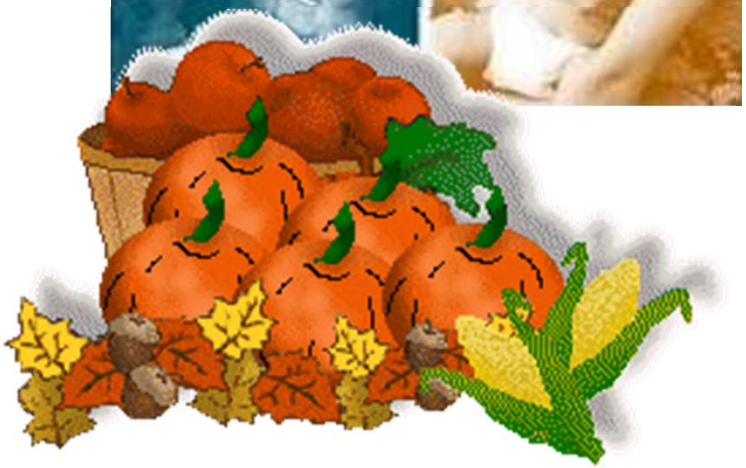
Northeast Michigan Community Mental Health Authority Board
October 2019 Meetings

- Board Meeting – Thursday, October 10 @ 3:00 p.m.
- Recipient Rights Meeting* – Wednesday, October 16 @ 3:15 p.m.



All meetings are held in the Board Training Room at 400 Johnson Street in Alpena except those indicated with a "*" which are held in the Administrative Conference Room

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
October 10, 2019 at 3:00 p.m.

A G E N D A

I. Call to Order
II. Roll Call & Determination of a Quorum
III. Pledge of Allegiance
IV. Appointment of Evaluator
V. Acknowledgement of Conflict of Interest
VI. Information and/or Comments from the Public

VII. Approval of Minutes.....(See pages 1-7)

VIII. Educational Session – Psychiatric Services for Children ..... Anastasia Banicki-Hoffman MD

IX. FY18-19 Budget Amendment #1.....(See pages 8-12)

X. Consent Agenda.....(See pages 13-14)
- A. Catholic Human Services
- B. NEMROC
- C. Thunder Bay Transportation
- D. Protocol
- E. Bay View Center
- F. Touchstone

XI. October Monitoring Reports
1. Budgeting 01-004 ..... (Available at the Meeting)
2. Compensation and Benefits 01-008.....(See pages 15-18)

XII. Board Policies Review and Self Evaluation
1. Annual Board Planning Cycle 02-007..[Review & Self-Evaluation].....(See pages 19-20)
2. Executive Director Job Description 03-003..[Review & Self-Evaluation].....(See page 21)
3. Monitoring Executive Performance 03-004..[Review & Self-Evaluation] .(See pages 22-27)

XIII. Linkage Reports
1. Northern Michigan Regional Entity
   a. Board Meeting [September 25] .....(Verbal)
2. MACMHB
   a. Fall Board Conference – October 21 & 22 – Grand Traverse Resort.....(Verbal)

XIV. Operation's Report..... (Available at the Meeting)

XV. Chair's Report
1. Perpetual Calendar Adoption.....(See pages 28-29)
2. Strategic Plan.....(See pages 30-34)
3. Schedule Nomination's Committee Meeting [November] .....(Verbal)

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

XVII. Information and/or Comments from the Public

XVIII. Next Meeting – Thursday, November 14 at 3:00 p.m.
1. Set November Agenda .....(See page 35)
2. Meeting Evaluation .....(Verbal)

XIX. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

September 12, 2019

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk

Absent:

Staff & Guests: Lisa Anderson, Dennis Bannon, Summer Berman, LeeAnn Bushey, Mary Crittenden, Lynne Fredlund, Chris Harper, Chris's mom, Ruth Hewett, Judy Hutchins, Larry Patterson, Nena Sork, Jen Whyte, Peggy Yachasz

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Bonnie Cornelius as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

Board members had no conflicts to acknowledge.

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

There was no information or comments presented.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Albert LaFleche, to approve the minutes of the August 8, 2019 minutes as presented. Motion carried.

Mark Hunter inquired as to the content of the meeting identified in the minutes the Director attended with the judge. Nena Sork indicated she met with Judge LaCross as a "Meet and Greet" and intends to meet with the judges in the other three counties soon.

VIII. Consent Agenda

1. **Contracts**
    a. **Partners in Prevention**
        i. **Adult Trauma Training**
        ii. **Mental Health First Aid Training**
        iii. **Trauma Training Project and Suicide Prevention Education**
        iv. **Caring for Children Who Experience Trauma**
    b. **MRS Cash Match Agreement**
    c. **Presidio Maintenance Contract**
    d. **MITC Agreement**
    e. **Microsoft Agreement**
    f. **Rite Aid [Flu Sots]**

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

IX. FY19-20 Budget Public Hearing

Eric Lawson opened the meeting for the Public Hearing on the Budget.

Nena Sork reported due to the ever changing issues, she will request a continuation budget at this point with presenting a full budget to the Board at the October meeting. This is the same budget approved by the Board in May. She notes the rates have not yet been received from the state.

