, CPA  
Leah M. Cox, CPA  
Robert D. Hsley  
J. Michael Kearly

## AUDIT COMMUNICATIONS

To the Board of Directors  
Northeast Michigan Community  
Mental Health Authority

We have audited the financial statements of the business-type activities, the major fund and the aggregate remaining fund information of Northeast Michigan Community Mental Health Authority (the "Authority") for the year ended September 30, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 13, 2020. Professional standards also require that we communicate to you the following information related to our audit.

### **Significant Audit Findings**

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Authority are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2019. We noted no transactions entered into by the governmental unit during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

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

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

### **Difficulties Encountered in Performing the Audit**

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

### **Corrected and Uncorrected Misstatements**

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We are pleased to report that we are aware of no material adjustments that should have been included in the financial statements for the year ended September 30, 2019.

### **Disagreements with Management**

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

### **Management Representations**

We have requested certain representations from management that are included in the management representation letter dated February 24, 2020.

### **Management Consultations with Other Independent Accountants**

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

### **Other Audit Findings or Issues**

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

### **Other Matters**

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

#### *Recent Pronouncements.*

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

- A. **Summary of GASB Statement No. 84, *Fiduciary Activities*.** The objective of this Statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported. The requirements of this Statement will enhance consistency and comparability by clarifying whether and how business-type activities should report their fiduciary activities. The requirements of this statement are effective for reporting periods beginning after December 15, 2018. Earlier application is encouraged.
- B. **Summary of GASB Statement No. 87, *Leases*.** The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational

principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. The requirements of this Statement are effective for reporting periods beginning after December 15, 2019. Earlier application is encouraged.

- C. Summary of GASB Statement No. 88, *Certain Disclosures Related to Debt, including Debt Borrowings and Direct Placements.*** The objective of this statement is to improve the information disclosed in the notes to the financial statements related to debt, including direct borrowings and direct placements. This statement also clarifies which liabilities should be included in the information that is disclosed related to debt. The requirements of this Statement are effective for reporting periods beginning after June 15, 2018. Early application is encouraged.
- D. GASB Statement No. 89 – Accounting for Interest Cost Incurred before the End of a Construction Period.** This statement establishes requirements for interest costs incurred before the end of a construction period. The statement improves the relevance and comparability of information related to capital assets and the cost of borrowing for a reporting period. In addition, this statement simplifies the accounting for interest cost incurred before the end of a construction period. Under this statement, the cost of interest that is incurred prior to the end of the construction period will be an expense in the period in which the cost is incurred for financial statements prepared under the economic resources measurement focus. The requirements of this Statement are effective for reporting periods beginning after December 31, 2019.
- E. GASB Statement No. 90, - Majority Equity Interests.** The objective of this statement improves the consistency and comparability of reporting a government's majority equity interest in a legally separate organization and improves the relevance of financial statement information. The Council is currently evaluating the impact this standard will have on the financial statements when adopted. The requirements of this Statement are effective for reporting periods beginning after December 15, 2018.
- F. GASB Statement No. 91 – Conduit Debt Obligations –** The objective of this statement provides a single method of reporting conduit debt obligations by issuers and eliminates diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. This Statement achieves those objectives by clarifying the existing definition of a conduit debt obligation; establishing that a conduit debt obligation is not a liability of the issuer; establishing standards for accounting and financial reporting of additional commitments and voluntary commitments extended by issuers and arrangements associated with conduit debt obligations; and improving required note disclosures. The Council is currently evaluating the impact this standard will have on the financial statements when adopted. The requirements of this Statement are effective for reporting periods beginning after December 15, 2020.

#### Restriction on Use

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

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

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

Very truly yours,

*Straley Lamp & Kraenzlein P.C.*

February 24, 2020

**NORTHEAST MICHIGAN COMMUNITY  
MENTAL HEALTH AUTHORITY**

Financial Statements

September 30, 2019

**STRALEY LAMP & KRAENZLEIN P.C.**

## CONTENTS

	<u>Page</u>
<b>Management's Discussion and Analysis</b>	i
<b>Independent Auditor's Report</b>	1
<b>Financial Statements</b>	
Statement of Net Position	3
Statement of Revenues, Expenses, and Changes in Net Position	4
Statement of Cash Flows	5
Statement of Fiduciary Assets and Liabilities – Agency Fund	6
Notes to Financial Statements	7
<b>Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements performed in Accordance with <i>Government Auditing Standards</i></b>	16

# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

### Using this Annual Report

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

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

### The Authority as a Whole

The table below shows a comparison of the net position of the Authority as of September 30, 2019 compared to the prior year.

	Total business-type activities	
	2018-19	2017-18
Current assets	\$ 6,475,352	\$ 6,622,529
Non-current capital assets	2,222,290	2,353,835
Total assets	8,697,642	8,976,364
Current liabilities	2,443,736	2,577,767
Long-term debt outstanding	717,776	760,955
Total liabilities	3,161,512	3,338,722
Net Position		
Net investment in capital assets	1,504,514	1,592,880
Unrestricted	4,031,616	4,044,762
Total net position	\$ 5,536,130	\$ 5,637,642

Unrestricted net assets consist of \$783,000, an internally reserved amount to pay staff their earned leave pay, and \$3,248,616, an unreserved amount used to finance day-to-day operations. The \$3,248,616 used to finance day-to-day operations represents about 11.3% of current year expenditures, which is consistent when compared with 2017-18. The Authority's total net position decreased by 1.8% as compared to 2017-18.

As allowed by the Michigan Mental Health Code and the Authority's intergovernmental contracts, the Authority may establish internal service funds to reserve a portion of its cash balances to fund self-insurance risk. No funds are reserved in any internal service fund in either 2018-19 or 2017-18.

# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

The Authority has designated a portion of its cash balance to fund 100% of its long-term debt obligations to pay for staff earned leave time. The Authority has no other long-term debt outstanding. The Authority's total designated long-term debt cash balance fund decreased \$47,103 or (5.7%) as compared to a year ago.

The table below shows a comparison of the change in net position of the Authority as of September 30, 2019 compared to the prior year.

	Total business-type activities	
	2018-19	2017-18
Total program revenues	<u>\$ 28,742,324</u>	<u>\$ 28,518,111</u>
Health and human service expenses:		
Mental health services expense	7,570,787	8,563,916
Developmental disability services expense	17,946,246	16,664,744
Other support services expense	1,705,321	1,712,042
Board administration expense	<u>1,621,482</u>	<u>1,551,006</u>
Total health and human service expenses	<u>28,843,836</u>	<u>28,491,708</u>
Change in net position	<u>\$ (101,512)</u>	<u>\$ 26,403</u>

Total revenues increased by .1% while total expenses increased by 1.2% in 2018-19 as compared to 2017-18.

### **Enterprise Fund Budgetary Highlights**

Over the course of the year, the Authority amended the budget once to accommodate a projected increase in funding of \$353,940 for the fiscal year. The largest budget increases were \$94,045 in Medicaid funds, \$219,191 in State Healthy Michigan funds, and \$90,580 in General Funds. The largest budget decrease was (\$108,968) in expected Self Pay & Insurance estimates. No General Fund transfers were received during 2018-19. The Michigan legislature mandated a \$0.25 per hour wage increase to all direct care workers effective 4/1/2019. This increase has been passed through to all direct care workers.

During 2018-19, Medicaid (including Autism) benefit expenditures of \$25,474,101 were \$(160,224) in excess of what was paid by the Northern Michigan Regional Entity (NMRE). The NMRE holds the Medicaid and Healthy Michigan contracts with the Michigan Department of Health and Human Services (MDHHS) and maintains a risk fund to cover the cost of services that exceed funds paid. The Authority will be reimbursed for this deficit by the NMRE from its allowable risk fund and prior year allowable Medicaid savings.

During 2018-19, actual Healthy Michigan Plan (HMP) benefit expenditures of \$1,218,590 were \$224,860 less than paid by the NMRE. The Authority will be reimburse the NMRE for this underspending. It will net with the Medicaid amount listed above.

# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

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During 2018-19, actual General Fund benefit expenditures of \$914,201, which includes the Section 236 transfer amounts, were \$113,734 more than allocated by the MDHHS (\$800,467 beginning of the year contract amount). The Authority performed two Section 236 transfers of \$20,000 each to Northern Lakes CMH and to Centra Wellness Network from the General Fund prior to being aware of the shortage. The Authority was not able to carry forward General Funds into 2019-20.

The total change in net position of \$(101,512) represents unused local funds primarily earned by the Authority's participation in the MDHHS Special Fund program which allows a CMH to utilize payments received from individuals and participating insurance companies (i.e. Medicare, Blue Cross Blue Shield, etc.) as local matching funds and from incentive payments received from insurance companies and the NMRE.

The Authority's net revenues were less than planned levels by (\$370,894) during 2018-19.

The Authority's net expenditures were less than planned levels by (\$269,382) during 2018-19. In 2018-19 the Authority underspent its staff wages by \$206,354, overspent its self-insurance budget by (\$31,762), and overspent its contracted residential and contracted employee and services budgets by (\$53,767) and (\$81,828) respectively.

### **Capital Asset and Debt Administration**

Capital assets are items costing more than \$5,000 per item with an estimated useful life exceeding one year. As of September 30, 2019, the Authority had \$4,711,341 invested in capital assets, including land, buildings, equipment, vehicles, and leasehold improvements. This is a decrease of \$39,569 or 0.8% as compared to 2018-19.

Capital assets purchased during fiscal year 2018-19 include a new server for our computer network, a new air conditioner for our computer server room and the replacement of six agency vehicles. The Authority has a long-term vehicle replacement plan in place to replace high mileage and high maintenance vehicles.

### **Economic Factors and Next Year's Budgets**

The Authority's preliminary budget for 2019-20 is \$30,690,559. This is \$1,846,723 more than actual expenditures for 2018-19 and \$1,767,238 more than budgeted for 2018-19. This increase is primarily due to projected increases in the Authority's Medicaid and Healthy Michigan plan revenue and General Fund projected increases and a carryforward from 2018-19. The budget will be amended as needed to reflect changes in enrollment, federal and state insurance plans, and funding availability that normally impact the Medicaid and Healthy Michigan benefit plans.

The Authority plans to continue its strong emphasis on self-determined individualized arrangements for community support, employment, and independent living services for persons with serious mental illnesses or intellectual/developmental disabilities. The Authority is also anticipating an increase in prevention and treatment services for Veterans and persons with substance use disorders which co-occur with a serious and persistent illness, serious emotional disturbance and/or intellectual/developmental



# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

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disability. All programs are reviewed on an ongoing basis to prioritize the needs of our clients and communities served and to keep expenditures in line with available funding.

The Authority is planning no new long-term debt borrowing in 2019-20.

### **Contacting the Authority's Management**

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

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Northeast Michigan Community  
Mental Health Authority

### *Report on the Financial Statements*

We have audited the accompanying financial statements of the business-type activities and the major fund of *Northeast Michigan Community Mental Health Authority* (the "Authority") as of and for the year ended September 30, 2019, and the related notes to the financial statements, which collectively comprise the Authority's financial statements as listed in the table of contents.

### *Management's Responsibility for the Financial Statements*

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

### *Auditor's Responsibility*

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

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

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

## ***Opinions***

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the major fund of *Northeast Michigan Community Mental Health Authority*, as of September 30, 2019, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## ***Other Matters***

### ***Required Supplementary Information***

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

### ***Other Reporting Required by Government Auditing Standards***

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

*Straley Kamp & Kraenzlein P.C.*

February 24, 2020

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position**  
**Proprietary Fund**  
**September 30, 2019**

	<b>Enterprise Fund</b>
<b>Assets</b>	
Current assets	
Cash and cash equivalents	\$ 3,765,510
Designated cash and cash equivalents	65,224
Accounts receivable	2,179,902
Inventory	12,476
Prepaid items	452,240
	6,475,352
Total current assets	6,475,352
Non-current assets	
Designated cash and cash equivalents	717,776
Capital assets not being depreciated	80,000
Capital assets being depreciated, net	1,424,514
	2,222,290
Total non-current assets	2,222,290
Total assets	8,697,642
<b>Liabilities</b>	
Current liabilities	
Accounts payable	1,771,876
Accrued payroll and payroll taxes	588,369
Unearned revenue	18,267
Current portion of long-term debt	65,224
	2,443,736
Total current liabilities	2,443,736
Non-current liabilities	
Long-term debt, net of current portion	717,776
	717,776
Total liabilities	3,161,512
<b>Net position</b>	
Net investment in capital assets	1,504,514
Unrestricted	4,031,616
	5,536,130
Total net position	\$ 5,536,130

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

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue, Expenses and Changes in Net Position**  
**Proprietary Fund**  
**For the Year Ended September 30, 2019**

	Enterprise Fund
<b>Operating revenue</b>	
State contracts	\$ 27,287,337
Contributions from local units	512,538
Charges for services	835,205
Other revenue and reimbursements	86,991
	28,722,071
<b>Operating expenses - Health and Human Services</b>	
Mental health services	
Outpatient clinic and case management	4,703,177
Inpatient	1,126,337
Prevention	710,306
Community support	746,827
Employment	160,098
Other	124,042
Developmental disability services	
Residential	8,336,609
Community support	1,688,448
Supported living and housing	3,920,194
Employment	1,134,132
Clinical support and case management	2,684,932
Other	181,931
Other support services	1,693,385
Board administration	1,621,482
	28,831,900
Operating income	(109,829)
<b>Non-operating revenue (expenses)</b>	
Interest revenue	20,253
Loss on disposal of fixed asset	(11,936)
	8,317
Change in net position	(101,512)
Net position, beginning of year	5,637,642
Net position, end of year	\$ 5,536,130

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

**Northeast Michigan Community Mental Health Authority**

Statement of Cash Flows

Proprietary Fund

For the Year Ended September 30, 2019

	<u>Enterprise Fund</u>
<b>Cash flows from operating activities</b>	
Cash received from providing services	\$ 26,179,878
Cash payments to suppliers and affiliates	(11,009,199)
Cash payments for personnel services	<u>(16,533,172)</u>
Net cash used by operating activities	<u>(1,362,493)</u>
 <b>Cash flows from capital and related financing activities</b>	
Purchase of capital assets	<u>(172,254)</u>
Net cash used by capital and related financing activities	<u>(172,254)</u>
 <b>Cash flows from investing activities</b>	
Proceeds from redemptions of investments	750,000
Purchase of investments	(750,000)
Interest received	<u>20,253</u>
Net cash provided by investing activities	<u>20,253</u>
Decrease in cash and cash equivalents	(1,514,494)
Cash and cash equivalents, beginning of the year	<u>6,063,004</u>
Cash and cash equivalents, end of the year	<u>\$ 4,548,510</u>
 <b>Cash and cash equivalents per the statement of net position</b>	
Cash and cash equivalents	\$ 3,765,510
Designated cash and cash equivalents	<u>783,000</u>
	<u>\$ 4,548,510</u>
 <b>Reconciliation of operating income to net cash provided by operating activities</b>	
Operating income	\$ (109,829)
Adjustments to reconcile operating income to net cash used by operating activities:	
Depreciation	248,684
Changes in assets and liabilities:	
Accounts receivable	(1,216,407)
Inventory	3,409
Prepaid items	(111,155)
Accounts payable	(109,209)
Accrued payroll and payroll taxes	(35,298)
Deferred revenue	14,415
Long-term debt	<u>(47,103)</u>
Net cash provided by operating activities	<u>\$ (1,362,493)</u>

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

**Northeast Michigan Community Mental Health Authority**  
Statement of Fiduciary Assets and Liabilities  
Agency Fund  
September 30, 2019

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**Assets**

Current assets

Cash and cash equivalents	<u>\$ 35,486</u>
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**Liabilities**

Due to consumers	<u>\$ 35,486</u>
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# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### **Note 1 - Summary of Significant Accounting Policies**

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

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

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

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

The Risk Reserve Internal Service Fund (a proprietary fund type) is used to account for assets held as a reserve against potential liabilities relative to and as allowed by its contract with the Michigan Department of Health and Human Services ("MDHHS"). Pursuant to these contractual provisions, the Risk Reserve Internal Service Fund has not been presented in these financial statements as there is no current year activity or net position at September 30, 2019.

**Measurement Focus, Basis of Accounting and Financial Statement Presentation** - The government-wide proprietary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met. There has been no inter-fund activity for the year ended September 30, 2019.



# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### Note 1 - Summary of Significant Accounting Policies (continued)

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

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

**Cash and Investments** - The Authority's cash consists of cash on hand, demand deposits and certificate of deposits. Designated cash and cash equivalents represent amounts held in reserve accounts as authorized by resolution of the Authority's Board. The Authority had no investments during the year ended September 30, 2019.

**Receivables** - Receivables consist primarily of amounts due from individuals and private or governmental insurance programs and grant reimbursements under the terms of contracts with other agencies, governments and organizations for services rendered. Receivables from first and third party payers are presented net of an allowance for uncollectible accounts as estimated by management. The allowance was \$4,600 at September 30, 2019.

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

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

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

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

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### **Note 1 - Summary of Significant Accounting Policies (continued)**

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

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

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

### **MDHHS Revenue**

MDHHS revenue is recognized as earned.

#### *General Fund Revenue*

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

#### *Medicaid Revenue*

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

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

### Note 1 - Summary of Significant Accounting Policies (continued)

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

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

### Note 2 - Deposits and Investments

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

	Business- Type Activities	Fiduciary Fund	Total
Cash and cash equivalents	\$ 3,765,510	\$ 35,486	\$ 3,800,996
Designated cash and cash equivalents	783,000	-	783,000
	<u>\$ 4,548,510</u>	<u>\$ 35,486</u>	<u>\$ 4,583,996</u>

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

Petty cash	\$ 3,025
Checking and savings accounts	3,830,971
Certificates of deposit (due within one year)	<u>750,000</u>
	<u>\$ 4,583,996</u>

### Deposit Risk

*Custodial credit risk.* Custodial credit risk is the risk that in the event of a bank failure, the Authority's deposits may not be returned. State law does not require, and the Authority does not have a policy for deposit custodial credit risk. As of year-end, \$3,774,967 of the Authority's bank balance of \$4,774,967 was exposed to custodial credit risk because it exceeded FDIC and NCUA Insurance limits. The Authority believes that due to the dollar amounts of cash deposits and the limits of FDIC and NCUA insurance, it is impractical to insure all deposits. As a result, the Authority evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

### Note 2 - Deposits and Investments (continued)

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

#### Statutory Authority

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

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

### Note 3 - Long-term Debt

The following is a summary of long-term debt transactions of the Authority for the year ended September 30, 2019:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>(Decreases)</u>	<u>Ending Balance</u>	<u>Due within one year</u>
Compensated absences	<u>\$ 830,103</u>	<u>-</u>	<u>(47,103)</u>	<u>\$ 783,000</u>	<u>\$ 65,224</u>

**Northeast Michigan Community Mental Health Authority**

Notes to Financial Statements

**Note 4 - Leases**

The Authority is party to numerous operating leases, for which aggregate rental expense was \$262,609. These leases are for residential property and office facilities used to shelter and serve the needs of individuals served.

The following is a schedule of future minimum lease payments required under the operating leases that have initial or remaining terms as of September 30, 2019:

<u>September 30,</u>	
2020	\$ 191,826
2021	153,020
2022	109,457
2023	89,472
2024	61,687
Thereafter	<u>20,535</u>
	<u>\$ 625,997</u>

**Note 5 - Capital Assets**

Capital asset activity for the year ended September 30, 2019 was as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>
<b>Capital assets not being depreciated</b>				
Land	\$ 80,000	\$ -	\$ -	\$ 80,000
Total capital assets not being depreciated	<u>80,000</u>	<u>-</u>	<u>-</u>	<u>80,000</u>
<b>Capital assets being depreciated</b>				
Buildings	1,675,531	-	-	1,675,531
Building improvements	404,475	29,769	-	434,244
Leasehold improvements	348,859	-	(27,063)	321,796
Vehicles	1,421,156	134,312	(147,005)	1,408,463
Computer equipment	410,155	8,173	(19,610)	398,718
Client equipment	107,025	-	(11,520)	95,505
Other equipment	303,709	-	(6,625)	297,084
Total capital assets being depreciated	<u>4,670,910</u>	<u>172,254</u>	<u>(211,823)</u>	<u>4,631,341</u>

**Northeast Michigan Community Mental Health Authority**

Notes to Financial Statements

**Note 5 - Capital Assets (continued)**

	Beginning Balance	Increases	Decreases	Ending Balance
<b>Accumulated depreciation</b>				
Buildings	\$ (841,016)	\$ (48,400)	\$ -	\$ (889,416)
Building improvements	(255,787)	(17,314)	-	(273,101)
Leasehold improvements	(208,300)	(29,673)	15,127	(222,846)
Vehicles	(1,105,540)	(124,680)	147,004	(1,083,216)
Computer equipment	(368,111)	(13,946)	19,610	(362,447)
Client equipment	(99,868)	(1,925)	11,520	(90,273)
Other equipment	(279,407)	(12,746)	6,625	(285,528)
<b>Total accumulated depreciation</b>	<u>(3,158,029)</u>	<u>(248,684)</u>	<u>199,886</u>	<u>(3,206,827)</u>
<b>Capital assets being depreciated, net</b>	<u>1,512,881</u>	<u>(76,430)</u>	<u>(11,937)</u>	<u>1,424,514</u>
<b>Capital assets, net</b>	<u>\$ 1,592,881</u>	<u>\$ (76,430)</u>	<u>\$ (11,937)</u>	<u>\$ 1,504,514</u>

Depreciation expense of \$248,684 was charged entirely to a single Health and Human Services function.

**Note 6 - Pension Plans**

***Defined Contribution Plan***

The Authority has adopted a defined contribution retirement plan administered by Voya Institutional Trust Co. The Authority's plan covers all full-time employees. Employees may start contributing on the first month following their regular full-time employment. For participants with a full-time seniority date of at least December 1, 2003 they will be vested 100% immediately. All other participants will be vested 100% after three years of service. Forfeitures of non-vested participants are available to reduce future employer contribution and expenses. Employer contributions of up to 7.5% of gross wages are paid to the plan trustees on a biweekly basis at the same time that wages are paid. The covered payroll for the plan was \$9,679,606. Total employer contributions for the year ended September 30, 2019 were \$670,975 of which \$30,184 was accrued.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### **Note 6 - Pension Plans (continued)**

#### ***Alternative Social Security Plan***

The Authority contributes 5.7% of all non-union employees' salary to the plan. Employees are also required to contribute 6.2% of their salary to the plan. The contributions to the plan are made in lieu of federal social security contributions. Under this plan, employees are 100% vested in their account at inception. Employees of the Authority not eligible to participate in this plan are covered by the Federal Social Security System. The covered payroll for the plan was \$5,651,754. Total employer contributions for the year ended September 30, 2019, were \$322,150.

### **Note 7 - Contingencies**

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

As is the case with other entities, the Authority faces exposure from potential claims and legal proceedings involving environmental and other matters. No such claims or proceedings have been asserted as of September 30, 2019.

### **Note 8 - Risk Management**

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

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

The Authority's coverage limits include \$15,000,000 for general liability, \$1,500,000 for vehicle damage and \$9,112,642 for buildings and personal property.

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

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

**Northeast Michigan Community Mental Health Authority**

Notes to Financial Statements

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**Note 8 - Risk Management** (continued)

The Authority has claims incurred but not paid at September 30, 2019. GASB Statement No. 10 requires that a liability for claims be reported if it is probable that a liability has been incurred at the date of the financial statements and the amount of loss can be reasonably estimated.

The changes in claims in the year ended September 30, 2019 is as follows:

Estimate of prepaid claims, beginning of year	\$ 59,222
Incurred claims and changes in estimates	(2,326,623)
Claim payments	<u>2,290,937</u>
Estimate of claims payable, end of year	<u>\$ 23,536</u>

**Note 9 - Community Foundation of Northeast Michigan Fund**

The Community Foundation for Northeast Michigan carries certain funds which are for the benefit of the Authority. These funds are not included in the Authority's financial statements, but limited amounts would be available upon a successful grant application to the Foundation's Trustees. As of September 30, 2019, the Northeast Michigan Community Mental Health Fund had a balance of \$82,024.

**Note 10 - Subsequent Events**

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



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED  
ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE  
WITH *GOVERNMENT AUDITING STANDARDS*.**

To the Board of Directors  
Northeast Michigan Community  
Mental Health Authority

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business type activities, the major fund, and the aggregate remaining fund information of *Northeast Michigan Community Mental Health Authority* (the "Authority"), as of and for the year ended September 30, 2019, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements and have issued our report thereon dated February 24, 2020.

***Internal Control Over Financial Reporting***

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

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

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

### ***Compliance and Other Matters***

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

### ***Purpose of this Report***

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

*Straley Lamp & Kraenzlein P.C.*

February 24, 2020

**NORTHEAST MICHIGAN COMMUNITY  
MENTAL HEALTH AUTHORITY**

CMH Compliance Examination

September 30, 2019

**STRALEY LAMP & KRAENZLEIN P.C.**

## CONTENTS

Page

INDEPENDENT ACCOUNTANT’S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO MEDICAID, GF AND CMHS BLOCK GRANT PROGRAMS AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH <i>CMH COMPLIANCE EXAMINATION GUIDELINES</i> ISSUED BY THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES.....	1
EXAMINED FSR SCHEDULE.....	3
EXAMINED COST SETTLEMENT SCHEDULE.....	9
SCHEDULE OF FINDINGS AND QUESTIONED COSTS .....	14
COMMENTS AND RECOMMENDATIONS.....	18

**INDEPENDENT ACCOUNTANT’S REPORT ON COMPLIANCE WITH REQUIREMENTS  
APPLICABLE TO MEDICAID, GF AND CMHS BLOCK GRANT PROGRAMS AND ON  
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH *CMH COMPLIANCE  
EXAMINATION GUIDELINES* ISSUED BY THE MICHIGAN DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

To the Board of Directors  
Northeast Michigan Community Mental Health Authority

**Compliance**

We have examined the compliance of the Northeast Michigan Community Mental Health Authority (the “Authority”) with the specified requirements described in *CMH Compliance Examination Guidelines*, issued by the Michigan Department of Health and Human Services (“MDHHS”), that are applicable to its Medicaid, General Fund (“GF”) and Community Mental Health Services (“CMHS”) Block Grant Programs for the year ended September 30, 2019. Compliance with these requirements is the responsibility of the Authority’s management. Our responsibility is to express an opinion on the Authority’s compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material misstatements of the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination on the Authority’s compliance with those requirements.

In our opinion, Northeast Michigan Community Mental Health Authority complied, in all material respects, with the specified requirements referred to above that are applicable to its Medicaid, GF and CMHS Block Grant Programs for the year ended September 30, 2019. However, the results of our auditing procedures disclosed an instance of immaterial noncompliance with those requirements which is required to be reported in accordance with *CMH Compliance Examination Guidelines* and is described in the accompanying schedule of findings and questioned costs as item 2019-001.

## **Internal Control Over Compliance**

The management of the Authority is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations and programs applicable to its Medicaid, GF and CMHS Block Grant Programs. In planning and performing our examination, we considered the Authority's internal control over compliance with the requirements that could have a direct and material effect on its Medicaid, GF and CMHS Block Grant Programs in order to determine our examination procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with criteria established by MDHHS, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a MDHHS contract that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2019-001 to be a significant deficiency.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies, or material weaknesses in internal control over compliance. We did not identify any deficiencies in internal control over compliance that we consider to be a material weakness, as defined above.

## **Examination Schedules**

As required by CMH Compliance Examination Guidelines, we have prepared the accompanying Examined FSR Schedule and Examined Cost Settlement Schedule.

## **Purpose of this Report**

This report is intended solely for the information and use of the Authority's board of directors, management, and MDHHS. This report is an integral part of our examination in accordance with these guidelines in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Straley Lamp & Kraenzlein P.C.

March 9, 2020

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

CMHSP: Northeast Michigan Community Mental Health Authority

REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
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A	MEDICAID SERVICES - Summary From FSR - Medicaid				
A 190	TOTAL REVENUE		-	-	-
A 290	TOTAL EXPENDITURE		-	-	-
A 295	NET MEDICAID SERVICES SURPLUS (DEFICIT)		-	-	-
A 390	Total Redirected Funds		-	-	-
A 400	BALANCE MEDICAID SERVICES		-	-	-

AC	SUD NON-MEDICAID SERVICES - Summary From FSR - SUD				
AC 190	TOTAL REVENUE		-	-	-
AC 290	TOTAL EXPENDITURE		-	-	-
AC 295	NET SUD NON-MEDICAID SERVICES SURPLUS (DEFICIT)		-	-	-
AC 390	Total Redirected Funds		-	-	-
AC 400	BALANCE SUD NON-MEDICAID SERVICES		-	-	-

AE	OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services				
AE 190	TOTAL REVENUE		-	-	-
AE 290	TOTAL EXPENDITURE		-	-	-
AE 295	NET SURPLUS (DEFICIT)		-	-	-
AE 390	Total Redirected Funds		-	-	-
AE 400	BALANCE OPIOID HEALTH HOME SERVICES		-	-	-

AG	HEALTH HOME SERVICES - Summary From FSR - Health Home Services				
AG 190	TOTAL REVENUE		-	-	-
AG 290	TOTAL EXPENDITURE		-	-	-
AG 295	NET HEALTH HOME SERVICES SURPLUS (DEFICIT)		-	-	-
AG 390	Total Redirected Funds		-	-	-
AG 400	BALANCE HEALTH HOME SERVICES		-	-	-

AI	HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan				
AI 190	TOTAL REVENUE		-	-	-
AI 290	TOTAL EXPENDITURE		-	-	-
AI 295	NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)		-	-	-
AI 390	Total Redirected Funds		-	-	-
AI 400	BALANCE HEALTHY MICHIGAN SERVICES		-	-	-

AK	MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link				
AK 190	TOTAL REVENUE		-	-	-
AK 290	TOTAL EXPENDITURE		-	-	-
AK 295	NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)		-	-	-
AK 390	Total Redirected Funds		-	-	-
AK 400	BALANCE MI HEALTH LINK SERVICES		-	-	-

RES	RESTRICTED FUND BALANCE ACTIVITY				
RES 180	Beginning Restricted Fund balance		-		
RES 190	TOTAL REVENUE (Deposits)		-		
RES 290	TOTAL EXPENDITURE (PBIP only)		-		
RES 390	Total Redirected Funds		-		
RES 400	BALANCE RESTRICTED FUND		-		

B	GENERAL FUND				
B 100	REVENUE				
B 101	CMH Operations		760,467		760,467
B 120	Subtotal - Current Period General Fund Revenue		760,467	-	760,467
B 121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services		31,224		31,224
B 122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services				-
B 123	Prior Year GF Carry Forward				-
B 140	Subtotal - Other General Fund Revenue		31,224	-	31,224
B 190	TOTAL REVENUE		791,691	-	791,691
B 200	EXPENDITURE				
B 201	100% MDHHS Matchable Services / Costs		263,198		263,198
B 202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap				-
B 203	90% MDHHS Matchable Services / Costs - REPORTED	639,053			
B 204	90% MDHHS Matchable Services / Costs - EXAMINATION ADJUSTMENTS				
B 205	90% MDHHS Matchable Services / Costs - EXAMINED TOTAL	\$ 639,053	575,148	-	575,148
	Intentionally left blank				
	Intentionally left blank				
B 290	TOTAL EXPENDITURE		838,346	-	838,346
B 295	NET GENERAL FUND SURPLUS (DEFICIT)		(46,655)	-	(46,655)
B 300	Redirected Funds (To) From				
B 301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - A331 (PIHP use only)		-	-	-
B 301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - AI331 (PIHP use only)		-	-	-
B 301.2	(TO) SUD Non-Medicaid - Redirected for Unfunded SUD Non-Medicaid Services AC331 (PIHP use only)		-	-	-
B 301.3	(TO) Opioid Health Home Services - Redirected for Unfunded Opioid Health Home Services AE331 (PIHP use only)		-	-	-
B 301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services AG331 (PIHP use only)		-	-	-
B 301.5	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - AK331 (PIHP use only)		-	-	-
B 304	(TO) Targeted Case Management - D301		-	-	-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

CMHSP: Northeast Michigan Community Mental Health Authority

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
B	305	(TO) GF Cost of SED - E301	-	-	-
B	306	(TO) GF Cost of SED - Not SED Waiver eligible - E303	-	-	-
B	308	(TO) GF Cost of Children's Waiver - F301	-	-	-
B	309	(TO) Allowable GF Cost of Injectable Medications - G301	-	-	-
B	310	(TO) PIHP to Affiliate Medicaid Services Contracts - I304	-	-	-
B	310.1	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - IA304	-	-	-
B	310.2	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - IB304	-	-	-
B	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - IC304	-	-	-
B	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID304	-	-	-
B	312	(TO) CMHSP to CMHSP Earned Contracts - J305 (explain - section Q)	(67,079)	-	(67,079)
B	313	FROM CMHSP to CMHSP Earned Contracts - J302			
B	314	FROM Non-MDHHS Earned Contracts - K302			
B	330	<b>Subtotal Redirected Funds rows 301 - 314</b>	(67,079)	-	(67,079)
B	331	FROM Local Funds - M302	113,734		113,734
B	332	FROM Risk Corridor - N303			
B	390	<b>Total Redirected Funds</b>	46,655	-	46,655
B	400	<b>BALANCE GENERAL FUND (cannot be &lt; 0)</b>	-	-	-

**OTHER GF CONTRACTUAL OBLIGATIONS**

C		<b>INTENTIONALLY LEFT BLANK</b>			
C	100	Revenue			
C	170				
C	180				
C	190	<b>Total Revenue</b>	-	-	-
C	290	Expenditure			
C	295	<b>NET SURPLUS (DEFICIT)</b>	-	-	-
C	300	<b>Redirected Funds (To) From</b>			
C	301				
C	302				
C	390	<b>Total Redirected Funds</b>	-	-	-
C	400	<b>BALANCE (cannot be &lt; 0)</b>	-	-	-

**FEE FOR SERVICE MEDICAID**

D		<b>TARGETED CASE MANAGEMENT - (GHS Only)</b>			
D	190	Revenue			
D	290	Expenditure			
D	295	<b>NET TARGETED CASE MANAGEMENT (cannot be &gt; 0)</b>	-	-	-
D	300	<b>Redirected Funds (To) From</b>			
D	301	FROM General Fund - B304			
D	302	FROM Local Funds - M304			
D	303	(TO) CMHSP to CMHSP Earned Contracts - J304.4	-	-	-
D	304	FROM CMHSP to CMHSP Earned Contracts - J303.4			
D	390	<b>Total Redirected Funds</b>	-	-	-
D	400	<b>BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)</b>	-	-	-

**SED WAIVER**

E		<b>SED WAIVER</b>			
E	100	<b>REVENUE</b>			
E	101	FFS Medicaid - SED-Trad			
E	102	FFS Medicaid - SED-DHS			
E	190	<b>TOTAL REVENUE</b>	-	-	-
E	200	<b>EXPENDITURE</b>			
E	201	Expenditure - Traditional - Federal Reimbursable			
E	202	Expenditure - Traditional - Not SED waiver eligible			
E	203	Expenditure - SED-DHS - Federal Reimbursable			
E	204	Expenditure - SED-DHS - Not SED waiver eligible			
E	290	<b>TOTAL EXPENDITURE</b>	-	-	-
E	295	<b>NET SED WAIVER (DEFICIT)</b>	-	-	-
E	300	<b>Redirected Funds (To) From</b>			
E	301	FROM General Fund - B305			
E	302	FROM Local Funds - M305			
E	303	FROM General Fund - Not SED Waiver eligible - B306			
E	304	FROM Local Funds - Not SED Waiver eligible - M306			
E	390	<b>Total Redirected Funds</b>	-	-	-
E	400	<b>BALANCE SED WAIVER (must = 0)</b>	-	-	-

**CHILDREN'S WAIVER**

F		<b>CHILDREN'S WAIVER</b>			
F	190	Revenue			
F	290	Expenditure			
F	295	<b>NET CHILDREN'S WAIVER (cannot be &gt; 0)</b>	-	-	-
F	300	<b>Redirected Funds (To) From</b>			
F	301	FROM General Fund - B308			
F	302	FROM Local Funds - M308			
F	303	FROM Activity not otherwise reported - O301			
F	390	<b>Total Redirected Funds</b>	-	-	-
F	400	<b>BALANCE CHILDREN'S WAIVER (must = 0)</b>	-	-	-



**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

CMHSP: Northeast Michigan Community Mental Health Authority

REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
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G	INJECTABLE MEDICATIONS			
G 190	Revenue			-
G 290	Expenditure			-
G 295	<b>NET INJECTABLE MEDICATIONS (cannot be &gt; 0)</b>			-
G 300	<b>Redirected Funds (To) From</b>			
G 301	FROM General Fund - <b>B309</b>			-
G 302	FROM Local Funds - <b>M309</b>			-
G 390	<b>Total Redirected Funds</b>			-
G 400	<b>BALANCE INJECTABLE MEDICATIONS (must = 0)</b>			-

**OTHER FUNDING**

H	MDHHS EARNED CONTRACTS			
H 100	<b>REVENUE</b>			
H 101	PASARR	100,783		100,783
H 102	DHHS Block Grants for CMH services			-
H 103	DD Council Grants			-
H 104	PATH/Homeless			-
H 105	Prevention			-
H 106	Aging			-
H 107	HUD Shelter Plus Care			-
H 108	Multicultural Integration			-
H 109	DHHS Block Grants for SUD services			-
H 150	Other MDHHS Earned Contracts (describe):			-
H 151	Other MDHHS Earned Contracts (describe):			-
H 190	<b>TOTAL REVENUE</b>	100,783	-	100,783
H 200	<b>EXPENDITURE</b>			
H 201	PASARR	100,783		100,783
H 202	DHHS Block Grants for CMH services			-
H 203	DD Council Grants			-
H 204	PATH/Homeless			-
H 205	Prevention			-
H 206	Aging			-
H 207	HUD Shelter Plus Care			-
H 208	Multicultural Integration			-
H 209	DHHS Block Grants for SUD services			-
H 250	Other MDHHS Earned Contracts (describe):			-
H 251	Other MDHHS Earned Contracts (describe):			-
H 290	<b>TOTAL EXPENDITURE</b>	100,783	-	100,783
H 400	<b>BALANCE MDHHS EARNED CONTRACTS (must = 0)</b>			-

I	PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY			
I 100	<b>REVENUE</b>			
I 101	Revenue - from PIHP Medicaid (incl Autism)	25,050,353		25,050,353
I 104	Revenue - from PIHP Healthy Michigan Plan (incl Autism)	1,309,747		1,309,747
I 122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	669,981		669,981
I 123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate	2,581		2,581
I 190	<b>TOTAL REVENUE</b>	27,032,662	-	27,032,662
I 201	Expenditure - Medicaid (incl Autism)	25,720,334		25,720,334
I 202	Expenditure - Healthy Michigan Plan (incl Autism)	1,312,328		1,312,328
I 203	Expenditure - MI Health Link (Medicaid) Services			-
I 290	<b>TOTAL EXPENDITURE</b>	27,032,662	-	27,032,662
I 295	<b>NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)</b>			-
I 300	<b>Redirected Funds (To) From</b>			
I 301	(TO) CMHSP to CMHSP Earned Contracts - <b>J306</b>			-
I 302	FROM CMHSP to CMHSP Earned Contracts - <b>J303</b>			-
I 303	FROM Non-MDHHS Earned Contracts - <b>K303</b>			-
I 304	FROM General Fund - <b>B310</b>			-
I 306	FROM Local Funds - <b>M309.1</b>			-
I 390	<b>Total Redirected Funds</b>			-
I 400	<b>BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)</b>			-

IA	PIHP to AFFILIATE SUBSTANCE USE DISORDER (NON-MEDICAID) CONTRACTS - CMHSP USE ONLY			
IA 100	<b>REVENUE</b>			
IA 101	Revenue - SUD Non-Medicaid - from PIHP			-
IA 122	Revenue - Fees & Collections - Affiliate			-
IA 190	<b>TOTAL REVENUE</b>			-
IA 200	<b>EXPENDITURE</b>			
IA 201	Expenditure			-
IA 290	<b>TOTAL EXPENDITURE</b>			-
IA 295	<b>NET PIHP to AFFILIATE SUD (NON-MEDICAID) SERVICES CONTRACTS SURPLUS (DEFICIT)</b>			-
IA 300	<b>Redirected Funds (To) From</b>			
IA 301	(TO) CMHSP to CMHSP Earned Contracts - <b>J306.2</b>			-
IA 302	FROM CMHSP to CMHSP Earned Contracts - <b>J303.2</b>			-
IA 303	FROM Non-MDHHS Earned Contracts - <b>K303.2</b>			-
IA 304	FROM General Fund - <b>B310.1</b>			-
IA 306	FROM Local Funds - <b>M309.2</b>			-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON-MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