Moved by Gary Nowak, supported by Pat Przeslawski, to approve the FY19-20 continuation Budget as presented. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None, Absent: None. Mark Hunter stated a concern he had about the published advertisement noting the ad did not have a number published to alert interested parties how how they could receive a copy of budget. While the Agency name and address were included in the advertisement and the budget documents were posted to the external website, he felt the ad could have provided a phone number to call for the documents as well. Motion carried.

X. Educational Session - Touchstone Services Inc.

Summer Berman, Fresh Start Clubhouse Supervisor of Ann Arbor, presented an update on what has been happening at Light of Hope Clubhouse since Touchstone Services assuming the management of the program. She notes Touchstone Services has been in business for 20 years. Their headquarters is located in Port Huron. Touchstone Services provides services such as peer support, job coaching, job development and vocational training. She notes the Port Huron Clubhouse operates a small gift shop across from their Clubhouse providing vocational training and revenue income. She reported 47 clubhouses are in Michigan and Touchstone Services operates four of those.

The three clubhouses Touchstone operates in lower Michigan are all accredited through Clubhouse International and Light of Hope Clubhouse just finished their accreditation survey last week. They will have their full report in a couple of months.

The Clubhouse model originated in Manhattan and originally begin by individuals being discharged from a state hospital facility. They did this to maintain some type of support network. WANA (We Are Not Alone) was the first clubhouse and is now called Fountain House. Clubhouse is a global movement and sites are being developed throughout the world. She reported SAMHSA has now recognized this program as an evidence-based practice. Ms. Berman noted when the evidence-based fidelity is met, research shows success in keeping individuals out of hospitals, jails, etc.

The Hilton Humanitarian Prize is the largest cash humanitarian prize in the world ($1.5M) and is presented to nonprofit organizations judged to have made extraordinary contributions toward alleviating human suffering. This means the program impacts the world on a large level. In 2014, Fountain House/Clubhouse International received the award noting this program is dedicated to the recovery of men and women with mental illness by providing opportunities for members to live, work and learn, while contributing their talents through a community of mutual support.

In the early 90s Michigan created a service code which was able to be charged to Medicaid. She noted at that time many day treatment programs were converted to clubhouse programs.

Summer Berman noted clubhouse is more than just a place to go and spend time and hang out. She reports it is important to have self-efficacy and these skills are focused on during the clubhouse program. This is done by creating an environment promoting success. The day is a work-ordered day. It is operated somewhat like a co-op. The members and staff are responsible for running the organization collectively.

Clubhouse is a non-clinical program. There are no therapies conducted, no medication management and the services will focus on utilizing members strengths and driving their own recovery. Consensus decision making is used to determine what is done. Community is the therapeutic intervention. The clubhouse offers services to alleviate social determinants.

Chris Harper provided a synopsis of his life inside of Clubhouse. He likes to help people. He also listens and encourages people. He assists with technology and helps with phone usage, computer usage and has created many templates. He intends to make a difference in this world. He has been told he would be good at peer support. Clubhouse helps you know who you are and who you want to be. Clubhouse is open Monday-Friday and sometimes weekends. Clubhouse is also open on all holidays.

Summer Berman reported the dedication and passion of the members of clubhouse has was very noticeable when they began their management of the program. There are three regular employees and the director position is currently under recruitment. Transportation is available for those living in the country.

Chris Harper reported in the beginning of the year average daily attendance was five and it has increased to about twelve members daily. He notes the additional events, which are planned, seem to draw more participation. There is a kitchen area where lunch is provided and skills are taught, which prepares members for other employment opportunities.

XI. MDHHS/CMHSP FY20 Managed Mental Health Supports and Services Contract

Nena Sork noted the State now operates using EGRAMS for executing their agreements and there are short turnaround times to get the agreements executed. Eric Lawson suggested making this a blanket authorization to alleviate future timing issues. Steve Dean questioned if the Board would receive notification. Nena Sork assured them all executed agreements would be reported.

Moved by Pat Przeslawski, supported by Bonnie Cornelius, to approve the execution of FY20 MDHHS/CMHSP Managed Mental Health Supports and Services Contract by the director and designee through EGRAMS and make this a blanket authorization for future EGRAMS authorization needs. Motion carried.

XII. September Monitoring Reports

1. Budgeting 01-004

Larry Patterson provided Board members with a summary of the Statement and Revenue Expense for month ending July 31, 2019. Larry Patterson noted the salary line items with the largest negative variances were due to the staff retention allowances paid in early July along with leave payouts for some recent staff retirements. He also reported there were funds moved from one line to another which included wraparound and expenses for community educations. The community education portion of that line item was moved to Community Relations/Education causing a deficit in that line item. By leaving the community education expenses in that particular line item it caused rates for wraparound to be artificially inflated.

Mr. Patterson reports the month ended to the positive by $221, 911. He reviewed the various bucket amounts.

He notes the amount of General Fund dollars lapsing back to the state at this point is $51,771.

He reports the change in net position should increase some next month as a late July payment was received in August.

2. **Emergency Executive Succession 01-006**
   Nena Sork reported this monitoring report was updated due to the change of roles within the agency. Nena Sork introduced Mary Crittenden as the new COO.

   Moved by Roger Frye, supported by Albert LaFleche, to accept the September monitoring reports as presented. Mark Hunter inquired what the scenario would be when Mary Crittenden is off on her maternity leave. How long is temporary? It was noted there are other members of management team who would step in and this would be an internal selection. As far as how long is temporary would be a Board decision. Emergency Executive Succession defines the circumstances should the Board's only employee, the Director, be absent. Motion carried.

XIII. Board Policy Review and Self Evaluation

1. **General Executive Constraint 01-001**
   Board members reviewed the policy and a revision to change the term "CEO" to "Executive Director" was made. Mark Hunter noted he has difficulty with the concept where the Board tells the Director to "not" do anything illegal and questioned the term imprudent. Gary Nowak reported the policies were developed through a Carver model. Under the Carver model, policies are written to state what the Director cannot do. Barring those limitations, the Director can then have the autonomy to manage the Agency without micromanagement from the Board.

2. **Compensation and Benefits 01-008**
   Board members reviewed this policy and a revision to change the term "CEO" to "Executive Director" was made.

Steve Dean left the meeting at 4:00 p.m.

3. **Board Committee Structure 02-006**
   Board members reviewed the policy and there were no recommended revisions.

4. **Chief Executive Officer Search Process 03-005**
   Board members reviewed the policy and a revision to change the term "CEO" to "Executive Director" was made. This will also involve changing the policy name from Chief Executive Officer Search Process to Executive Director Search Process.

   Moved by Pat Przeslawski, supported by Gary Nowak, to revise policies 01-001 General Executive Constraint, 01-008 Compensation and Benefits and 03-005 Executive Director Search Process to reflect Executive Director versus CEO. *Opposed: Mark Hunter.* Motion carried.

XIV. Linkage Reports

1. **Northern Michigan Regional Entity (NMRE)**
   a. **Board Meeting August 28, 2019**
      Roger Frye and Terry Larson reported many approvals were made for liquor tax disbursements. Mark Hunter inquired as to whether our counties spend their liquor tax allocations. Roger Frye reported the dollars must flow to agencies which are certified to provide substance use services. Terry Larson reported the SUD Board encourages use of the dollars frequently. Catholic Human Services in certified in our area to receive these funds. There is also criteria for use of these funds. This would be handled much like a grant writing process.

b. Board Meeting July 31, 2019

The minutes from the NMRE's July 31, 2019 meeting were included in the materials for this meeting.

2. CMHAM (Community Mental Health Association of Michigan)

a. Fall Board Conference – October 21 & 22 – Traverse City

There is still no printed material released for the upcoming Fall Board Conference to be held at the Grand Traverse Resort in Acme. The Association has released two rooms for each Board for reservations. Additional rooms **may** be available after September 16th. Registration for the conference is also scheduled to be open as of September 16. Board members were requested to check their schedules to determine if they plan to attend and notify Diane Hayka. They have not requested to have us appoint Voting Delegates; however we did appoint two – Roger Frye and Judy Jones were appointed as delegates. Roger Frye, Judy Jones and Bonnie Cornelius are planning to attend the conference.

XV. Operational Report

Mary Crittenden reviewed the Operational Report for month ending August 31, 2019. She noted outpatient counseling has increased. In addition, she reported the pre-screens conducted after normal office hours have decreased. She reported clubhouse currently has 75 members enrolled which is an increase from 59 members, when Touchstone assumed management.

XVI. Chair's Report

1. Eric Lawson addressed a concern from a person from the public attending last meeting citing Board members did not express proper decorum. Eric Lawson cautioned board members on their behaviors in the meeting and also in the public.

2. Setting Perpetual Calendar

Eric Lawson requested the review of the perpetual calendar including determining the process used this year in breaking Strategic Planning down to span over three months – May, June and July. Consensus was to keep strategic planning over the three-month period. Board members will be requested to approve the FY19-20 Perpetual Calendar at their October meeting.

3. Board Self-Evaluation Report

Eric Lawson reviewed the results of the most recent board survey. Eric noted board members attended many events over the course of the year outside of the regular board meetings such as employee recognition, attending commissioner meeting, lunch for a cause, etc.

Gary Nowak questioned the comment in D. 4. He expressed his concern about the way the comment was written indicating he felt it was negative. After discussion, it was felt this could be interpreted in a couple of ways, most likely not meant to be negative.

Pat Przeslawski noted there are several questions in which there was at least one individual or maybe more than one expressing their dissatisfaction with many of the questions. She suggests using these questions to discuss what concerns are. She believes our board needs to make all board members accepted. Eric Lawson suggested Board members bring this document to Board meetings and as our policies are reviewed and topics discussed these concerns can be addressed. Pat Przeslawski reported we need to assure all board members input is valued and they feel like they are an equal part of the board.

Lester Buza left the meeting at 4:25 p.m.

Eric Lawson suggested we keep this on our radar. Next year we may want revise the survey to ask more detailed questions.

XVII. Director's Report

1. Director's Report Items

Nena Sork provided an update on her recent activities. She attended the NMRE OPS meeting on August 20th. The state is encouraging the development of a Parent Peer Support position and a Youth Peer Support position. She notes there are interviews scheduled for the Parent Peer Support job.

Nena Sork provided information on the certified health workers. She was able to teach one segment of the program and six of Northeast's staff are graduating from the program on Friday. This funding was provided through General Funds, which the Board approved at the May 9, 2019 Board meeting.