CMHSP: Northeast Michigan Community Mental Health Authority

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>IA</b>	<b>390</b>	<b>Total Redirected Funds</b>		
<b>IA</b>	<b>400</b>	-	-	-
<b>IA</b>	<b>400</b>	<b>BALANCE PIHP to AFFILIATE SUD (NON-MEDICAID) SERVICES CONTRACTS (must = 0)</b>		
<b>IA</b>	<b>400</b>	-	-	-
<b>IB</b>		<b>PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY</b>		
<b>IB</b>	<b>190</b>	Revenue - Medicaid Opioid Health Home Services - from PIHP		
<b>IB</b>	<b>290</b>	Expenditure - Medicaid Opioid Health Home Services		
<b>IB</b>	<b>295</b>	-	-	-
<b>IB</b>	<b>295</b>	<b>NET PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)</b>		
<b>IB</b>	<b>300</b>	<b>Redirected Funds (To) From</b>		
<b>IB</b>	<b>304</b>	FROM General Fund - <b>B310.2</b>		
<b>IB</b>	<b>306</b>	FROM Local Funds - <b>M309.3</b>		
<b>IB</b>	<b>390</b>	<b>Total Redirected Funds</b>		
<b>IB</b>	<b>400</b>	-	-	-
<b>IB</b>	<b>400</b>	<b>BALANCE PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS (cannot be &lt; 0)</b>		
<b>IB</b>	<b>400</b>	-	-	-
<b>IC</b>		<b>PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY</b>		
<b>IC</b>	<b>190</b>	Revenue - Medicaid Health Home Services - from PIHP		
<b>IC</b>	<b>290</b>	Expenditure - Medicaid Health Home Services		
<b>IC</b>	<b>295</b>	-	-	-
<b>IC</b>	<b>295</b>	<b>NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)</b>		
<b>IC</b>	<b>300</b>	<b>Redirected Funds (To) From</b>		
<b>IC</b>	<b>304</b>	FROM General Fund - <b>B310.3</b>		
<b>IC</b>	<b>306</b>	FROM Local Funds - <b>M309.4</b>		
<b>IC</b>	<b>390</b>	<b>Total Redirected Funds</b>		
<b>IC</b>	<b>400</b>	-	-	-
<b>IC</b>	<b>400</b>	<b>BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (cannot be &lt; 0)</b>		
<b>IC</b>	<b>400</b>	-	-	-
<b>ID</b>		<b>PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY</b>		
<b>ID</b>	<b>100</b>	<b>REVENUE</b>		
<b>ID</b>	<b>101</b>	Revenue - MI Health Link - from PIHP		
<b>ID</b>	<b>122</b>	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate		
<b>ID</b>	<b>190</b>	-	-	-
<b>ID</b>	<b>190</b>	<b>TOTAL REVENUE</b>		
<b>ID</b>	<b>200</b>	<b>EXPENDITURE</b>		
<b>ID</b>	<b>201</b>	Expenditure		
<b>ID</b>	<b>290</b>	-	-	-
<b>ID</b>	<b>290</b>	<b>TOTAL EXPENDITURE</b>		
<b>ID</b>	<b>295</b>	-	-	-
<b>ID</b>	<b>295</b>	<b>NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)</b>		
<b>ID</b>	<b>300</b>	<b>Redirected Funds (To) From</b>		
<b>ID</b>	<b>301</b>	(TO) CMHSP to CMHSP Earned Contracts - <b>J306.3</b>		
<b>ID</b>	<b>302</b>	FROM CMHSP to CMHSP Earned Contracts - <b>J303.3</b>		
<b>ID</b>	<b>303</b>	FROM Non-MDHHS Earned Contracts - <b>K303.3</b>		
<b>ID</b>	<b>304</b>	FROM General Fund - <b>B310.4</b>		
<b>ID</b>	<b>306</b>	FROM Local Funds - <b>M309.5</b>		
<b>ID</b>	<b>390</b>	<b>Total Redirected Funds</b>		
<b>ID</b>	<b>400</b>	-	-	-
<b>ID</b>	<b>400</b>	<b>BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)</b>		
<b>ID</b>	<b>400</b>	-	-	-
<b>J</b>		<b>CMHSP to CMHSP EARNED CONTRACTS</b>		
<b>J</b>	<b>190</b>	Revenue		
<b>J</b>	<b>290</b>	121,309		121,309
<b>J</b>	<b>290</b>	Expenditure		
<b>J</b>	<b>290</b>	188,388		188,388
<b>J</b>	<b>295</b>	(67,079)	-	(67,079)
<b>J</b>	<b>295</b>	<b>NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)</b>		
<b>J</b>	<b>300</b>	<b>Redirected Funds (To) From</b>		
<b>J</b>	<b>301</b>	(TO) Medicaid Services - <b>A302</b> (PIHP use only)		
<b>J</b>	<b>301.1</b>	-	-	-
<b>J</b>	<b>301.1</b>	(TO) Healthy Michigan - <b>AI302</b> (PIHP use only)		
<b>J</b>	<b>301.2</b>	-	-	-
<b>J</b>	<b>301.2</b>	(TO) SUD (Non-Medicaid) Services Contracts - <b>AC302</b> (PIHP use only)		
<b>J</b>	<b>301.3</b>	-	-	-
<b>J</b>	<b>301.3</b>	(TO) MI Health Link - <b>AK302</b> (PIHP use only)		
<b>J</b>	<b>302</b>	-	-	-
<b>J</b>	<b>302</b>	(TO) General Fund - <b>B313</b>		
<b>J</b>	<b>303</b>	-	-	-
<b>J</b>	<b>303</b>	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I302</b>		
<b>J</b>	<b>303.2</b>	-	-	-
<b>J</b>	<b>303.2</b>	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - <b>IA302</b>		
<b>J</b>	<b>303.3</b>	-	-	-
<b>J</b>	<b>303.3</b>	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID302</b>		
<b>J</b>	<b>303.4</b>	-	-	-
<b>J</b>	<b>303.4</b>	(TO) Targeted Case Management - <b>D304</b>		
<b>J</b>	<b>304</b>	-	-	-
<b>J</b>	<b>304</b>	FROM Medicaid Services - <b>A301</b> (PIHP use only)		
<b>J</b>	<b>304.1</b>	-	-	-
<b>J</b>	<b>304.1</b>	FROM Healthy Michigan - <b>AI301</b> (PIHP use only)		
<b>J</b>	<b>304.2</b>	-	-	-
<b>J</b>	<b>304.2</b>	FROM SUD (Non-Medicaid) Service Contracts - <b>AC301</b> (PIHP use only)		
<b>J</b>	<b>304.3</b>	-	-	-
<b>J</b>	<b>304.3</b>	FROM MI Health Link - <b>AK301</b> (PIHP use only)		
<b>J</b>	<b>304.4</b>	-	-	-
<b>J</b>	<b>304.4</b>	FROM Targeted Case Management - <b>D303</b>		
<b>J</b>	<b>305</b>	-	-	-
<b>J</b>	<b>305</b>	FROM General Fund - <b>B312</b>		
<b>J</b>	<b>306</b>	67,079		67,079
<b>J</b>	<b>306</b>	FROM PIHP to Affiliate Medicaid Services Contracts - <b>I301</b>		
<b>J</b>	<b>306.2</b>	-	-	-
<b>J</b>	<b>306.2</b>	FROM PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - <b>IA301</b>		
<b>J</b>	<b>306.3</b>	-	-	-
<b>J</b>	<b>306.3</b>	FROM PIHP to MI Health Link Services Contracts - <b>ID301</b>		
<b>J</b>	<b>307</b>	-	-	-
<b>J</b>	<b>307</b>	FROM Local Funds - <b>M310</b>		
<b>J</b>	<b>390</b>	67,079	-	67,079
<b>J</b>	<b>390</b>	<b>Total Redirected Funds</b>		
<b>J</b>	<b>400</b>	-	-	-
<b>J</b>	<b>400</b>	<b>BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)</b>		
<b>J</b>	<b>400</b>	-	-	-
<b>K</b>		<b>NON-MDHHS EARNED CONTRACTS</b>		
<b>K</b>	<b>190</b>	Revenue		
<b>K</b>	<b>290</b>	78,095		78,095
<b>K</b>	<b>290</b>	Expenditure		
<b>K</b>	<b>290</b>	81,897		81,897
<b>K</b>	<b>295</b>	(3,802)	-	(3,802)
<b>K</b>	<b>295</b>	<b>NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)</b>		
<b>K</b>	<b>300</b>	<b>Redirected Funds (To) From</b>		
<b>K</b>	<b>301</b>	(TO) Medicaid Services - <b>A303</b> (PIHP use only)		
<b>K</b>	<b>301.1</b>	-	-	-
<b>K</b>	<b>301.1</b>	(TO) Healthy Michigan - <b>AI303</b> (PIHP use only)		
<b>K</b>	<b>301.2</b>	-	-	-
<b>K</b>	<b>301.2</b>	(TO) SUD (Non-Medicaid) Services Contracts - <b>AC303</b> (PIHP use only)		
<b>K</b>	<b>301.3</b>	-	-	-
<b>K</b>	<b>301.3</b>	(TO) MI Health Link - <b>AK303</b> (PIHP use only)		
<b>K</b>	<b>302</b>	-	-	-
<b>K</b>	<b>302</b>	(TO) General Fund - <b>B314</b>		

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON-MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

CMHSP: Northeast Michigan Community Mental Health Authority

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>1303</b>	-	-	-
K	303.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - <b>IA303</b>	-	-	-
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID303</b>	-	-	-
K	304	(TO) Local Funds - <b>M315</b>	-	-	-
K	305	FROM Local Funds - <b>M311</b>	3,802	-	3,802
K	390	<b>Total Redirected Funds</b>	3,802	-	3,802
K	400	<b>BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)</b>	-	-	-

Intentionally left Blank					
L	100	<b>REVENUE</b>			
L	101				
L	102				
L	190	<b>TOTAL REVENUE</b>	-	-	-
L	200	<b>EXPENDITURE</b>			
L	201				
L	202				
L	290	<b>TOTAL EXPENDITURE</b>	-	-	-
L	295	<b>NET SURPLUS (DEFICIT)</b>	-	-	-
L	300	<b>Redirected Funds (To) From</b>			
L	300.3				
L	300.5				
L	301				
L	302				
L	390	<b>Total Redirected Funds</b>	-	-	-
L	400	<b>BALANCE (must = 0)</b>	-	-	-

LOCAL FUNDS					
M	100	<b>REVENUE</b>			
M	101	County Appropriation for Mental Health	266,639		266,639
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds			-
M	103	Section 226 (a) Funds	58,333	-	58,333
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)			-
M	105	Medicaid Fee for Service Adjuster Payments			-
M	106	Local Grants			-
M	107	Interest	20,253		20,253
M	109	SED Partner			-
M	110	All Other Local Funding	41,140		41,140
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding	204,759		204,759
M	190	<b>TOTAL REVENUE</b>	591,124	-	591,124
M	200	<b>EXPENDITURE</b>			
M	201	GF 10% Local Match	63,905	-	63,905
M	202	Reported Local match cap amount			
		Examination Adjustment Local match cap amount			
		Examined Total Local match cap amount	\$ -		
M	203	GF Local Match Capped per MHC 330.1308		-	-
M	204	Local Cost for State Provided Services	21,741		21,741
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)	250,089		250,089
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)			-
M	207	Local Match to Grants and MDHHS Earned Contracts			-
M	209	Local Only Expenditures	250,428		250,428
M	290	<b>TOTAL EXPENDITURE</b>	586,163	-	586,163
M	295	<b>NET LOCAL FUNDS SURPLUS (DEFICIT)</b>	4,961	-	4,961
M	300	<b>Redirected Funds (To) From</b>			
M	301	(TO) Medicaid Services - <b>A332</b> (PIHP use only)			-
M	301.1	(TO) Healthy Michigan - <b>A1332</b> (PIHP use only)			-
M	301.2	(TO) SUD (Non-Medicaid) Services - <b>AC332</b> (PIHP use only)			-
M	301.3	(TO) Opioid Health Home Services - <b>AE332</b> (PIHP use only)			-
M	301.4	(TO) Health Home Services - <b>AG332</b> (PIHP use only)			-
M	301.5	(TO) MI Health Link - <b>AK332</b> (PIHP use only)			-
M	302	(TO) General Fund - <b>B331</b>	(113,734)	-	(113,734)
M	304	(TO) Targeted Case Management - <b>D302</b>			-
M	305	(TO) SED Waiver - <b>E302</b>			-
M	306	(TO) SED Waiver - Not SED Waiver eligible - <b>E304</b>			-
M	308	(TO) Children's Waiver - <b>F302</b>			-
M	309	(TO) Injectable Medications - <b>G302</b>			-
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>1306</b>			-
M	309.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - <b>IA306</b>			-
M	309.3	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - <b>IB306</b>			-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - <b>IC306</b>			-
M	309.5	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID306</b>			-
M	310	(TO) CMHSP to CMHSP Earned Contracts - <b>J307</b>			-
M	311	(TO) Non-MDHHS Earned Contracts - <b>K305</b>	(3,802)	-	(3,802)
M	313	(TO) Activity Not Otherwise Reported - <b>O302</b>			-
M	313.3	FROM MI Health Link (Medicare) - <b>AK336</b> - (PIHP use only)			-
M	315	FROM Non-MDHHS Earned Contracts - <b>K304</b>			-
M	390	<b>Total Redirected Funds</b>	(117,536)	-	(117,536)
M	400	<b>BALANCE LOCAL FUNDS</b>	(112,575)	-	(112,575)

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

CMHSP: Northeast Michigan Community Mental Health Authority

REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
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N		RISK CORRIDOR			
N	100	<b>REVENUE</b>			
N	101	Stop/Loss Insurance			-
N	102	Medicaid ISF for PIHP Share Risk Corridor	-		-
N	103	MDHHS for MDHHS Share of Medicaid Risk Corridor			-
N	104	Restricted Fund balance for PIHP Share Risk Corridor	-		-
N	190	<b>TOTAL REVENUE</b>	-		-
N	300	<b>Redirected Funds (To) From</b>			
N	301	(TO) Medicaid Services - PIHP Share - <b>A333</b> (PIHP use only)	-		-
N	301.1	(TO) Healthy Michigan - PIHP Share - <b>AI333</b> (PIHP use only)	-		-
N	301.2	(TO) Restricted Fund balance for PIHP Share - <b>A335 &amp; AI335</b> (PIHP use only)	-		-
N	302	(TO) Medicaid Services - MDHHS Share - <b>A334</b> (PIHP use only)	-		-
N	302.1	(TO) Healthy Michigan - MDHHS Share - <b>AI334</b> (PIHP use only)	-		-
N	303	(TO) General Fund - <b>B332</b>	-		-
N	390	<b>Total Redirected Funds</b>	-		-
N	400	<b>BALANCE RISK CORRIDOR (must = 0)</b>	-		-

O		ACTIVITY NOT OTHERWISE REPORTED			
O	100	<b>REVENUE</b>			
O	101	Other Revenue (describe): Production and Donor Revenues	81,980		81,980
O	102	Other Revenue (describe):			-
O	103	Other Revenue (describe):			-
O	190	<b>TOTAL REVENUE</b>	81,980		81,980
O	200	<b>EXPENDITURE</b>			
O	201	Other Expenditure (describe): Production and Donor Expenses	70,917		70,917
O	202	Other Expenditure (describe):			-
O	203	Other Expenditure (describe):			-
O	290	<b>TOTAL EXPENDITURE</b>	70,917		70,917
O	295	<b>NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)</b>	11,063		11,063
O	300	<b>Redirected Funds (To) From</b>			
O	301	(TO) Children's Waiver - <b>F303</b>	-		-
O	302	FROM Local Funds - <b>M313</b>			-
O	390	<b>Total Redirected Funds</b>	-		-
O	400	<b>BALANCE ACTIVITY NOT OTHERWISE REPORTED</b>	11,063		11,063

P		GRAND TOTALS			
P	190	<b>GRAND TOTAL REVENUE</b>	28,797,644		28,797,644
P	290	<b>GRAND TOTAL EXPENDITURE</b>	28,899,156		28,899,156
P	390	<b>GRAND TOTAL REDIRECTED FUNDS (must = 0)</b>	-		-
P	400	<b>NET INCREASE (DECREASE)</b>	(101,512)		(101,512)

Q		REMARKS
Q		This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q		M101: Alcona County \$35,224, Alpena County \$150,216, Montmorency County \$31,435, Presque Isle County \$49,764 = \$266,639. B312: CMHSP to CMHSP Earned Contracts had a shortfall of \$67,079 which was supplemented with General Funds.
Q		
Q		
Q		
Q		
Q		
Q		
Q		
Q		

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT  
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

**CMHSP:** Northeast Michigan Community Mental Health Authority

1. General Fund Services - Available Resources		Funding Resources
a.	CMH Operations (FSR B 101)	760,467
b.	Intentionally left blank	
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	\$ 760,467
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	31,224
f.	Prior Year GF Carry-Forward (FSR B 123)	-
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	-
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	\$ 31,224
k.	Local 10% Associated to 90/10 Services (FSR M 201)	63,905
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	\$ 63,905
n.	Total General Fund Services - Resources	\$ 855,596

3. Summary of Resources / Expenditures		Amount
a.	Total General Fund Services - Resources	855,596
b.	Total General Fund Services - Expenditures	969,330
c.	Sub-Total General Fund Services Surplus (Deficit)	\$ (113,734)
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e.	Net General Fund Services Surplus (Deficit)	\$ (113,734)

4. Disposition:		Amount
<b>Surplus</b>		
a.	Transfer to Fund Balance - GF Carry-Forward Earned	-
b.	Lapse to MDHHS - Contract Settlement	-
d.	Total Disposition - Surplus	\$ -

<b>Deficit</b>		
f.	Redirected from Local (FSR B 331)	113,734
g.	Redirected from risk corridor (FSR B 332)	-
h.	Total Disposition - Deficit	\$ 113,734

5. Cash Settlement: (Due MDHHS) / Due CMHSP		Amount
a.	Forced Lapse to MDHHS	-
b.	Lapse to MDHHS - Contract Settlement	-
c.	Return of Prior Year General Fund Carry-Forward	
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	760,467
f.	Intentionally left blank	
g.	Misc: (please explain)	
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	\$ 760,467

2. General Fund Services - Expenditures		90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		263,198
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	639,053	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	639,053
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		\$ 902,251
h.	GF Supplement for Unfunded Medicaid - (PIHP use only) (FSR B 301)		-
i.	GF Supplement for Unfunded Healthy Michigan - (PIHP use only) (FSR B 301.1)		-
j.	GF Supplement for Unfunded SUD (Non-Medicaid) Services (PIHP use only) (FSR B 301.2)		-
k.	GF Supplement for Unfunded Opioid Health Home Services (PIHP use only) (FSR B 301.3)		-
l.	GF Supplement for Unfunded Health Home Services (PIHP use only) (FSR B 301.4)		-
m.	GF Supplement for Unfunded MI Health Link - (PIHP use only) (FSR B 301.5)		-
n.	GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
o.	GF Supplement for SED (FSR B 305 + B 306)		-
p.	GF Supplement for Children's Waiver (FSR B 308)		-
q.	GF Supplement for Injectable Medications (FSR B 309)		-
r.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s.	GF Supplement for PIHP to Affiliate SUD (Non-Medicaid) Services Contracts (FSR B 310.1)		-
t.	GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
v.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		67,079
x.	Sub-Total General Fund Services Supplement - Expenditures		\$ 67,079
y.	Total General Fund Services - Expenditures		\$ 969,330

6. General Fund MDHHS Commitment		
a.	MDHHS / CMHSP Contract Funded Expenditures	760,467
b.	Earned General Fund Carry-Forward	-
c.	Total MDHHS General Fund Commitment	\$ 760,467

Examined Cash Settlement and MDHHS Commitment			
		Cash Settlement	Carry Forward
Examined		\$ 760,467	\$ -
Original			
Increase (Decrease)		\$ 760,467	\$ -
Comments:			

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED GENERAL FUND CONTRACT SETTLEMENT WORKSHEET  
FOR THE YEAR SEPTEMBER 30, 2019**

**CMHSP:** Northeast Michigan Community Mental Health Authority

1. General Fund (Formula and Categorical Funding)	Contract Authorization	Cash Received			Amount Due CMHSP / (MDHHS) Cash Settlement
		Through 9/30	After 9/30 Prior to Settlement	Total	
a. CMH Operations	760,467			-	760,467
c. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 760,467	\$ -	\$ -	\$ -	\$ 760,467

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	760,467	
b. Total Current Year Maximum Carry-Forward	\$ 760,467	\$ 38,023

3. Prior Year - General Fund Carry-Forward	FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a. Prior Year GF Carry-Forward Earned		
b. Prior Year GF Carry-Forward (FSR B 123)	-	
c. Balance of Prior Year General Fund Carry-Forward	\$ -	

4. Categorical - Categories	Authorization	Expenditures	Lapse	Cost Above Authorizations
a. Other Funding - Please explain			-	-
b. Other Funding - Please explain			-	-
c. Other Funding - Please explain			-	-
d. Totals	\$ -	\$ -	\$ -	\$ -

5. Narrative: Both CRCS and Contract Settlement Worksheet
Explanation of Accrual and Examination Adjustments

**SPECIAL FUND ACCOUNT**  
**For Recipient Fees and Third-Party Reimbursement**

As Added to Mental Health Code per PA 423, 1980  
 FOR THE YEAR ENDED SEPTEMBER 30, 2019

**CMHSP:** Northeast Michigan Community Mental Health Authority

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level		EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. County Funding - 1979/1980	\$ 83,304		\$ 83,304
2. County Funding - Current Fiscal Year	\$ 266,639		\$ 266,639

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections Year to Date by Service Category and Source						
Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total	EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. Inpatient Services				\$ -		\$ -
2. Residential Services				\$ -		\$ -
3. Community Living Services				\$ -		\$ -
4. Outpatient Services	\$ 3,149	\$ 55,184		\$ 58,333		\$ 58,333
5. Total	\$ 3,149	\$ 55,184	\$ -	\$ 58,333	\$ -	\$ 58,333

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections Quarterly Summary				EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
1. First Quarter					\$ -
2. Second Quarter					\$ -
3. Third Quarter					\$ -
4. Fourth Quarter				\$ 58,333	\$ 58,333
5. Total				\$ 58,333	\$ 58,333

Explanation of Accrual and Examination Adjustments

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT 1915(b)/(c) WAIVER PROGRAM CONTRACT  
AND  
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS C.6.5.1.1 & P.7.7.1.1 REPORT SUBMISSIONS**

PIHP:	-	FISCAL YEAR:	SELECT
CMHSP:	Northeast Michigan Community Mental Health	SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2020

**An "X" in the appropriate box in the section(s) below identifies the reports covered by this certification.**

General Fund - Non Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Special Fund Account - Section 226a	x	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Financial Status Report (FSR) - All Non-Medicaid	x	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Contract Reconciliation and Cash Settlement	x	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Contract Settlement Worksheet	x	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Year End Accrual Schedule				

Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Financial Status Report (FSR) - Medicaid				
Financial Status Report (FSR) - Healthy Michigan				
Financial Status Report (FSR) - Health Homes				
Financial Status Report (FSR) - Opioid Health Homes				
Financial Status Report (FSR) - MI Health Link				
Financial Status Report (FSR) - SUD				
SUD - Supplemental				
RES Fund Balance				
Internal Service Fund (ISF)				
Shared Risk Calculation & Risk Financing				
Contract Reconciliation and Cash Settlement				
Contract Settlement Worksheet				
Year End Accrual Schedule				

**CERTIFICATION**

The name below is authorized to certify on behalf of the CMHSP or PIHP that this is an accurate statement of revenues / expenditures for the reporting period. Appropriate documentation is available and will be maintained for the required period to support the revenues and expenditures reported.

**Contact Information**

Name & Title	Date	Telephone #	Email Address
Connie Cadarette, Interim Finance Director	March 31, 2020	989-358-7707	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>



**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT 1915(b)/(c) WAIVER  
PROGRAM CONTRACT  
AND  
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT BUNDLE**

<b>PIHP:</b>	-	<b>FISCAL YEAR:</b>	SELECT
<b>CMHSP:</b>	Northeast Michigan Community Me	<b>SUBMISSION TYPE:</b>	YE Final
		<b>SUBMISSION DATE:</b>	3/31/2020

The "Additional Narrative" tab of the FSR Bundle should be utilized to provide additional narrative explanation regarding any entry or activity where additional information would be beneficial when the narrative section of the individual form was not sufficient.

<b>Column Instructions:</b>	
FORM (FSR Bundle Tab):	Select the appropriate Form (FSR Bundle Tab) from the drop down menu.
Row Reference:	Enter the row reference that the additional narrative refers to.
Narrative:	Enter narrative explanation regarding any entry or activity where additional information would be beneficial.

FORM (FSR Bundle Tab)	Row Reference	Narrative
GF Spec Fund		There was an error in figuring out the special funds that was corrected before the end of the fiscal year.

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2019

**SECTION I - SUMMARY OF ACCOUNTANT’S RESULTS**

**Medicaid Program**

Type of accountant’s report issued on compliance: Unmodified

Internal control over Medicaid program:  
 Material weakness(es) identified?        Yes   X   No

Significant deficiency(ies) identified not considered  
 to be material weaknesses?   X   Yes        None reported

Material noncompliance with the provisions of laws,  
 regulations, or contracts noted?        Yes   X   No

Known fraud identified?        Yes   X   No

**General Fund Program**

Type of accountant’s report issued on compliance: Unmodified

Internal control over General Fund program:  
 Material weakness(es) identified?        Yes   X   No

Significant deficiency(ies) identified not considered  
 to be material weaknesses?        Yes   X   None reported

Material noncompliance with the provisions of laws,  
 regulations, or contracts noted?        Yes   X   No

Known fraud identified?        Yes   X   No

**CMHS Block Grant Program**

Not applicable.

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

## Schedule of Findings and Questioned Costs (continued)

For the Year Ended September 30, 2019

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### SECTION II - CURRENT YEAR FINDINGS AND QUESTIONED COSTS

#### **Finding Number 2019-001 – Significant Deficiency in Compliance and Internal Control over Compliance – Appropriate Documentation on Costs and Services.**

**Criteria:** The Medicaid subcontract between the Authority and the Northern Michigan Regional Entity (NMRE) along with 42 CFR 434.6(b) from the Code of Federal Regulations require that reimbursements to subcontractors must have appropriate and current documentation on costs and allowable services to be provided.

**Condition:** In our original sample of subcontracts, one subcontractor was noted as being reimbursed at prior year rates for the first few months of the fiscal year and another subcontractor had service codes that were agreed upon and noted within the consumers plan of service but were not noted within the contract. Our sample was expanded for additional subcontractors. No additional findings were noted.

**Examination Adjustment:** There are no examination adjustments associated with this finding.

**Cause:** The updated rates were not entered into the billing system immediately at the beginning of the new contract period. The allowable service codes were not updated within the contract to correspond with the agreed upon services until subsequent to year end.

**Effect:** The invoices submitted for payment from the subcontractors reflected the prior year contracted rates at the beginning of the fiscal year. The allowable service codes were not updated in compliance with prior year findings.

**Recommendations:** We recommend that billing rates and allowable service codes are verified for accuracy within the system when contracts have been updated. This will provide for accurate billing within the Medicaid subcontracts.

**Views of Responsible Officials:** The Authority concurs with the Auditors recommendation noted in Finding Number 2019-001. This finding was found by the audit staff. While contracts involved were signed and in place prior to service provision in FY 19, an inaccurate amount was listed in the contract, and a code was omitted. There was a negotiated verbal agreement in place for all contractors impacted by this finding, as well as authorization to provide the service through the plan of service documents. The instance of the omitted code was remedied upon discovery. The two contractors involved have been notified.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

Schedule of Findings and Questioned Costs (continued)

For the Year Ended September 30, 2019

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**SECTION II - CURRENT YEAR FINDINGS AND QUESTIONED COSTS (continued)**

**Planned Corrective Action:** The Authority will hold payments to all sub-contractors until accuracy of the invoice is verified. Contracts will be fully executed prior to the onset of service provision. The following will be done to prevent current and future issues in this area:

- 1) The instance of the omitted code was remedied upon discovery. An amendment was fully executed while the auditors were present.
- 2) The Contract Manager will be writing contractors a letter requesting that they all thoroughly read documents sent and only bill what is allowable through their contracts. If a service they plan on providing is not listed, they will be recommended to contact the Authority – if mutually agreed upon, the contract will be revised.
- 3) A full time Contract Manager is being hired by the Authority, before contracts are transitioned to this new person, a full review of the current contracts (rates and codes) will be completed to ensure consistency between what is being billed and what is in the contract.
- 4) A discussion will occur between the contract manager and those who approve billing to ensure all are reviewing not only the plan of service, but the contract for rate and code accuracy.

**Responsible Party for the Corrective Action:** The Executive Director, Chief Operating Officer, Compliance Officer, Interim Finance Director and Quality Improvement Coordinator are responsible for the implementation of the planned corrective action.

**Anticipated Completion Date:** March 31, 2020.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

Schedule of Findings and Questioned Costs (continued)

For the Year Ended September 30, 2019

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**SECTION III - EXAMINATION ADJUSTMENTS**

None reported.

**SECTION IV - PRIOR YEAR FINDINGS AND QUESTIONED COSTS**

**Criteria:** The Medicaid subcontract between the Authority and the Northern Michigan Regional Entity (NMRE) along with 42 CFR 434.6(b) from the Code of Federal Regulations require that reimbursements to subcontractors must have appropriate and current documentation on costs and allowable services to be provided.

**Condition:** In our original sample of subcontracts, one subcontractor was noted as being reimbursed at prior year rates for the first few months of the fiscal year and another subcontractor had service codes that were agreed upon and noted within the consumers plan of service but were not noted within the contract. Our sample was expanded for additional subcontractors. No additional findings were noted.

**Status Update:** Repeat finding 2019-001

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

Comments and Recommendations

For the Year Ended September 30, 2019

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Separate from the finding, during the compliance testing of the subcontracts, we noted one subcontract had exceeded the contracted amount. The amount exceeding the contract had not been presented to the Board for approval of the excess expenditures. We recommend that contracts that are at risk of exceeding the original contracted amounts have reconciliations performed prior to year-end to verify if amendments should be performed and Board approved.

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<p style="text-align: center;"><b>THANKS TO ALL BOARD MEMBERS FOR THEIR CONTINUING SERVICE TO THE BOARD</b></p>
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<b>Roger Frye</b> .....	<b>26 Years</b>
<b>Gary Nowak</b> .....	<b>21 Years</b>
<b>Pat Przeslawski</b> .....	<b>20 Years</b>
<b>Terry Larson</b> .....	<b>19 Years</b>
<b>Albert LaFleche</b> .....	<b>11 Years</b>
<b>Lester Buza</b> .....	<b>10 Years</b>
<b>Judy Jones</b> .....	<b>7 Years</b>
<b>Eric Lawson</b> .....	<b>5 Years</b>
<b>Bonnie Cornelius</b> .....	<b>almost 5 Years</b>
<b>Steve Dean</b> .....	<b>3 Years</b>

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**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** March 2, 2020

---

**1. Contract**

**a. Blue Horizons Management Agreement**

This is a continuation of the Blue Horizons Management Agreement. The total contract is \$18,216.00. The monthly payment will be \$1,518.00 per month. This is the amount the Blue Horizons Board will pay our Agency to manage the services provided at that home. We recommend approval.

**b. Presidio Ad Hoc Support Agreement**

This Agreement with Presidio is a Time and Materials Agreement to provide support for equipment not under a current maintenance agreement. Last week, our network experienced a power surge of some sort and equipment was damaged requiring replacement. The Hillman Office and Rogers City Office wireless network was also affected. This support agreement will allow Presidio to work with our IT Department to get the system back up and running. Due to the urgency in the situation, this Agreement was signed on March 2, 2020 so the process can move forward and get scheduled.

Type of Service	Hourly Rate
Collab Engineer	\$195.00
Data Center Engineer	\$200.00
Network Engineer	\$195.00
Project Manager	\$165.00
Security Engineer	\$225.00
Wireless Engineer	\$186.00



**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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**INTEROFFICE MEMORANDUM**

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Switching Equipment Emergency Purchase  
**DATE:** March 2, 2020

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Last week our office experienced a power surge, which damaged some of the switching equipment in our server room. The replacement equipment was not included in the budget and totals \$8,013.76. After consulting with the Board Chair, it was determined to move forward with the purchase of this equipment so repairs could be completed in a timely fashion. We recommend approval of this purchase.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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**INTEROFFICE MEMORANDUM**

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**TO:** Board Member  
**FROM:** Nena Sork  
**SUBJECT:** Contract - NMRE  
**DATE:** March 2, 2020

---

We have received the FY20 Contract from the NMRE. This is the contract in which we receive our Medicaid payments from them. The NMRE Board approved the contract at their February 26, 2020 Board meeting. We request the Board authorize the Director to execute the agreement.

A copy of this 83-page document is available for Board members to review by contact Diane Hayka.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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**INTEROFFICE MEMORANDUM**

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Treatment of Individuals Served Monitoring Report  
**DATE:** March 2, 2020

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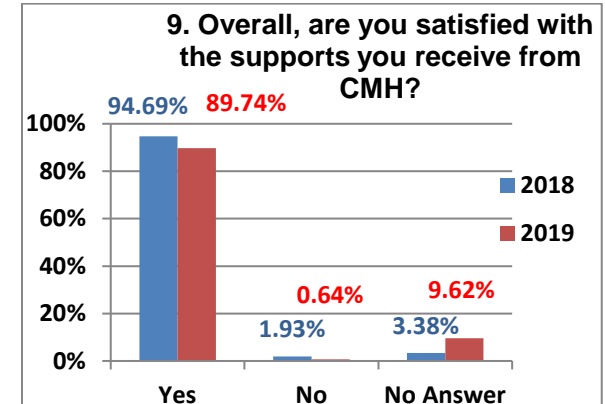
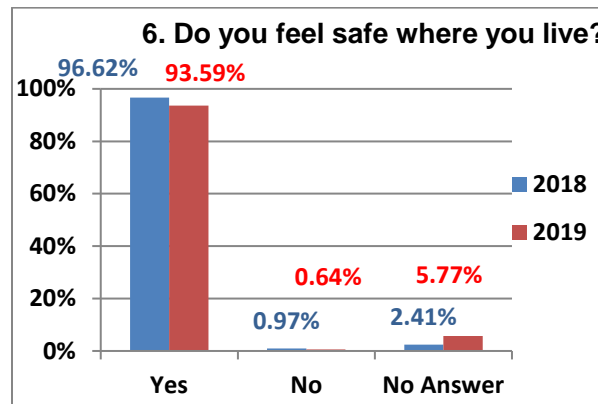
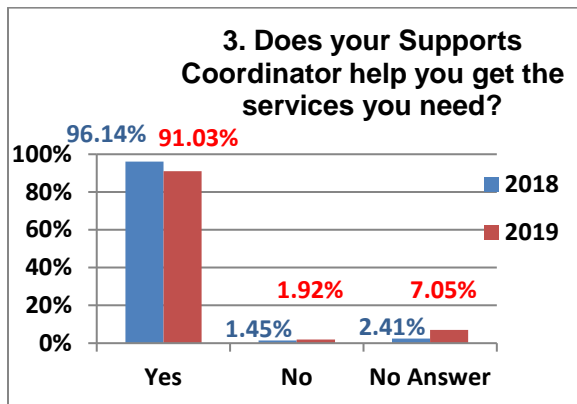
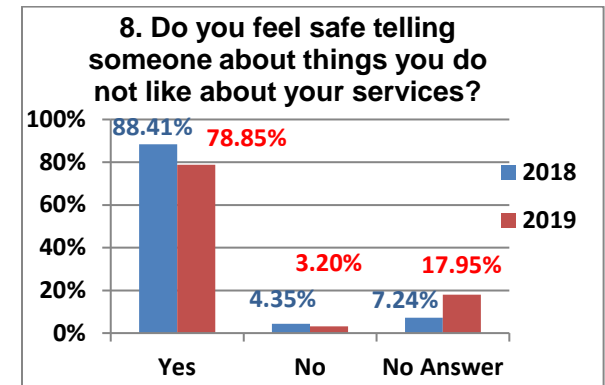
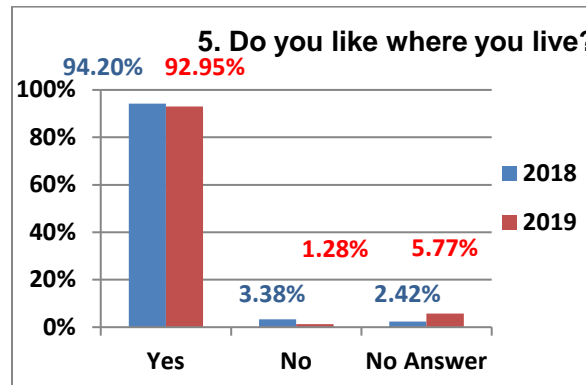
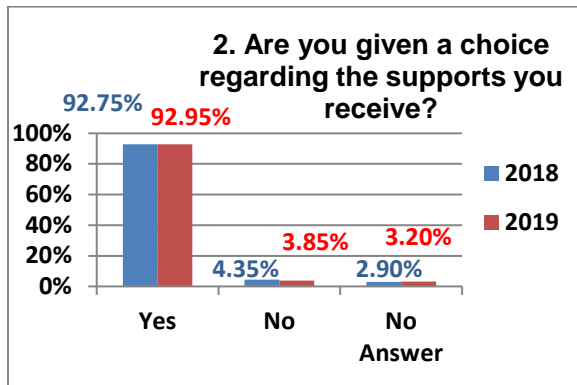
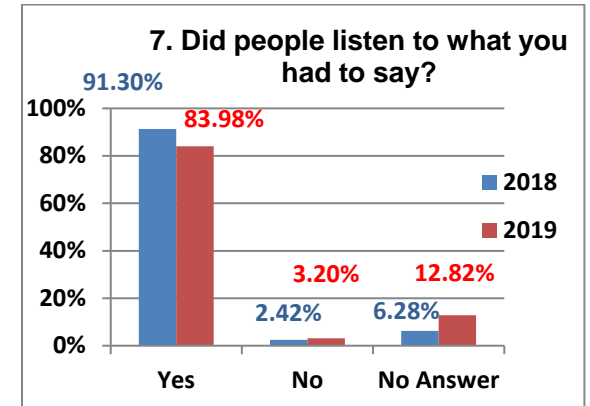
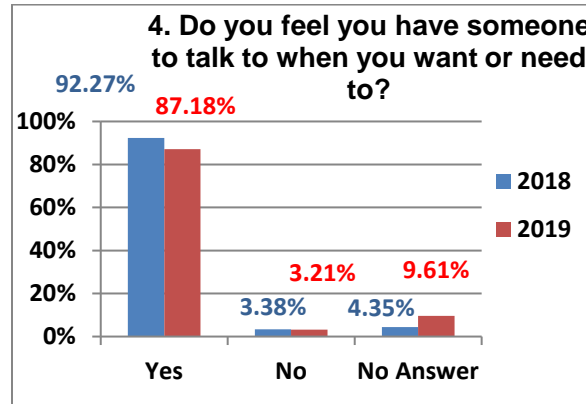
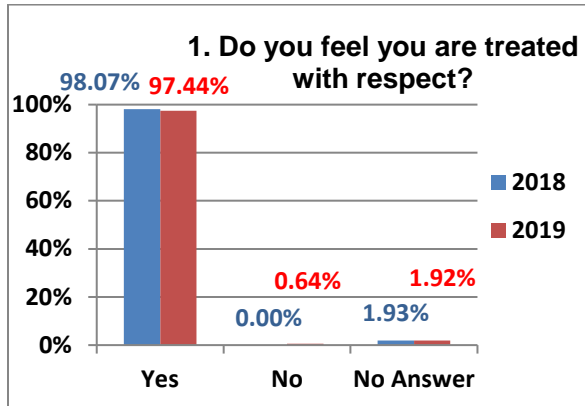
The NMRE conducts satisfaction surveys in the various agency programs for adults with and serious and persistent mental illness and children's services. Our internal Customer Satisfaction Committee manages the annual survey for individuals with an I/DD diagnosis. This year NMRE used "Survey Monkey" in the administration of the surveys and the report format is not useable as the surveys start on one page and end on another, making it difficult to determine what information is actually charted.

Attached is the survey conducted by the Customer Satisfaction Committee. We are hopeful to have the remaining survey data put in a useable format for a handout at Thursday's meeting.

Attachment

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

This brochure highlights some of the survey results compiled from  
 January 1, 2018 through December 31, 2018 – 207 of 358 responded (58%)  
 January 1, 2019 through December 31, 2019 – 156 of 346 responded (45%)



## Mission

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

## Vision

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

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

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

Updated 2-5-2020

## Quotes from Persons Served...

"Excellent service and placement. \_\_\_\_\_ is loved by all who work & care for him. Thank you. Thank you."

"\_\_\_\_\_ truly loves his home, his staff and his roommate."

"Highly satisfied with care and living facility."

"\_\_\_\_\_ doing better. Enjoys where he lives now. \_\_\_\_\_ is very good for \_\_\_\_\_ and CMH has been great at helping us achieve his needs. It has been a difficult case for all of us involved."

"Walnut staff does very good."

"Wonderful caring staff at Blue Horizons. We are so grateful to see \_\_\_\_\_ so happy in his home."

"I am happy with my apartment. Staff is good."

"We are very satisfied with the staff and home."

"The support \_\_\_\_\_ gets from mental health is excellent, couldn't ask for better and caring people."

"Although we have reduced our services over the last few months, it is no reflection on quality of services we have received-we are especially thankful for Monica, she was an excellent Comm. Support provider-we miss her very much."

"I am very happy with the care my individual gets in the group home. He is thriving there. Thank you."

"I am satisfied with the help and services that I get. Support coordinator is very helpful."

"We are looking forward to our son moving back into the SIP Home. He loved the support of his staff and supports coordinator, Frank Lis. SIP staff did a phenomenal job caring for him and have been keeping in touch."

"As guardian for \_\_\_\_\_ I am very happy with NEMCMH services."

"The agency is very helpful and kind and does a good job."



# Customer Satisfaction Committee



## 2019

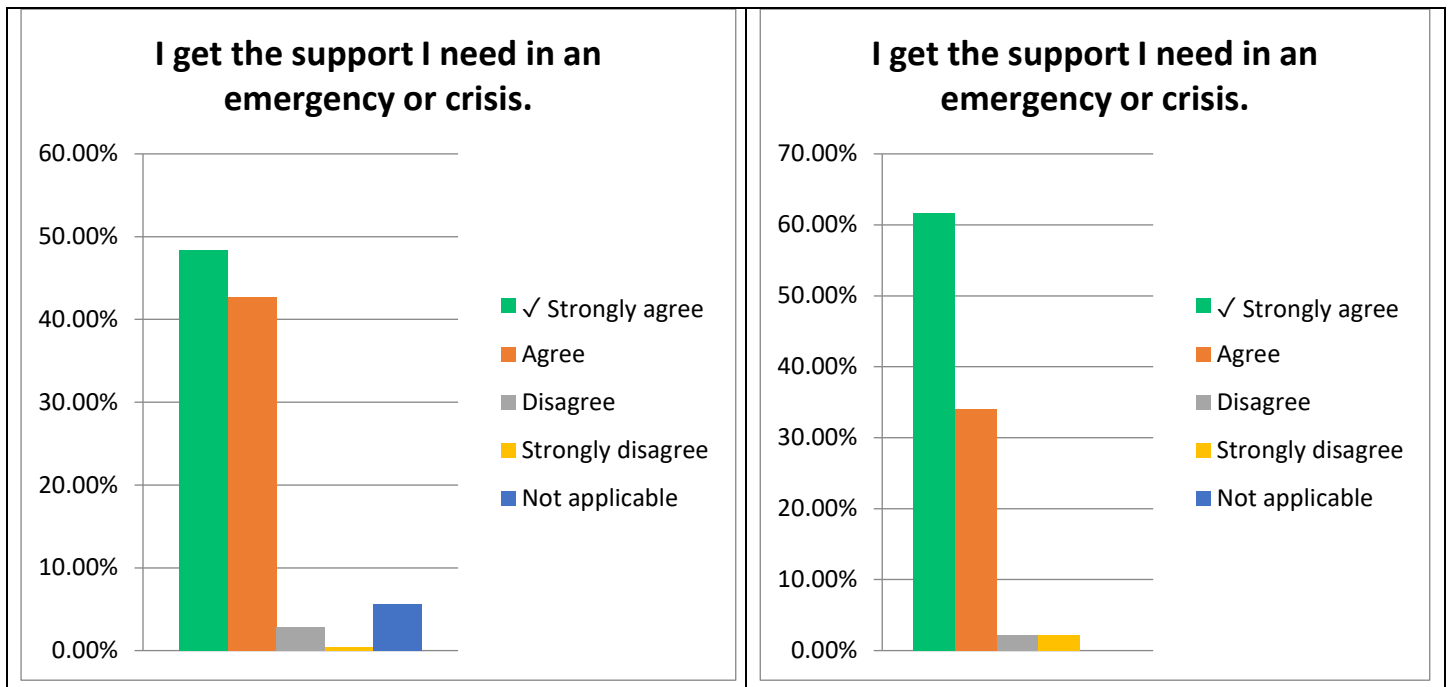
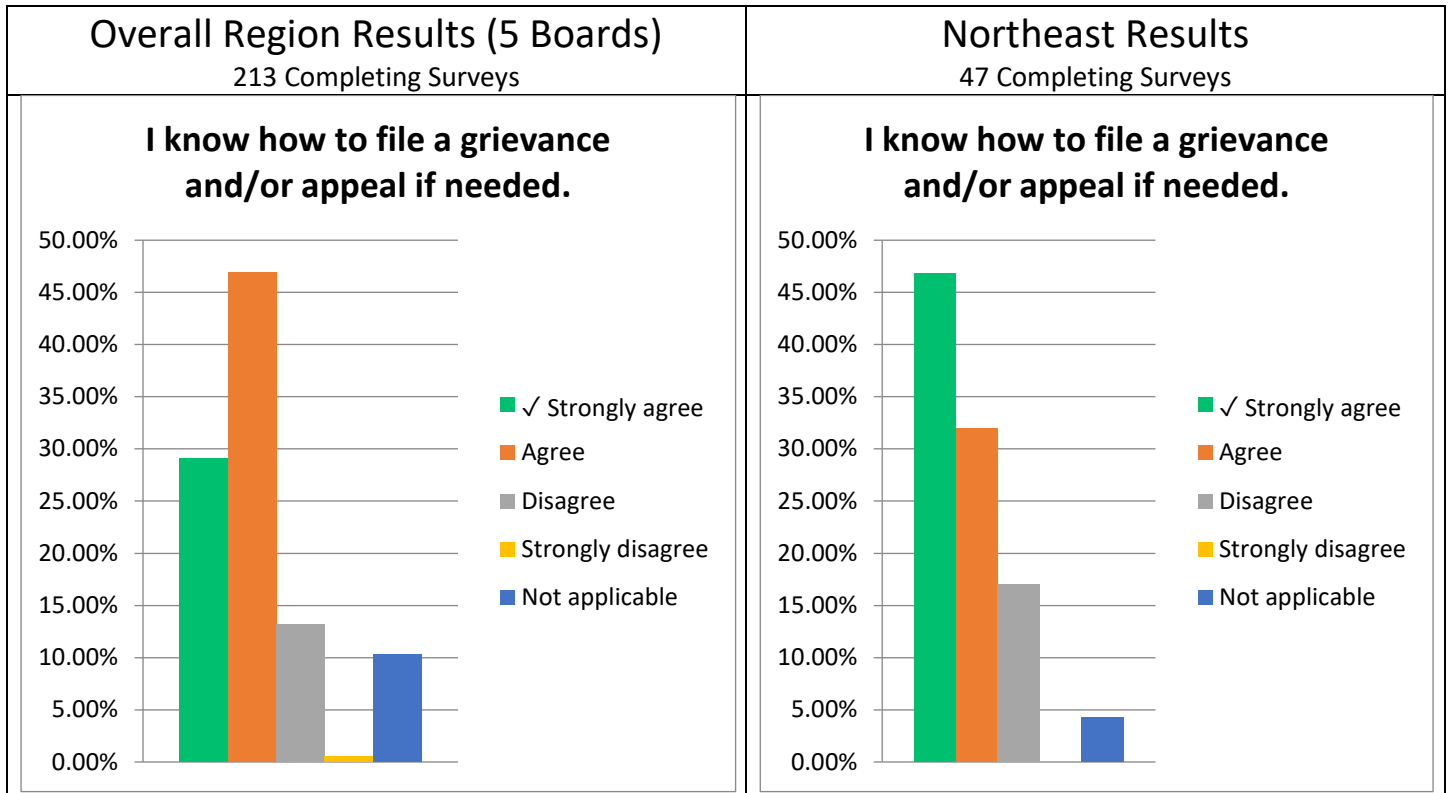
# Survey Results

(January 2019 - December 2019)

Northeast Michigan Community  
Mental Health Authority  
400 Johnson St.  
Alpena, MI 49707  
Phone: 989-356-2161

# SURVEYS CONDUCTED BY NMRE THROUGH SURVEY MONKEY IN 2019

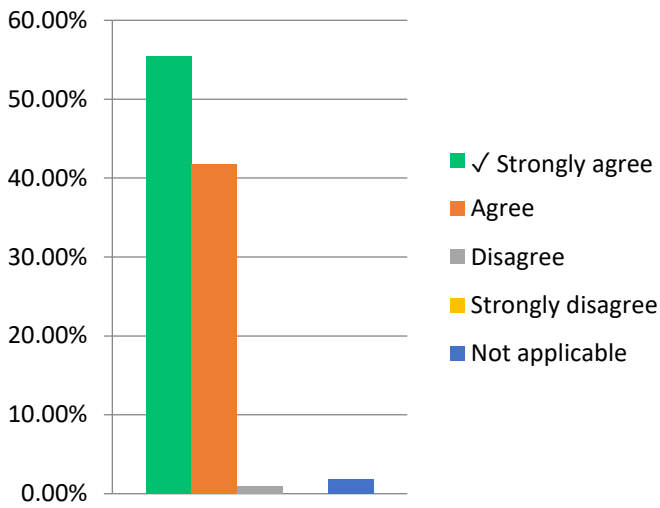
## Adult Case Management Results



### Overall Region Results (5 Boards)

213 Completing Surveys

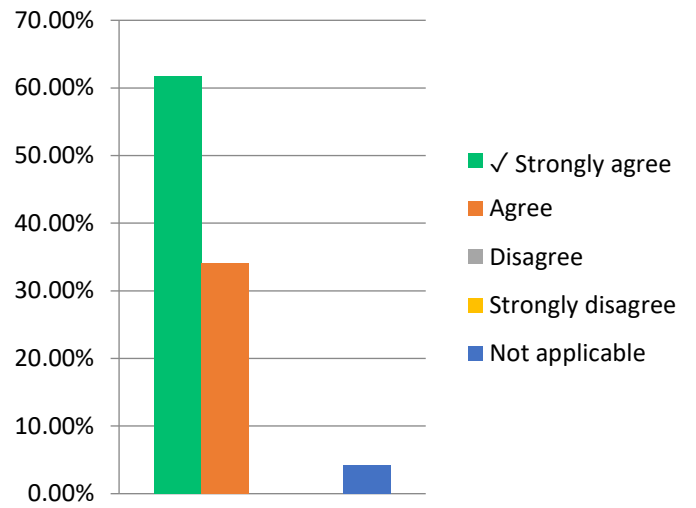
**I would recommend these services to a friend or relative.**



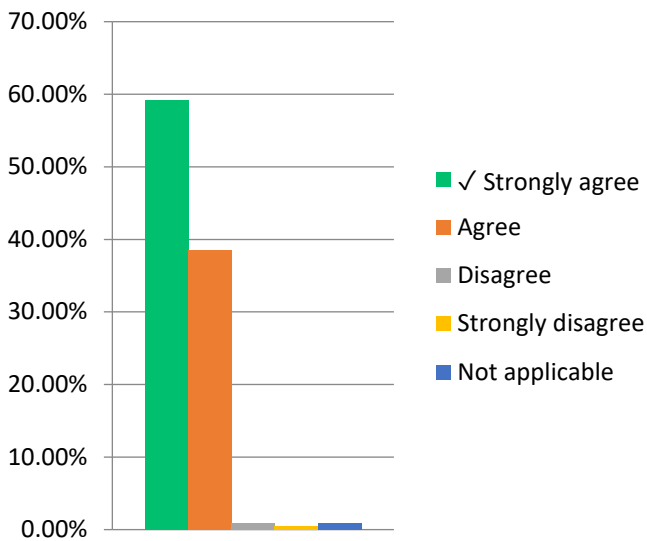
### Northeast Results

47 Completing Surveys

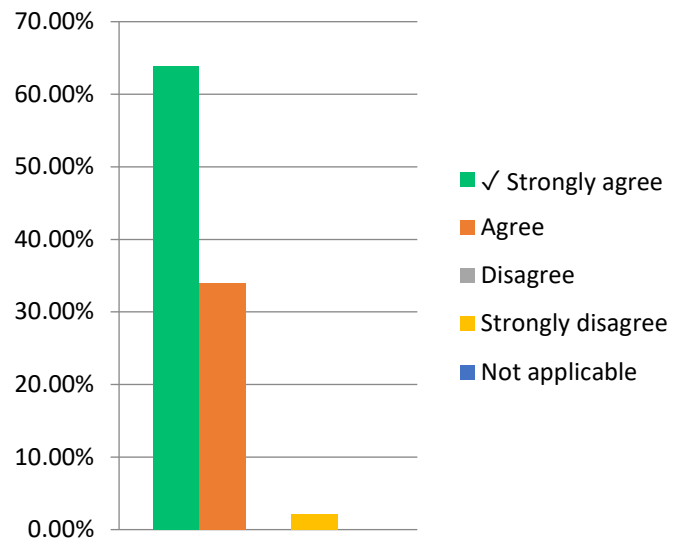
**I would recommend these services to a friend or relative.**



**I feel my Case Manager understands my strengths, needs, and abilities.**



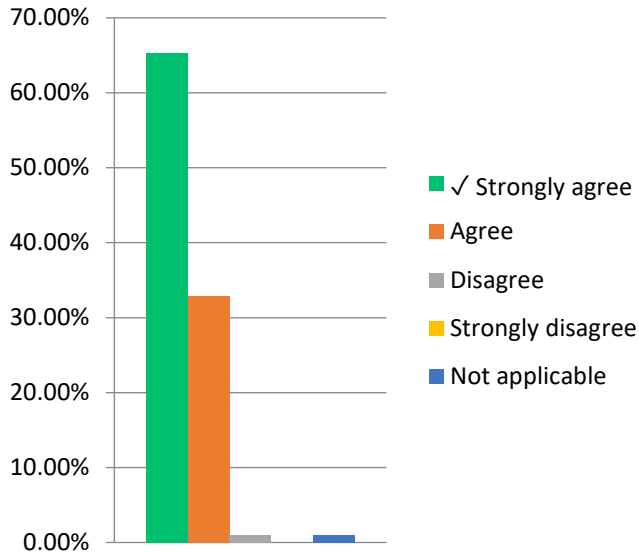
**I feel my Case Manager understands my strengths, needs, and abilities.**



### Overall Region Results (5 Boards)

213 Completing Surveys

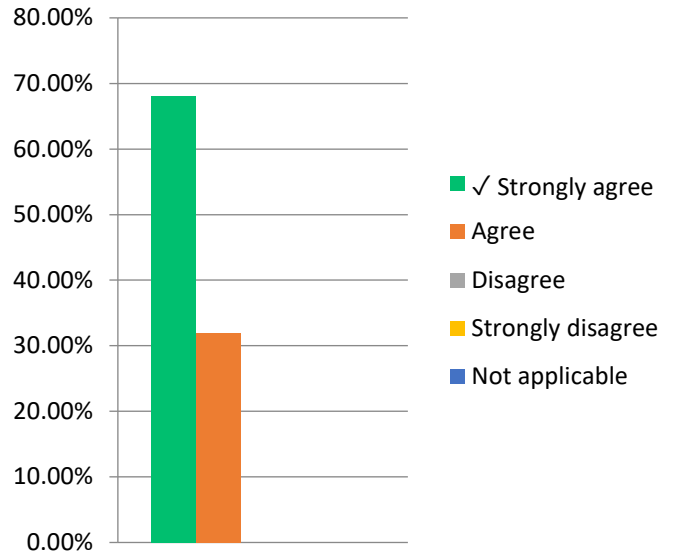
**If I have a problem or need, I feel that my Case Manager will help me.**



### Northeast Results

47 Completing Surveys

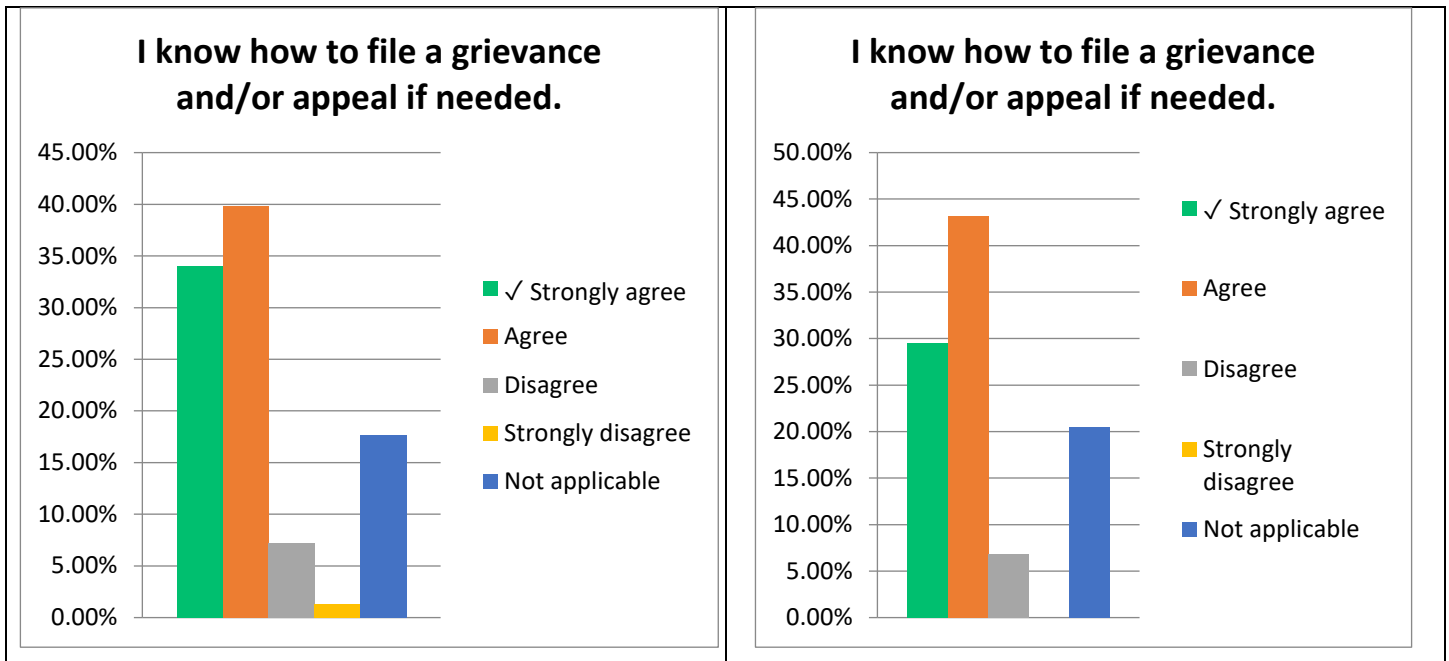
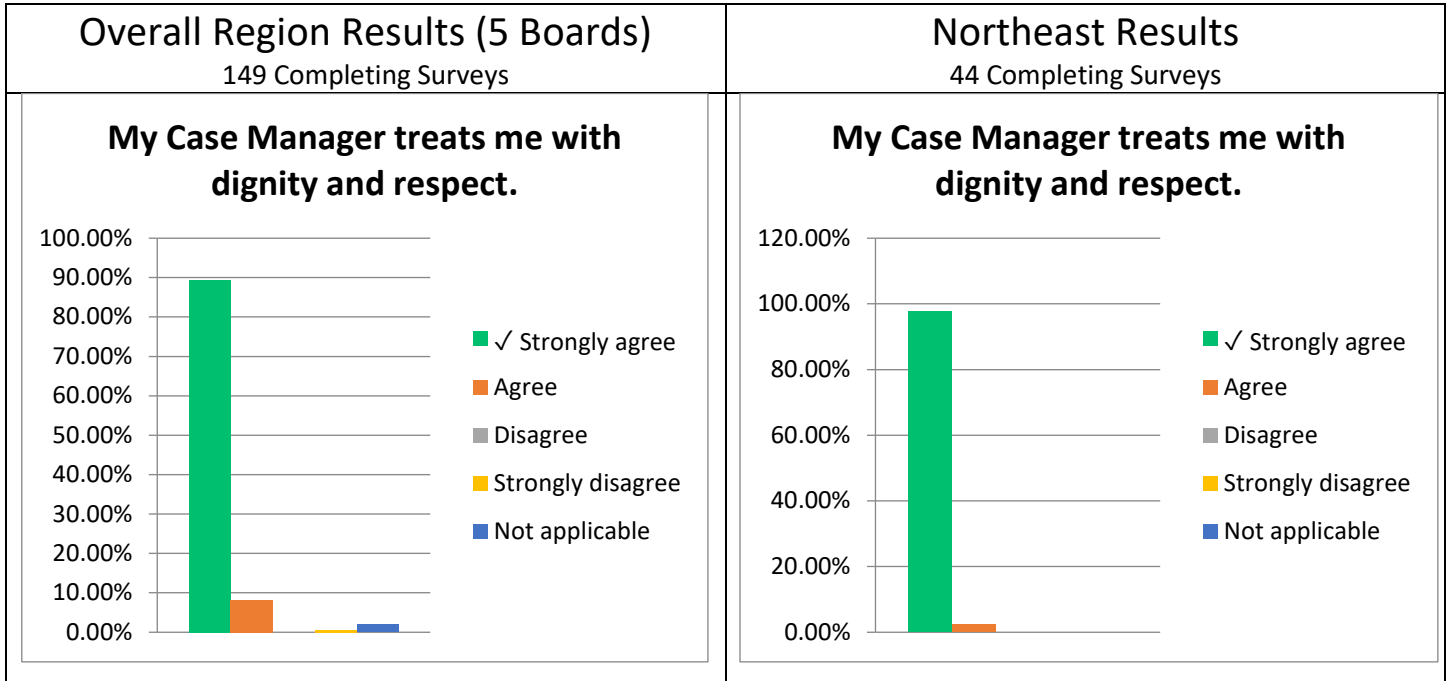
**If I have a problem or need, I feel that my Case Manager will help me.**





# SURVEYS CONDUCTED BY NMRE THROUGH SURVEY MONKEY IN 2019

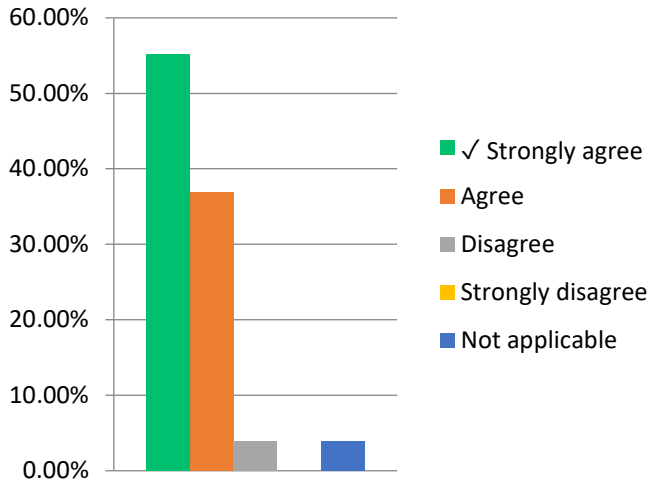
## Youth Case Management Results



### Overall Region Results (5 Boards)

149 Completing Surveys

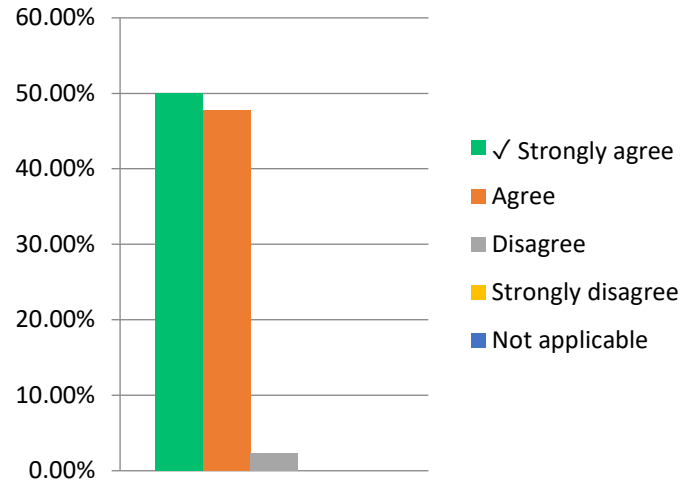
**These services have helped me communicate better with my family.**



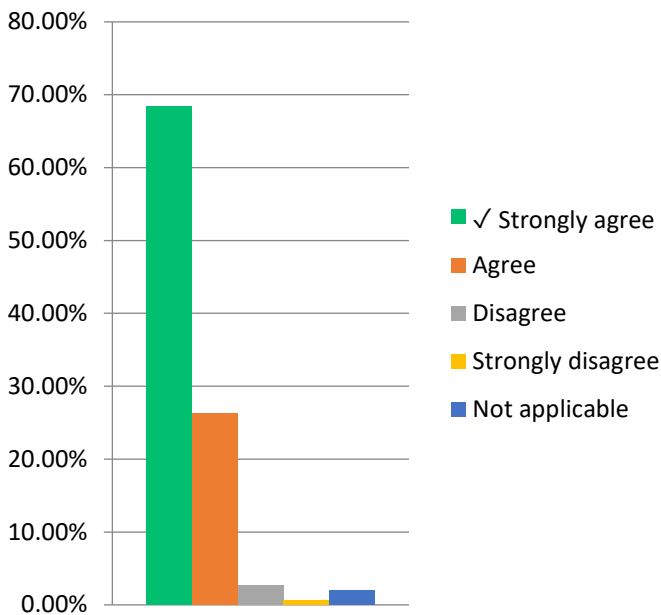
### Northeast Results

44 Completing Surveys

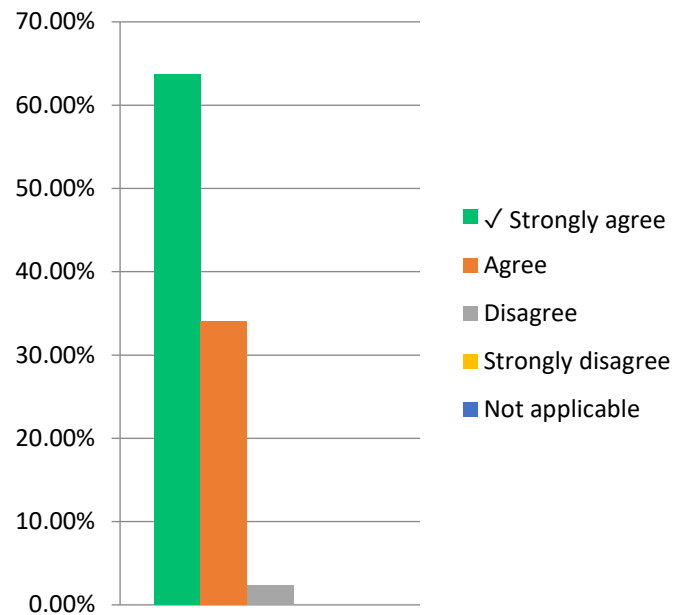
**These services have helped me communicate better with my family.**



**I feel comfortable confiding in my Case Manager during difficult times.**



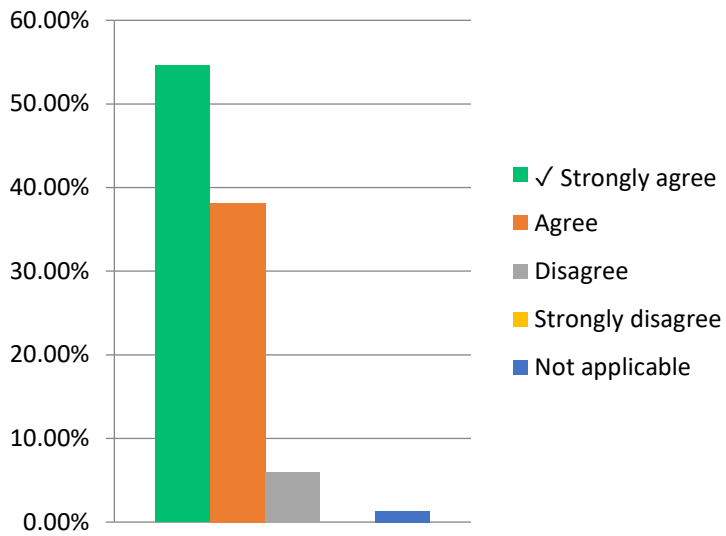
**I feel comfortable confiding in my Case Manager during difficult times.**



### Overall Region Results (5 Boards)

149 Completing Surveys

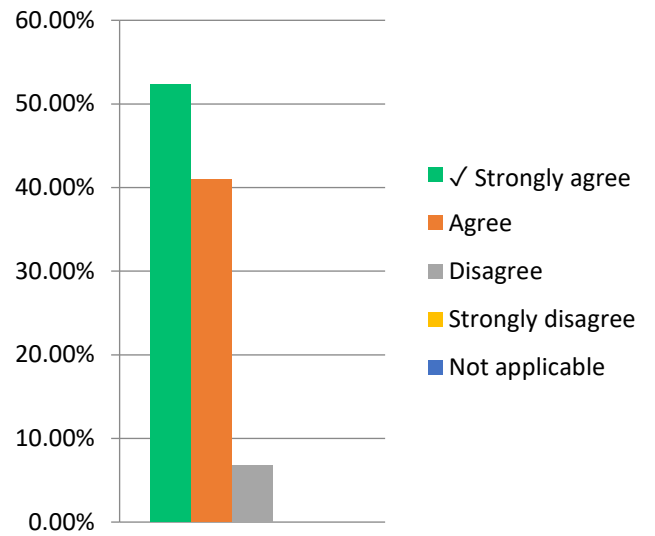
**I deal better with daily problems because of these services.**



### Northeast Results

44 Completing Surveys

**I deal better with daily problems because of these services.**

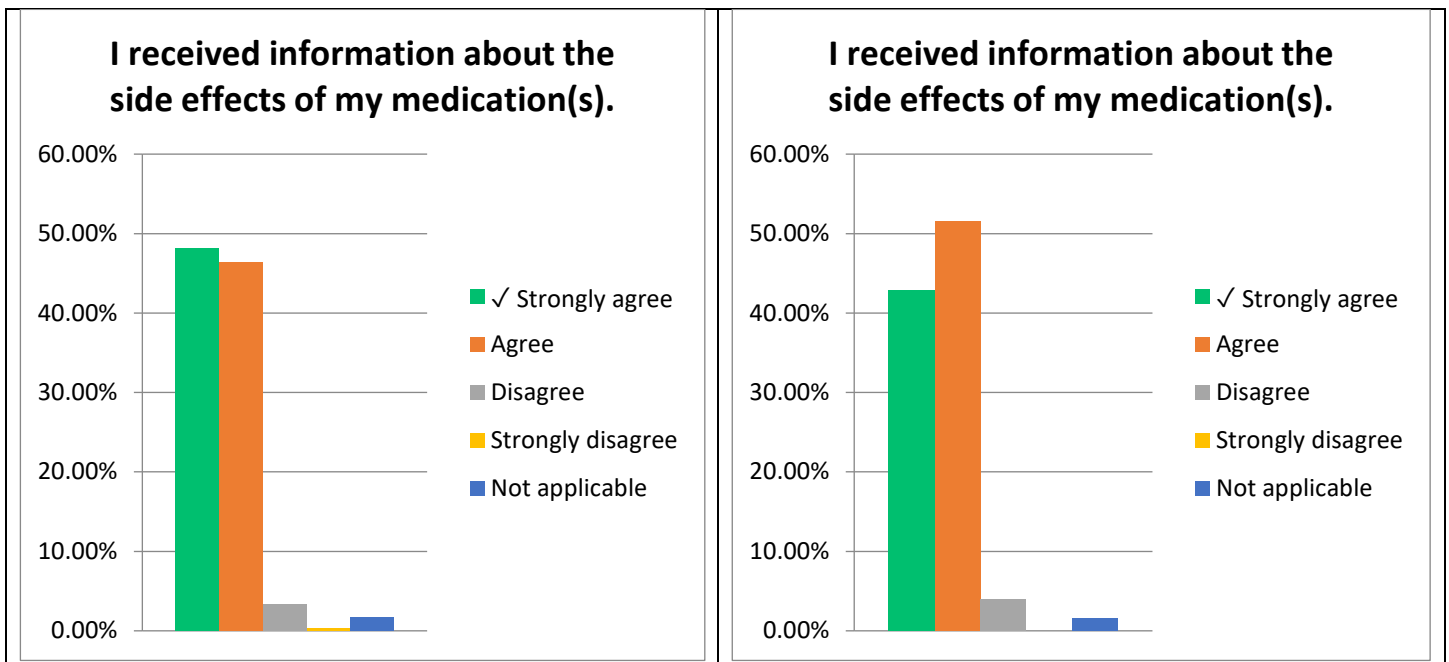
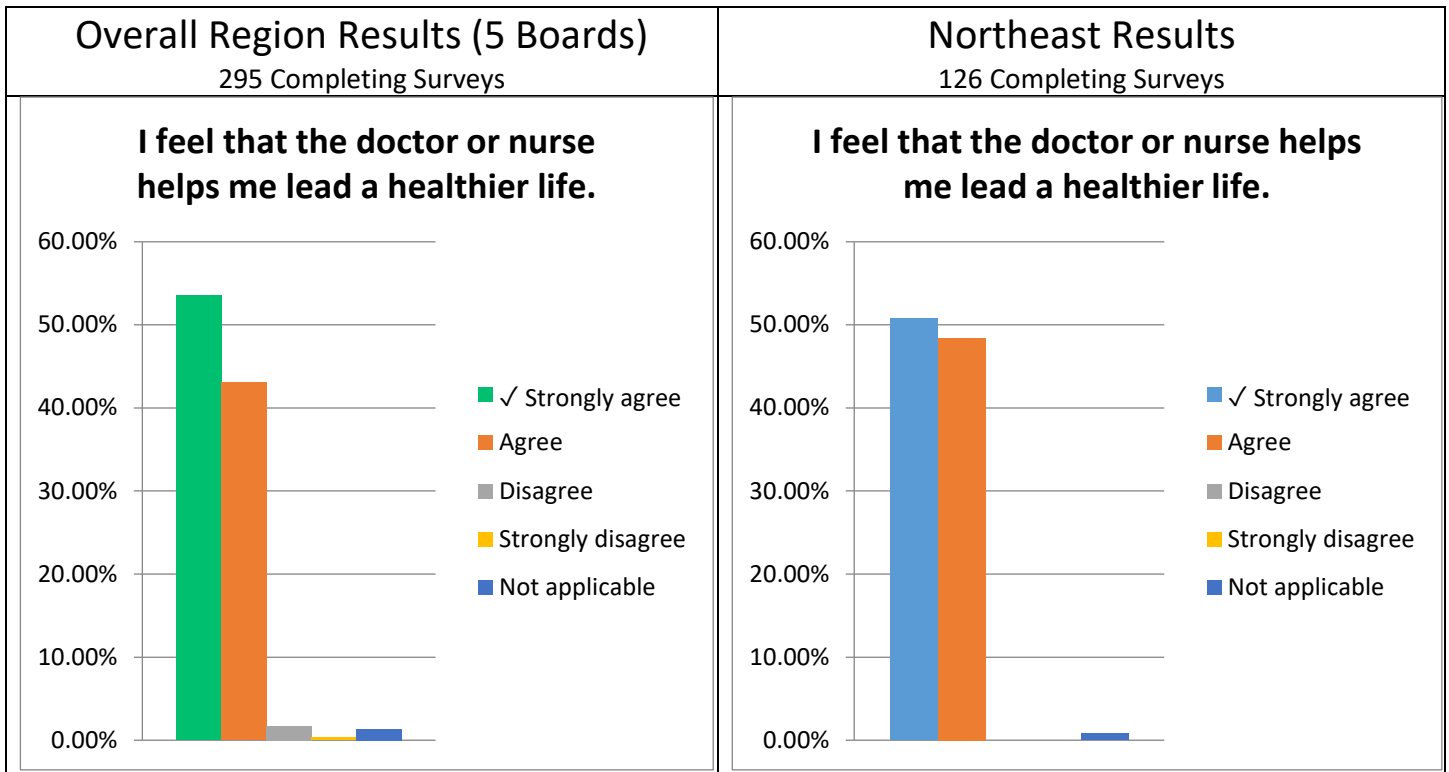


# SURVEYS CONDUCTED BY NMRE THROUGH SURVEY MONKEY IN 2019

## Medical Services Results

Northeast had the most respondents in this category

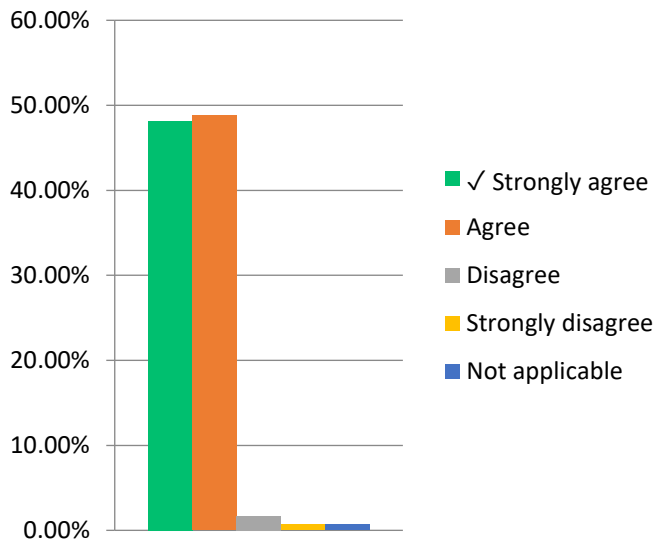
AuSable Valley (74), Centra Wellness (24), North Country (68), Northern Lakes (3), Northeast (126)



### Overall Region Results (5 Boards)

295 Completing Surveys

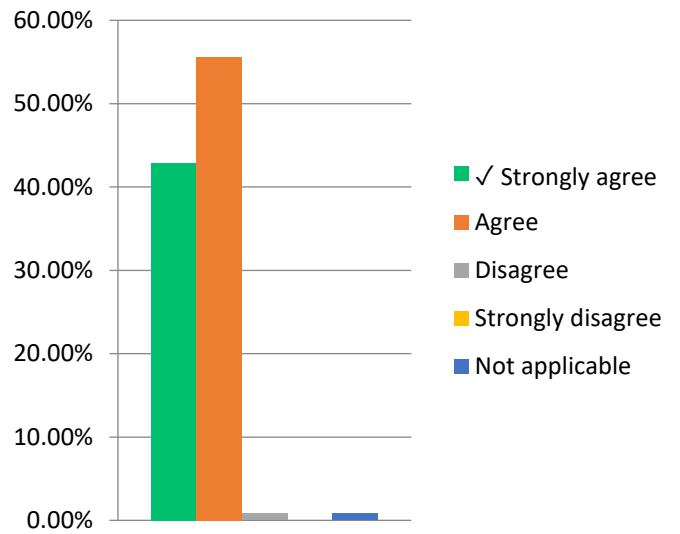
**I am encouraged to develop goals for my health.**