She noted Richard Carpenter was also here reviewing our accounting system to move that project forward. The General Ledger Consulting Agreement was received and the cost for this transition will be approximately $70,000.

Nena Sork reported she and Mary Crittenden attended a meeting at MidMichigan Regional Center with consultants related to emergency services and the interface with Pointe East. The purpose of this meeting was to assure needed services are being provided and address deficiencies our Agency may experience in service provision.

In addition, she noted she had a follow-up meeting with judges and jail personnel. Transportation difficulties were addressed and this will be a continued conversation.

Eric Kurtz is making rounds and meeting individually with each of the member directors. Nena Sork met with Mr. Kurtz on September 3. On September 6, the Alpena Chamber of Commerce hosted the United Way Kick Off breakfast at the APlex. She attended this breakfast along with Diane Hayka. . Attendance allows for a good networking opportunity.

An Agency newsletter was revitalized with the first edition distributed to staff on September 9. Board members received a copy in the materials distributed at this meeting. Cheryl Kobernik will be attending our October 12th meeting. On September 11, the MiFast review of ACT was conducted and we are meeting fidelity. She reported we are still down ACT staff and are working to recruit nurses and an ACT supervisor.

Nena Sork reported the Agency will possibly have some lapsing GF funds and, if so, would like authorization to engage in a Section transfer 236 versus lapsing funds to the state, the funds could be transferred to other Boards within our region. ***Moved by Gary Wnuk, supported by Pat Przeslawski, to allow for a Section 236 transfer to a board in need within our region.*** Roll call vote: Ayes: Bonnie Cornelius, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Les Buza, Steve Dean. Motion carried.

Nena Sork noted Management Team is working on updating our webpage and have a project team reviewing options. The recommendation from the Team was to engage with Flightpath as a vendor to further develop. The amount on this project will be between $10,000 - $14,000. This was not a budget item and will require Board approval to proceed. ***Moved by Gary Nowak, supported by Judy Jones, to approve up to $14,000 for web-page development.*** Mark Hunter noted there needs to be a high level of security on the web page. Roll call vote: Ayes: Bonnie Cornelius, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Les Buza, Steve Dean. Motion carried.

The final item needing Board action is for the + Group. The goal is to be automated by October 1. The cost of the services will be approximately $70,000. Gary Nowak reported he spoke with the Finance Director at NMRE and was assured of the efficiency in time savings the Agency will realize once transitioned. ***Moved by Gary Nowak, supported by Judy Jones, to authorize the Director to execute the agreement with Rehmann Group.*** Gary Wnuk requested clarification of the project the Rehmann group would be doing. Roll call vote: Ayes: Bonnie Cornelius, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Les Buza, Steve Dean. Motion carried.

2. QI Council Update

The minutes from the most recent QI Council meeting were distributed and Board members had no concerns or comments.

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

Gary Nowak reported at the NMRE Board meeting, the Board talked about getting more information out to the public related to services provided in the community by community mental health. Eric Lawson questioned whether there are events the NMRE is doing which our Agency could piggyback off. Gary Nowak also suggests doing public articles. Mary Crittenden reported she has scheduled an interview with WBKB on suicide prevention. Roger Frye requested the liquor tax allocations be provided to Board members next meeting.

XIX. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, October 10, 2019 at 3:00 p.m.

1. Set October Agenda

The October agenda items were reviewed.

XX. Evaluation of Meeting

Bonnie Cornelius provided the meeting evaluation. She reports she always comes away with a better understanding of services. She noted there was good participation. The Touchstone presentation from the individual receiving services at the Clubhouse was very good and appreciated. This is uplifting.

Roger Frye noted he is the Chairman for the upcoming tootsie roll drive for the Knights of Columbus in Montmorency County. He requested input as to a worthy organization for the proceeds from this drive. Nena Sork will get input and notify Roger Frye.

XXI. Adjournment

Moved by Albert LaFleche, supported by Pat Przeslawski, to adjourn the meeting. Motion carried. This meeting adjourned at 4:55 p.m.