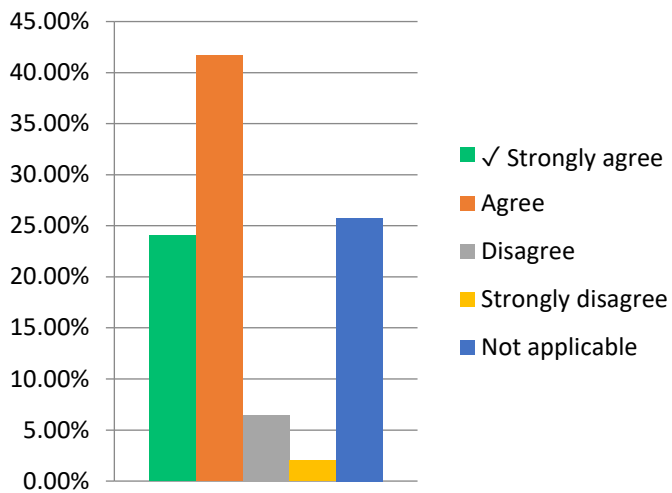
### Northeast Results

126 Completing Surveys

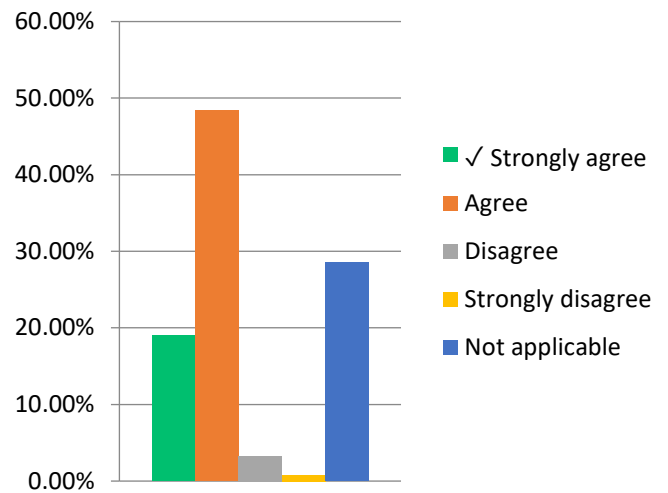
**I am encouraged to develop goals for my health.**



**The nurse or doctor talks regularly with my physical health care provider.**



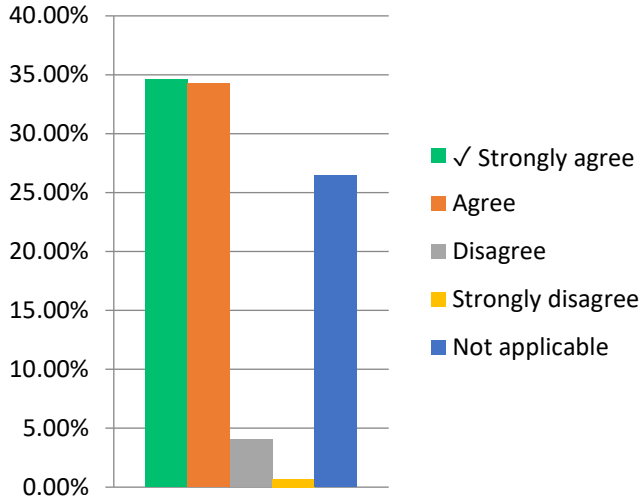
**The nurse or doctor talks regularly with my physical health care provider.**



### Overall Region Results (5 Boards)

295 Completing Surveys

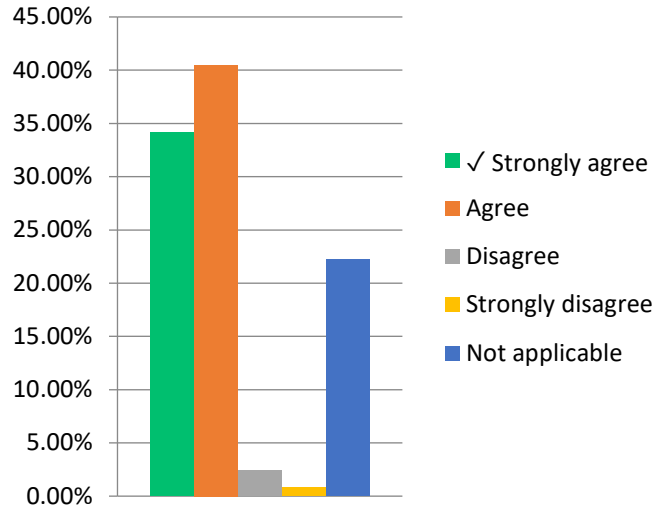
**The doctor or nurse talked with me about cigarette, drug, and/or alcohol use.**



### Northeast Results

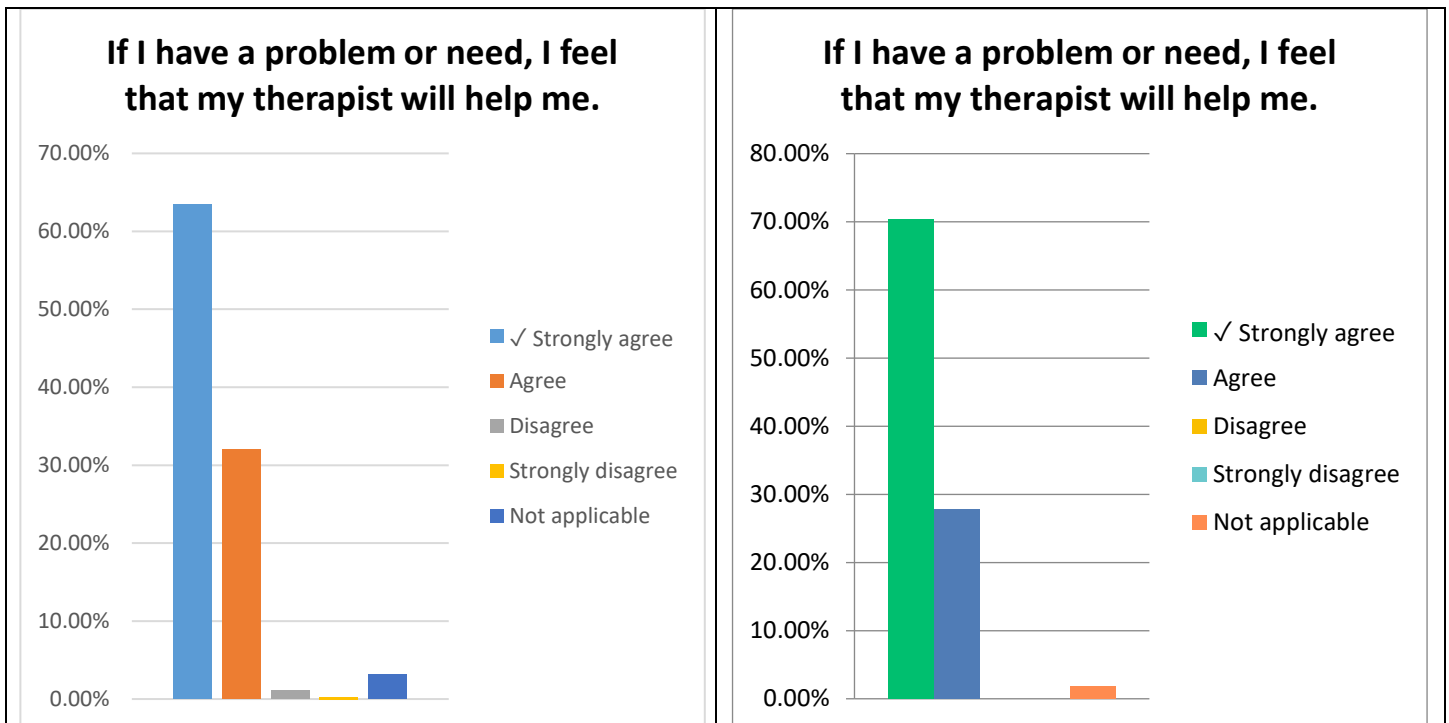
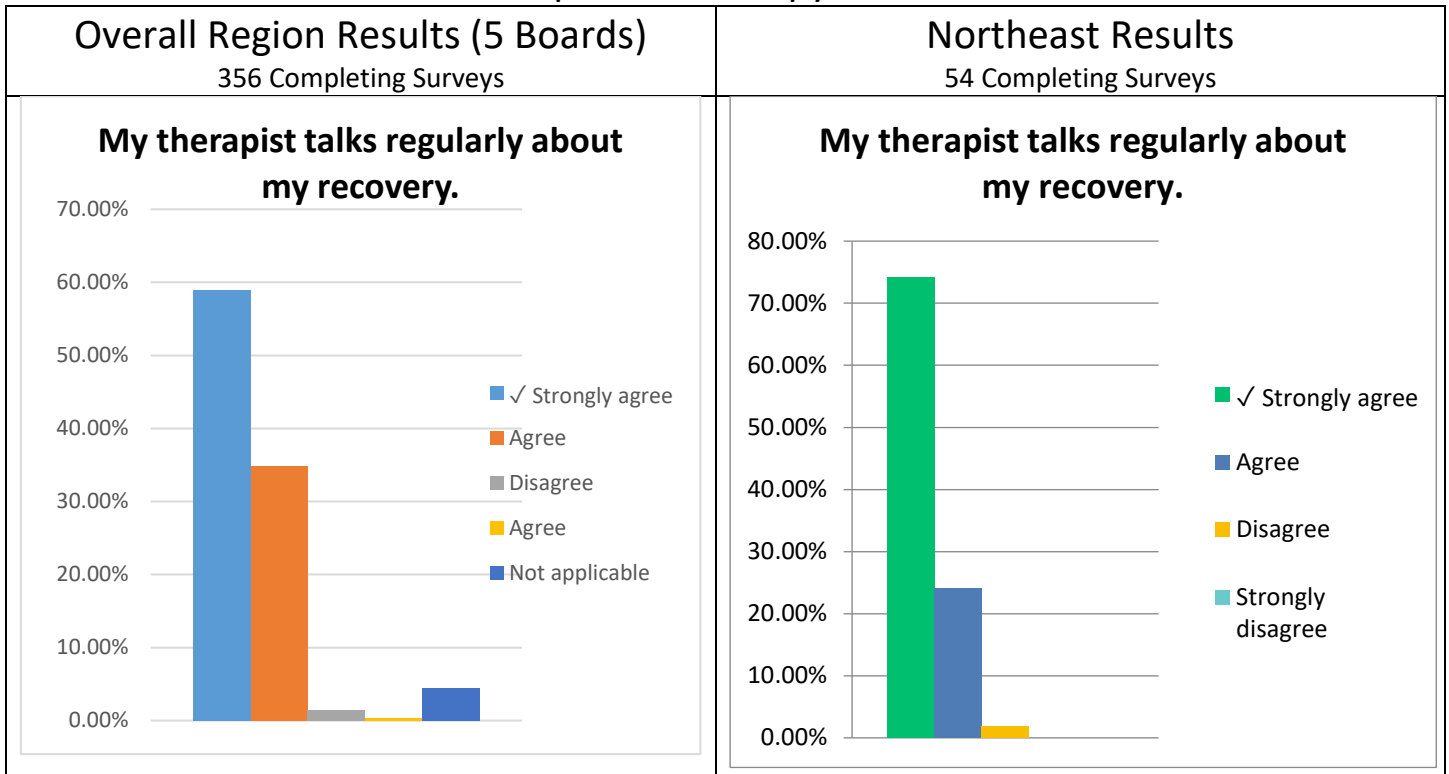
126 Completing Surveys

**The doctor or nurse talked with me about cigarette, drug, and/or alcohol use.**



# SURVEYS CONDUCTED BY NMRE THROUGH SURVEY MONKEY IN 2019

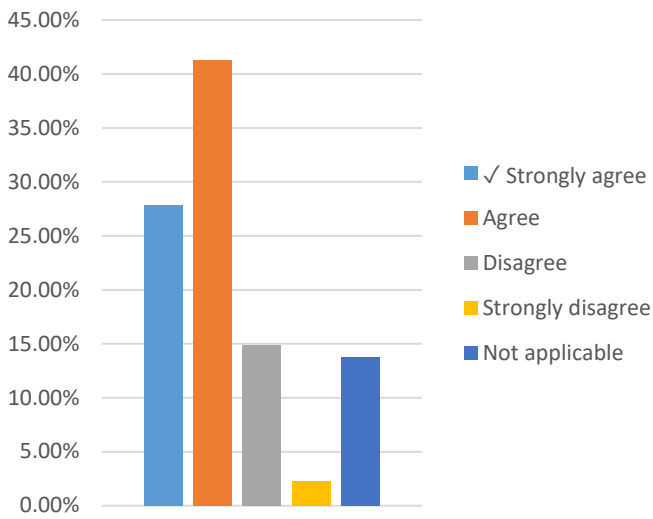
## Outpatient Therapy Results



### Overall Region Results (5 Boards)

356 Completing Surveys

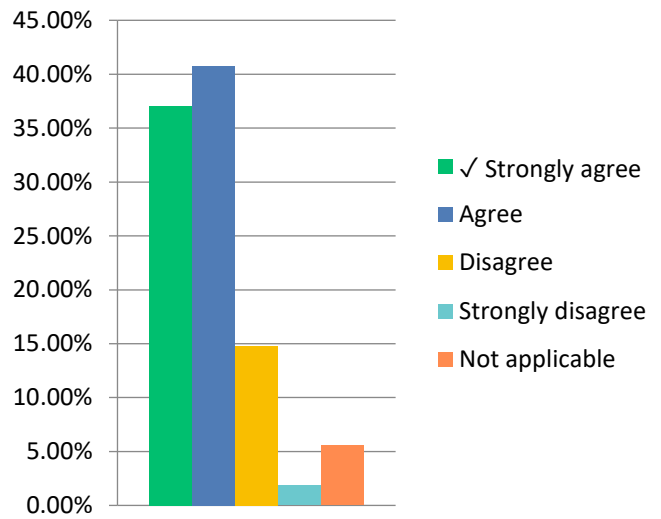
#### I know how to file a grievance and/or appeal if needed.



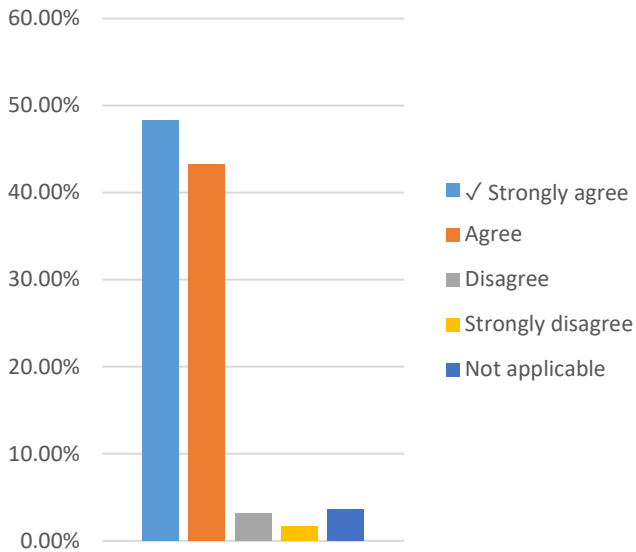
### Northeast Results

54 Completing Surveys

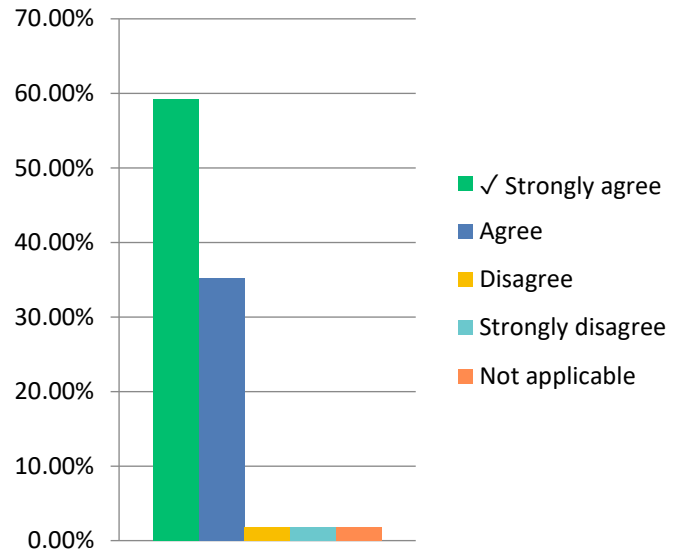
#### I know how to file a grievance and/or appeal if needed.



#### I deal better with daily problems because of these services.



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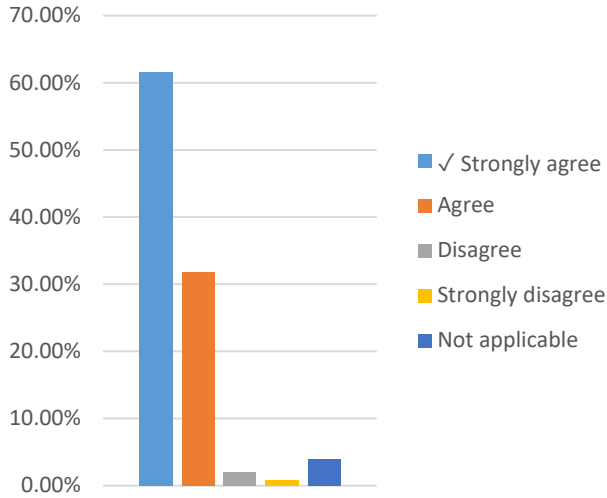




### Overall Region Results (5 Boards)

356 Completing Surveys

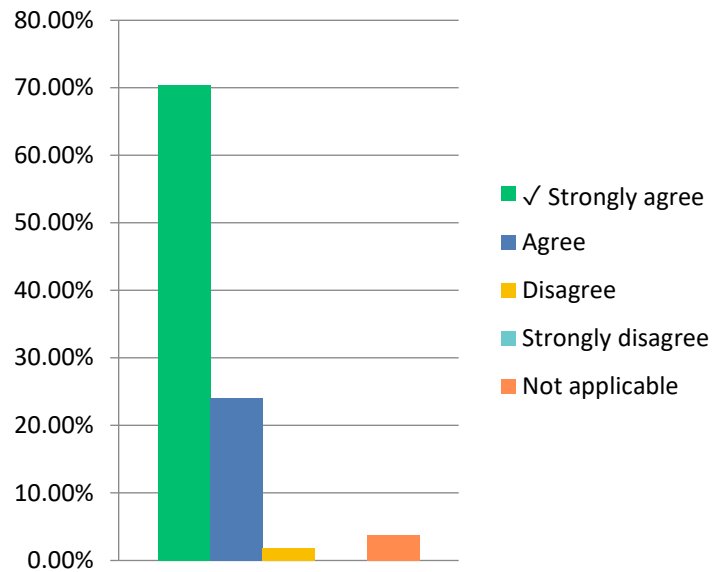
**If I had other choices, I would still get services from this agency.**



### Northeast Results

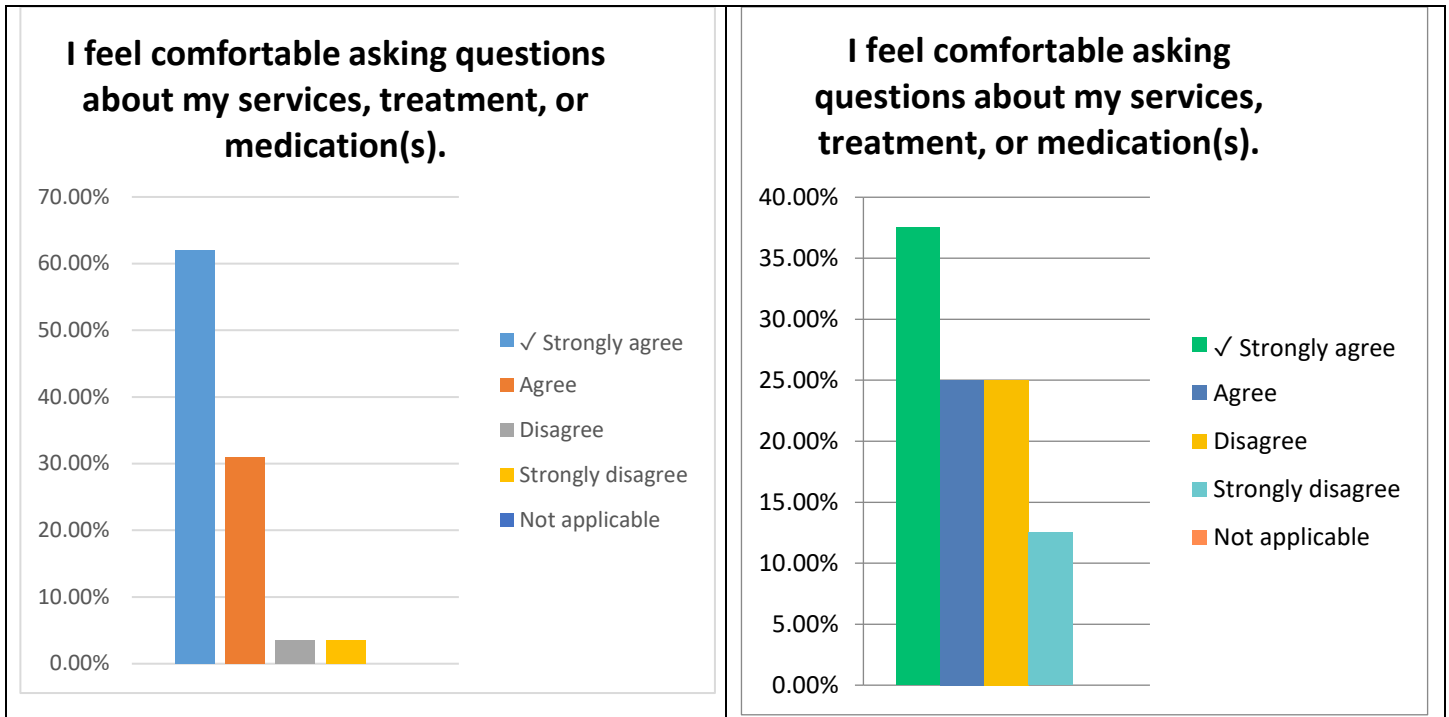
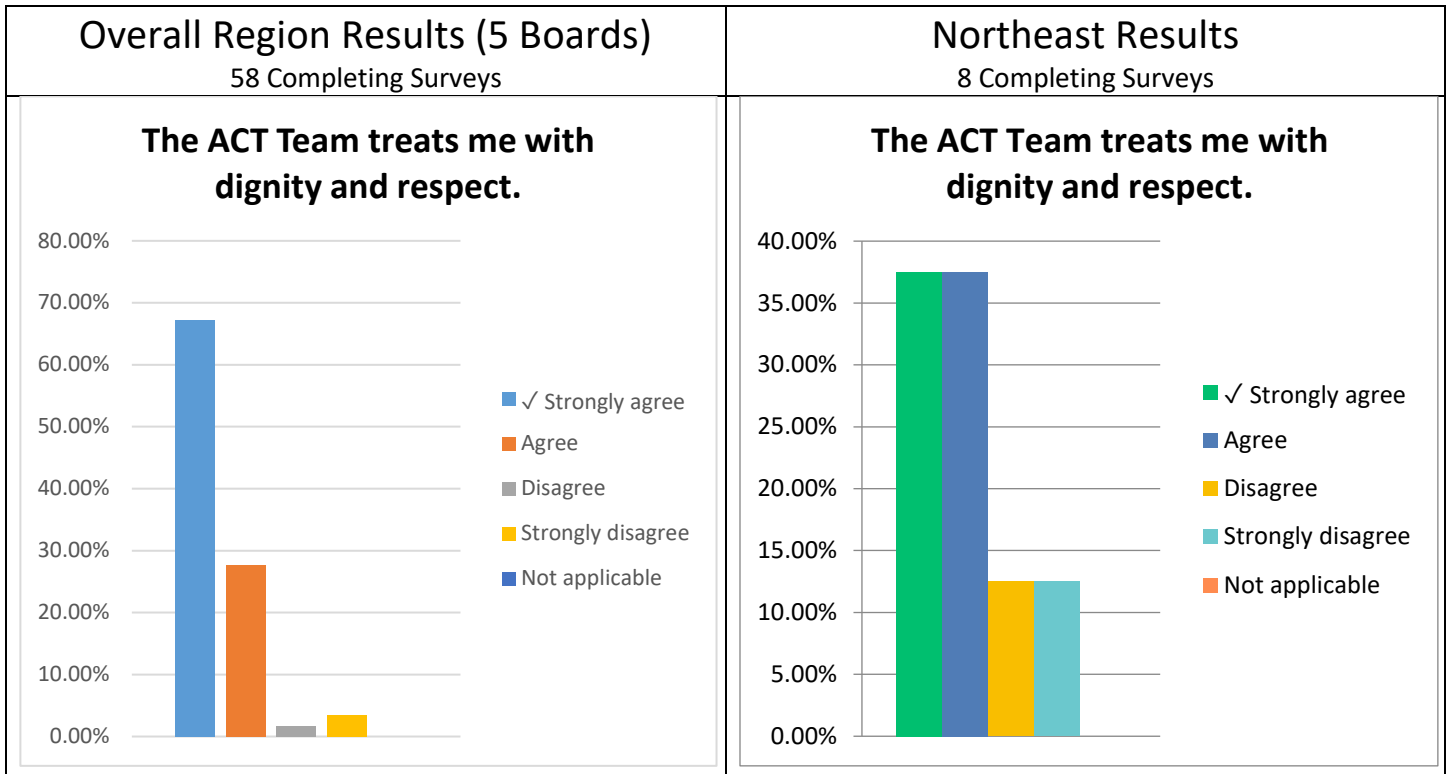
54 Completing Surveys

**If I had other choices, I would still get services from this agency.**



# SURVEYS CONDUCTED BY NMRE THROUGH SURVEY MONKEY IN 2019

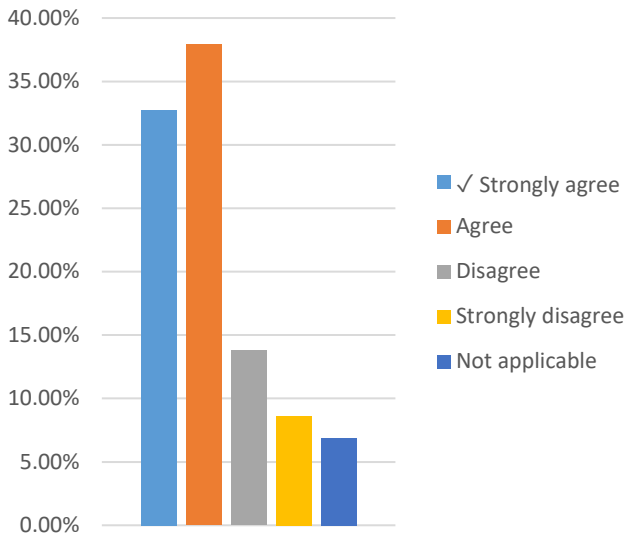
## ACT Results



### Overall Region Results (5 Boards)

58 Completing Surveys

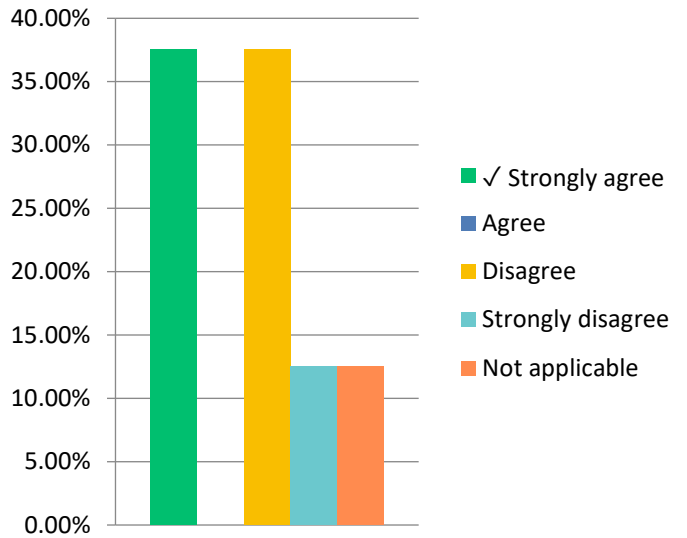
**I know how to file a grievance and/or appeal if needed.**



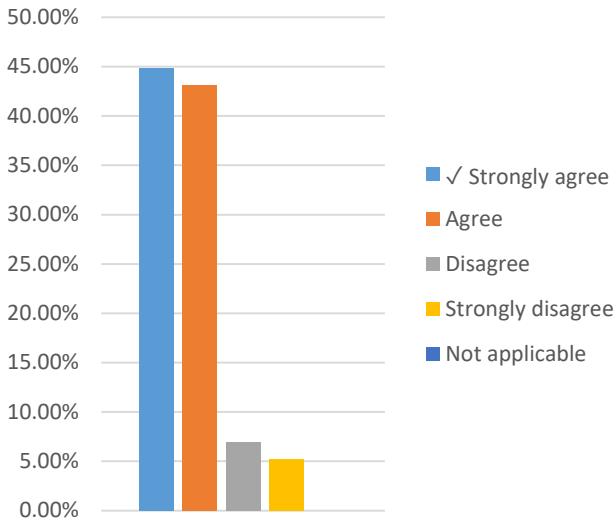
### Northeast Results

8 Completing Surveys

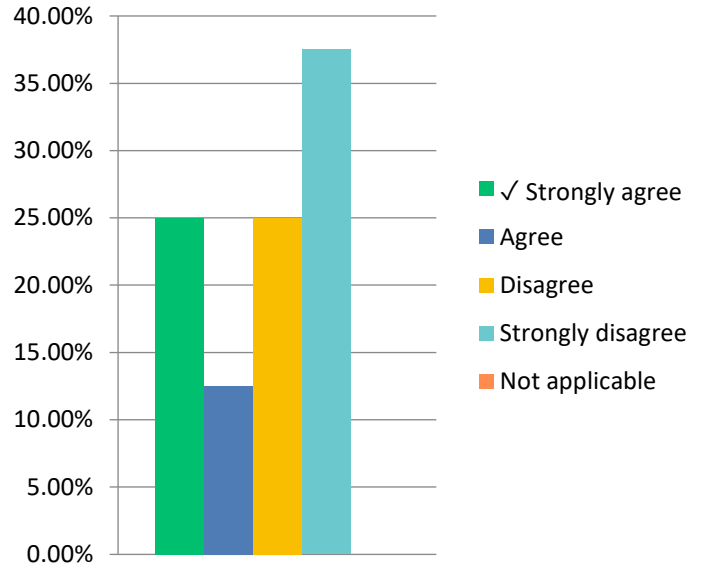
**I know how to file a grievance and/or appeal if needed.**



**I deal better with daily problems because of these services.**



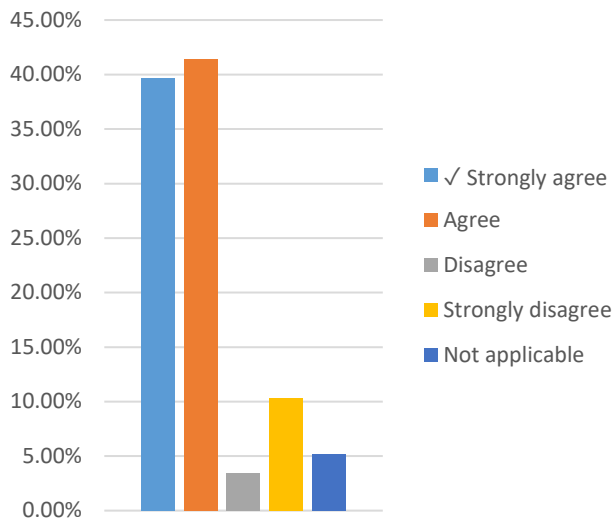
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### Overall Region Results (5 Boards)

58 Completing Surveys

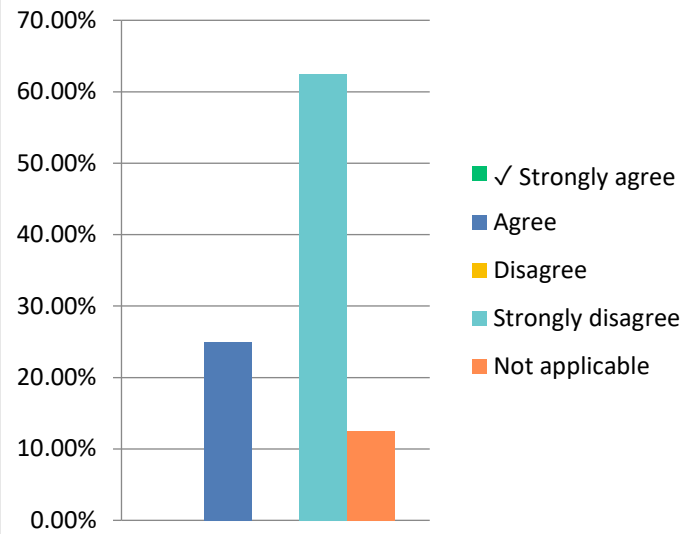
**I would recommend these services to a friend or relative.**



### Northeast Results

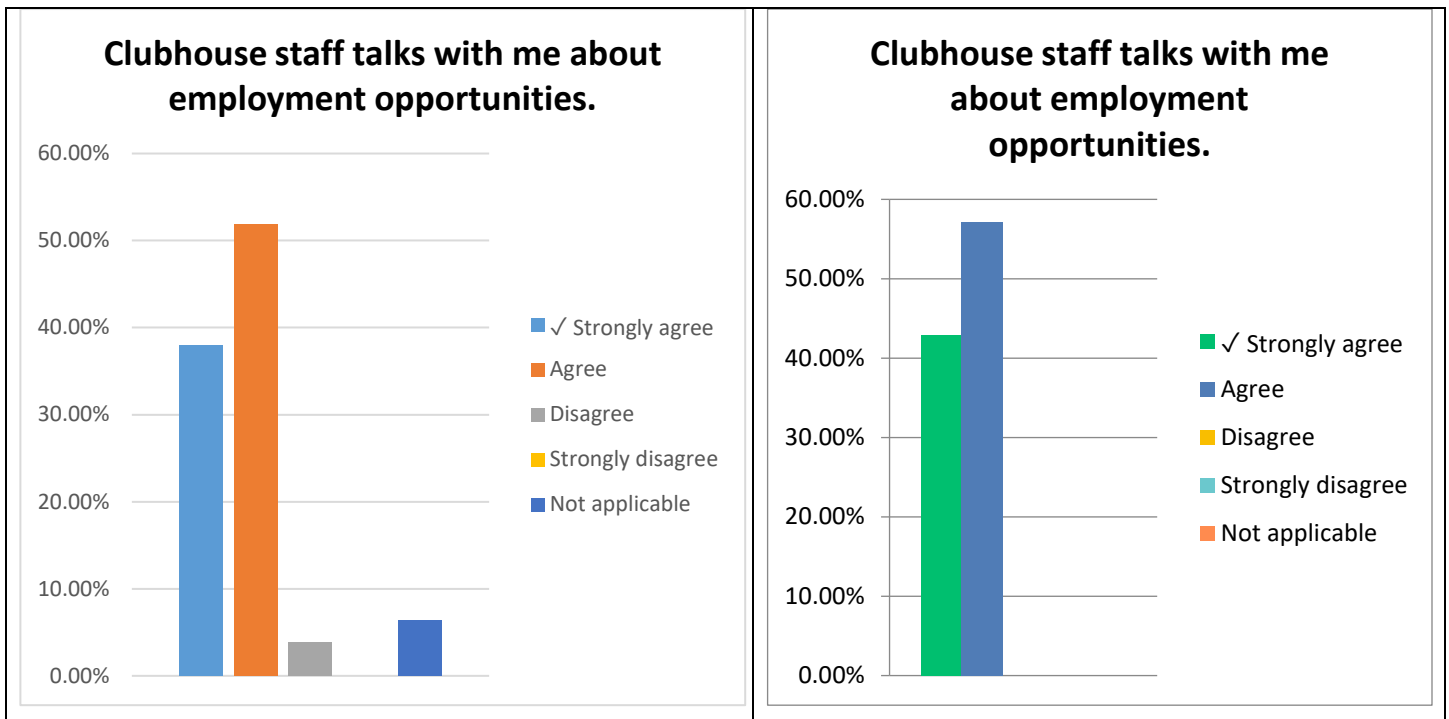
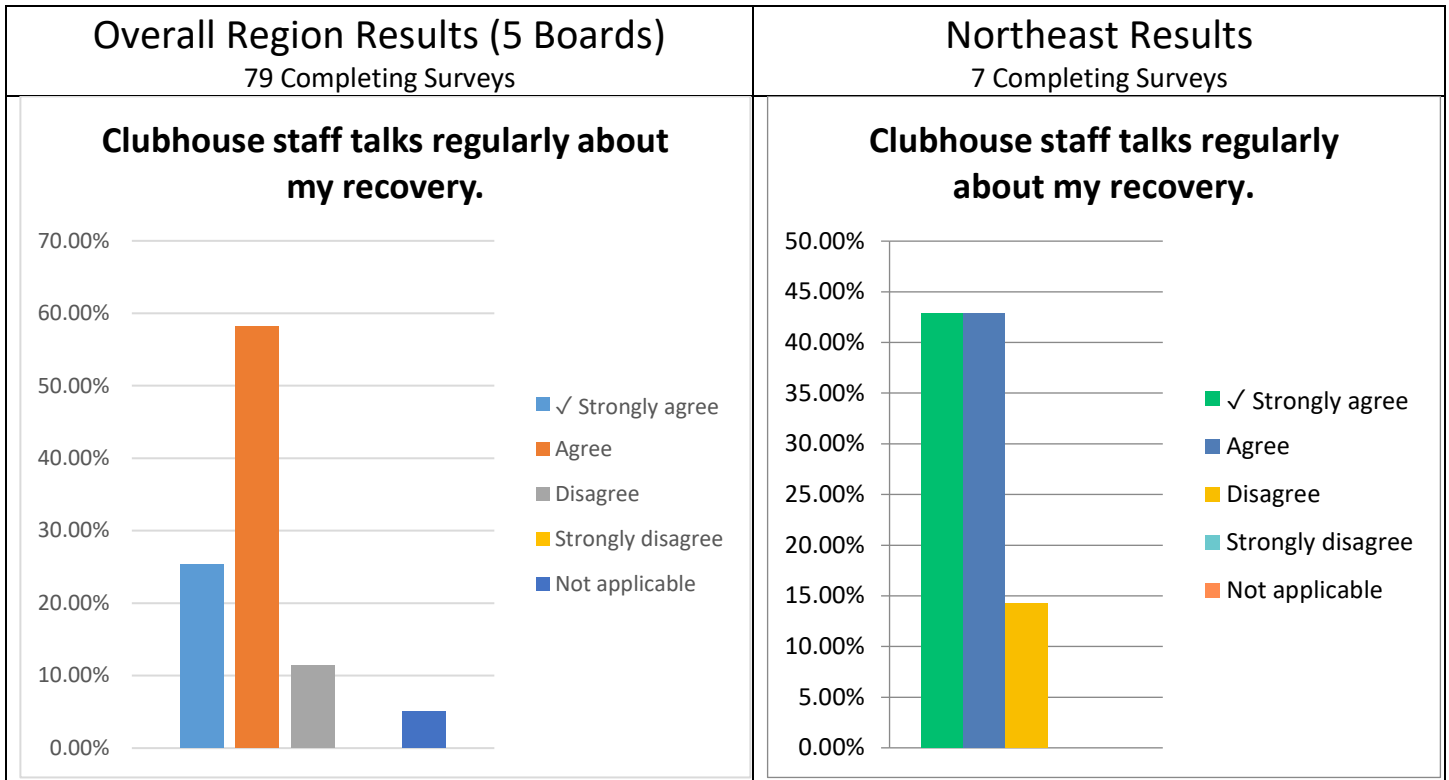
8 Completing Surveys

**I would recommend these services to a friend or relative.**



# SURVEYS CONDUCTED BY NMRE THROUGH SURVEY MONKEY IN 2019

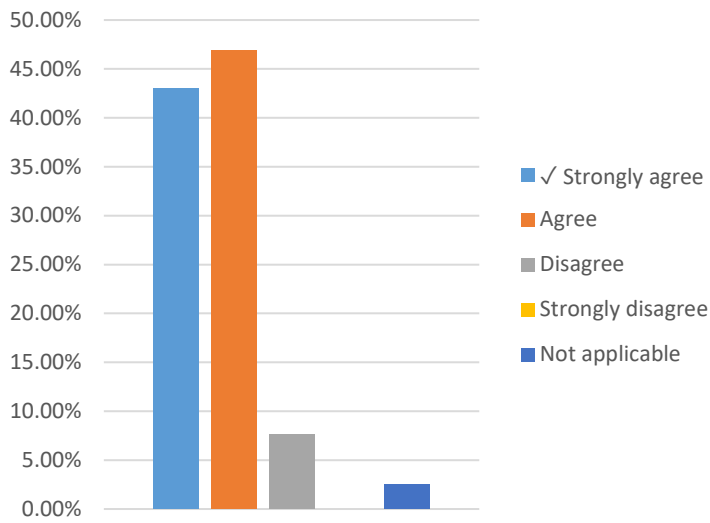
## Clubhouse Results



### Overall Region Results (5 Boards)

79 Completing Surveys

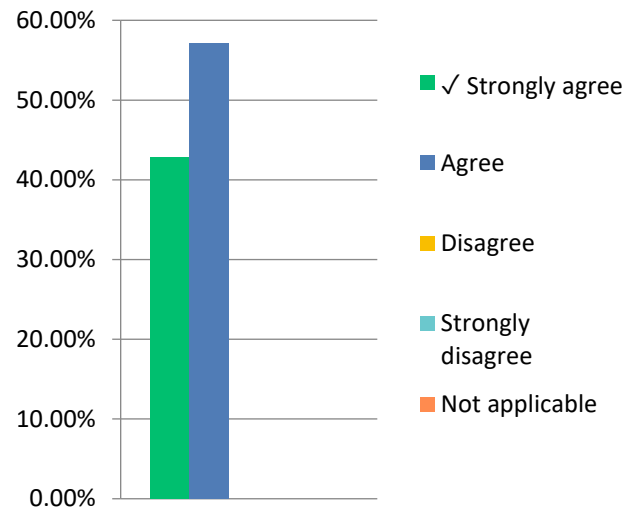
#### Clubhouse staff helps me make healthier life choices.



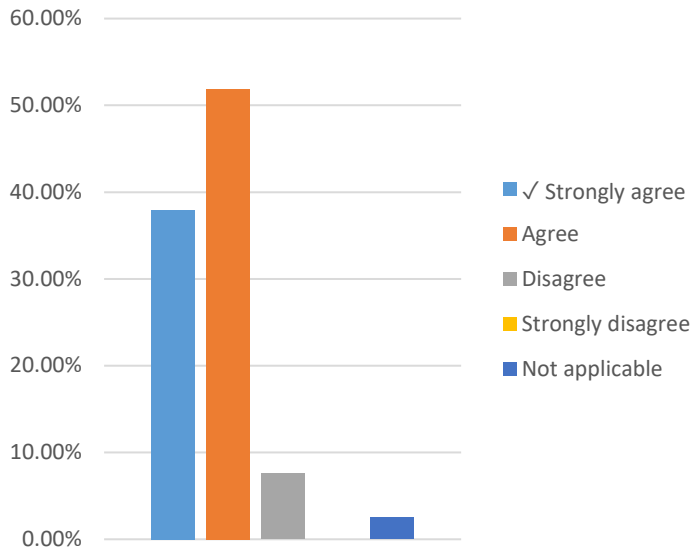
### Northeast Results

7 Completing Surveys

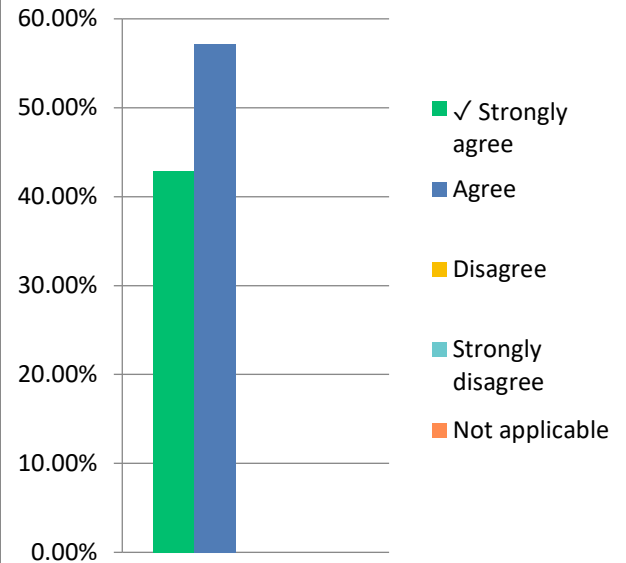
#### Clubhouse staff helps me make healthier life choices.



#### I have learned coping skills and ways to better manage stress.



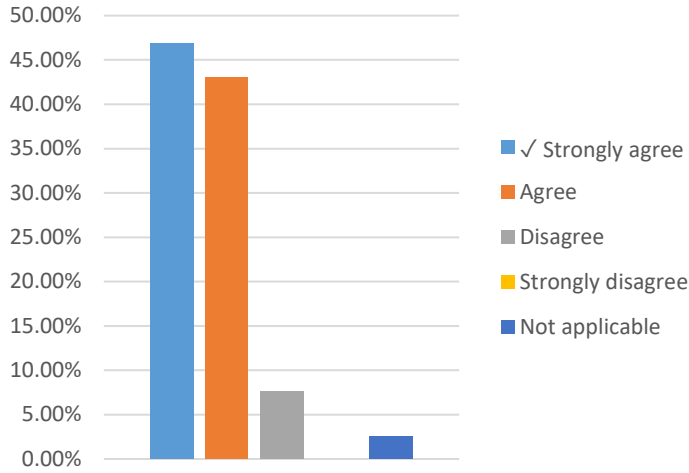
#### I have learned coping skills and ways to better manage stress.



### Overall Region Results (5 Boards)

79 Completing Surveys

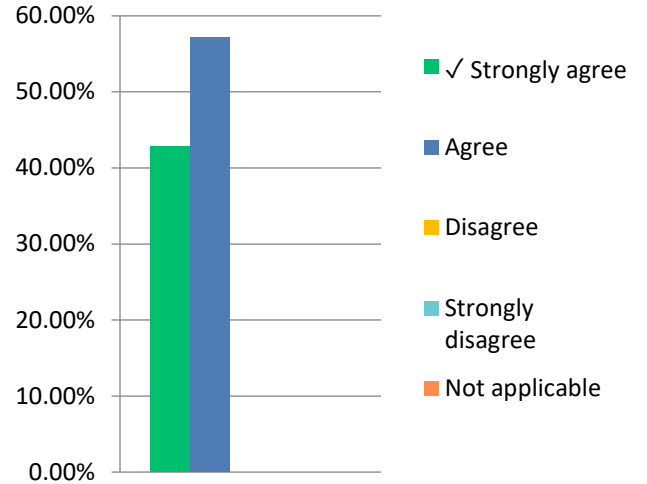
**I feel my quality of life has improved since attending Clubhouse.**



### Northeast Results

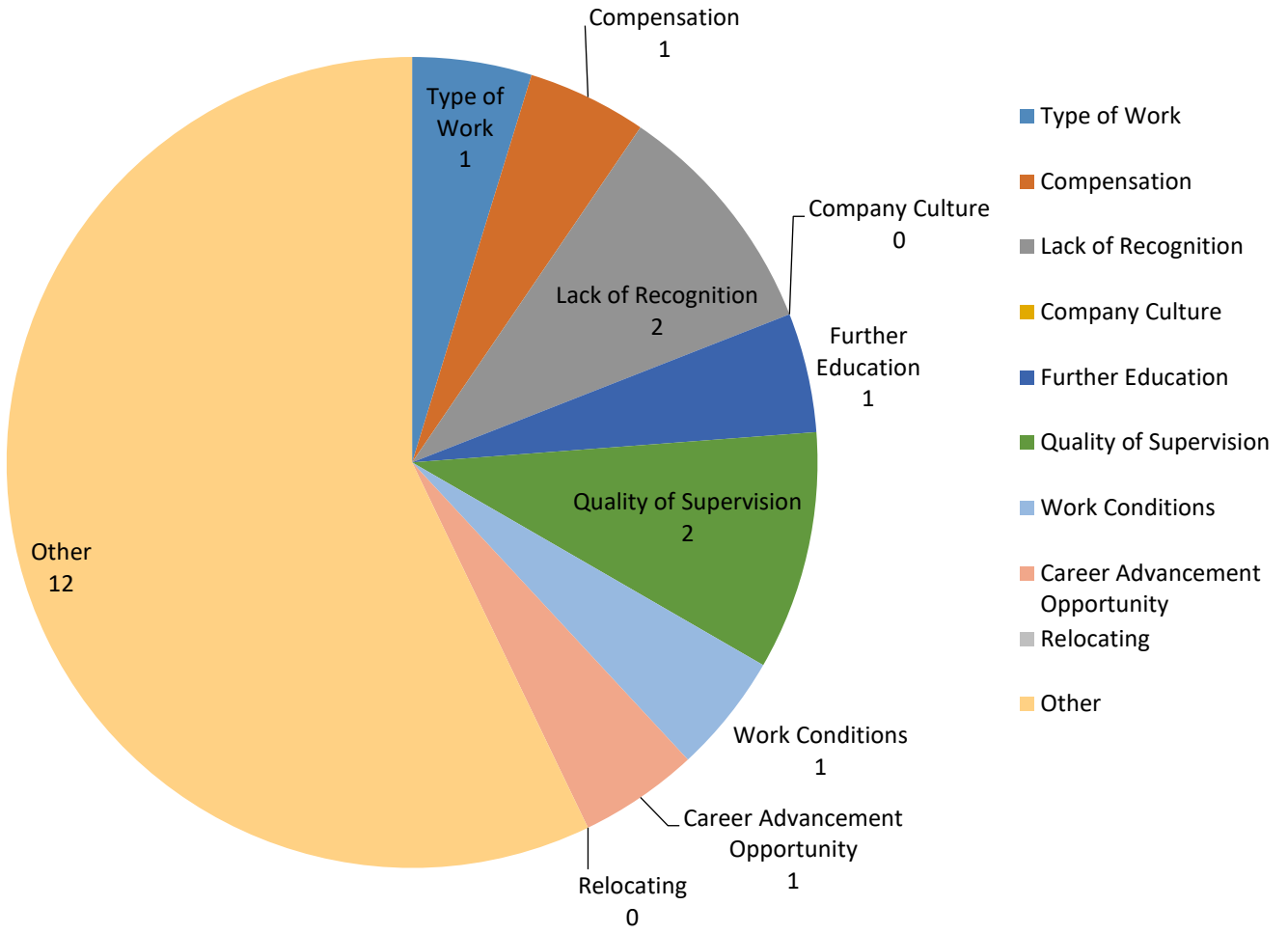
7 Completing Surveys

**I feel my quality of life has improved since attending Clubhouse.**

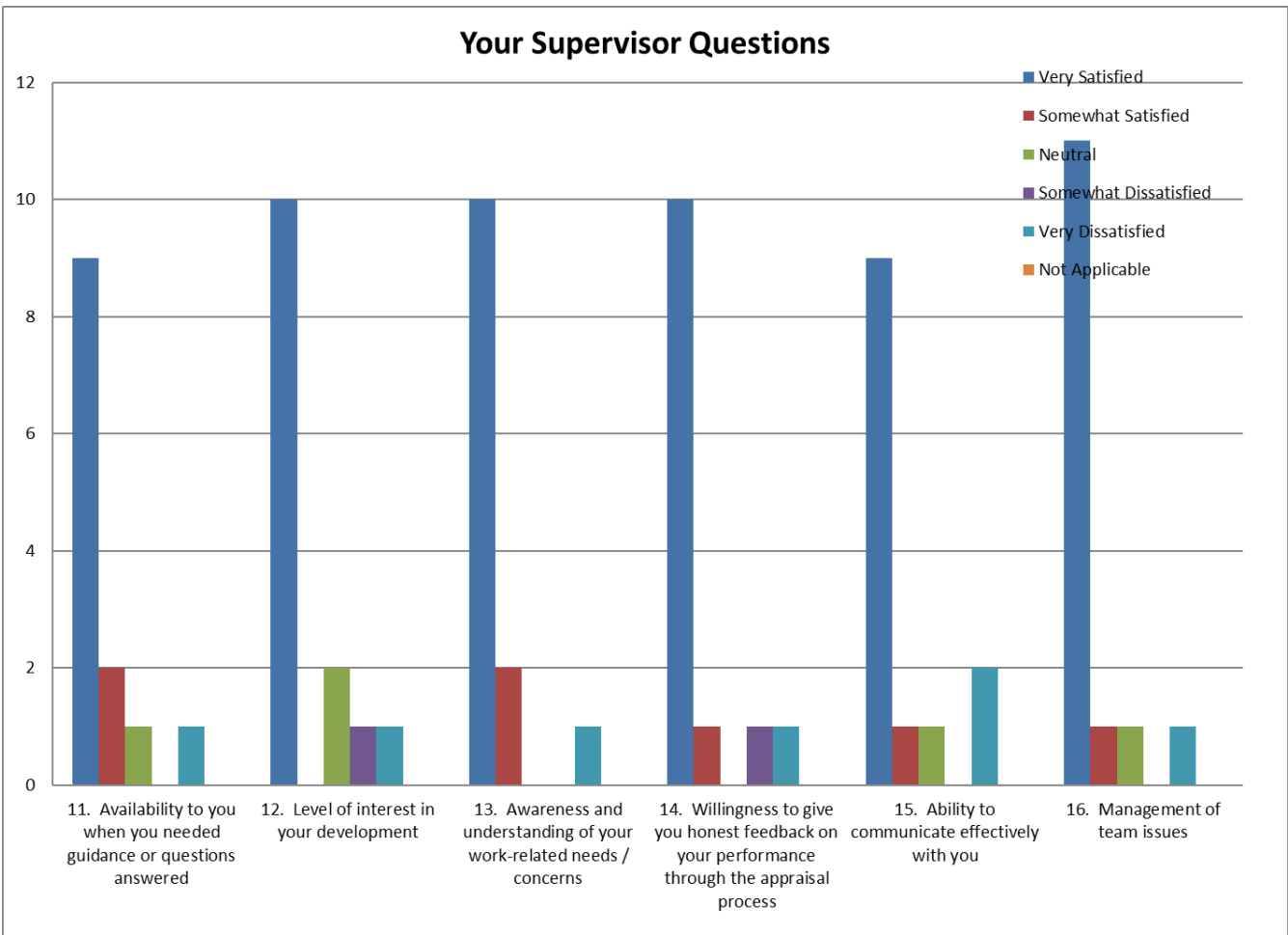
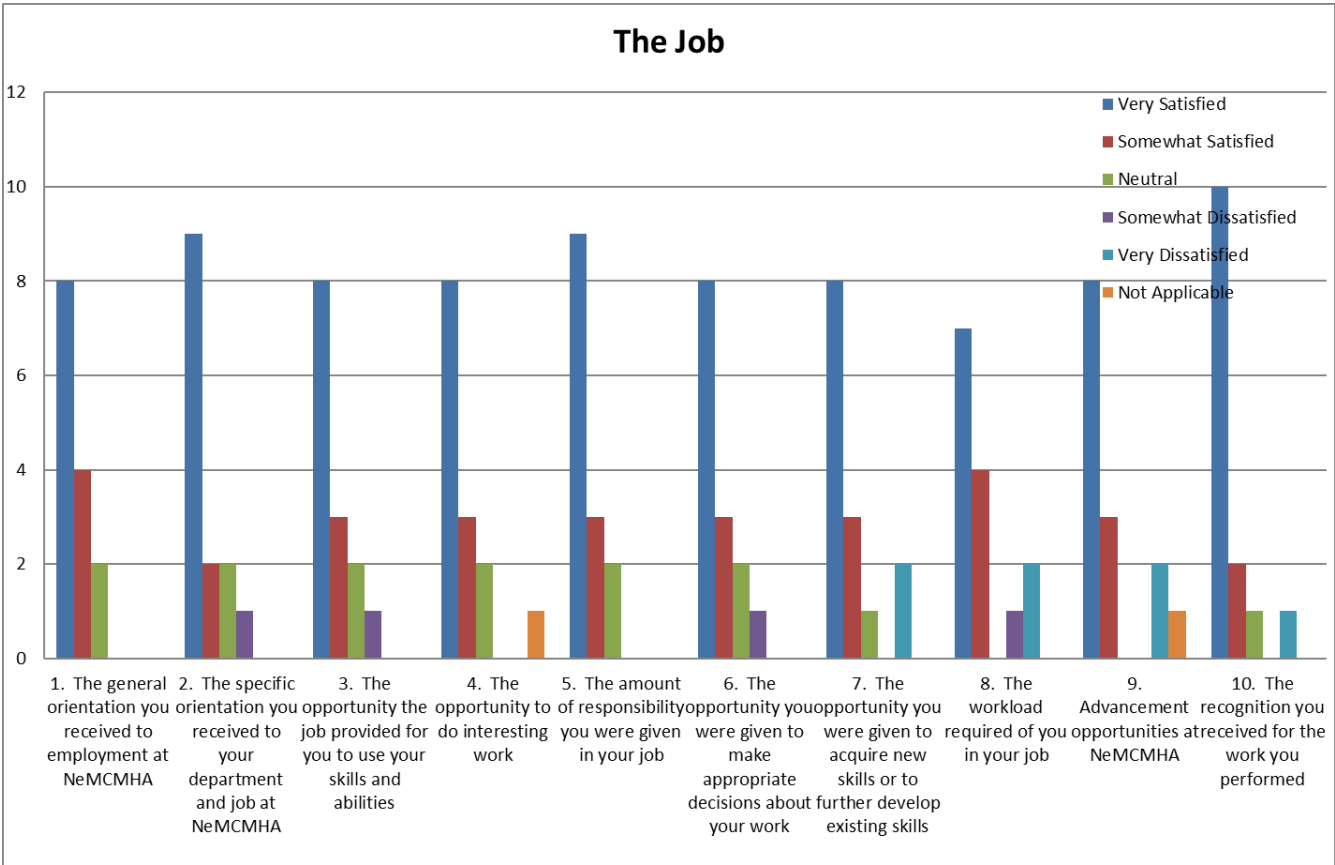


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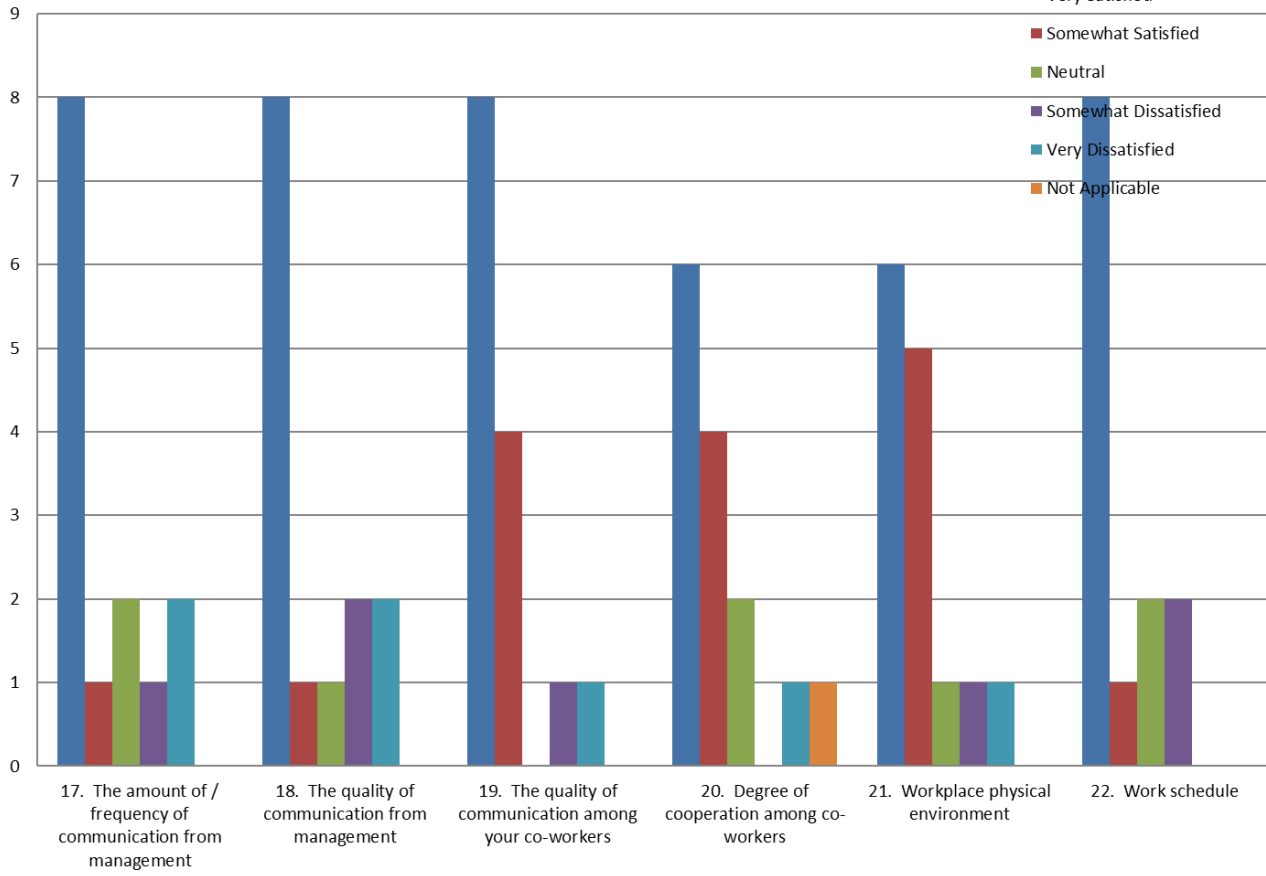
### What prompted you to seek alternative employment?



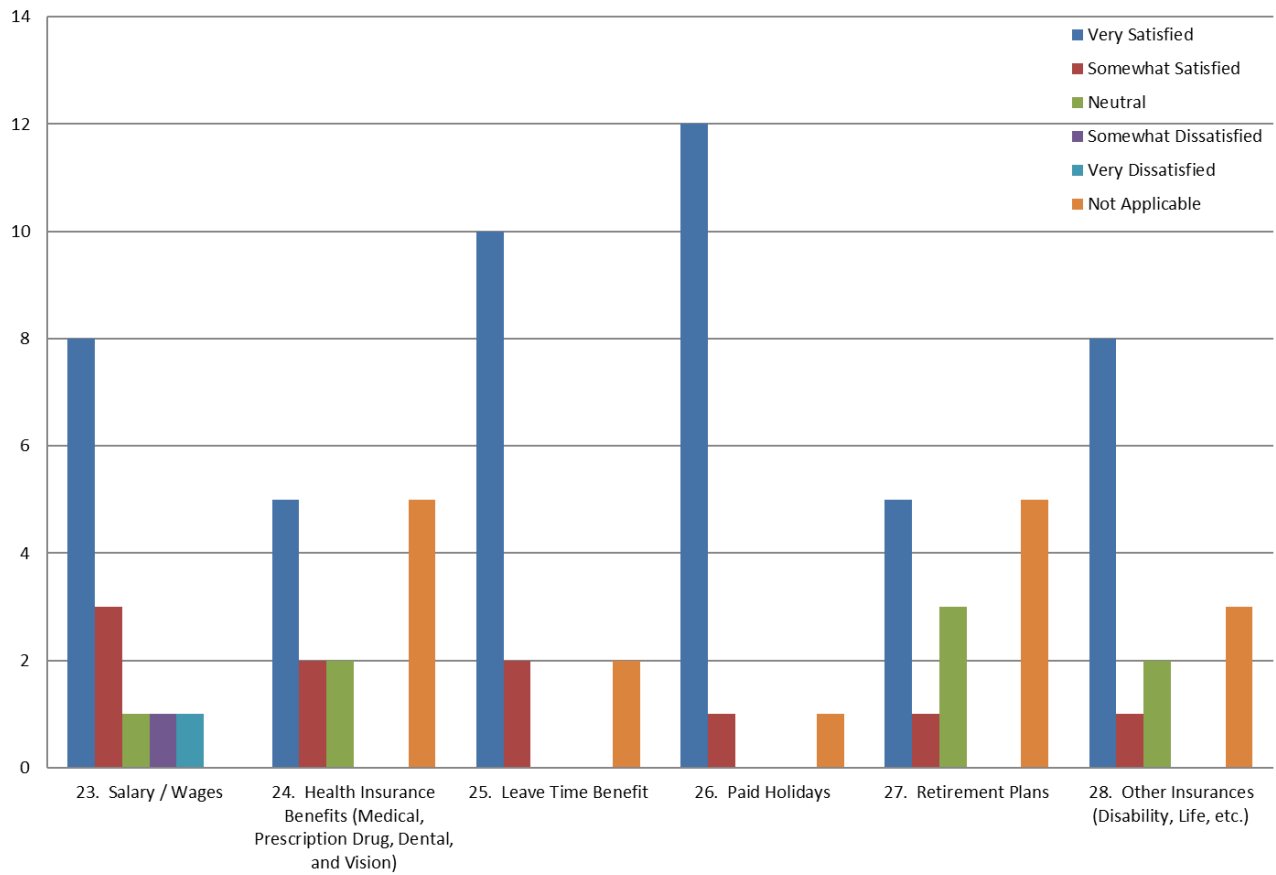




### Workplace Climate and Culture



### Wage and Benefit Package



**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Four Months Ending January 31, 2020**  
**33.33% of year elapsed**

	Actual January Year to Date	Budget January Year to Date	Variance January Year to Date	Budget FY20	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	40,188.26	24,249.99	\$ 15,938	\$ 97,000	41.4%
2 Private Contracts	13,894.50	13,150.74	744	52,603	26.4%
3 Grants from Local Units	90,835.08	126,724.25	(35,889)	506,897	17.9%
4 Interest Income	5,132.08	2,501.36	2,631	10,005	51.3%
5 Medicaid Revenue	8,040,436.99	6,599,788.23	1,440,649	26,399,153	30.5%
6 General Fund Revenue	338,193.05	235,266.81	102,926	941,067	35.9%
7 Healthy Michigan Revenue	496,345.83	461,536.02	34,810	1,846,144	26.9%
8 3rd Party Revenue	174,460.09	61,499.76	112,960	245,999	70.9%
9 SSI/SSA Revenue	168,086.46	129,088.08	38,998	516,352	32.6%
10 Other Revenue	34,010.37	18,847.32	15,163	75,389	45.1%
11 <b>Total Revenue</b>	<b>9,401,583</b>	<b>7,672,653</b>	<b>1,728,930</b>	<b>30,690,610</b>	<b>30.6%</b>
<b>Expense</b>					
12 Salaries	4,017,231	3,249,703	(767,527)	12,998,813	28.9%
13 Social Security Tax	180,324	155,630	(24,694)	622,521	29.0%
14 Self Insured Benefits	738,286	649,196	(89,090)	2,596,782	28.4%
15 Life and Disability Insurances	68,821	56,663	(12,157)	226,653	30.4%
16 Pension	319,840	257,027	(62,812)	1,028,110	31.1%
17 Unemployment & Workers Comp.	55,829	58,360	2,531	233,439	23.9%
18 Office Supplies & Postage	14,532	11,682	(2,849)	46,729	31.1%
19 Staff Recruiting & Development	23,128	24,174	1,046	96,698	23.9%
20 Community Relations/Education	6,514	1,008	(5,507)	4,031	161.6%
21 Employee Relations/Wellness	18,896	11,093	(7,803)	44,373	42.6%
22 Program Supplies	128,560	120,310	(8,250)	481,239	26.7%
23 Contract Inpatient	570,360	294,557	(275,803)	1,178,228	48.4%
24 Contract Transportation	28,731	29,917	1,186	119,668	24.0%
25 Contract Residential	1,569,632	1,282,872	(286,760)	5,131,487	30.6%
26 Contract Employees & Services	1,065,846	1,002,505	(63,342)	4,010,018	26.6%
27 Telephone & Connectivity	42,124	31,993	(10,131)	127,973	32.9%
28 Staff Meals & Lodging	7,056	8,565	1,510	34,262	20.6%
29 Mileage and Gasoline	127,912	108,473	(19,439)	433,893	29.5%
30 Board Travel/Education	3,063	2,971	(92)	11,883	25.8%
31 Professional Fees	14,076	16,504	2,428	66,016	21.3%
32 Property & Liability Insurance	39,415	15,819	(23,596)	63,277	62.3%
33 Utilities	50,194	43,060	(7,134)	172,239	29.1%
34 Maintenance	45,459	52,612	7,153	210,449	21.6%
35 Rent	85,785	66,227	(19,558)	264,910	32.4%
36 Food (net of food stamps)	26,416	15,623	(10,792)	62,494	42.3%
37 Capital Equipment	3,610	21,436	17,827	85,746	4.2%
38 Client Equipment	10,036	7,500	(2,536)	30,000	33.5%
39 Miscellaneous Expense	39,204	17,998	(21,206)	71,993	54.5%
40 Depreciation Expense	84,414	59,172	(25,242)	236,687	35.7%
41 <b>Total Expense</b>	<b>9,385,293</b>	<b>7,672,653</b>	<b>(1,712,640)</b>	<b>30,690,610</b>	<b>30.6%</b>
42 <b>Change in Net Position</b>	<b>\$ 16,289</b>	<b>\$ (0)</b>	<b>\$ 16,290</b>	<b>\$ 0</b>	<b>0.1%</b>
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 345,569				
45 Healthy Michigan Funds (Over) / Under Spent	62,238				
46 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 407,807</b>				
47 General Funds to Carry Forward to FY20					
48 General Funds Lapsing to MDHHS	(37,845)				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ (37,845)</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**January 31, 2020**

	<b>Total Business- Type Activities January, 2020</b>	<b>Total Business- Type Activities Sept. 30, 2019</b>	<b>% Change</b>
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 3,007,923	\$ 3,015,510	-0.3%
Restricted cash and cash equivalents	831,933	782,999	6.2%
Investments	750,000	750,000	0.0%
Accounts receivable	1,997,673	2,169,072	-7.9%
Inventory	12,476	12,476	0.0%
Prepaid items	609,399	452,183	34.8%
Total current assets	<u>7,209,404</u>	<u>7,182,241</u>	<u>0.4%</u>
Non-current assets:			
Capital assets not being depreciated	83,975	80,000	5.0%
Capital assets being depreciated, net	1,340,100	1,424,514	-5.9%
Total non-current assets	<u>1,424,075</u>	<u>1,504,514</u>	<u>-5.3%</u>
Total assets	<u>8,633,479</u>	<u>8,686,755</u>	<u>-0.6%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	1,786,137	1,771,819	0.8%
Accrued payroll and payroll taxes	444,752	588,369	-24.4%
Deferred revenue	18,237	18,266	-0.2%
Current portion of long-term debt (Accrued Leave)	69,300	65,224	6.2%
Total current liabilities	<u>2,318,426</u>	<u>2,443,678</u>	<u>-5.1%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	762,633	717,776	6.2%
Total liabilities	<u>3,081,059</u>	<u>3,161,454</u>	<u>-2.5%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	1,424,075	1,504,514	-5.3%
Unrestricted	4,128,345	4,031,617	2.4%
Total net position	<u>\$ 5,552,420</u>	<u>\$ 5,536,131</u>	<u>0.3%</u>
<b>Net Position Beginning of Year</b>	5,536,131		
Revenue	9,401,583		
Expense	(9,385,293)		
Change in net position	<u>16,289</u>		
<b>Net Position January 31, 2020</b>	<u>\$ 5,552,420</u>		

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

13.5% or 49 days  
8% - 25%

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

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EXECUTIVE LIMITATIONS

(Manual Section)

**BUDGETING**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

April 8, 2004  
June 8, 2006

●1 **POLICY:**

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

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD MEMBERS ETHICAL CODE OF CONDUCT**

(Subject)

Board Approval of Policy

August 8, 2002

Board Approval of Policy Revision:

February 14, 2019

**•1 POLICY:**

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

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

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM, FEBRUARY 26, 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, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora
<b>BOARD MEMBERS ABSENT:</b>	Mary Marois
<b>CEOs IN ATTENDANCE:</b>	Brian Babbitt (for Christine Gebhard), Chip Johnston, Karl Kovacs, Diane Pelts, Nena Sork
<b>STAFF IN ATTENDANCE:</b>	Mary Dumas, Eric Kurtz, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek
<b>PUBLIC IN ATTENDANCE:</b>	Chip Cieslinski, Marissa Gunther, 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 Mary Marois 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 January 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 JANUARY 22, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS CORRECTED AS INDICATED; SECOND BY GARY NOWAK. MOTION CARRIED.**

APPROVAL OF AGENDA

Mr. Kamps called for approval of the meeting agenda.

**MOTION MADE BY ROGER FRYE TO APPROVE THE AGENDA FOR THE FEBRUARY 26, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY GARY NOWAK. MOTION CARRIED.**



## CORRESPONDENCE

- 1) The minutes of the January 9<sup>th</sup> PIHP CEO meeting.
- 2) The minutes of the February 6<sup>th</sup> PIHP CEO meeting.
- 3) CMHAM Mental Health Technology Transfer Care Network (MHTTC) January 2020 Newsletter.
- 4) CMHAM Mental Health Technology Transfer Care Network (MHTTC) January 2020 School-Based Mental Health Newsletter.
- 5) Email correspondence from Robert Sheehan and Alan Bolter of CMHAM about changing leadership at MDHHS.
- 6) Behavioral Health and Developmental Disabilities Administration (BHDDA) Bureau of Community Based Services Prepaid Inpatient Health Plans Follow-Up after After Emergence Department for Alcohol and Other Drug Dependence (FUA) January 2020 Report.
- 7) CMHAM Center for Healthcare Integration & Innovation (CHI<sup>2</sup>) Healthcare Integration and Coordination – 2019/2020 Update: Survey Initiatives of Michigan’s Public Mental Health System January 2020 Report.
- 8) Michigan Opioid Strategic Plan 2020 PowerPoint slides.
- 9) NMRE Opioid Health Home presentation to Southwest Michigan Behavioral Health, NorthCare Network, and Macomb County CMH PowerPoint slides.
- 10) CMHAM Analysis of FY2020 Medicaid Payments to Michigan’s Public Mental Health System’s PIHPs February 2020 Report.
- 11) Letter from NMRE on behalf of the 21 County Coalition Alliance to middle and high schools in the 21-county region offering participation in an anti-vaping campaign funded using liquor tax dollars (as presented during the January 22, 2020 NMRE Board meeting).
- 12) Views of CMH and PIHP CEOs Regarding System Advocacy SurveyMonkey Report.
- 13) CMHAM Advocacy Plan in Response to MDHHS System Design Proposal dated January 2020.
- 14) CMHAM Recommendations Related to MDHHS Proposal for the Structure and Operation of Michigan’s Public Mental Health System dated February 3, 2020.
- 15) NMRE Draft February 12<sup>th</sup> Finance Committee minutes.
- 16) NMRE Draft February 18<sup>th</sup> Operations Committee minutes.

## Distributed on this date:

- 17) Letter from the 10 PIHP CEOs to Robert Gordon in response to MDHHS’s vision for reform of the public specialty behavioral health system.

## ANNOUNCEMENTS

Let the record show that Mr. Kamps announced the Gary Nowak was reappointed to the NMRE Board by the Northeast Michigan CMH Board of Directors for an additional three-year term.

## 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 January Board Meeting.

## CEO's Report

The NMRE CEO Monthly Report for February 2020 was included in the materials for the meeting on this date. Mr. Kurtz highlighted the January 23<sup>rd</sup> Community Forum held by AuSable Valley regarding System Redesign. Mr. Kurtz noted that the NMRE hosted an Opioid Health Home training for NorthCare Network, Southwest Michigan Behavioral Health, Macomb County CMH, and MDHHS on January 30<sup>th</sup>. The regions named have expressed interest in implementing an OHH and the NMRE was able to provide guidance and leadership.

Mr. Kamps turned attention to "FY2020 Capitation Payments" section of the January 9<sup>th</sup> PIHP CEO meeting minutes (correspondence item no.1); he asked whether MDHHS has caught up with the payments. Deanna Yockey replied that issues continues for Habilitation Supports Waiver (HSW) payments. Mr. Kamps pointed out that as the State attempts a fundamental change to the system, there appears to be no acknowledgement that the current system has not been given the tools required to sustain. Mr. Kurtz explained that a deep dive analysis of eligibility versus payment, drilled down to Medicaid ID is currently in process.

Regarding the payment issues, Mr. Kamps asked how dramatically it is affecting the region. Mr. Kurtz responded that it is having an effect but not as bad as other areas. Ms. Yockey added that revenue is flowing close to projections.

## SUD Board Report

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for March 2<sup>nd</sup> at 10:00AM.

## Financial Report

The NMRE Monthly Financial Report for December 2019 (Q1 FY20) was included in the meeting materials.

- Traditional Medicaid showed \$39,983,203 in revenue, and \$40,279,178 in expenses, resulting in a net deficit of \$295,975. Medicaid ISF was reported as \$2,964,048 based in the Interim FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$5,205,413 in revenue, and \$4,764,604 in expenses, resulting in a net surplus of \$440,809. 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 surplus of \$144,835. 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 \$7,769,396.
- Behavioral Health Home showed \$36,493 in revenue, and \$29,497 in expenses, resulting in a net surplus of \$6,996.
- SUD showed all funding source revenue of \$4,120,002, and \$3,534,486 in expenses, resulting in a net surplus of \$585,516. Total PA2 funds were reported as \$6,039,180.
- \*The total Q1 HSW Receivable was reported at \$1,686,732.
- \*NMRE Medicaid and HMP combined Net Surplus after the adjustment was reported as \$1,831,567.

Clarification was made that Medicaid and Healthy Michigan ISF can be combined. Improved rates have put SUD services in a surplus position. Mr. Kurtz noted that cost settlement for OHH and BHH revealed that the PIHP is at 100% full risk; any deficit must come from the performance incentive bonus or local funds. Mr. Kurtz will continue discussions with Jon Villasurda. Ms. Yockey expressed that the first PA2 payments for FY20 due in April. Mr. Kurtz

explained that much of the reason for the large liquor tax balances are due to HMP; before HMP providers relied on PA2 funds to pay for services for a much larger group of uninsured individuals.

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

NEW BUSINESS

**Preliminary FY19 Year End**

The regional Preliminary FY19 Year End Financial Report was distributed on this date.

- Traditional Medicaid showed \$159,199,804 in revenue, and \$165,770,701 in expenses for a net deficit of \$6,570,897.
- Healthy Michigan showed \$19,024,391 in revenue, and \$20,868,951 in expenses for a net deficit of \$1,844,560.
- NMRE Medicaid and HMP combined Net Deficit was reported as \$8,415,457.
- NMRE FY19 year-end ISF was reported as \$5,034,468.

Mr. Kurtz stressed that the hit to the ISF was much greater than anticipated; currently 2.8% funded. Mr. Kurtz will work with Finance and Operations Committees to develop a plan to budget funds back into the ISF in FY20. It was noted that residential services likely account for much of the overages.

OLD BUSINESS

**System Redesign Update**

The region was well represented at the Community Forum on February 21<sup>st</sup>. Mr. Stone acknowledged Mr. Kamps and Mr. Marcus for their excellent comments. The State's response to the NMRE's Health Home expansion was viewed as "disappointing." The suggestion was made to bypass MDHHS and communicate directly with the legislator. It is likely they are unaware of the potential \$1.4M savings to the state. Chip Johnston is putting together hard numbers. He emphasized that the Behavioral Health Home will fund itself exponentially. Mr. Kamps expressed that we need to use every means at our disposal to deliver the message.

PRESENTATION

**Quality Assurance and Performance Improvement Program**

Mary Dumas, NMRE Managing Director of Quality and Customer Services presented the NMRE's current Quality Assurance and Performance Improvement Program (QAPIP). Pursuant to Attachment P.7.9.1 of the MDHHS/PIHP Master Contract, the NMRE's Governing Body must:

- a) Approve the overall QAPIP;
- b) Receive written reports from the QAPIP describing performance improvement projects undertaken, the actions taken and the results of those actions;
- c) Review on a periodic basis (but no less frequently than annually) a written report on the operation of the QAPIP;
- d) Submit a written annual report to MDHHS following its annual review of the QAPIP.