_____

Bonnie Cornelius, Secretary

_____

Eric Lawson, Chair

Diane Hayka
Recorder

Northeast Michigan Community Mental Health Authority

2019-2020 Budget Amendment #1

Revenue Budget

Line #	Revenue Source	FY20 Budget	$$$ Incr./(Decr.)	FY20 Budget Amendment #1	Totals	% of Total Budget
1	**Rent Income**	$ 29,139	$ 9,714	**$ 38,853**	**$ 38,853**	0.13%
2	**State Contracts**				**97,000**	0.32%
3	PASARR (Nursing Home Services)	97,000	-	**97,000**		
4	**Private Contracts**				**52,603**	0.17%
5	Blue Horizons Management Services	18,387	(147)	**18,240**		
6	MI Child Collaborative Care Grant	38,944	(4,581)	**34,363**		
7	**Local Funding**				**506,897**	1.65%
8	Alcona County Allocation	35,223	-	**35,223**		
9	Alpena County Allocation	150,216	-	**150,216**		
10	Montmorency County Allocation	31,435	-	**31,435**		
11	Presque Isle County Allocation	49,764	-	**49,764**		
12	Rebates/Incentives/Other local revenue	241,259	(1,000)	**240,259**		
13	**Interest Income**	10,000	-	**10,000**	**10,000**	0.03%
14	**Medicaid**	24,952,633	1,446,523	**26,399,156**	**26,399,156**	86.02%
15	**General Funds from MDCH**				**941,070**	3.07%
16	Operational (Community) Funding	800,467	100,580	**901,047**		
17	Carryforward from FY19 to FY20	-	40,023	**40,023**		
18	**Healthy Michigan Plan**	1,563,803	282,341	**1,846,144**	**1,846,144**	6.02%
19	**Third Party Insurance (incl. COFR & Child Waiver)**	532,132	(286,132)	**246,000**	**246,000**	0.80%
20	**Residential Clients - Room & Board**	504,863	11,488	**516,351**	**516,351**	1.68%
21	**Club House Food Sales**	773	(773)	**-**	**-**	0.00%
22	**Donations**	2,052	(2,052)	**-**	**-**	0.00%
23	**Other Revenue**				**36,485**	0.12%
24	Reimbursed Class Fees	6,000	-	**6,000**		
25	Telephone Usage Rebates	9,560	(9,560)	**-**		
26	Representative Payee Fees	24,890	(7,346)	**17,544**		
27	Record Copying Fees	8,664	(664)	**8,000**		
28	Michigan Rehabilitation Services	3,400	1,226	**4,626**		
29	Miscellaneous Other Income	2,614	(2,299)	**315**		
30	**Total Revenues**	$ 29,113,218	$ 1,577,341	**$ 30,690,559**	**$ 30,690,559**	100.00%

Northeast Michigan Community Mental Health Authority

2019-2020 Budget Amendment #1

Expenditure Budget (by account)

Line #	Expenditure Type	FY20 Budget	$$$ Incr./(Decr.)	**FY20 Budget Amendment #1**	% Incr./(Decr.)
1	Salaries	$ 12,513,374	$ 485,387	**$ 12,998,761**	3.9%
2	Social Security Tax	587,619	34,902	**622,521**	5.9%
3	Health Savings Accounts	24,151	15,851	**40,002**	65.6%
4	Health Insurance (self insured)	1,619,048	367,308	**1,986,356**	22.7%
5	Prescription Insurance (self insured)	401,699	28,810	**430,509**	7.2%
6	Dental Insurance (self insured)	94,693	8,461	**103,154**	8.9%
7	Vision Insurance (self insured)	31,126	5,635	**36,761**	18.1%
8	Life Insurance	31,636	(1,150)	**30,486**	-3.6%
9	Long Term Disability Insurance	29,798	(969)	**28,829**	-3.3%
10	Short Term Disability Insurance	170,934	(3,596)	**167,338**	-2.1%
11	Pension	664,408	44,389	**708,797**	6.7%
12	Pension (Social Security Opt Out)	294,253	25,060	**319,313**	8.5%
13	Unemployment	7,322	(322)	**7,000**	-4.4%
14	Workers Compensation	183,597	42,842	**226,439**	23.3%
15	Office Supplies	26,573	541	**27,114**	2.0%
16	Postage	18,503	1,112	**19,615**	6.0%
17	Advertisement/Recruitment	71,794	(29,578)	**42,216**	-41.2%
18	Public Relations/Community Education	3,871	160	**4,031**	4.1%
19	Employee Relations/Wellness	52,072	(7,699)	**44,373**	-14.8%
20	Computer Maintenance/Supplies	320,000	2,571	**322,571**	0.8%
21	Activity/Program Supplies	32,634	4,098	**36,732**	12.6%
22	Medical Supplies & Services	53,816	1,854	**55,670**	3.4%
23	Household Supplies	47,900	3,954	**51,854**	8.3%
24	Clothing	1,050	(100)	**950**	-9.5%
25	Contracted Inpatient	1,085,509	92,719	**1,178,228**	8.5%
26	Contracted Transportation	124,153	(4,485)	**119,668**	-3.6%
27	Contracted Residential (incl. Self Determination)	5,119,111	12,376	**5,131,487**	0.2%
28	Contracted Employees/Services	3,556,496	453,522	**4,010,018**	12.8%
29	Telephone / Internet (Communications)	112,242	15,731	**127,973**	14.0%
30	Staff Meals & Lodging	38,194	(3,932)	**34,262**	-10.3%
31	Staff Travel Mileage	239,853	(3,655)	**236,198**	-1.5%
32	Vehicle Gasoline	149,381	(13,009)	**136,372**	-8.7%
33	Client Travel Mileage	64,440	(3,117)	**61,323**	-4.8%
34	Board Travel and Expenses	13,664	(1,781)	**11,883**	-13.0%
35	Staff Development-Conference Fees	39,352	(1,859)	**37,493**	-4.7%
36	Staff Physicals/Immunizations	12,266	4,722	**16,988**	38.5%
37	Professional Fees (Audit, Legal, CARF)	65,248	768	**66,016**	1.2%
38	Professional Liability Insurance Drs.	9,105	7,139	**16,244**	78.4%
39	Property/Staff Liability Insurance (net)	51,606	(4,573)	**47,033**	-8.9%
40	Heat	28,839	2,366	**31,205**	8.2%
41	Electricity	101,923	(2,345)	**99,578**	-2.3%
42	Water/Sewage	30,236	211	**30,447**	0.7%
43	Sanitation	11,606	(597)	**11,009**	-5.1%
44	Office Building/Equipment Maintenance	75,324	637	**75,961**	0.8%
45	Home Maintenance (incl. Envir. Modifications)	60,723	18,901	**79,624**	31.1%
46	Vehicle Maintenance	55,070	(206)	**54,864**	-0.4%
47	Rent-Homes and Office Buildings	228,004	31,616	**259,620**	13.9%
48	Rent-Equipment	5,363	(73)	**5,290**	-1.4%
49	Membership Dues	17,100	(650)	**16,450**	-3.8%
50	Food	148,701	(847)	**147,854**	-0.6%
51	Food Stamps	(91,020)	5,660	**(85,360)**	-6.2%
52	Capital Equipment over $200	271,895	(41,149)	**230,746**	-15.1%
53	Consumable Equipment under $200	5,642	7,820	**13,462**	138.6%
54	Computer Equipment over $200	88,000	(5,000)	**83,000**	-5.7%
55	Client Adaptive Equipment	28,469	1,531	**30,000**	5.4%
56	Depreciation Expense Adjustment	17,221	(8,533)	**8,688**	-49.6%
57	General Fund Expenditures	12,880	(12,087)	**793**	-93.8%
58	Local Fund Expenditures (10% State Hospital)	54,750	-	**54,750**	0.0%
59	**Unidentified Budget Corrections (TBD)**	-	-	-	100.0%
60	**Total Expenditures**	$ 29,113,218	$ 1,577,341	**$ 30,690,559**	5.4%