The FY19 QAPIP work plan summary and the FY20 draft work plan were included in the materials for the meeting, as was the NMRE QAPIP reviewed for FY20 with no changes.

**MOTION MADE BY DON TANNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM; SECOND BY ED GINOP. MOTION CARRIED.**

Ms. Pelts asked about the anticipated impact of removing exceptions for Performance Indicators beginning April 1<sup>st</sup>. Ms. Dumas responded that the 95% threshold for Indicators #2 and #3 have been removed for year 1 to establish a baseline. NMRE Chief Information Officer, Brandon Rhue, added that the State is relying more on BH-TEDS data; these must be collected and submitted accurately. The state has also removed the “not collected” field for BH-TEDS.

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 March 25, 2020 at 10:00AM at the NMRE office in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 11:51AM.

DRAFT

**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.

	Program	Consumers served February 2020 (2/1/20 - 2/29/20)	Consumers served in the Past Year (3/1/19 - 2/29/20)	Running Average (Variable Timeframe) (10/1/19 - 2/29/20)
1	Access / Crisis / Prescreens	55 - Routine 0 - Emergent 1 - Urgent 65 - Crisis 42 - Prescreens	775 - Routine 1 - Emergent 2 - Urgent 940 - Crisis 574 - Prescreens	66 - Routine 0 - Emergent 0 - Urgent 74 - Crisis 48 - Prescreens
2	Doctors' Services	454	1411	474
3	Case Management			
	Older Adult (OAS)	97	330	113
	MI Adult	152	470	174
	MI ACT	32	60	26
	Home Based Children	42	71	36
	MI Children's Services	110	321	109
	IDD	230	407	220
4	Outpatient Counseling	206(30/176)	529	199
5	Hospital Prescreens	42	574	48
6	Private Hospital Admissions	16	288	22
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	51	76	53
	MI	22	65	23
	Touchstone Clubhouse	89	101	81
9	Peer Support	43	62	37
10	Community Living Support Services			
	IDD	96	114	94
	MI	72	140	73
11	CMH Operated Residential Services			
	IDD Only	57	101	58
12	Other Contracted Resid. Services			
	IDD	31	32	33
	MI	37	40	37
13	Total Unduplicated Served	1130	2455	1132

County	Unduplicated Consumers Served Since March 2019
Alcona	277
Alpena	1511
Montmorency	274
Presque Isle	290
Other	88
No County Listed	15

	Program	Consumers served February 2020 (2/1/20 - 2/29/20)	Consumers served in the Past Year (3/1/19 - 2/29/20)	Running Average (Variable Timeframe) (10/1/19 - 2/29/20)
1	<b>Access / Crisis / Prescreens</b>	55 - Routine 0 - Emergent 1 - Urgent 65 - Crisis 42 - Prescreens	775 - Routine 1 - Emergent 2 - Urgent 940 - Crisis 574 - Prescreens	66 - Routine 0 - Emergent 0 - Urgent 74 - Crisis 48 - Prescreens
2	<b>Doctors' Services</b>	454	1411	474
3	<b>Case Management</b>			
	Older Adult (OAS)	97	330	113
	MI Adult	152	470	174
	MI ACT	32	60	26
	Home Based Children	42	71	36
	MI Children's Services	110	321	109
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4	<b>Outpatient Counseling</b>	206(30/176)	529	199
5	<b>Hospital Prescreens</b>	42	574	48
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7	<b>State Hospital Admissions</b>	0	2	0
8	<b>Employment Services</b>			
	IDD	51	76	53
	MI	22	65	23
	Touchstone Clubhouse	89	101	81
9	<b>Peer Support</b>	43	62	37
10	<b>Community Living Support Services</b>			
	IDD	96	114	94
	MI	72	140	73
11	<b>CMH Operated Residential Services</b>			
	IDD Only	57	101	58
12	<b>Other Contracted Resid. Services</b>			
	IDD	31	32	33
	MI	37	40	37
13	<b>Total Unduplicated Served</b>	1130	2455	1132

County	Unduplicated Consumers Served Since March 2019
Alcona	277
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Montmorency	274
Presque Isle	290
Other	88
No County Listed	15

**Nominations Committee**

**February 13, 2020**

Terry Larson called the meeting to order at 2:30 p.m. in the MI Conference Room.

Present: Terry Larson, Albert LaFleche, Gary Wnuk

Absent: Steve Dean (excused)

Staff & Guest: Lynne Fredlund

**I. Slate of Officers Recommendation**

The Committee reviewed the current officers of the Board.

Eric Lawson	--	Chair
Roger Frye	--	Vice Chair
Bonnie Cornelius	--	Secretary
Gary Nowak	--	Past Chair

Gary Wnuk noted Bonnie Cornelius has been reappointed to the Board for another three-year term and would recommend she continue in the role of Secretary. Albert LaFleche noted he had no concerns about the current officers remaining in their respective roles. Terry Larson noted there was support from the Nomination's Committee to recommend the current Slate of Officers continue in their position.

***Adjournment by the call of the Chair.*** This meeting adjourned at 2:35 p.m.

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Terry Larson, Chair

Diane Hayka  
Recorder

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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**INTEROFFICE MEMORANDUM**

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**TO:** Board Members  
**FROM:** Eric Lawson  
**SUBJECT:** CMH PAC Call for Donations  
**DATE:** March 2, 2020

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Last month the Board received notification that we will be collecting for the CMH PAC campaign. To qualify for the challenge laid out by CMHAM, the Northeast Board needs to have at least six members make a contribution to be eligible for the Tiger Suite Ticket drawing, which is scheduled to be awarded the end of June. Please consider bringing your checkbook or cash and contributing to this very needed PAC campaign.

# DRAFT



## QI Council Minutes

For Meeting on 02/17/20

10:16 AM to 11:59 AM

Board Training Room

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

**Attendees:** Lynne Fredlund, Jamie McConnell, Nena Sork, Angie Stawowy, Judy Szott

**Absent:** Mary Crittenden (excused), Genny Domke (excused), Joe Garant (excused), Jen Whyte (excused)

**QI Coordinator:** Lynne Fredlund

**Guests:** Rich Greer, Lisa Orozco

### Agenda Topics

#### Review of Minutes

**Discussion:**

By consensus, the minutes of the December 16, 2019 meeting were approved with correction of word “discussion” to “discussed.” Moved by Angie Stawowy, supported by Nena Sork to approve minutes with correction. While a motion was made and seconded, the Council operates on consensus and does not need motions for such purposes.

**Action items:**

**Person responsible:**

Diane Hayka via digital recorder

**Deadline:**

ASAP

#### Management Team

**Discussion:**

Nena Sork reported Management Team’s most recent meeting was last Monday, February 10, but the meeting minutes are not yet available. The minutes from the January meeting are included in the packet. Nena reported at the February meeting Management Team reviewed the budget for fiscal year ending September 30, 2019. At that time, the report indicated the Agency was in the black; however, later that day there were some errors discovered, which had an impact on the bottom line. A review continued throughout the week and by the Board meeting on Thursday, it was determined the Agency was actually in the red by almost \$100,000. In addition, the anticipated carry forward of General Fund dollars is now zero. Nena noted the error caught was due to a formula used and this formula was carried forward into this fiscal year. Funding will be fixed and until corrections have been made it is unknown just where we stand in our budget.

# DRAFT

Management Team is working on several projects. She notes the new website continues to be developed. One of the main features the new website will have will allow individuals to apply for positions online. Human Resource staff will need to be involved in the development and receive training in how to maintain the database, etc.

Nena reported she met with the home supervisors to discuss recruiting for direct care workers, job coaches and other positions we have difficulty in getting applicants. She notes some programs are finally fully staffed – ACT, Case management, etc. Jamie McConnell noted clerical is now fully staffed. The part-time person began in Hillman today.

Nena reported Management Team is looking ahead to systems that will need to be replaced in the near future such as the telephone system and software needs for human resources and possibly electronic timekeeping. The current phone system is about 20 years old and there are needs for cell phone use and more mobility. The research and implementation of this project will take some time.

**Action Items:**

Report Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## Advisory Council

**Discussion:**

Nena Sork reported the Advisory Council met and Laura Gray announced she will be stepping down off the Council when her term expires the end of March. Laura is the current chair of the Council. In May, the Day of Recovery will be done a little differently than what has been done in the past. It will be held in a park with various activities. The event will be held in May and there is concern of weather issues. She notes Alpena NAMI is still in a holding pattern. They are waiting for the National Council to approve their application. Roger Boston provided an update on the REP Committee at the NMRE. They have made a name change and removed "Consumer" from their official name and will be known as the Advisory Council only under Northeast Michigan Community Mental Health Authority.

The Council requested an increase in their per diem but Nena informed them to present this request to the Board during Strategic Planning.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## CARF Committee

**Discussion:**

Lynne Fredlund reported the CARF Committee did not meet since last report. They will be meeting this Wednesday and will have a report at the April QI Council meeting.

**Action Items:**

Report Monthly

**Person Responsible:**

Lynne Fredlund



# DRAFT

**Deadline:**

## Clinical Leadership Team

**Discussion:**

Lisa Orozco reported

**Action Items:**

Report Monthly

**Person Responsible:**

Lisa Orozco in the absence of Mary Crittenden reported the Clinical Leadership Team reported a spend-down meeting with DHHS was held and well attended. She noted Dayna Barbeau developed a process for case holders to assist them in checking Medicaid eligibility for individuals on their caseload. A Placement Committee is being formed. Katie Witkowski and a group are getting together this week to review all contracts we currently have in place looking to monitor placements and make plans to return the individuals to the area in a less restrictive environment and a less costly placement options where appropriate. Lisa noted this committee will be meeting monthly until they can get a good grasp on all placements.

Lisa Orozco reported an internal court process was developed to help clinical case managers navigate the required paperwork and processes on court proceedings. She reported the Clinical Leadership Team also scheduled updated trainings for PECFAS and CAFAS through myLearning Pointe. Nena Sork reported clinical staff will be required to take the courses by the fall of this year. She noted refresher courses in this category should be taken every other year.

Nena Sork noted Clinical Leadership Team works on many related to QI and QI processes. She notes there will be efforts made to assure those improvements are being reported to this Council.

Lisa Orozco noted the Team did review the Supported Employment fidelity results. There were no recommendations.

**Deadline:**

## Safety Committee

**Discussion:**

Jamie McConnell reported the Safety Committee met January 28; however, the minutes for that meeting are not yet available. She notes she arrived at the meeting after it started so will report on the portion of the meeting she attended. The Safety Committee reviewed the flip charts and will be reviewing the current content to determine if revisions need to be made. Rich Greer notified the Safety Committee the CARF poster has been hung. Jamie reported the Narcan video is now available on the Agency's intranet. The Narcan kits have been placed in the First Aid Kits. Lisa Orozco inquired as to if staff have been trained in the administration of Narcan. Nena Sork noted training is not a requirement for administration. She participates in the MORC Board and was informed individuals cannot be harmed by receiving a dose of Narcan. She notes one Agency participating in MORC reported they have saved two lives since having the Narcan available at their site. Lynne Fredlund questioned if staff were aware the Narcan training was available to view. Nena Sork noted an email was sent earlier to alert staff to this opportunity.

Jamie McConnell reported the Safety Committee had received a concern about marijuana usage on Agency property now that it has been approved for recreational use. She noted Rich Greer investigated and as the use of this is still prohibited in public venues, there would be no need to post a special sign to indicate this.

Jamie reports the door at the Hillman office has been equipped with a kickstand to provide ease of use for a handicap entry and this is working good. The shower room is close to completion and maintenance is looking to place the wheelchair scale in another location within the building. She noted an email was sent out to alert staff to assure the back entrance is not being held open for others to enter.

# DRAFT

Jamie reports the Environment of Care manual is under review. A new index has been developed to allow for easier use and retrieval of information. She notes Rich was invited to attend this meeting to discuss further.

Rich Greer noted the manual basically is a Safety/Emergency Preparedness manual and he would like to see this manual more user friendly. Rich provided Council members with a proposed layout of the manual. He noted this manual will be a manual which will be expanded to include other elements such as information covered in the Emergency Preparedness meetings he attends, etc. Nena Sork inquired as to whether the committee had received any feedback related to the bed bug infestation procedure developed. He notes he has not received any specific feedback since the procedure was developed. Nena Sork noted she had received comments about the procedure noting staff did not feel the procedure was realistic. Rich reported Kay Keller had just received some additional information on bed bugs. The Safety Committee will be reviewing at their next meeting. Nena Sork cautioned the committee to assure information needed for licensing, CARF, etc. still be included in the new manual. The manual will still be housed on the intranet.

## **Action Items:**

### **Person Responsible:**

Jamie McConnell

### **Deadline:**

ASAP

## **Customer Satisfaction Committee**

### **Discussion:**

Angie Stawowy reported this Committee reviewed the survey results for the 2019 I/DD Satisfaction Survey. She noted the results were slightly down from the previous year. She noted Connie Cadarette put together the new brochure with the results. SIP Techs will update the poster in the hallway with the new information. Angie noted the surveys are being mailed to the individuals/guardians instead of at their Plan of Services meeting and this may have had an impact on the return rate. Jamie believes the surveys have been mailed in mass the past two years. Lynne Fredlund reported getting a return rate of 45% on any survey is considered good. Overall, since the mass mailing method to distribute surveys was implemented, the return rate increased.

Nena Sork suggested the committee look and compare previous years to determine the best method for return rates (i.e., have we gone to using electronic devices to complete survey, timing of when survey sent, etc.). Lynne Fredlund noted at the last QOC meeting, HSAG indicated the NMRE needed to conduct a survey for the I/DD population and this task could not be only conducted by the local boards. The QOC is reviewing the survey questions and methodology Northeast currently utilizes along with two other boards who currently survey this population group. They will come up with a survey to be used for this group in the future. It will be handled similar to the outpatient surveys currently administered by the NMRE. Angie noted it is felt some of the lower return rate is most likely individuals feel they are being overwhelmed with multiple surveys from several groups. Lynne noted the NMRE traditionally conducts a survey for a specific population group for one month and during that month each person that receives a service is requested to complete the survey. Nena Sork notes by selecting a specific month, this will eliminate possibly 100 individuals and will not be capturing 100% of the persons receiving services. Nena questioned what percentage is considered good and what is considered unsatisfactory. Angie reported there were a couple of questions reworded to address the abilities of the individuals receiving the services (i.e. some individuals may not be able to open their mail independently so the questions will now read, "Do you open your own mail if you have the ability?") Nena indicated many of the "No Answer" responses could be interpreted as "No." Discussion continued related to interpretation of data. It was noted documentation in the medical record includes the question to determine if the individual is satisfied with their services. It was noted most questions had a decrease in percentage. Angie noted the majoring of increase in "No Answer" contributed to the lower scores.

### **Action Items:**

Report Bi-Monthly

# DRAFT

**Person Responsible:**

Angie Stawowy

**Deadline:**

## **Resource Standards & Development Committee**

**Discussion:**

Genny Domke was excused from this meeting; however, the minutes of the Resource Standards and Development Committee were included in the meeting materials for this meeting. According to the minutes, this Committee met on January 2 and February 6. Employee of the month for January was Norm Schillerstrom and for February was Tammy Leeck. The Team of the month for January was the accounting department and for February was the team of Carolyn Bruning and Renee Smart-Sheppler. The Committee continues to coordinate theme days and events such as Christmas Cookie Contest and Chili Cook-Off.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Genny Domke

**Deadline:**

## **Risk Management Committee**

**Discussion:**

Lynne Fredlund reported the Risk Management Committee did not meet since last report.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## **Utilization Management**

**Discussion:**

Lynne Fredlund noted she spoke with Jen Whyte on Friday in preparation of reporting; however, Jen was waiting on some numbers and requests to update the Council at their next regular meeting.

**Action Items:**

Report Monthly

**Person Responsible:**

Jennifer Whyte

**Deadline:**

## **Quality Oversight Committee - NMRE**

**Discussion:**

Lynne Fredlund reported the Quality Oversight Committee's draft minutes were included in the packet. Lynne Fredlund noted Northeast did not meet one of the Performance Indicators in the report to the state. There will need

# DRAFT

to be a Plan of Correction to address the deficiency. Lynne reported the indicator missed is meeting the second 14-day window. This indicator requires an individual to start services within 14 days of their intake or assessment. This is 14 calendar days, not workdays. She noted Northeast missed the objective two consecutive quarters. She noted Jen Whyte and she will be working on a Plan of Correction and during this period, Northeast was in the process of switching from using an interim plan as the second service to meet the indicator. During this timeframe, it was felt there was some residual services provided as an interim plan which was determined did not qualify to be considered as services within the 14 days. Nena noted Lauren Tallant would need to assist with the Plan of Correction as this was in children services. Lisa Orozco noted it could also be if a child was seen at intake and only needed doctor services, an appointment would need to be scheduled with a nurse/provider within 14 days as well. Nena Sork reported the Corrective Action Plan would need to be developed by the overseer of the team involved in the program, it could be Lauren Tallant, Danica Dumsch or possibly Lisa Orozco. Nena noted it is very important the supervisor of the program draft the response as it will have more impact to assure future objectives are met. She notes after the plan is drafted, Lynne Fredlund or Jen Whyte can review and assure the response is in good format.

Lynne Fredlund noted the individuals receiving satisfaction surveys for February is the medication only population. She notes NMRE would like to get away from surveying using a hard copy format. NMRE wants all surveys electronically. She reports there are individuals who are not comfortable with completing online, either because they do not have access or do not want to complete in front of staff. If a hard copy of the survey is provided, NMRE wants someone from our office to input the responses into the electronic format and hold on to the hard copy surveys locally. NMRE does not have staffing to provide this service. Lynne Fredlund notes Dayna Barbeau has assisted individuals with the hard copy version of the survey and has input about 45 surveys.

Lynne Fredlund noted the NMRE recently received the report from HSAG. One area of recommendation included the amount of data reported in the Behavior Support Teams. She noted the NMRE developed a spreadsheet; however, there were no instructions for completion and interpretation among Boards on the completion varied and was not consistent. Northeast was addressing "harm to self," "harm to others" and "physical intervention." We were just including numbers. Lynne noted she will be attending the Behavior Support Committee meeting to go over the spreadsheet. In addition, there were several of the PIHP policies proposed for revision to address recommendations. The policy revisions mainly deal with behavior treatment and critical incident reporting.

Nena Sork questioned how our staff are addressing the concerns of providing individuals with the estimated cost of services and assuring the document is printed in landscape as some information was not getting printed on the form provided to individuals. Lynne Fredlund noted this will be sent to staff to assure they are aware of this need. Lisa Orozco noted this is included as part of the Plan of Service as there is a question if the estimated cost of services was given or declined. Nena Sork noted it will be important to actually teach staff how to print in landscape as many staff will not know how to do this. She suggested reviewing again six months down the road to assure compliance.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## **QI Member Concerns**

**Discussion:**

Judy Szott noted we have several staff out with the flu and wondered if there is enough being done to educate staff on precautions they should be taking. Lisa Orozco reported Allison Male, Infection Control Nurse, had sent out an email recently and placed Clorox wipes in various locations around the office. Lynne Fredlund noted she attended a recent Emergency Management meeting and it was recognized that individuals need to be proactive and utilize good handwashing practices to prevent spread of germs. Nena cautioned staff on how individuals coming to our office are treated. You cannot assume just because they have a cough, they are contagious. Many coughs are due to asthma, etc. Angie Stawowy noted there are face masks to use if staff feel the need or individuals request.

# DRAFT

## Action Items:

### Person(s) Responsible:

All members

### Deadline:

## Project Team/Workgroup Update/Old Business

### 1. QI Project Team – Changing Table

Lynne Fredlund noted some of this was reported earlier. She noted the changing table is on order but has not arrived. The wheelchair scale is here but the location was not determined as to where it would be set up.

### 2. QI Idea Submitted regarding Leave and Sick Time

Lynne Fredlund noted this was a concern raised; however, it was unsigned and it is not known whom to contact for further information. The policy as written is believed to be clear. Leave time and sick time are together in one bank.

### 3. QI Project Team – Hillman Office Door

Lynne Fredlund noted Jamie McConnell addressed the door stop under the Safety Management update and it appears to have resolved the problem.

### 4. MDHHS Site Visit to Review Plan of Correction

Lynne Fredlund reported this revisit is related to the Habs Support Waiver and Children's Waiver review conducted previously (July 2019). The Department will be reviewing documentation to determine if the Plans of Correction were implemented successfully and as written. She noted it is anticipated they will be doing this review on February 20, 2020.

## New Business

### 1. Restructuring of QI

#### **Discussion:**

Lynne Fredlund noted a couple months ago, Nena Sork had indicated a desire to restructure the QI Council and possibly convert the Council to a working Council versus a monitoring Council. She noted part of the charge of the Council is to be a monitoring committee. One element to add to the Council is to assure all quality improvement efforts be presented to the Council whether or not it would flow through one of the standing committees. She noted in the past, she would send out an inquiry to all supervisors to submit to her any improvement areas occurring in their programs. Nena notes there are many improvement activities not reported and then forgotten. We do a lot but neglect to take credit for all we do. Departments initiating an improvement project would then provide updates as the project progresses. The improvement projects may come from staff meetings as well.

Council members reviewed the current format of the Agenda. Lynne noted much of the information contained in the minutes of the standing committees does need to get reported out through this Council and to the Board. Representatives of the standing committees will be asked to provide a brief summary of their committee's activities. If a standing committee needs to have a more in depth discussion, the representative would alert the Chair of the Council the need for additional time and then an agenda item be put under "New Business" to address.

Nena Sork noted the new agenda could contain an item entitled "Areas of Improvement" and departments/programs would provide QI with any improvements they are currently working on in their program. Lisa Orozco noted Case Management 101 would have identified areas to cover to assure new staff are receiving proper orientation when hired. Nena Sork noted she met with the Home Supervisors and many indicated they need trained staff when they hire individuals. There should be a course provided before the individual steps foot in a home to work to cover all the basics. The basics would include – how to make a bed;

# DRAFT

how to put an individual into a Hoyer lift; how to sweep, how to document, etc. She notes the Home Supervisors are coming up with a proposal for a curriculum to be completed for new staff prior to them reporting for work in the home.

Lynne Fredlund noted with an abbreviated report of the Standing Committees in QI, staff need to be trained to know the minutes of all the standing committees are on the intranet and they should be looking to the QI folder there to educate themselves about the individual committee tasks. Nena Sork noted this could be reported in the Agency newsletter, could be sent out in an email or other options. Angela Stawowy noted the more avenues to communicate this information the better to assure staff are aware. Jamie McConnell was tasked with the responsibility to send out the email to alert staff to the location of the minutes of the various committees. This email could also contain a brief description of what QI does. Nena Sork will take care of getting the information out in the Agency newsletter. She noted it might not be in the March edition as they have already determined many articles for that edition.

Council members reviewed the Agenda layout for future meetings determining what would need to be updated at each meeting or whether the reports are received as the improvement project is complete. Departmental Process Improvement Projects would be the new heading and follow QI Concerns. Old Business should be before the New Business. New Business would then be any new projects that begin.

Lisa Orozco noted the providers do peer review and the data from that review is never reported back. Lynne Fredlund noted she forwarded the suggested corrections to the appropriate staff to be tended to and was not able to provide a summary to the department of the outcome. She noted when the contract position is filled, this will free up time and she will be able to provide more reports on projects, etc.

Nena Sork noted there needs to be an alert to staff to begin utilizing the QI Idea forms more frequently to assure improvements are being reported.

Lynne Fredlund reported with the Council beginning to be a working group, it may require this Council to meet monthly versus bi-monthly.

Nena Sork noted during a clinical supervisor QI review, it was identified staff were not aware of the Agency having a Management Team let alone who comprised the Management Team. Nena reported to address this, short bios are being featured in the Agency newsletters.

Lynne Fredlund noted it is important to assure loops are closed when processes are being worked on and finalized. Nena Sork noted it will be important to communicate to staff, they do not need to get permission to begin an improvement project but when there is a process implemented for improvement, the process needs to get communicated so all individuals affected by the process are aware of any changes.

Nena Sork provided an example of a QI effort with Human Resources sending out a listing of new staff along with their pictures so staff are aware of who individuals are. With so many new faces, you just weren't sure if individuals belonged in the hallways or not.

Nena Sork suggested the May edition highlight what QI is and how items get reported including the QI Idea forms' location and submission process.

In recap, Jamie McConnell will send an email to alert staff to the location of the minutes of the various committees on the intranet and the QI Idea forms. Nena Sork noted she will put a piece in the March edition about QI with more information to follow in the May edition.

Lynne Fredlund reported she will provide Council members with a draft of a new Agenda for the group. In addition, the next meeting will have discussions about how to inform staff of ways to submit information to the Council and what method will be used to get the word out.

# DRAFT

## Adjournment

**Discussion:** Next Meeting is scheduled for April 20, 2020, at 10:15 a.m. in the Board Training Room.

**Action Items:** By consensus, this meeting adjourned at 11:59 a.m.

## **APRIL AGENDA ITEMS**

### **Policy Review**

Financial Condition 01-005

Communication & Counsel 01-009

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

Governing Style 02-002

Cost of Governance 02-013

### **Monitoring Reports**

Budgeting 01-004

Communication & Counsel 01-009

### **Activity**

Election of Officers

Orientation of New Members

Set Calendar and Committee Appointments [Organizational Meeting]

### **Ownership Linkage**

### **Educational Session**



## 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.

<b>CMH Association and Member Activities:</b> .....	<b>2</b>
New! CMHA and members attend NACBHDD hill day and conference .....	2
New! CMHA public relations firm recognized as national leader .....	3
CMHA Committee Schedules, Membership, Minutes, and Information .....	3
<b>State and National Developments and Resources:</b> .....	<b>4</b>
New! MDHHS, Michigan 2-1-1 promote helpline during 2-1-1 Awareness Month in February .....	4
New! Seeds of despair .....	4
New! Hill briefing held on financing care for decarceration of persons with behavioral health conditions .....	5
<b>State Legislative Update:</b> .....	<b>5</b>
House DHHS Subcommittee Public Testimony .....	5
New! House DHHS Subcommittee Meeting .....	6
New! Federal Judge Invalidates Michigan's Medicaid Work Requirements .....	6
<b>Federal Update:</b> .....	<b>7</b>
White House Releases FY 2021 Budget Request .....	7

**Education Opportunities: .....9**

Call for Presentations: CMHA 2020 Annual Spring Conference ..... 9

COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning ..... 9

FY20 Motivational Interviewing College regional trainings ..... 10

FY20 DBT Trainings..... 11

Save the Date: Self-Determination Conference ..... 12

Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings..... 12

Pain Management and Mindfulness Trainings..... 13

Fetal Alcohol Spectrum Disorder Trainings ..... 13

TREM and M-TREM Trainings ..... 14

Managing Mental Health Crisis ..... 14

**News from Our Preferred Corporate Partners: ..... 15**

Relias: Help Your Staff Understand Trauma-Informed Care ..... 15

Abilita provides telecommunication guidance..... 15

myStrength: new digital behavioral health resources empower consumers to move beyond trauma ..... 16

Relias announces CCBHC webinar..... 17

**CMH Association’s Officers and Staff Contact Information: ..... 17**

CMHA Officers Contact Information: ..... 17

CMHA Staff Contact Information:..... 17

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

### **New! CMHA and members attend NACBHDD hill day and conference**

Every year, NACBHDD, holds its Legislative and Policy Conference, one of the most resource-rich, intentionally-intimate conferences focused, exclusively, on the nation’s locally-based public mental health systems. The speakers found at the NACBHDD Legislative and Policy Conference, held in Washington DC, are those that you would expect to find at a conference attended by thousands. However, the NACBHDD Legislative Policy Conference brings together a much more focused group of under 100 local and state leaders, such as you, from across the country, to hear nationally renowned speakers, allowing you the opportunity (not available at the large conferences at which you would typically hear such speakers) to interact with those speakers, before, during, and after their presentations. This type of access to this caliber of national speakers is unheard of – expect at the NACBHDD Legislative and Policy Conference.

This year’s NACBHDD’s annual Legislative and Policy Conference in Washington DC ran from March 2-4, 2020 and provided participants with an in-depth look at national policy and practices and those of states from across the country.

The sizeable Michigan contingent came away with many sound practices and concepts that they can apply in their home communities, across Michigan, as well as newly forming relationships with national thought leaders.



As a part of this year's conference, Michigan's Senior United State Senator, Senator Debbie Stabenow, was recognized for her longstanding advocacy for mental health services. Specifically recognized, was Senator Stabenow's leadership of the Certified Community Behavioral Healthcare Centers (CCBHC) – through which a number of CMHA members, who obtained certification as a CCBHC, received a sizeable federal grant award.

At left is a picture other Michigan contingent with Senator Stabenow, immediately after her receipt of the award.

### **New! CMHA public relations firm recognized as national leader**

Below is a recent announcement, from Lambert, the public relations firm with whom CMHA has had a long partnership, regarding their recent recognition as one of the nation's best PR firms.

Thanks to you, we've been named a Top-5 deal PR advisor nationally and Top-10 in the world for M&A Deal Count by Mergermarket. We worked on nearly 100 deals in 2019, a new record for Lambert and our former Blicksilver team. This included messaging strategy, marketing due diligence, and M&A and transaction communication for organizations spanning public companies to PE and VC firms.

Lambert & Co. is a national award-winning public relations, investor relations and integrated marketing firm. Lambert is a top-50 PR firm, top-10 financial and investor relations firm, and a top-10 M&A and deal PR firm nationally. Partnering with clients across the globe, the company's portfolio spans a broad spectrum of industries including automotive and mobility, consumer brands, education and social impact, healthcare and biotech, and financial services. Lambert has also been named Firm of the Year by PRWeek and PRNews and listed on the Inc. 5000 list five times.

To learn more visit [www.lambert.com](http://www.lambert.com).

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

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

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

#### **New! MDHHS, Michigan 2-1-1 promote helpline during 2-1-1 Awareness Month in February**

The Michigan Department of Health and Human Services (MDHHS) and Michigan 2-1-1 have been promoting 2-1-1 helpline resources throughout 2-1-1 Awareness Month in February. Michigan residents are encouraged to continue promoting this crucial helpline that provides support to those who struggle to pay their bills or put food on the table.

2-1-1 is a free and confidential helpline providing referrals for food, shelter, medical assistance, childcare and other statewide assistance programs. The helpline provides a wide range of resources such as:

- Parenting and caregiver resources
- Utility assistance
- Free tax preparation services
- Food pantry locations
- Job finding assistance
- Automobile payment assistance
- Mental health support group information
- Healthcare expense assistance

Nearly half of households in Michigan struggle to meet their basic needs. 2-1-1 provides access to more than 30,000 resources for people and families throughout Michigan.

Those looking for assistance can call 2-1-1 to speak to a representative 24 hours a day, seven days a week. Residents can also access 2-1-1 resources through the MI Bridges website. Since 2018, residents have used MI Bridges over 750,000 times to search for services and organizations in their communities.

To learn more about Michigan 2-1-1 or the helpline, please visit [mi211.org](http://mi211.org).

#### **New! Seeds of despair**

Below are excerpts from a recent article on the growing incidence of suicide in farming communities across America.

One by one, three men from the same close-knit community took their own lives.

Their deaths spanned a two-year stretch starting in mid-2015 and shook the village of Georgetown, Ohio, about 40 miles southeast of Cincinnati.

All were in their 50s and 60s.

All were farmers.

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

### **New! Hill briefing held on financing care for decarceration of persons with behavioral health conditions**

The National Association of Counties and the National Sheriffs' Association held a Capitol Hill briefing on March 3 called "The Intersection of Health and Justice: A Look Inside County Jails." The National Association of Social Workers cosponsored the briefing along with the Grand Challenges for Social Work, the National Association of County Behavioral Health & Developmental Disability Directors, and the American Academy of Social Work & Social Welfare.

The National Association of Counties and the National Sheriffs' Association are supporting counties' efforts to improve health care services for justice-involved individuals and to reduce the number people with mental illness in jails. Specifically, they support legislation that would allow individuals in custody to continue to receive Medicaid and other federal health benefits until they have gone through due process and are convicted.

Currently, the Medicaid Inmate Exclusion Policy puts undue hardships on county and parish jails, supporters say, by having them finance the expense of mental health treatment, which can also disrupt the person's care and contributes to recidivism. By providing access to federal health benefits for those awaiting trial and verdict decisions would help counties break the cycle of recidivism caused or exacerbated by untreated mental illness and/or substance use disorders, thereby improving public safety, supporters said.

Among the speakers were U.S. Sen. Jeff Merkley, D-Ore., who introduced S. 2626. It calls for an eligible individual who is in custody pending charges to receive Medicare, Children's Health Insurance Program (CHIP), or veterans' health benefits.

Merkley said removing federal health benefits for a person awaiting charges creates chaos and it also becomes a justice issue. Those who are wealthy enough to pay bail, continue their federal health care benefits, he noted. Those who cannot afford bail lose their health care, he said.

"This amounts to a penalty before adjudication," he said. "We're saying we presume you are innocent, but we are penalizing you by interrupting, terminating your health care. That's a pretty big penalty and it's just wrong...."

Also speaking at the briefing were U.S. Sen. Bill Cassidy, R-La.; Greg Champagne, Sheriff of St. Charles Parish, La.; Nancy Sharpe, Commissioner for Arapahoe County, Colo.; and Ed Zackery, Director of the Veterans Service Office in Medina County, Ohio.

You can view a recording of the event [here](#). Learn more about NACo [here](#).

## **State Legislative Update:**

### **House DHHS Subcommittee Public Testimony**

**Committee(s)** Appropriations Subcommittee on Health and Human Services

**Chair** Rep. Mary Whiteford

**Clerk Name** [Sue Frey](#)

**Clerk Phone** 517.373.8080

**Location** Room 352, House Appropriations, State Capitol Building, Lansing, MI

**Date** Monday, 3/9/2020

**Time** 1:00 PM

**Agenda** Public Testimony on the FY 2020-21 Executive Budget Recommendation for Department of Health and Human Services

## **New! House DHHS Subcommittee Meeting**

**Committee(s)** Appropriations Subcommittee on Health and Human Services

**Chair** Rep. Mary Whiteford

**Clerk Name** [Sue Frey](#)

**Clerk Phone** 517.373.8080

**Location** Room 352, House Appropriations, State Capitol Building, Lansing, MI

**Date** Wednesday, 3/11/2020

**Time** 10:30 AM

**Agenda** Department of Health and Human Services Presentations on the FY 2020-21 Executive Budget Recommendations for:

Medicaid

Healthy Michigan Plan

## **New! Federal Judge Invalidates Michigan's Medicaid Work Requirements**

On Wednesday, a District of Columbia-based federal judge invalidated Michigan's Medicaid work requirements as unlawful. The decision came shortly before Michigan Department of Health and Human Services Director Robert Gordon's presentation to the Senate Appropriations Subcommittee on Health & Human Services about how the state has spent more than \$30 million as it worked to comply with the requirements in the Healthy Michigan Plan (HMP) waiver.

"The money was not well spent," Gordon told reporters after the meeting, adding: "I don't think work requirements promote work. There's evidence showing this. "In Arkansas, work requirements led to zero increase in employment," he added. "Health insurance promotes work. Since we've had Healthy Michigan, those people working has increased by 6 percentage points." DHHS' efforts, however, now shifts to other matters, Gordon said, in light of the court's ruling today.

Judge James Boasberg granted the state's motion for partial summary judgment, vacating the approval of the work and community engagement requirements in the HMP waiver in light of the U.S. Court of Appeals' decision finding similar work requirements in Arkansas as unlawful. Boasberg's ruling doesn't specifically rule to the substance of Michigan's law, however. He said he will determine the validity of the remaining issues once both sides submit briefs.

Gov. Gretchen Whitmer's administration asked for an expedited decision on the requirements -- imposed by Republican legislative leaders -- in an effort to preempt the March 10 notice to more than 80,000 individuals who didn't comply with the work requirements in January. Whitmer said she is pleased with the court's actions. She had asked the Legislature to pause the work requirements in December, but legislators did not do so, prompting the Michigan Department of Health and Human Services (DHHS) to

mail 238,000 notices to individuals subject to reporting their work activities.

U.S. Attorney General William Barr did not oppose the state's motion. Whether the government will seek an appeal with the U.S. Supreme Court was not immediately known.

The U.S. Department of Health and Human Services approved the work requirements as part of a Section 1115 Medicaid waiver project and the GOP-controlled Michigan Legislature approved the work requirements in June 2018. HMP participants who failed to meet the requirements for three months faced a loss of coverage.

### *Committee Members Question DHHS Spending*

Committee Chair Sen. Peter MacGregor (R-Rockford), who opened the meeting with a warning that the conversation would not delve into the court's decision, said today's court ruling is likely not the last word and the Legislature needs to stay "vigilant" in how the appropriated monies are spent. He also asked if employees would face layoffs.

After the hearing, Gordon said he hopes no employees will be laid off, but rather be absorbed in another area.

MacGregor and other committee members asked Gordon to provide a detailed list of how the appropriations were spent. "In my eyes, to lift these individuals up, the Legislature should be looking for ways to make sure that these people are lifted up and not just given handouts," MacGregor said. "We need to make sure we help these people out of this and workforce engagement was one of those tools we could use."

## **Federal Update:**

### **White House Releases FY 2021 Budget Request**

On Monday the Trump Administration released its Fiscal Year (FY) 2021 budget request which totals \$4.8 trillion. The proposal includes significant nondefense discretionary cuts including a nine percent cut to the Department of Health and Human Services (HHS) and its agencies. The proposed budget does, however, include \$906 million to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program as well as \$225 million in CCBHC expansion grants. These funds would enable CCBHCs to continue offering the full range of required mental health and addiction treatment services. Despite the positive signal of support for CCBHCs, the budget also includes major cuts to Medicaid and other critical behavioral health programs that would significantly harm Americans living with mental illness and addiction.

National Council for Behavioral Health President and CEO Chuck Ingoglia released a statement affirming that "We applaud the White House and bipartisan leaders in Congress for their continued efforts to expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far."

It is important to remember that this is a proposal and represents President Trump and his Administration's goals and priorities but is not likely to be enacted into law as written. Congressional appropriators do not have an obligation to enact the President's budget and are considering their own priorities and calculations. Members of Congress are currently working on their budget by engaging with stakeholders, including the National Council, on their requests. We anticipate that appropriations committee hearings will be completed by the end of March and that subcommittee markups will begin in April.

Health care requests in the President's budget include:

- **Mental Health:** Although the President calls on the importance of addressing mental health in his budget, he is simultaneously proposing a cut of \$139 million to the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to the **\$906 million to extend the CCBHC Medicaid demonstration, there is \$225 million for CCBHC expansion**, an increase of \$25 million over last Fiscal Year. The budget allocates \$156 million, an increase of \$2 million, for school-based mental health programs such as Project AWARE, Healthy Transitions, and Mental Health First Aid. The budget modifies the Medicaid Institutes for Mental Diseases (IMD) exclusion to provide targeted flexibility to states to provide inpatient mental health services to Medicaid beneficiaries with serious mental illnesses, as part of a comprehensive strategy that includes improvements to community-based treatment. Further, Qualified Residential Treatment Programs (QRTPs) would be exempt from the IMD exclusion, allowing children in foster care to have Medicaid coverage in these facilities.
- **Integrated care:** The President's budget proposes eliminating the Primary and Behavioral Health Care Integration (PBHCI) program "due to other funding sources available for integrated care." Discontinuing this program would disrupt progress in this area that has been building since it began in 2009 addressing the intersection between primary care and treatment for mental illness and co-occurring addiction.
- **Opioids:** State Targeted Opioid Response grants received a request increase of \$85 million to support prevention, treatment, and recovery support services. States are also given flexibility to use these funds to address the emerging drug issue, which is the increasing number of overdoses related to psychostimulants, including methamphetamines.
- **Medicaid and Medicare:** The Administration proposes almost \$1 trillion in cuts over ten years from its proposals to reform Medicaid, the Children's Health Insurance Program (CHIP), and Medicare. The budget proposes cuts by instituting nationwide Medicaid work requirements and allowing asset tests for individuals who are eligible for Medicaid based on their modified adjusted gross income and for reducing the maximum allowable home equity for Medicaid eligibility. Additionally, the budget has proposed changes to Medicare including site-neutral payments and tying future funds available for Medicare payments for uncompensated care to FY 2019 uncompensated care funding levels. The budget does also propose prohibiting states from terminating Medicaid coverage for the first six months of a person's incarceration, and instead suspending that coverage during incarceration to ease individuals' transition back into the community upon release.
- **Drug Pricing:** The drug pricing proposals in the budget were left intentionally vague to allow continued negotiations in Congress. The Administration projects \$135 billion in savings over ten years from potential drug pricing reforms, pointing to some of the estimated savings from plans in Congress. This number is similar to estimates for reforms proposed by Senate Finance Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) to restructure the Part



D benefit and to place inflation caps on drug prices in Parts B and D. This proposal by Senators Grassley and Wyden includes a two year extension and 11 state expansion for CCBHCs.

- **Telehealth:** The budget calls for expanding the telehealth benefit in Medicare fee-for-service, permitting more providers to participate in telehealth.

Additional details on the President's HHS budget request are outlined in the Department's budget-in-brief document. Further policy details have yet to be released that would outline how the President proposes to achieve the level of cuts to public health care programs included in the proposal. The National Council will monitor the appropriations process and will continue to share updates in Capitol Connector.

## Education Opportunities:

### Call for Presentations: CMHA 2020 Annual Spring Conference



***New Location for Annual Spring Conference: Grand Traverse Resort, Traverse City, Michigan! The conference will be held on:***

#### **2020 Annual Spring Conference**

June 8, 2020: Pre-conference Institutes

June 9 & 10, 2020

Grand Traverse Resort, Traverse City

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

**Deadline to Respond to Call for Presentations: Friday, March 13, 2020**

Conference Registration & Hotel Reservations are not available at this time.

### **COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning**

#### **Course Description:**

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

#### **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.** 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

**Dates/Locations:**

- May 4, 2020 – Delta Hotels Kalamazoo Conference Center | [CLICK HERE](#) for more information and to register now
- July 23, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

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

**Training Fee:**

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

### 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:**

**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.

## 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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list

#### 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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list

- 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.

## 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 | **Registration Full!**

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 | **Registration Full!**

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

## Fetal Alcohol Spectrum Disorder Trainings

Fetal Alcohol Spectrum Disorder Training: Improving Outcomes for Youth, Families, and Agencies by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD) and Other Neurocognitive Impairments. Featuring Presenter: Daniel Dubovsky. This is a free training.

Monday, March 16, 2020 – Gaylord = <https://cmham.org/events/?EventId=5591>

Monday, April 6, 2020 – Jackson = <https://cmham.org/events/?EventId=5592>

Time: 9:00am\* – 5:00pm (registration at 8:30am)

Who Should Attend?

Children's Services Staff from CMHSP and their network providers' (specifically Children's Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information.

### **TREM and M-TREM Trainings**

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: TREM AND M-TREM TRAININGS Featuring: Community Connections, Washington, DC. Based on both clinical experience and research literature, TREM has become one of the major trauma recovery interventions for women and men. TREM and MTREM are fully manualized group interventions for trauma survivors served by behavioral health providers.

#### LOCATION, DATES AND AGENDA

- Holiday Inn Airport - Grand Rapids - April 28-30, 2020
- Community Mental Health Association of Michigan (CMHAM), Lansing - June 2-4, 2020

Registration: 8:30a.m. - 9:00 a.m.; Training: 9:00 a.m. - 4:00 p.m.

Open to individuals working in the public Mental Health System. Note: The trauma policy is now an amendment to the CMHSP contract. PARTICIPANTS: Master's prepared clinicians (men and women), their clinical supervisor from CMHSPs. CMHSPs that currently DO NOT have trained TREM/M-TREM clinical staff will be prioritized for the training.

Cost is \$150 per participant. Registration fees, hotel, travel and additional meals are at the agency's expense.

EXPECTATION: Clinicians and Clinical Supervisors registering for the training will be expected to:

1. Participate in 3-day TREM/M-TREM training
2. Participate in 12 monthly coaching calls (1-hour calls)

Clinicians will be expected to: Conduct 2 TREM or M-TREM groups in the year following the training

Teams are comprised of 1 limited licensed supervisor and, at a minimum, 2 limited licensed clinicians. All team members are expected to attend the three days of training. Participate in the monthly coaching calls; and implement 2 TREM/M-TREM groups in the next year.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information. No continuing education credits available.

### **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:

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

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

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

## News from Our Preferred Corporate Partners:

### Relias: Help Your Staff Understand Trauma-Informed Care

Implementing trauma-informed care involves everyone, including your administrative staff and assistants. Every interaction with a client can either:

- Contribute to a safe and trusting healing environment
- Detract from a safe and trusting healing environment

Research shows that interactions with non-clinical staff often set the tone of the practitioner-patient relationship, making it critical for administrative staff and assistants to understand trauma-informed care.

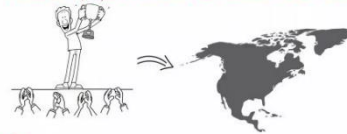
[Read the Blog](#)

Read this Q&A blog, You Asked, We Answered; 12 Questions About Trauma-Informed Care, to learn how supervisors and managers can help non-clinical staff leverage trauma-informed practices.

### 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)

### **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.

[Click here to request a demo.](#)



## Relias announces CCBHC webinar

Below is an announcement of an upcoming webinar, sponsored by Relias, a Preferred Corporate Partner of CMHA, on the certification criteria for organization's wishing to become Certified Community Behavioral Health Center (CCBHC).

### CCBHC Certification Criteria: Hiring, Training, and Reporting

Wednesday, March 18th, 2020

2:00 pm - 3:00 pm EST

In the webinar, you'll learn:

- How to implement and manage the CCBHC model of delivery using Relias as a total performance solution
- How to collect and report on clinical and patient data in accordance with SAMHSA guidelines
- Board member and staff training plans that align with CCBHC required services and certification criteria
- How to advance staff training, implement a culture of learning, and support your team throughout the CCBHC transition

Register for this webinar [here](#).

## 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)

## **CMHA WEEKLY UPDATE**

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Audrey Daul, Administrative Assistant, [adaul@cmham.org](mailto:adaul@cmham.org)  
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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.

<b>CMH Association and Member Activities:</b> .....	<b>2</b>
CMHA Committee Schedules, Membership, Minutes, and Information.....	2
<b>State and National Developments and Resources:</b> .....	<b>2</b>
New! MDHHS names senior deputy director of the Behavioral Health and Developmental Disabilities Administration, announces new State Hospital Administration.....	2
New! MDHHS issues reminder of Medicaid work requirement deadlines.....	3
New! Governor Whitmer calls on the legislature to suspend work requirements until a ruling is made....	4
New! Michigan Health Endowment Fund announces RFP .....	5
<b>State Legislative Update:</b> .....	<b>5</b>
New! State Wants Expedited Decision on Healthy Michigan Work Requirements .....	5
New! House DHHS Subcommittee Public Testimony.....	6
<b>Federal Update:</b> .....	<b>7</b>
White House Releases FY 2021 Budget Request.....	7
<b>Education Opportunities:</b> .....	<b>8</b>
New! Earn CEs at the 12th Annual Gambling Disorder Symposium 3/5/20.....	8

Call for Presentations: CMHA 2020 Annual Spring Conference.....	9
COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning.....	9
FY20 Motivational Interviewing College regional trainings .....	10
FY20 DBT Trainings.....	11
Save the Date: Self-Determination Conference .....	12
Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings.....	12
Pain Management and Mindfulness Trainings.....	13
Fetal Alcohol Spectrum Disorder Trainings .....	13
TREM and M-TREM Trainings .....	14
New! Managing Mental Health Crisis .....	14
New! HMA's 2020 Conference on Trends in Publicly Sponsored Healthcare to Focus on How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty .....	15
<b>News from Our Preferred Corporate Partners: .....</b>	<b>15</b>
Abilita provides telecommunication guidance.....	15
myStrength: new digital behavioral health resources empower consumers to move beyond trauma.....	16
New! Relias announces CCBHC webinar.....	17
<b>CMH Association's Officers and Staff Contact Information:.....</b>	<b>17</b>
CMHA Officers Contact Information: .....	17
CMHA Staff Contact Information:.....	18

## 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:

### **New! MDHHS names senior deputy director of the Behavioral Health and Developmental Disabilities Administration, announces new State Hospital Administration**

Below are excerpts from a recent press release regarding changes in leadership within MDHHS.

The Michigan Department of Health and Human Services (MDHHS) is pleased to announce Allen Jansen as senior deputy director of the Behavioral Health and Developmental Disabilities Administration (BHDDA).

Jansen has been engaged in Michigan's public mental health system for nearly four decades. He began his career as a case manager in Michigan's first Assertive Community Treatment Team,

where he discovered his passion for community inclusion for adults experiencing mental illness. He eventually moved into several senior leadership roles within Michigan's provider network, with a focus on designing and implementing residential and community-based services to better integrate clients into their community.

Jansen is passionate about providing quality care to those with mental illness and brings a wide range of experience to his new role. His start date is Monday, March 9.

Jansen's role was previously held by Dr. George Mellos, who has shifted to a new position and now serves as senior deputy director in MDHHS' newly created State Hospital Administration (SHA). Mellos has more than 36 years of diverse experience in psychiatry and has held several leadership roles with the state. He will oversee all state hospital services and the Autism Council as SHA aims to advance MDHHS' efforts to effectively address the needs of individuals interacting with the state hospital system.

Together, BHDDA and SHA will work to provide excellent services for Michigan residents with behavioral health needs.

### **New! MDHHS issues reminder of Medicaid work requirement deadlines**

Below are excerpts from a recent notice, by MDHHS, reminding organizations, such as CMHA members, who serve Healthy Michigan Plan enrollees, of the upcoming deadlines for compliance with Michigan's Healthy Michigan Plan work requirements.

The Michigan Department of Health and Human Services (MDHHS) is contacting you about the new work requirements that have been implemented for Medicaid beneficiaries with Healthy Michigan Plan (HMP) health care coverage. Starting on January 1, 2020, HMP beneficiaries were required to start completing a combination of work or other activities for 80 hours per month unless they are exempt (excused). HMP beneficiaries are also required to report the completion of these activities to the department on a monthly basis.

HMP beneficiaries who are not excused are required to report the completion of work or other activities by the end of February 2020. MDHHS is therefore encouraging providers, health plans, and other community organizations to support HMP beneficiaries in reporting work or other activities for the month of January by the end of this month. HMP beneficiaries may report through any of the following three methods:

Online – If a beneficiary has a MI Bridges account, use the MI Bridges Portal by visiting [michigan.gov/mibridges](http://michigan.gov/mibridges).

By phone – Call the HMP Work Requirements and Exemption Reporting Line at 1-833-895-4355 (TTY 1-866-501-5656).

In person – The beneficiary can also receive assistance with reporting work or other activities at local MDHHS offices or any Michigan Works! site.

HMP beneficiaries may also start to report work or other activities for the month of February 2020.

Additionally, HMP beneficiaries may still report an exemption from the work requirements if they qualify.

HMP beneficiaries can report exemptions online, by phone, or in person.

For more information about work requirements and the HMP program, visit [www.healthymichiganplan.org](http://www.healthymichiganplan.org) . Questions may also be sent to [healthymichiganplan@michigan.gov](mailto:healthymichiganplan@michigan.gov).

### **New! Governor Whitmer calls on the legislature to suspend work requirements until a ruling is made**

Below are excerpts from a recent press release, by Governor Whitmer, regarding her call to suspend Michigan's Medicaid work requirements, given the recent court rulings against similar requirements in other states.

...Governor Whitmer filed a motion for partial summary judgment in the U.S. District Court for the District of Columbia, asking a judge to act quickly to protect tens of thousands of Michigan families from losing their Healthy Michigan Plan coverage.

Several lawsuits across the country have successfully challenged states' Medicaid work requirements. Plaintiffs have also challenged Michigan's program, and Michigan has intervened in that case. On Friday, February 14, 2020, the U.S. Court of Appeals for the District of Columbia upheld a lower court's decision that federal approval of Arkansas' Medicaid work requirements program was unlawful because it did not consider the primary objective of the Medicaid Act, which is to provide health care coverage.

This opinion leaves little doubt that Michigan's Medicaid work requirements are also unlawful. The U.S. Department of Health and Human Services has already admitted as much in a court filing prior to the appellate court decision. The District Court for the District of Columbia is widely expected to apply the higher court ruling to the Michigan case and issue an order that ultimately declares Michigan's work requirements program unlawful.

Since the lower court may not rule until later this spring, Governor Whitmer has called on the Michigan Legislature to immediately pass legislation suspending Medicaid work requirements to avoid wasting millions of taxpayer dollars and creating senseless confusion among health care recipients. Without a court order or legislative action, MDHHS will have to send letters beginning on March 10, 2020 to an estimated 80,000 people telling them they are at risk of losing their health care coverage.

"I'm fighting to protect health care because everyone deserves access to quality, affordable care," said Governor Whitmer. "The U.S. Court of Appeals for the District of Columbia recently struck down a law just like Michigan's. Since it's inevitable that the courts will also find Michigan's work requirements unlawful, we should not move forward with implementation. Doing so would waste millions of taxpayer dollars and cause senseless confusion for tens of thousands of families."

"The purpose of the Medicaid program is to make sure that people have health care coverage for when they need medical treatment," said Attorney General Dana Nessel. "The federal courts have already found that these work requirements hinder that purpose, rather than advance it. With the court's most recent ruling in a related case, it is just a matter of time until Michigan's work requirements are no longer enforceable. Given that, the State would be throwing away taxpayer money to enforce the requirements and causing confusion and concern for thousands upon

thousands of Michigan beneficiaries, whose health care coverage should not be held in limbo. To avoid unnecessary delay and concern, we have asked the court to expedite its decision.”

“More time and stress for Michiganders complying with reporting requirements, more energy from our staff and partners implementing them, and more than \$1 million each month funding these efforts, on top of more than \$30 million spent already—all of this is going to be wasted,” said MDHHS Director Robert Gordon. “While we will continue to enforce the law as long as we must, we hope to end this unproductive exercise as soon as possible so that we can focus on positive efforts to improve Michiganders’ lives and save taxpayers’ money.”

Four Michigan residents filed the lawsuit at issue on November 22, 2019 in the United States District Court for the District of Columbia against the U.S. Department of Health and Human Services. The Secretary of the federal Department of Health and Human Services approved Michigan’s request for a waiver of certain federal Medicaid requirements, allowing the work requirement program passed by the state legislature to move forward. These individuals claim the agency violated various provisions of federal law in approving the state’s waiver request and asked the court to block the work requirements from taking effect.

In December, Governor Whitmer sent a special message calling on the legislature to delay implementation of Healthy Michigan Plan work requirements rather than risk wasting taxpayer dollars and creating needless confusion now that the requirements face a serious legal challenge. The message noted that Indiana and Arizona, with Republican Governors, had already paused their work requirements implementation due to legal uncertainty. However, Michigan Republicans refused to take action, putting health care for tens of thousands of Michigan families at risk. If there was any doubt about the future of work requirements then, that doubt is now erased.

## **New! Michigan Health Endowment Fund announces RFP**

### **MICHIGAN HEALTH ENDOWMENT FUND**

### **2020 BEHAVIORAL HEALTH INITIATIVE REQUEST FOR PROPOSALS**

<b>2020 BEHAVIORAL HEALTH INITIATIVE GRANT TIMELINE</b>	
February 25, 2020	Grant portal opened for applicants
March 16, 2020	Concept papers due by 5 p.m. (strongly encouraged)
April 23, 2020	Applications due by 5 p.m.
August 13, 2020	Awards announced

<https://www.mihealthfund.org/grantmaking/behavioral-health-initiative>

## **State Legislative Update:**

### **New! State Wants Expedited Decision on Healthy Michigan Work Requirements**

Governor Gretchen Whitmer’s administration today asked a District of Columbia federal court for an “expedited decision” on whether the state’s Medicaid work requirements -- imposed by Republican legislative leaders -- is lawful. The administration, through the Michigan Department of Health and

Human Services (DHHS), claims a U.S. Court of Appeals panel's unanimous ruling in an Arizona case, *Gresham v. Azar*, Case No. 19-5094, "leaves little doubt that Michigan's Medicaid work requirements are also unlawful."

"Since it's inevitable that the courts will also find Michigan's work requirements unlawful, we should not move forward with implementation," Whitmer said in a statement. "Doing so would waste millions of taxpayer dollars and cause senseless confusion for tens of thousands of families." Whitmer also made a second call on the Legislature to immediately pass legislation suspending the work requirements.

In December, Senate Majority Leader Mike Shirkey (R-Clarklake) told reporters his response to the Governor's request: "Nope, not necessary." Shirkey spokesperson reiterated that stance, noting: "Sen. Shirkey is passionate about the work engagement policy. He believes fostering a path of independence and supporting an individual in pursuit of his or her highest level of personal productivity is essential to the health and productivity of our entire population. "The Majority Leader's support for the policy has not wavered and the Senate does not intend to revise the law based on the Governor's request."

Without a court order or legislative action, DHHS will send letters beginning March 10 to an estimated 80,000 people who did not comply with the work requirements in January and as a result, who could be at risk of losing their Medicaid coverage, according to the state's court filing. HMP participants must fail to meet the requirements for three months before losing coverage, according to the plan.

In *Gresham*, the federal appeals court said Medicaid's "principal objective" was "providing health care coverage" and that work requirements lacked legal authorization. The state's [request](#) comes as an intervenor in the *Young v. Azar* case, No. 19-03526. Filed by the National Health Law Program, Center for Civil Justice and the Michigan Poverty Law Program on behalf of four Michigan residents, it seeks a declaration that the state's Medicaid expansion program -- Healthy Michigan Plan -- work requirements are unconstitutional and that it rewrites the Medicaid Act.

Then-Gov. Rick Snyder signed Medicaid expansion legislation in September 2013 that extended coverage to residents with income at or below 133% of the federal poverty level -- or \$16,000 for a single person or \$33,000 for a family of four. The work requirements were added in June 2018. Those requirements, with exemptions for disabled residents and pregnant women among others, included able-bodied, adult HMP recipients working 80 hours a month or be in job training program after Jan. 1, 2020.

### **New!** House DHHS Subcommittee Public Testimony

**Committee(s)** Appropriations Subcommittee on Health and Human Services

**Chair** Rep. Mary Whiteford

**Clerk Name** [Sue Frey](#)

**Clerk Phone** 517.373.8080

**Location** Room 352, House Appropriations, State Capitol Building, Lansing, MI

**Date** Monday, 3/9/2020

**Time** 1:00 PM

**Agenda** Public Testimony on the FY 2020-21 Executive Budget Recommendation for Department of Health and Human Services



## Federal Update:

### White House Releases FY 2021 Budget Request

On Monday the Trump Administration released its Fiscal Year (FY) 2021 budget request which totals \$4.8 trillion. The proposal includes significant nondefense discretionary cuts including a nine percent cut to the Department of Health and Human Services (HHS) and its agencies. The proposed budget does, however, include \$906 million to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program as well as \$225 million in CCBHC expansion grants. These funds would enable CCBHCs to continue offering the full range of required mental health and addiction treatment services. Despite the positive signal of support for CCBHCs, the budget also includes major cuts to Medicaid and other critical behavioral health programs that would significantly harm Americans living with mental illness and addiction.

National Council for Behavioral Health President and CEO Chuck Ingoglia released a statement affirming that “We applaud the White House and bipartisan leaders in Congress for their continued efforts to expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far.”

It is important to remember that this is a proposal and represents President Trump and his Administration’s goals and priorities but is not likely to be enacted into law as written. Congressional appropriators do not have an obligation to enact the President’s budget and are considering their own priorities and calculations. Members of Congress are currently working on their budget by engaging with stakeholders, including the National Council, on their requests. We anticipate that appropriations committee hearings will be completed by the end of March and that subcommittee markups will begin in April.

Health care requests in the President’s budget include:

- **Mental Health:** Although the President calls on the importance of addressing mental health in his budget, he is simultaneously proposing a cut of \$139 million to the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to the **\$906 million to extend the CCBHC Medicaid demonstration, there is \$225 million for CCBHC expansion**, an increase of \$25 million over last Fiscal Year. The budget allocates \$156 million, an increase of \$2 million, for school-based mental health programs such as Project AWARE, Healthy Transitions, and Mental Health First Aid. The budget modifies the Medicaid Institutes for Mental Diseases (IMD) exclusion to provide targeted flexibility to states to provide inpatient mental health services to Medicaid beneficiaries with serious mental illnesses, as part of a comprehensive strategy that includes improvements to community-based treatment. Further, Qualified Residential Treatment Programs (QRTPs) would be exempt from the IMD exclusion, allowing children in foster care to have Medicaid coverage in these facilities.
- **Integrated care:** The President’s budget proposes eliminating the Primary and Behavioral Health Care Integration (PBHCI) program “due to other funding sources available for integrated care.” Discontinuing this program would disrupt progress in this area that has been building since it began in 2009 addressing the intersection between primary care and treatment for mental illness and co-occurring addiction.

- **Opioids:** State Targeted Opioid Response grants received a request increase of \$85 million to support prevention, treatment, and recovery support services. States are also given flexibility to use these funds to address the emerging drug issue, which is the increasing number of overdoses related to psychostimulants, including methamphetamines.
- **Medicaid and Medicare:** The Administration proposes almost \$1 trillion in cuts over ten years from its proposals to reform Medicaid, the Children's Health Insurance Program (CHIP), and Medicare. The budget proposes cuts by instituting nationwide Medicaid work requirements and allowing asset tests for individuals who are eligible for Medicaid based on their modified adjusted gross income and for reducing the maximum allowable home equity for Medicaid eligibility. Additionally, the budget has proposed changes to Medicare including site-neutral payments and tying future funds available for Medicare payments for uncompensated care to FY 2019 uncompensated care funding levels. The budget does also propose prohibiting states from terminating Medicaid coverage for the first six months of a person's incarceration, and instead suspending that coverage during incarceration to ease individuals' transition back into the community upon release.
- **Drug Pricing:** The drug pricing proposals in the budget were left intentionally vague to allow continued negotiations in Congress. The Administration projects \$135 billion in savings over ten years from potential drug pricing reforms, pointing to some of the estimated savings from plans in Congress. This number is similar to estimates for reforms proposed by Senate Finance Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) to restructure the Part D benefit and to place inflation caps on drug prices in Parts B and D. This proposal by Senators Grassley and Wyden includes a two year extension and 11 state expansion for CCBHCs.
- **Telehealth:** The budget calls for expanding the telehealth benefit in Medicare fee-for-service, permitting more providers to participate in telehealth.

Additional details on the President's HHS budget request are outlined in the Department's budget-in-brief document. Further policy details have yet to be released that would outline how the President proposes to achieve the level of cuts to public health care programs included in the proposal. The National Council will monitor the appropriations process and will continue to share updates in Capitol Connector.

## Education Opportunities:

**New! Earn CEs at the 12th Annual Gambling Disorder Symposium 3/5/20**

**The Michigan Department of Health and Human Services Presents:  
MICHIGAN'S 12TH ANNUAL GAMBLING DISORDER SYMPOSIUM  
Thursday, March 5, 2020  
Suburban Collection Showplace, Novi, Michigan**



## STILL TIME TO REGISTER: [CLICK HERE!](#)

In recognition of Problem Gambling Awareness Month, the Michigan Department of Health and Human Services (MDHHS) is hosting the Twelfth Annual Gambling Disorder Symposium. The symposium is a forum that provides continuing education credits to professional members of the Gambling Disorder community, and access to Gambling Disorder trainings, treatment, prevention resources and personal recovery stories. Anyone affected by or interested in GD, is welcome to attend. This year's symposium will address gambling related comorbidity, introduce Michigan's approach to Gambling Disorder prevention, discuss the need for increased Gambling Disorder awareness amongst youth, present the similarities between gaming and gambling addiction, and provide alternate treatment options.

### Continuing Education Credits:

**Social Workers:** This course qualifies for a maximum of **6 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 this course may receive a maximum of **7.25 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.

### Call for Presentations: CMHA 2020 Annual Spring Conference



***New Location for Annual Spring Conference: Grand Traverse Resort, Traverse City, Michigan! The conference will be held on:***

#### 2020 Annual Spring Conference

June 8, 2020: Pre-conference Institutes

June 9 & 10, 2020

Grand Traverse Resort, Traverse City

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

**Deadline to Respond to Call for Presentations: Friday, March 13, 2020**

Conference Registration & Hotel Reservations are not available at this time.

### COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning

#### Course Description:

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

### **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.** 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

### **Dates/Locations:**

- May 4, 2020 – Delta Hotels Kalamazoo Conference Center | [CLICK HERE](#) for more information and to register now
- July 23, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

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

### **Training Fee:**

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

## **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:**

#### **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.

## 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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list

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.

## **CMHA WEEKLY UPDATE**

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- 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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- 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.

## **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 | **Registration Full!**

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 | **Registration Full!**

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

### **Fetal Alcohol Spectrum Disorder Trainings**

Fetal Alcohol Spectrum Disorder Training: Improving Outcomes for Youth, Families, and Agencies by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD) and Other Neurocognitive Impairments. Featuring Presenter: Daniel Dubovsky. This is a free training.

Monday, March 2, 2020 – Bay City = <https://cmham.org/events/?EventId=5585>

Monday, March 16, 2020 – Gaylord = <https://cmham.org/events/?EventId=5591>

Monday, April 6, 2020 – Jackson = <https://cmham.org/events/?EventId=5592>

Time: 9:00am\* – 5:00pm (registration at 8:30am)

Who Should Attend?

Children's Services Staff from CMHSP and their network providers' (specifically Children's Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information.

### **TREM and M-TREM Trainings**

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: TREM AND M-TREM TRAININGS Featuring: Community Connections, Washington, DC. Based on both clinical experience and research literature, TREM has become one of the major trauma recovery interventions for women and men. TREM and MTREM are fully manualized group interventions for trauma survivors served by behavioral health providers.

#### LOCATION, DATES AND AGENDA

- Holiday Inn Airport - Grand Rapids - April 28-30, 2020
- Community Mental Health Association of Michigan (CMHAM), Lansing - June 2-4, 2020

Registration: 8:30a.m. - 9:00 a.m.; Training: 9:00 a.m. - 4:00 p.m.

Open to individuals working in the public Mental Health System. Note: The trauma policy is now an amendment to the CMHSP contract. PARTICIPANTS: Master's prepared clinicians (men and women), their clinical supervisor from CMHSPs. CMHSPs that currently DO NOT have trained TREM/M-TREM clinical staff will be prioritized for the training.

Cost is \$150 per participant. Registration fees, hotel, travel and additional meals are at the agency's expense.

EXPECTATION: Clinicians and Clinical Supervisors registering for the training will be expected to:

1. Participate in 3-day TREM/M-TREM training
2. Participate in 12 monthly coaching calls (1-hour calls)

Clinicians will be expected to: Conduct 2 TREM or M-TREM groups in the year following the training

Teams are comprised of 1 limited licensed supervisor and, at a minimum, 2 limited licensed clinicians. All team members are expected to attend the three days of training. Participate in the monthly coaching calls; and implement 2 TREM/M-TREM groups in the next year.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information. No continuing education credits available.

### **New! 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:

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

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

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

## **New! HMA's 2020 Conference on Trends in Publicly Sponsored Healthcare to Focus on How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty**



Health Management Associates (HMA), a CMHA partner, is proud to announce its 2020 annual conference on Trends in Publicly Sponsored Healthcare, October 26-27, in Chicago. The theme of this year's event is What's Next for Medicaid, Medicare and Publicly Sponsored Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty and features keynote speakers who are some of the nation's most innovative healthcare leaders.

This is the fifth conference HMA has presented on trends in publicly sponsored healthcare. Last year's event brought together 500 executives from health plans, providers, state and federal government, community-based organizations and others serving Medicaid and other vulnerable populations. It was a collaborative, high-level event featuring more than 40 speakers and representing the interests of a broad-based constituency of healthcare leaders.

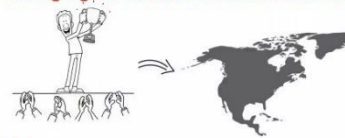
This year's meeting promises to be even better, with a sharp focus on the challenges and opportunities for organizations serving Medicaid and other vulnerable populations in the months and years ahead. Additional details, including a complete agenda, will be available in the weeks ahead.

## 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)

## 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.

[Click here to request a demo.](#)

### **New! Relias announces CCBHC webinar**

Below is an announcement of an upcoming webinar, sponsored by Relias, a Preferred Corporate Partner of CMHA, on the certification criteria for organization's wishing to become Certified Community Behavioral Health Center (CCBHC).

#### **CCBHC Certification Criteria: Hiring, Training, and Reporting**

Wednesday, March 18th, 2020

2:00 pm - 3:00 pm EST

In the webinar, you'll learn:

- How to implement and manage the CCBHC model of delivery using Relias as a total performance solution
- How to collect and report on clinical and patient data in accordance with SAMHSA guidelines
- Board member and staff training plans that align with CCBHC required services and certification criteria
- How to advance staff training, implement a culture of learning, and support your team throughout the CCBHC transition

Register for this webinar [here](#).

## 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

# **CMHA WEEKLY UPDATE**

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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:

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

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

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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.

<b>CMH Association and Member Activities:</b> .....	<b>2</b>
New! Care of Southeastern Michigan announces parenting conference .....	2
New! Mental health organizations reach out to first responders in need .....	3
CMHA Committee Schedules, Membership, Minutes, and Information.....	3
<b>State and National Developments and Resources:</b> .....	<b>3</b>
New! MDHHS seeking feedback during March 12 Sterling Heights town hall on opioids .....	3
New! M-Live announces mental health project.....	4
New! CHCS issues brief: Making Integration Work: Key Elements for Effective Partnerships between Physical and Behavioral Health Organizations in Medicaid .....	4
New! Health Affairs blog post: The Primary Care First Model is Flawed: CMS Can Fix it with Stronger Support for Behavioral Health Integration.....	5
New! MSU School of Social Work launches Mental Health Information for Teens website .....	6
New! Executive order on lowering cost of prescription drugs issued.....	6
<b>State Legislative Update:</b> .....	<b>7</b>
FY21 Executive Budget Proposal.....	7
<b>Federal Update:</b> .....	<b>8</b>

# CMHA WEEKLY UPDATE

White House Releases FY 2021 Budget Request.....	8
<b>Education Opportunities:.....</b>	<b>10</b>
New! Call for Presentations: CMHA 2020 Annual Spring Conference.....	10
Presentation Materials from CMHA 2020 Annual Winter Conference Details .....	11
New! Registration open for COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning .....	11
FY20 Motivational Interviewing College regional trainings .....	12
FY20 DBT Trainings.....	12
Save the Date: Self-Determination Conference .....	14
Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings.....	14
Pain Management and Mindfulness Trainings.....	14
Fetal Alcohol Spectrum Disorder Trainings .....	15
TREM and M-TREM Trainings .....	15
New! Managing Mental Health Crisis .....	16
New! MHEF offers seminar: the future of telehealth in Michigan .....	16
<b>News from Our Preferred Corporate Partners: .....</b>	<b>17</b>
TBD Solutions announces Two-Day Practicing Effective Management training .....	17
Abilita provides telecommunication guidance.....	18
myStrength: new digital behavioral health resources empower consumers to move beyond trauma .....	19
.....	19
Relias: build your staff’s competence in recovery treatment.....	19
<b>CMH Association’s Officers and Staff Contact Information:.....</b>	<b>19</b>
CMHA Officers Contact Information: .....	19
CMHA Staff Contact Information:.....	20

## CMH Association and Member Activities:

### New! Care of Southeastern Michigan announces parenting conference



The Parenting Conference hosts over 20 workshops led by industry experts and will feature keynote speaker, Jessica Lahey, who is a teacher, New York Times best-selling author and columnist who wrote the Gift of Failure.

Date: Saturday, March 7th  
Time: 8am - 3:30pm  
Location: Macomb Intermediate School District @44001 Garfield Road,

Clinton Township  
Cost: \$40.00

To register now: [Parenting Conference Registration](#)

To learn more, view the list of presenters, and sponsors: [Parenting Conference](#)

## **New! Mental health organizations reach out to first responders in need**

Below are excerpts from a recent news story on the work of Hegira in helping first responders deal with trauma and other mental health issues.

Firefighter/paramedic Michael Mattern and police Cpl. James Wade III in Dearborn are first responders who have faced danger and witnessed tragedy in the line of duty.

While Mattern and Wade know taking risks is part of their jobs to serve and protect the public, first responders also must deal with another reality: high burnout, depression, family problems, and suicide rates that are in some cases five times higher than civilians.

But a new first-responder wellness initiative is being piloted by Livonia-based Hegira Health Inc., one that fits with the peer support groups that Mattern and Wade have already created at their respective Dearborn fire and police departments to help co-workers address job stress.

Under a \$60,000 grant from the Ethel and James Flynn Foundation, Hegira is developing a mental health crisis service program to serve all 465 police, firefighters and emergency medical service personnel employed in the Wayne County cities of Dearborn, Northville, Wayne and Inskter, said Carol Zuniga, Hegira's executive director.

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

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

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

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

### **New! MDHHS seeking feedback during March 12 Sterling Heights town hall on opioids**

Below are excerpts from a recent press release from MDHHS regarding town hall sessions on strategies to address the state's opioid crisis.

The Michigan Opioids Task Force and Michigan Department of Health and Human Services (MDHHS) are hosting a town hall Thursday, March 12, 5:30-6:30 p.m., at the Sterling Heights Community Center, 40250 Dodge Park Road.

MDHHS and the Michigan Opioids Task Force will share its strategy to address the opioids crisis, seek information about how the opioid epidemic has impacted those in attendance and host a Q&A about the crisis response. The event is being co-hosted by the City of Sterling Heights.

Information gathered during this event and other town halls will help the state develop a crisis response that is flexible; effective to fit the needs of communities from Detroit to Grand Rapids to Marquette; and informed by the experiences of Michiganders affected by the crisis. About 150 people attended a similar town hall in Detroit in January.

“The opioid epidemic has impacted every community in our state,” said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. “We received valuable information at the January town hall, and we look forward to engaging with community members and stakeholders throughout the state as we host additional events.”

A few key questions will guide the conversation:

- How has the opioid epidemic affected you, your family or your community?
- What services, programs or policies would you recommend to help address the crisis?
- How can the state help combat stigma and change the narrative around opioid use disorder?

Additional town halls are being hosted in the following areas of the state:

Gaylord on Friday, July 24.

Escanaba on Wednesday, July 29.

Flint on Friday, Sept. 25.

Grand Rapids on Friday, Nov. 6.

For more information about the state’s opioids response and available resources, visit [Michigan.gov/opioids](http://Michigan.gov/opioids). If you would like to provide feedback to the questions above in writing, send them to [MDHHS-OpioidsTaskForce@michigan.gov](mailto:MDHHS-OpioidsTaskForce@michigan.gov).

## **New! M-Live announces mental health project**

M-Live has recently published parts of its ambitious mental health project. Links to those published segments are provided below.

Recent story on the shortage of psychiatrists can be found [here](#).

Link to 40 first-person essays about what it’s like to live with mental illness can be found [here](#):

The video promoting the project can be found [here](#).

## **New! CHCS issues brief: Making Integration Work: Key Elements for Effective Partnerships between Physical and Behavioral Health Organizations in Medicaid**



Below are excerpts from a recently issued brief, by the Center for Health Care Strategies on proven partnership approaches to fostering healthcare integration.

Medicaid enrollees with behavioral health conditions — including mental illnesses and/or substance use disorders — often have chronic physical conditions, poor social outcomes such as homelessness and unemployment, early mortality, and health care costs more than four times higher than individuals without behavioral health needs. Informed by the growing evidence that clinical integration of physical and behavioral health can improve health outcomes and quality of life as well as reduce health care costs for this population, more and more



states are seeking to advance integrated care for this population. Many of these states have transitioned to contracting with managed care or accountable care organizations that are responsible for managing all physical and behavioral health services for Medicaid enrollees. These organizations commonly involve new partnerships between physical and behavioral health plans and providers that can advance the goals of integrated care.

This brief, developed by the Center for Health Care Strategies (CHCS) for the California Health Care Foundation, identifies key elements that contribute to successful partnerships between physical and behavioral health plans and providers to support integrated care in Medicaid. It synthesizes insights from leaders representing partnerships in Arizona, Arkansas, Colorado, and Oregon. Key elements include (1) employing joint-ownership models representing both physical and behavioral health; (2) ensuring stable system transitions for consumers and providers; (3) marrying the expertise of physical and behavioral health partners to create new and enhanced capacities; and (4) allowing adequate time for planning and implementation. These lessons are broadly applicable for health care organizations and policymakers considering how to support successful partnerships to advance physical and behavioral health integration.

Read the full brief [here](#).

### **New! Health Affairs blog post: The Primary Care First Model is Flawed: CMS Can Fix it with Stronger Support for Behavioral Health Integration**

Below is an excerpt from a recent Health Affairs blog post on the value of the Collaborative Care Model of health care integration – a model used by a number of CMHA member organizations.

In October 2019, the Centers for Medicare and Medicaid Services (CMS) postponed the launch of Primary Care First (PCF), a voluntary, risk-based initiative intended to reduce Medicare spending by preventing avoidable hospital admissions and improving quality of care, especially for patients with complex chronic conditions. Originally slated for January 2020, the rollout was moved to January 2021 to allow for more time to collect and assess stakeholder feedback. The program will use performance-based adjustments to reward high-quality, patient-focused care. PCF uses a phased approach; reductions in acute hospital utilization rates are the primary clinical measure in Year 1, and other quality measures, such as patient experience and HbA1c control, will be added in the second year.

We believe the administration should take full advantage of this delay to incorporate evidence-based strategies for behavioral health integration (BHI) within the PCF model. BHI refers to the collaboration among primary care and behavioral health clinicians to provide patient-centered, accountable care for a designated population. The Collaborative Care Model is an evidence-based BHI approach using designated care components and strategies to achieve specified health outcomes. Use of this model has doubled patient responses to depression treatment, reduced cardiovascular events in patients with depression, and improved outcomes of post-traumatic stress disorder in military personnel. The model has demonstrated cost-effectiveness and even achieved cost savings in patients with depression and severe anxiety

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

## **New!** MSU School of Social Work launches Mental Health Information for Teens website



Below is the recent announcement of the launch of the Mental Health Information for Teens website. This website will launch April 14, 2020.

The website link can be found [here](#).

## **New!** Executive order on lowering cost of prescription drugs issued

Below are excerpts from a recent press release announcing the establishment of a bi-partisan Michigan task force focused on lowering the cost of prescription drugs.

State Legislative Update: Today the Governor will be issuing her first Executive Order of 2020 to create a bipartisan Task Force focused on lowering the cost of prescription drugs. The administration is very excited to be able to share with you this important announcement and we know that you have been working hard to address the problems Michiganders face when not being able to afford needed medications. We look forward to working side-by-side on this important issue.

As the Governor discussed in her State of the State address, *Michiganders should not have to worry about being able to afford a prescription drug if they need one. Yet, drug costs have more than doubled over the last six years to treat diabetes, heart disease, depression and more. We cannot wait on Washington to fix this problem. We need a solution today so that no one has to choose between filling a life-saving prescription and paying rent.*

To help remedy this, the Prescription Drug Task Force will identify strategies and recommend legislative and administrative actions that can be taken to increase transparency in the pricing of prescription drugs and to lower costs for Michigan families.

The Prescription Drug Task Force will be housed within the Michigan Department of Health and Human Services and will consist of the directors or the directors' designees from MDHHS, DIFS, and LARA, as well as bipartisan leaders from the Michigan Legislature, including Sen. Winnie Brinks (SD-29), Sen. Curt VanderWall (SD-35), Rep. Angela Witwer (HD-71), Rep. Padma Kuppala (HD-41), and Rep. Hank Vaupel (HD-47).

The Task Force will complete its work and submit a final report to the governor detailing its findings and recommendations by August 15, 2020.