Northeast Michigan Community Mental Health Authority

2019-2020 Budget Amendment #1

Expenditure Budget (by program)

Line #	Program	FY20 Budget	$$$ Incr./(Decr.)	**FY20 Budget Amendment #1**	% Incr./(Decr.)
1	Board Administration	$ 562,849	$ (1,680)	**$ 561,169**	-0.3%
2	DD Administration	161,182	(55,884)	**105,298**	-34.7%
3	Managed Information Systems (MIS)	1,090,357	15,830	**1,106,187**	1.5%
4	Staff Development	35,964	(1,683)	**34,281**	-4.7%
5	Budget & Finance	1,044,016	(58,797)	**985,219**	-5.6%
6	Clerical Support Services	526,690	(35,876)	**490,814**	-6.8%
7	Human Resources	391,322	(163)	**391,159**	0.0%
8	Facilities, Vehicles, Equip. Maintenance	846,662	(7,876)	**838,786**	-0.9%
9	Quality Improvement	207,189	3,744	**210,933**	1.8%
10	MI Outpatient	916,511	84,117	**1,000,628**	9.2%
11	MI Administration	59,925	(1,178)	**58,747**	-2.0%
12	Physician Services	1,781,100	(50,382)	**1,730,718**	-2.8%
13	Housekeeping	101,082	3,821	**104,903**	3.8%
14	Customer Service	93,461	3,429	**96,890**	3.7%
15	Older Adult Services - PASARR	79,779	32,064	**111,843**	40.2%
16	Older Adult Case Management	545,887	31,604	**577,491**	5.8%
17	MI Case Management	674,472	9,625	**684,097**	1.4%
18	Assertive Community Treatment (ACT)	530,011	9,960	**539,971**	1.9%
19	Children's Home Based and Comm. Services	683,402	69,710	**753,112**	10.2%
20	MI Child Collaborative Care Grant	31,425	3,296	**34,721**	10.5%
21	Children's Wraparound	136,248	(16,401)	**119,847**	-12.0%
22	DD Case Management	806,445	27,741	**834,186**	3.4%
23	DD Clinical Support	246,893	53,900	**300,793**	21.8%
24	Applied Behavioral Analysis (Autism) Services	1,383,622	285,897	**1,669,519**	20.7%
25	Private Hospitalization (all populations)	1,085,509	92,719	**1,178,228**	8.5%
26	State Hospitalization (County 10% Share only)	54,750	-	**54,750**	0.0%
27	DD Community Employment	1,091,879	103,563	**1,195,442**	9.5%
28	DD Community Support	1,409,498	147,627	**1,557,125**	10.5%
29	MI Adult Clubhouse (Touchstone Inc. 1/1/2020)	432,767	89,099	**521,866**	20.6%
30	Bay View Center	100,713	-	**100,713**	0.0%
31	Peer Directed Activities	29,762	(1,939)	**27,823**	-6.5%
32	MI Peer Support Services	104,104	22,044	**126,148**	21.2%
33	MI Community Employment	171,170	52,730	**223,900**	30.8%
34	Contracted Residential	3,758,104	(121,773)	**3,636,331**	-3.2%
35	Respite (DD & MI)	176,350	(26,907)	**149,443**	-15.3%
36	DD SIP Monitoring	513,747	7,286	**521,033**	1.4%
37	DD Supported Independent Living (SIP)	1,410,775	172,308	**1,583,083**	12.2%
38	Self Determination (DD & MI)	1,825,752	144,069	**1,969,821**	7.9%
39	Hospital Transportation	18,527	5,149	**23,676**	27.8%
40	Cambridge Residential DD	507,064	(5,200)	**501,864**	-1.0%
41	Princeton Residential DD	576,167	(330)	**575,837**	-0.1%
42	Walnut Residential DD	586,351	4,943	**591,294**	0.8%
43	Thunder Bay Heights Residential DD	570,277	19,263	**589,540**	3.4%
44	Pinepark Residential DD	575,180	(12,792)	**562,388**	-2.2%
45	Brege Residential DD	518,176	49,605	**567,781**	9.6%
46	Harrisville Residential DD	536,222	5,802	**542,024**	1.1%
47	Millcreek Residential DD	526,840	22,296	**549,136**	4.2%
48	**Budget Corrections to be spread to programs**	(402,960)	402,960		-100.0%
49	**Total Expenditures**	$ 29,113,218	$ 1,577,340	**$ 30,690,558**	5.4%