## State Legislative Update:

### FY21 Executive Budget Proposal

#### Specific Mental Health/Substance Abuse Services Line items

	<u>FY'19 (final)</u>	<u>FY'20 (final)</u>	<u>FY'21 (exec rec)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$130,674,200
-Medicaid Mental Health Services	\$2,319,029,300	\$2,487,345,800	\$2,566,704,100
-Medicaid Substance Abuse services	\$67,640,500	\$68,281,100	\$76,957,600
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,956,200	\$108,754,700	\$107,133,400
-Autism services	\$192,890,700	\$230,679,600	\$278,006,400
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$371,843,300	\$419,357,300
- Local Revenue (local match)	\$25,475,800	\$20,380,700	\$25,475,800

#### Other Highlights of the FY21 Executive Budget:

**\$37.5 million for Healthy Moms, Healthy Babies** (\$17.6 million general fund) to reduce infant mortality rates and racial disparities in birth outcomes through expanded maternal and reproductive health services and home visiting programs. Funding will extend Medicaid family planning benefits to women of child-bearing age up to 200% of the poverty level, expand Medicaid postpartum coverage from 60 days to 12 months after birth, increase evidence-based home visiting services to high-risk mothers and vulnerable families, and expand psychiatric support services to perinatal providers.

**\$20.3 million for long-term care services and supports options counseling** (\$8.5 million general fund) through a network of independent, conflict-free providers. Services supported by this funding will provide beneficiaries with information on all long-term care options available to them, allowing them to seek the care best suited to their needs.

**\$11.7 million for Social Determinants of Health infrastructure** (\$7.1 million general fund) to invest in community-based systems and technological infrastructure to support data sharing across programs and providers and appropriately connect individuals to state and local services. Funding will establish a standard screening tool to determine health related social needs (e.g., food security and housing stability) and make referrals to community-based resources. Local partnerships across eight regions will coordinate services, identify gaps in community-based programs, and guide resource investment.

**\$12.3 million to expand DHHS's response to the opioid crisis** (one-time, \$10 million general fund). This funding will support initiatives involving data-driven quick response teams, a predictive analytics system, substance use disorder treatment outcomes monitoring, and a revolving loan fund for recovery housing providers. Funding will also support training for community providers and criminal justice diversion grants.

**\$5 million to increase psychiatric care staffing** (general fund) to improve the quality of care and staff and patient safety at state psychiatric hospitals. Funding supports 63 new positions across four facilities. An additional \$30 million in one-time general fund is recommended in the budget for the Department of Technology, Management and Budget to address a backlog of facility maintenance needs.

**\$86.5 million to expand the MIDocs medical residency program** (one-time, \$21.6 million general fund). This investment will improve access to critical services in rural and medically underserved areas of the state by providing loan forgiveness to physicians committed to serving in those areas. One-time funding when combined with base funding will support 48 residency slots within cohorts beginning residencies over the next five years.

**\$5.1 million for Non-Medicaid Community Mental Health Services programs** (general fund) to enhance community-based services and supports for individuals with mental illness, serious emotional disturbance, and developmental/intellectual disabilities who do not meet Medicaid eligibility criteria. Around 52,000 Michigan residents currently access these services.

**\$2.5 million for first responder and public safety staff mental health** (one-time general fund) to provide firefighters, police officers, paramedics, dispatchers, and corrections officers with services to support their mental health. This funding will provide greater resources to address post-traumatic stress disorder, suicidal ideation, and other mental health crises.

**\$5 million for behavioral health system redesign efforts** (\$3 million general fund) that support policy development and projects that will strengthen and improve the behavioral health system by protecting safety net programs and integrating physical and behavioral health payments and clinical services.

**\$5 million to create a Medicaid Transformation Office** (\$2.5 million general fund). Effective value-based payments are a powerful tool for states to increase the quality of Medicaid services while also containing state costs. Funding will support the development of innovative programs and payment mechanisms in Michigan's physical health and behavioral health managed care programs.

### **REDUCTIONS**

**\$182.9 million from Medicaid pharmacy reimbursement reform** (\$45.8 million general fund) tied to implementation of a single, statewide Medicaid preferred drug list (PDL). The PDL will help maximize federal rebates and provide DHHS greater leverage in negotiating lower prices with drug manufacturers. Savings will be used, in part, to increase pharmacy reimbursement rates to further enhance access to provider networks throughout the state.

**\$5.1 million from Community Mental Health local match funds** (general fund). Funding was included for fiscal year 2020 to offset county match requirements for Medicaid behavioral health and shift the costs to the state general fund. The Executive Budget instead redirects this funding to allow for expanded non-Medicaid behavioral health services.

## **Federal Update:**

### **White House Releases FY 2021 Budget Request**

On Monday the Trump Administration released its Fiscal Year (FY) 2021 budget request which totals \$4.8 trillion. The proposal includes significant nondefense discretionary cuts including a nine percent cut to the Department of Health and Human Services (HHS) and its agencies. The proposed budget does, however, include \$906 million to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program as well as \$225 million in CCBHC expansion grants. These funds would enable CCBHCs to continue offering the full range of required mental health and addiction treatment services. Despite the

positive signal of support for CCBHCs, the budget also includes major cuts to Medicaid and other critical behavioral health programs that would significantly harm Americans living with mental illness and addiction.

National Council for Behavioral Health President and CEO Chuck Ingoglia released a statement affirming that “We applaud the White House and bipartisan leaders in Congress for their continued efforts to expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far.”

It is important to remember that this is a proposal and represents President Trump and his Administration’s goals and priorities but is not likely to be enacted into law as written. Congressional appropriators do not have an obligation to enact the President’s budget and are considering their own priorities and calculations. Members of Congress are currently working on their budget by engaging with stakeholders, including the National Council, on their requests. We anticipate that appropriations committee hearings will be completed by the end of March and that subcommittee markups will begin in April.

Health care requests in the President’s budget include:

- **Mental Health:** Although the President calls on the importance of addressing mental health in his budget, he is simultaneously proposing a cut of \$139 million to the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to the **\$906 million to extend the CCBHC Medicaid demonstration, there is \$225 million for CCBHC expansion**, an increase of \$25 million over last Fiscal Year. The budget allocates \$156 million, an increase of \$2 million, for school-based mental health programs such as Project AWARE, Healthy Transitions, and Mental Health First Aid. The budget modifies the Medicaid Institutes for Mental Diseases (IMD) exclusion to provide targeted flexibility to states to provide inpatient mental health services to Medicaid beneficiaries with serious mental illnesses, as part of a comprehensive strategy that includes improvements to community-based treatment. Further, Qualified Residential Treatment Programs (QRTPs) would be exempt from the IMD exclusion, allowing children in foster care to have Medicaid coverage in these facilities.
- **Integrated care:** The President’s budget proposes eliminating the Primary and Behavioral Health Care Integration (PBHCI) program “due to other funding sources available for integrated care.” Discontinuing this program would disrupt progress in this area that has been building since it began in 2009 addressing the intersection between primary care and treatment for mental illness and co-occurring addiction.
- **Opioids:** State Targeted Opioid Response grants received a request increase of \$85 million to support prevention, treatment, and recovery support services. States are also given flexibility to use these funds to address the emerging drug issue, which is the increasing number of overdoses related to psychostimulants, including methamphetamines.
- **Medicaid and Medicare:** The Administration proposes almost \$1 trillion in cuts over ten years from its proposals to reform Medicaid, the Children’s Health Insurance Program (CHIP), and Medicare. The budget proposes cuts by instituting nationwide Medicaid work requirements and allowing asset tests for individuals who are eligible for Medicaid based on their modified adjusted gross income and for reducing the maximum allowable home equity for Medicaid eligibility. Additionally, the budget has proposed changes to Medicare including site-neutral payments and tying future funds available for Medicare payments for uncompensated care to FY 2019

uncompensated care funding levels. The budget does also propose prohibiting states from terminating Medicaid coverage for the first six months of a person's incarceration, and instead suspending that coverage during incarceration to ease individuals' transition back into the community upon release.

- **Drug Pricing:** The drug pricing proposals in the budget were left intentionally vague to allow continued negotiations in Congress. The Administration projects \$135 billion in savings over ten years from potential drug pricing reforms, pointing to some of the estimated savings from plans in Congress. This number is similar to estimates for reforms proposed by Senate Finance Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) to restructure the Part D benefit and to place inflation caps on drug prices in Parts B and D. This proposal by Senators Grassley and Wyden includes a two year extension and 11 state expansion for CCBHCs.
- **Telehealth:** The budget calls for expanding the telehealth benefit in Medicare fee-for-service, permitting more providers to participate in telehealth.

Additional details on the President's HHS budget request are outlined in the Department's budget-in-brief document. Further policy details have yet to be released that would outline how the President proposes to achieve the level of cuts to public health care programs included in the proposal. The National Council will monitor the appropriations process and will continue to share updates in Capitol Connector.

## Education Opportunities:

### New! Call for Presentations: CMHA 2020 Annual Spring Conference



***New Location for Annual Spring Conference: Grand Traverse Resort, Traverse City, Michigan! The conference will be held on:***

#### **2020 Annual Spring Conference**

June 8, 2020: Pre-conference Institutes

June 9 & 10, 2020

Grand Traverse Resort, Traverse City

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

**Deadline to Respond to Call for Presentations: Friday, March 13, 2020**

Conference Registration & Hotel Reservations are not available at this time.

## Presentation Materials from CMHA 2020 Annual Winter Conference Details



You'll find all the presentation materials on our website [By Clicking Here!](#)

**Community Mental Health Association of Michigan**

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

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

## **New! Registration open for COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning**

### **Course Description:**

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

### **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.** 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

### **Dates/Locations:**

- May 4, 2020 – Delta Hotels Kalamazoo Conference Center | [CLICK HERE](#) for more information and to register now
- July 23, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

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

**Training Fee:**

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

## **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:**

**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.

## **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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list

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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- 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.

## 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 | **Registration Full!**

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](#) to register **Only 1 spot left!**

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

### Fetal Alcohol Spectrum Disorder Trainings

Fetal Alcohol Spectrum Disorder Training: Improving Outcomes for Youth, Families, and Agencies by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD) and Other Neurocognitive Impairments. Featuring Presenter: Daniel Dubovsky. This is a free training.

Monday, March 2, 2020 – Bay City = <https://cmham.org/events/?EventId=5585>

Monday, March 16, 2020 – Gaylord = <https://cmham.org/events/?EventId=5591>

Monday, April 6, 2020 – Jackson = <https://cmham.org/events/?EventId=5592>

Time: 9:00am\* – 5:00pm (registration at 8:30am)

Who Should Attend?

Children's Services Staff from CMHSP and their network providers' (specifically Children's Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information.

### TREM and M-TREM Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: TREM AND M-TREM TRAININGS Featuring: Community Connections, Washington, DC. Based on both clinical experience and research literature, TREM has become one of the major trauma recovery interventions for women and men. TREM and MTREM are fully manualized group interventions for trauma survivors served by behavioral health providers.

LOCATION, DATES AND AGENDA

- Holiday Inn Airport - Grand Rapids - April 28-30, 2020
- Community Mental Health Association of Michigan (CMHAM), Lansing - June 2-4, 2020

Registration: 8:30a.m. - 9:00 a.m.; Training: 9:00 a.m. - 4:00 p.m.

Open to individuals working in the public Mental Health System. Note: The trauma policy is now an amendment to the CMHSP contract. PARTICIPANTS: Master's prepared clinicians (men and women), their clinical supervisor from CMHSPs. CMHSPs that currently DO NOT have trained TREM/M-TREM clinical staff will be prioritized for the training.

Cost is \$150 per participant. Registration fees, hotel, travel and additional meals are at the agency's expense.

EXPECTATION: Clinicians and Clinical Supervisors registering for the training will be expected to:

1. Participate in 3-day TREM/M-TREM training
2. Participate in 12 monthly coaching calls (1-hour calls)

Clinicians will be expected to: Conduct 2 TREM or M-TREM groups in the year following the training

Teams are comprised of 1 limited licensed supervisor and, at a minimum, 2 limited licensed clinicians. All team members are expected to attend the three days of training. Participate in the monthly coaching calls; and implement 2 TREM/M-TREM groups in the next year.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information. No continuing education credits available.

### **New! 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:

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

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

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

### **New! MHEF offers seminar: the future of telehealth in Michigan**

How telehealth could change the world (and why it hasn't yet)

Telehealth has the potential to drastically increase access to health services throughout Michigan by reaching areas and populations that would otherwise go without care. The impact spans across ages, socioeconomic status, and geography. It can break down barriers like transportation, stigma, and others, yet it is often misunderstood and underutilized.

Please join the Michigan Health Endowment Fund for a free, interactive telehealth conference that will bring together community organizations, state MDHHS staff, and national experts to discuss common barriers and myths around telehealth implementation. Have you hit stumbling blocks while implementing telemedicine programs? Come to share the good, the bad, and the ugly. We want the conference to be an opportunity for you to learn from experts and peers, to ask questions, and to get the answers you need to support your projects.

## Agenda

- State Medicaid and policy leaders to share the latest and greatest updates on telemedicine in Michigan
- National expert from the Upper Midwest Telehealth Resource Center to provide highlights from across the region, recommend best practices, and share resources for implementation
- Perspective from commercial insurer Blue Cross Blue Shield of Michigan on efforts to embrace telemedicine reimbursement
- Stories from the field, including school-based health services, FQHCs, emergency room and hospital use, rural implementation, and in-home services
- Lunch will be provided (with a special surprise guest performance to keep you entertained!)

Location, time, date:

Radisson Hotel, Downtown Lansing;

April 16, 2020

9:00 a.m. to 3:00 p.m.

Registration and breakfast start at 8:00 a.m.

If lodging will be needed, guests can make reservations by contacting the Radisson Hotel. Space is limited—reserve your spot today!

Register [here](#).

## News from Our Preferred Corporate Partners:

### TBD Solutions announces Two-Day Practicing Effective Management training

#### Two-Day Practicing Effective Management Training

TBD Solutions wants to help you create a **profound** impact in your workplace. This two-day training provides you with the skills to reach your **full potential** as a manager and leader. Return to work with new **tools**, fresh **perspectives**, and the **resolve** needed to face your toughest workplace challenges. **12 Social Work CEs are offered for this training.**

#### Who Should Attend:

Managers and supervisors of all levels looking to improve relationships and results in their workplace.

#### Location and Dates:

Grand Rapids, MI on April 15th & 16th

#### Training Fee:

\$500 with lunch included

#### Details:

Register at <http://aprilpem.eventbrite.com>

## 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)

## 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.

[Click here to 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.](#)

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

## **CMHA WEEKLY UPDATE**

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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, Senior Accounting Specialist, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Janessa Nichols, Accounting Clerk, [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)  
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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.

<b>CMH Association and Member Activities:</b> .....	<b>2</b>
New! SWMBH CEO named to Michigan Mental Health Diversion Council; subject matter experts sought to provide guidance.....	2
New! State mental health changes could be 'catastrophic' says NLCMH CEO .....	3
CMHA Committee Schedules, Membership, Minutes, and Information .....	3
<b>State and National Developments and Resources:</b> .....	<b>4</b>
New! Lack of forensic and other psychiatric beds highlighted in recent news story .....	4
New! CBPP releases analysis of Trump administration health-related FY 2021 budget proposal .....	5
New! Growing Stress on the Farm: New Research Identifies Behavioral Health Crisis in Agriculture.....	5
New! Facts provided to clarify misconceptions contained in recent national press Op-Eds.....	6
New! White House budget supports CCBHC expansion.....	7
<b>State Legislative Update:</b> .....	<b>7</b>
FY21 Executive Budget Proposal.....	7
<b>Federal Update:</b> .....	<b>9</b>
New! White House Releases FY 2021 Budget Request.....	9

**Education Opportunities: .....11**

- Presentation Materials from CMHA 2020 Annual Winter Conference Details ..... 11
- Registration open for FY20 Motivational Interviewing College regional trainings..... 11
- Registration open for FY20 DBT Trainings ..... 12
- Save the Date: Self-Determination Conference ..... 13
- New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings .14
- Pain Management and Mindfulness Trainings..... 14
- EMDR Trainings..... 15
- New! TREM and M-TREM Trainings..... 16

**News from Our Preferred Corporate Partners: .....16**

- New! TBS Solutions announces Two-Day Practicing Effective Management training ..... 16
- Abilita provides telecommunication guidance..... 17
- myStrength: new digital behavioral health resources empower consumers to move beyond trauma..... 18
- Relias: build your staff’s competence in recovery treatment..... 19

**CMH Association’s Officers and Staff Contact Information:.....19**

- CMHA Officers Contact Information: ..... 19
- CMHA Staff Contact Information:..... 19

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

### **New! SWMBH CEO named to Michigan Mental Health Diversion Council; subject matter experts sought to provide guidance**

Below are excerpts from a recent press release announcing the appointment of Brad Casemore, the CEO of Southwest Michigan Behavioral Health (SWMBH) to Michigan’s Mental Health Diversion Council. SWMBH is a longtime member of CMHA.

Bradley P. Casemore, of Battle Creek, is the chief executive officer of Southwest Michigan Behavioral Health. He holds a Master of Health Services Administration and a Master of Social Work from the University of Michigan. Mr. Casemore is appointed to represent adult service agencies and/or providers from a local community mental health service program (CMHSP), for a term commencing February 7, 2020 and expiring January 30, 2024. He succeeds Ross Buitendorp whose term expired January 30, 2020.

The Mental Health Diversion Council is an advisory body to the Governor within the Department of Health and Human Services charged to advise and assist in the implantation of a diversion action plan and provide recommendations for statutory, contractual or procedural changes to improve diversion.

Following that announcement, Brad issued the following call for subject matter experts:

On February 7, 2020 Governor Whitmer appointed SWMBH CEO Bradley Casmore to the Mental Health Diversion Council for a Term through January 30, 2024. He is to represent “adult service agencies and/or providers from a local community mental health service program.”

To more adequately discharge these duties Casmore is establishing a subject matter expert network of 3-5 individuals with an interest in and knowledge of state of the art developments in this realm. The network will primarily be asked individually and collectively to review emerging drafts and offer feedback.

Interested persons from CMHSPs and Provider Alliance CMHAM Members should submit a brief letter of interest and related experience with resume to Michelle Jacobs at [Michelle.Jacobs@swmbh.org](mailto:Michelle.Jacobs@swmbh.org) by Monday, March 9.

### **New! State mental health changes could be 'catastrophic' says NLCMH CEO**

Below are excerpts from a recent news story quoting the CEO of Northern Lakes Community Mental Health (NLCMH) NLCMH is a longtime member of CMHA.

Before state officials upend the mental health system, they should fully fund existing community-based authorities and measure the results, says a local health care executive.

“The way it is being designed and the way it is being presented could have catastrophic effects to the public mental health system,” said Karl V. Kovacs, CEO of Northern Lakes Community Mental Health.

Changes proposed by the state could undo the NLCMH's work treating those with a serious mental illness, an intellectual or developmental disability or a co-occurring substance use disorder, Kovacs said.

The state wants to combine physical health and moderate mental health illnesses into one category, which would be covered by Medicaid. And have a specialty integrated plan, or SIP, responsible for the physical and mental health of those experiencing more significant mental illness.

A SIP could include community mental health, a for-profit insurance provider, or a combination. Currently, Medicaid covers the physical health needs of anyone with mental illness, regardless of severity.

The state says changes will expand access and reduce red tape, while Kovacs said mental health services have been underfunded for decades and those who need services could be left without coverage.

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

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

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

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

#### **New! Lack of forensic and other psychiatric beds highlighted in recent news story**

Below are excerpts from a recent Bridge magazine story on the number of persons in local county jails awaiting admission to Michigan's Center for Forensic Psychiatry. This story underscores the importance of the work that CMHA, its members, the Michigan Department of Health and Human Services, the State Court Administrators Office (SCAO), and the Michigan Prosecutors Association are doing to increase access to these beds, to psychiatric inpatient care in community hospitals, and to increase access to community-based mental health and related supports and services for persons deemed incompetent to stand trial

"There is certainly a lack of state psychiatric beds," says Robert Sheehan, CEO of the Community Mental Health Association of Michigan.

Sheehan said community mental health hospitals — which were expected to fill the void in psychiatric care with the closing of state hospitals — are not equipped to treat patients in the criminal justice system who may be violent or have serious behavior issues. That leaves an ongoing treatment gap for those patients.

And that means mentally ill inmates continue to languish in Michigan prisons and jails in staggering numbers.

With just over 1,100 psychiatrists in 2016, a federal health study found Michigan is expected to be 890 psychiatrists short of need by 2030, including a shortage of 100 psychiatrists who see children.

Sheehan said Michigan universities graduate about 100 psychiatrists a year.

"But they leave the state, the bulk of them," he said. "The staffing shortage is what keeps psychiatric beds from expanding. It's really true around the country but it's a big deal in rust belt states like Michigan."

Sheehan recommended several steps that Michigan can take to improve criminal justice mental health care, ...

He said he would also expand financial incentives for psychiatric graduates to remain in Michigan for their practice.

Michigan State University's College of Human Medicine is trying to lure more psychiatrists to the Upper Peninsula through a joint venture that offers loan forgiveness up to \$75,000 for psychiatric residents who practice in the U.P. for two years after they finish their psychiatric training.

The first two psychiatric residents will spend two years of residency training in Lansing, followed by two years training in Marquette, beginning in July 2021. The Hancock-based Portage Health Foundation is funding the \$150,000 loan cost for the first two years.

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

### **New! CBPP releases analysis of Trump administration health-related FY 2021 budget proposal**

The federal Center on Budget and Policy Priorities (CBPP), a well recognized national research and analysis organization, recently released a statement from Robert Greenstein, president, on President Trump's new budget, with an emphasis on the proposed reductions in funding for health care. Excerpts of Greenstein's statement are provided below.

In the face of a bitterly divided country that needs healing, President Trump today threw gasoline on the fire by releasing a stunningly harsh budget that would tear us further apart.

"[The 2021 Trump Budget] would take health coverage away from millions of people. It would push tens of millions of less fortunate Americans into or deeper into poverty and cause widespread hardship even as it doubles down on tax cuts for the most well-off. It would take health coverage away from millions of people and cut aid to millions of families and individuals struggling to make ends meet. At the same time, the budget would make permanent the 2017 tax law's tax cuts for individuals, which are heavily weighted toward the top. As a result, the budget would further widen inequality and racial disparities.

The budget proposes \$1 trillion in cuts to Medicaid and Affordable Care Act premium tax credits over ten years, causing millions of people to lose coverage. It calls for cuts of more than \$180 billion over ten years in basic food assistance for hard-pressed families by slashing SNAP (formerly known as food stamps). It also shrinks assistance for people with disabilities; eliminates a raft of low-income housing programs; steeply cuts a range of programs that support long-term economic growth, like investments in college affordability; and even calls for large cuts in the National Institutes of Health.

The budget walks away from last year's bipartisan agreement for funding non-defense appropriated programs, which took months to hammer out. It calls for cutting 2021 funding for these programs \$46 billion below the 2020 level and \$51 billion below the level established for 2021 in the bipartisan agreement. These cuts would come from the part of the budget that funds priorities like education, environmental protection, housing assistance, national parks, and scientific research. Furthermore, the cuts in these programs would spiral after 2021, reaching a stunning 38 percent (in inflation-adjusted dollars) by the tenth year. Indeed, by the tenth year, expenditures for non-defense discretionary programs, measured as a share of the economy (GDP), would reach their lowest level since Calvin Coolidge was President in the 1920s.

A few examples of these cuts: legal services for the poor — gone; low-income energy assistance — gone; funding to make capital repairs in public housing — gone. These are but a small fraction of the draconian cuts in non-defense appropriated programs the budget calls for.

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

### **New! Growing Stress on the Farm: New Research Identifies Behavioral Health Crisis in Agriculture**

Below are excerpts from a recent story shared with CMHA, by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), of which CMHA and its membership have been longtime members. These excerpts are provided to Weekly Update readers in that the finding mirror what is being experienced in farm communities in Michigan.

According to a new report from a number of the Missouri Hospital Association, Missouri Department of Mental Health, Missouri Coalition for Community Behavioral Healthcare, Missouri Farm Bureau and the University of Missouri Extension, mental health challenges and suicide are a growing public health concern for Missouri farmers and ranchers.

A confluence of numerous factors — from market and credit instability, social identity and tradition, to rural geography and the rural health care system — compound the stress and insecurity of production agriculture while limiting access to care for behavioral health.

In Missouri, rural residents have significantly higher rates of depression, experience increased difficulty in receiving mental health care and have higher rates of deaths from suicide. Experts suggest other stressors unique to the agricultural community create rural mental health disparities that are even more profound for farmers.

While the U.S. economy has largely experienced quarter-over-quarter growth since the end of the recession in 2008-2009, the farm sector has experienced six periods of recession.

Missouri has nearly 16,000 fewer family farms today compared to 20 years ago, and bankruptcies are on the rise. Bushel prices have fallen by 47% since 2012, while farm income and credit conditions have deteriorated.

Suicide is growing at an alarming rate in rural Missouri. Between 2003 and 2017, the suicide rate among rural Missourians grew by 78%, and throughout the last decade, their hospital emergency department visits for suicide attempt or ideation increased 177%. Rural men between the ages of 35 and 44 have triple the statewide suicide mortality rate.

Very few tools are available to address the macroeconomic influences on rural Missourians and the state's farmers and ranchers. However, numerous organizations are working to extend the mental health services that can deliver better care and better health, locally to rural communities.

"No single solution will address the gaps in access to behavioral health services," Reidhead said.

"However, through technology, additional investment in the behavioral health workforce, stigma reduction, and better connections between caregivers and health plans, individuals in crisis or in need of long-term support can find the help they need."

The new research was released to elevate awareness of disparities in economic factors for farmers and mental health outcomes for rural Missourians. The report presents policy opportunities designed to expand access to mental health services, reduce stigma and improve mental health outcomes for rural Missourians.

View an executive summary [here](#).

### **New! Facts provided to clarify misconceptions contained in recent national press Op-Eds**

Recently, several opinion pieces carried in the national media have provided inaccurate or misleading data to support a number of federal mental health related proposals. One of those op-eds can be found [here](#). The facts that set the record straight are provided below.

Facts:

In 2018, most people who receive inpatient mental health services were not in state psychiatric hospitals, but in other psychiatric inpatient settings. In the NACBHDD paper on psychiatric inpatient capacity last year, NACBHDD found that state hospital provided only 22% of the 24 hour psychiatric treatment capacity. Given this, 4.5 times as many persons with mental illness receive hospital care in non-state hospitals as in state hospitals.

State community mental health systems served 7.5 million unique clients last year whereas a total of 131,633 clients were reported as being served in state psychiatric hospitals. Thus, 57 times more clients received community mental health services than state psychiatric hospital services last year.

If the 356,000 individuals with mental illness in jails and prisons are compared with the 7.5 million persons served in the community through state community mental health centers, it becomes clear that 21 times more persons with mental illness received community mental health services than were in Jails/Prisons.

### **New! White House budget supports CCBHC expansion**

The White House Office of Management and Budget (OMB) recently released a summary of the Trump Administration's proposed budget for FY 2021, which includes continued support for the Certified Community Behavioral Health Clinics (CCBHC) program, originally established in the bipartisan Protecting Access to Medicare Act of 2014. CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals in exchange for an enhanced Medicaid reimbursement rate.

The FY 2021 budget includes \$906 million to extend and expand the CCBHC demonstration program. These funds will enable CCBHCs to continue offering the full range of required mental health and addiction treatment services.

National Council for Behavioral Health President and CEO Chuck Ingoglia today issued the statement below on the Administration's FY 2021 budget, which includes nearly \$1 Billion for Certified Community Behavioral Health Clinics.

"Thanks to bipartisan leadership in the U.S. Congress and from the Trump Administration, CCBHCs are leading a bold shift to increase access to high-quality mental health and addiction treatment and, in doing so, making a difference in the lives of thousands of individuals and communities across the nation. "In an era defined by partisan differences, one thing is clear: there is broad bipartisan support across the nation and in Washington, D.C., for addressing the nation's suicide and opioid epidemic with expanded access to mental health and substance use treatment.

"We applaud the White House and bipartisan leaders in Congress for their continued efforts to expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far."

## **State Legislative Update:**

### **FY21 Executive Budget Proposal**

#### **Specific Mental Health/Substance Abuse Services Line items**

## **CMHA WEEKLY UPDATE**

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	<u>FY'19 (final)</u>	<u>FY'20 (final)</u>	<u>FY'21 (exec rec)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$130,674,200
-Medicaid Mental Health Services	\$2,319,029,300	\$2,487,345,800	\$2,566,704,100
-Medicaid Substance Abuse services	\$67,640,500	\$68,281,100	\$76,957,600
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,956,200	\$108,754,700	\$107,133,400
-Autism services	\$192,890,700	\$230,679,600	\$278,006,400
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$371,843,300	\$419,357,300
- Local Revenue (local match)	\$25,475,800	\$20,380,700	\$25,475,800

### **Other Highlights of the FY21 Executive Budget:**

**\$37.5 million for Healthy Moms, Healthy Babies** (\$17.6 million general fund) to reduce infant mortality rates and racial disparities in birth outcomes through expanded maternal and reproductive health services and home visiting programs. Funding will extend Medicaid family planning benefits to women of child-bearing age up to 200% of the poverty level, expand Medicaid postpartum coverage from 60 days to 12 months after birth, increase evidence-based home visiting services to high-risk mothers and vulnerable families, and expand psychiatric support services to perinatal providers.

**\$20.3 million for long-term care services and supports options counseling** (\$8.5 million general fund) through a network of independent, conflict-free providers. Services supported by this funding will provide beneficiaries with information on all long-term care options available to them, allowing them to seek the care best suited to their needs.

**\$11.7 million for Social Determinants of Health infrastructure** (\$7.1 million general fund) to invest in community-based systems and technological infrastructure to support data sharing across programs and providers and appropriately connect individuals to state and local services. Funding will establish a standard screening tool to determine health related social needs (e.g., food security and housing stability) and make referrals to community-based resources. Local partnerships across eight regions will coordinate services, identify gaps in community-based programs, and guide resource investment.

**\$12.3 million to expand DHHS's response to the opioid crisis** (one-time, \$10 million general fund). This funding will support initiatives involving data-driven quick response teams, a predictive analytics system, substance use disorder treatment outcomes monitoring, and a revolving loan fund for recovery housing providers. Funding will also support training for community providers and criminal justice diversion grants.

**\$5 million to increase psychiatric care staffing** (general fund) to improve the quality of care and staff and patient safety at state psychiatric hospitals. Funding supports 63 new positions across four facilities. An additional \$30 million in one-time general fund is recommended in the budget for the Department of Technology, Management and Budget to address a backlog of facility maintenance needs.

**\$86.5 million to expand the MIDocs medical residency program** (one-time, \$21.6 million general fund). This investment will improve access to critical services in rural and medically underserved areas of the state by providing loan forgiveness to physicians committed to serving in those areas. One-time funding when combined with base funding will support 48 residency slots within cohorts beginning residencies over the next five years.



**\$5.1 million for Non-Medicaid Community Mental Health Services programs** (general fund) to enhance community-based services and supports for individuals with mental illness, serious emotional disturbance, and developmental/intellectual disabilities who do not meet Medicaid eligibility criteria. Around 52,000 Michigan residents currently access these services.

**\$2.5 million for first responder and public safety staff mental health** (one-time general fund) to provide firefighters, police officers, paramedics, dispatchers, and corrections officers with services to support their mental health. This funding will provide greater resources to address post-traumatic stress disorder, suicidal ideation, and other mental health crises.

**\$5 million for behavioral health system redesign efforts** (\$3 million general fund) that support policy development and projects that will strengthen and improve the behavioral health system by protecting safety net programs and integrating physical and behavioral health payments and clinical services.

**\$5 million to create a Medicaid Transformation Office** (\$2.5 million general fund). Effective value-based payments are a powerful tool for states to increase the quality of Medicaid services while also containing state costs. Funding will support the development of innovative programs and payment mechanisms in Michigan's physical health and behavioral health managed care programs.

### **REDUCTIONS**

**\$182.9 million from Medicaid pharmacy reimbursement reform** (\$45.8 million general fund) tied to implementation of a single, statewide Medicaid preferred drug list (PDL). The PDL will help maximize federal rebates and provide DHHS greater leverage in negotiating lower prices with drug manufacturers. Savings will be used, in part, to increase pharmacy reimbursement rates to further enhance access to provider networks throughout the state.

**\$5.1 million from Community Mental Health local match funds** (general fund). Funding was included for fiscal year 2020 to offset county match requirements for Medicaid behavioral health and shift the costs to the state general fund. The Executive Budget instead redirects this funding to allow for expanded non-Medicaid behavioral health services.

## **Federal Update:**

### **New! White House Releases FY 2021 Budget Request**

On Monday the Trump Administration released its Fiscal Year (FY) 2021 budget request which totals \$4.8 trillion. The proposal includes significant nondefense discretionary cuts including a nine percent cut to the Department of Health and Human Services (HHS) and its agencies. The proposed budget does, however, include \$906 million to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program as well as \$225 million in CCBHC expansion grants. These funds would enable CCBHCs to continue offering the full range of required mental health and addiction treatment services. Despite the positive signal of support for CCBHCs, the budget also includes major cuts to Medicaid and other critical behavioral health programs that would significantly harm Americans living with mental illness and addiction.

National Council for Behavioral Health President and CEO Chuck Ingoglia released a statement affirming that "We applaud the White House and bipartisan leaders in Congress for their continued efforts to

expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far.”

It is important to remember that this is a proposal and represents President Trump and his Administration’s goals and priorities but is not likely to be enacted into law as written. Congressional appropriators do not have an obligation to enact the President’s budget and are considering their own priorities and calculations. Members of Congress are currently working on their budget by engaging with stakeholders, including the National Council, on their requests. We anticipate that appropriations committee hearings will be completed by the end of March and that subcommittee markups will begin in April.

Health care requests in the President’s budget include:

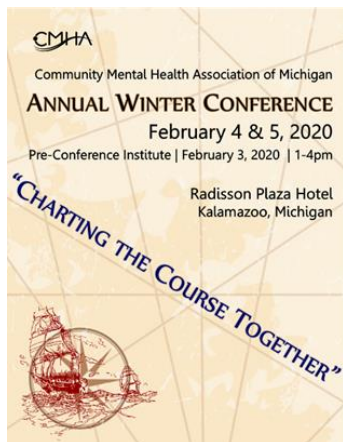
- **Mental Health:** Although the President calls on the importance of addressing mental health in his budget, he is simultaneously proposing a cut of \$139 million to the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to the **\$906 million to extend the CCBHC Medicaid demonstration, there is \$225 million for CCBHC expansion**, an increase of \$25 million over last Fiscal Year. The budget allocates \$156 million, an increase of \$2 million, for school-based mental health programs such as Project AWARE, Healthy Transitions, and Mental Health First Aid. The budget modifies the Medicaid Institutes for Mental Diseases (IMD) exclusion to provide targeted flexibility to states to provide inpatient mental health services to Medicaid beneficiaries with serious mental illnesses, as part of a comprehensive strategy that includes improvements to community-based treatment. Further, Qualified Residential Treatment Programs (QRTPs) would be exempt from the IMD exclusion, allowing children in foster care to have Medicaid coverage in these facilities.
- **Integrated care:** The President’s budget proposes eliminating the Primary and Behavioral Health Care Integration (PBHCI) program “due to other funding sources available for integrated care.” Discontinuing this program would disrupt progress in this area that has been building since it began in 2009 addressing the intersection between primary care and treatment for mental illness and co-occurring addiction.
- **Opioids:** State Targeted Opioid Response grants received a request increase of \$85 million to support prevention, treatment, and recovery support services. States are also given flexibility to use these funds to address the emerging drug issue, which is the increasing number of overdoses related to psychostimulants, including methamphetamines.
- **Medicaid and Medicare:** The Administration proposes almost \$1 trillion in cuts over ten years from its proposals to reform Medicaid, the Children’s Health Insurance Program (CHIP), and Medicare. The budget proposes cuts by instituting nationwide Medicaid work requirements and allowing asset tests for individuals who are eligible for Medicaid based on their modified adjusted gross income and for reducing the maximum allowable home equity for Medicaid eligibility. Additionally, the budget has proposed changes to Medicare including site-neutral payments and tying future funds available for Medicare payments for uncompensated care to FY 2019 uncompensated care funding levels. The budget does also propose prohibiting states from terminating Medicaid coverage for the first six months of a person’s incarceration, and instead suspending that coverage during incarceration to ease individuals’ transition back into the community upon release.

- **Drug Pricing:** The drug pricing proposals in the budget were left intentionally vague to allow continued negotiations in Congress. The Administration projects \$135 billion in savings over ten years from potential drug pricing reforms, pointing to some of the estimated savings from plans in Congress. This number is similar to estimates for reforms proposed by Senate Finance Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) to restructure the Part D benefit and to place inflation caps on drug prices in Parts B and D. This proposal by Senators Grassley and Wyden includes a two year extension and 11 state expansion for CCBHCs.
- **Telehealth:** The budget calls for expanding the telehealth benefit in Medicare fee-for-service, permitting more providers to participate in telehealth.

Additional details on the President's HHS budget request are outlined in the Department's budget-in-brief document. Further policy details have yet to be released that would outline how the President proposes to achieve the level of cuts to public health care programs included in the proposal. The National Council will monitor the appropriations process and will continue to share updates in Capitol Connector.

## Education Opportunities:

### Presentation Materials from CMHA 2020 Annual Winter Conference Details



You'll find all the presentation materials on our website [By Clicking Here!](#)

**Community Mental Health Association of Michigan**

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

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

### 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 - **Still Time to Register!****

[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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | **Only 5 spots left!** [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 | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- 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 | **Registration Full!**

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](#) to register **Only 5 spots left!**

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](#).**

## EMDR Trainings

Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan Trauma Recovery/EMDR Humanitarian Assistance Programs presents Eye Movement Desensitization and Reprocessing (EMDR).



EMDR Basic Training consists of Weekend I March 26-28, 2020 (Thursday-Saturday) and Weekend II Training July 16-18, 2020. Each training event is three days of didactic and supervised practice. This is a specialized training. Cost is \$150 per training weekend, plus materials and consultation fees. Limited space available, for additional information please email [awilson@cmham.org](mailto:awilson@cmham.org)

## New! TREM and M-TREM Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: TREM AND M-TREM TRAININGS Featuring: Community Connections, Washington, DC. Based on both clinical experience and research literature, TREM has become one of the major trauma recovery interventions for women and men. TREM and MTREM are fully manualized group interventions for trauma survivors served by behavioral health providers.

### LOCATION, DATES AND AGENDA

- Holiday Inn Airport - Grand Rapids - April 28-30, 2020
- Community Mental Health Association of Michigan (CMHAM), Lansing - June 2-4, 2020

Registration: 8:30a.m. - 9:00 a.m.; Training: 9:00 a.m. - 4:00 p.m.

Open to individuals working in the public Mental Health System. Note: The trauma policy is now an amendment to the CMHSP contract. PARTICIPANTS: Master's prepared clinicians (men and women), their clinical supervisor from CMHSPs. CMHSPs that currently DO NOT have trained TREM/M-TREM clinical staff will be prioritized for the training.

Cost is \$150 per participant. Registration fees, hotel, travel and additional meals are at the agency's expense.

EXPECTATION: Clinicians and Clinical Supervisors registering for the training will be expected to:

1. Participate in 3-day TREM/M-TREM training
2. Participate in 12 monthly coaching calls (1-hour calls)

Clinicians will be expected to: Conduct 2 TREM or M-TREM groups in the year following the training

Teams are comprised of 1 limited licensed supervisor and, at a minimum, 2 limited licensed clinicians. All team members are expected to attend the three days of training. Participate in the monthly coaching calls; and implement 2 TREM/M-TREM groups in the next year.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information. No continuing education credits available.

## News from Our Preferred Corporate Partners:

### New! TBS Solutions announces Two-Day Practicing Effective Management training

#### Two-Day Practicing Effective Management Training

TBD Solutions wants to help you create a **profound** impact in your workplace. This two-day training provides you with the skills to reach your **full potential** as a manager and leader. Return to work with new **tools**, fresh **perspectives**, and the **resolve** needed to face your toughest workplace challenges. **12 Social Work CEs are offered for this training.**

#### Who Should Attend:

Managers and supervisors of all levels looking to improve relationships and results in their workplace.

#### Location and Dates:

Grand Rapids, MI on April 15th & 16th

#### Training Fee:



\$500 with lunch included

Details:

Register at <http://aprilpem.eventbrite.com>

## 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)

## ***CMHA WEEKLY UPDATE***

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