Northeast Michigan Community Mental Health Authority

2019-2020 Budget Amendment #1

Capital Purchases

Line #	Program	Description	$$$
	Equipment, Furniture, Building Improvements		
	Staff Development	First Aid Equipment	662
	Human Resources	Stand-up Desk for GD (per LA)	400
	Human Resources	New/Updated Camera	600
	Facilities	2 SUV's 4x4	56,000
	Facilities	3 Mini Vans	72,000
	Facilities	2 Sedans	38,000
	Facilities	2 HVAC Units - Alpena Office	18,000
	Facilities	1 Snowblower	1,500
	Facilities	2 Access Control Door Locks - Hillman Office	2,000
	Cambridge	One Major Appliance	1,000
	Cambridge	Flooring for the Living Room and Hallway	8,000
	Princeton	One Major Appliance	1,000
	Princeton	Recliner	500
	Walnut	One Major Appliance	1,000
	Walnut	2 - Recliners	1,400
	Walnut	Gas Grill	400
	Thunder Bay	One Major Appliance	1,000
	Thunder Bay	3 Drawer Lateral File Cabinet	710
	Pine Park	One Major Appliance	1,000
	Brege	One Major Appliance	1,000
	Harrisville	One Major Appliance	1,000
	Harrisville	Counter Top for Kitchen	6,000
	Harrisville	OTC Microwave	500
	Millcreek	One Major Appliance	1,000
	Millcreek	Flooring	4,074
	Total Equipment, Furniture, Building Improvements		**$ 218,746**
	Computer Equipment		
	Information Systems	Notebooks/Laptops/Desktops	36,000
	Information Systems	Servers	30,000
	Information Systems	Copiers (Alpena, Rogers City, Hillman)	12,000
	Information Systems	Printers	2,000
	Information Systems	IP Phones	10,000
	Information Systems	Switch/Router	5,000
	Total Computer Equipment		**$ 95,000**

Vehicle Replacement Policy:

Agency owned vehicles will be reviewed for replacement when:

a. they have reached a service life of five years and/or they have accumulated 120,000 miles,

b. excessive wear or costs dictates that the vehicle be removed from service, or

c. safety conditions require that they be removed from service.

Northeast Michigan Community Mental Health Authority

2019-2020 Budget Amendment #1

Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY20 Preliminary Budget	FTE Incr./(Decr.)	**FY20 Budget Amendment #1**	% Incr./(Decr.)
1	Board Administration	5.10	-	**5.10**	0.0%
2	DD Administration	2.20	(1.00)	**1.20**	-45.5%
3	Managed Information Systems (MIS)	6.10	(0.10)	**6.00**	-1.6%
4	Staff Development	0.37	-	**0.37**	0.0%
5	Budget & Finance	11.30	(0.82)	**10.48**	-7.3%
6	Clerical Support Services	9.45	(1.16)	**8.29**	-12.3%
7	Human Resources	4.15	-	**4.15**	0.0%
8	Facilities, Vehicles, Equip. Maintenance	3.01	(0.16)	**2.85**	-5.3%
9	Quality Improvement	2.00	-	**2.00**	0.0%
10	MI Outpatient	9.50	-	**9.50**	0.0%
11	MI Administration	0.50	-	**0.50**	0.0%
12	Physician Services	11.44	(0.29)	**11.15**	-2.5%
13	Housekeeping	2.68	(0.25)	**2.43**	-9.3%
14	Customer Service	1.96	0.17	**2.13**	8.7%
15	Geriatric Services - PASARR	1.13	0.25	**1.38**	22.1%
16	Geriatric Case Management	9.44	0.23	**9.67**	2.4%
17	MI Case Management (see DD Case Manage)	12.01	(0.88)	**11.13**	-7.3%
18	Assertive Community Treatment (ACT)	9.84	(2.00)	**7.84**	-20.3%
19	Children's Home Based and Comm. Services	10.56	0.39	**10.95**	3.7%
20	MI Child Collaborative Care Grant	0.50	-	**0.50**	0.0%
21	DD Case Management (see MI Case Manage)	11.52	0.17	**11.69**	1.5%
22	DD Clinical Support	1.25	0.50	**1.75**	40.0%
23	Applied Behavioral Analysis (Autism) Services	12.00	0.80	**12.80**	6.7%
24	DD Community Employment	12.73	(0.13)	**12.60**	-1.0%
25	DD Community Living Supports	28.26	0.14	**28.40**	0.5%
26	MI Adult Clubhouse	1.05	(1.05)	**-**	-100.0%
27	Peer Directed Activities	0.89	(0.11)	**0.78**	-12.4%
28	MI Peer Support Services	2.33	0.30	**2.63**	12.9%
29	MI Community Employment	3.50	0.50	**4.00**	14.3%
30	SIP Monitoring	11.77	0.08	**11.85**	0.7%
31	DD Supported Independent Living (SIP)	36.82	1.88	**38.70**	5.1%
32	Self Determination (MI & DD)	2.41	1.22	**3.63**	50.6%
33	Hospital Transportation (new)	0.24	0.34	**0.58**	141.7%
34	Cambridge Residential DD	12.22	(0.08)	**12.14**	-0.7%
35	Princeton Residential DD	13.54	0.55	**14.09**	4.1%
36	Walnut Residential DD	14.03	(0.49)	**13.54**	-3.5%
37	Thunder Bay Residential DD	12.08	-	**12.08**	0.0%
38	Pinepark Residential DD	13.06	(0.39)	**12.67**	-3.0%
39	Brege Residential DD	12.45	1.01	**13.46**	8.1%
40	Harrisville Residential DD	12.60	0.02	**12.62**	0.2%
41	Millcreek Residential DD	12.30	(0.01)	**12.29**	-0.1%
42	**Total FTE's**	340.29	(0.37)	**339.92**	-0.1%

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: September 30, 2019

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

   b. **NEMROC**
   NEMROC provides supported employment and community living support services to persons served by the Board. The total amount of the base contract is 673,512.00. This is a 3.4% increase from last year. The increase is due to the change in expectations for the contractor, such as a lower staff-to-person served ratio, and an increase in expectations of hours offered to work. Not included in this amount is a contingency piece to this year's contract. Should NEMROC meet our expectations for the base contract, we will allow them to provide up to $49,331.92 worth of additional services for persons served. Because the base contract includes all elements used to determine rate, which includes administrative costs, the contingency piece will be at a reduced rate per unit for both supported employment and community living support services. The amount identified in the contingency objective would be executed by means of a contract addendum to the base contract later this fiscal year once expectations are met. The total potential pay out to this contractor for the year would be $722,843.92. The contingency addendum will be brought back to the Board for approval. We recommend approval of the base contract.

   c. **Thunder Bay Transportation Authority (TBTA)**
   The Agency contracts for transportation services from Thunder Bay Transportation Authority (TBTA). The amount budgeted for FY18/19 was $121,000. The contract amount for FY19/20 will remain the same. The run cost continues to include a fuel surcharge in addition to the base charge. The costs of the hourly rate for contracted services is being increased 3%.

Run	Cost/Hr. FY19/20	Cost/Hr. FY18/19	Difference
Contracted Services	$42.54	$41.30	$1.24 or 3%
Bus Aide if requested by NeMCMHA	$16.25	$16.25	-0-

   We recommend approval.

   d. **ProtoCall**
   In January 2019, the Agency began a contract with Protocol, replacing our previous after-hour crisis intervention service provider. During our initial agreement, rates were set by call volume and Northeast averaged around 250 calls per month. The following table depicts ProtoCall's rate structure:

Call Allowance	Monthly Retainer	Price per call over call allowance
150	$3,450.00	$25.00
200	$4,200.00	$23.00
250	$5,250.00	$23.00
300	$6,000.00	$22.00

It is noted, Emergency Services Screens have reduced since the onset of ProtoCall services. We recommend approval of this Agreement.

e. Bay View Center

This is a continuation agreement with Bay View Center. The contract provides up to $100,713 for drop-in services provided to Medicaid individuals who receive services from the Agency. There is no proposed rate increase for this fiscal year. We recommend approval of the contract.

f. Touchstone

This Agreement is a continuation contract with Touchstone Services to provide psychosocial rehabilitation services (Clubhouse services). The total amount for a full-year contract is $526,948.00 This is a 3% increase over the amount charged for services in last fiscal year. Note: Touchstone has been reviewed by Clubhouse International and is awaiting their accreditation response. Touchstone will also be reviewed later this fall by CARF International. We recommend approval of this Agreement.

The budgeting monitoring report will be available at the meeting.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING REPORT

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Compensation and Benefits, 01-008
REPORT FREQUENCY & DUE DATE: Annual, October 2019
POLICY STATEMENT:

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Executive Director may not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, he or she may not:

1. . . . change his or her own compensation and benefits.
   - **Interpretation:** The Board will set the Executive Director's salary.
   - **Status:** The contract with the Executive Director, which addresses salary, expires June 30, 2022

2. . . .promise or imply permanent or guaranteed employment.
   - **Interpretation:** Neither the Executive Director nor any other person will indicate to an employee or prospective employee that employment is guaranteed or permanent.
   - **Status:** Employment terms for various types of employees are defined elsewhere in personnel policies. None are "guaranteed" employment.

     We establish a variety of employment relationships that can be used to provide services. Beyond the "standard" full- or part-time status used for 80-85% of our positions, contractual and casual status may be used for particular purposes. Typically, contractual employees include certain professional clinical staff (OTs, Speech Therapists, etc.); casual employees are those on a call-in status, largely in group homes as substitute workers for those employees on leave.

     The Board's professional clinical employees are organized with Office and Professional Employees International Union (OPEIU); many of the Board's Paraprofessional staff (group home and most other direct care staff) are in a separate bargaining unit of that same union. Other employees (administration, psychiatrists, MI and Blue Horizons Residential, Supported Independence Program (SIP) Community Support Workers (CSW), maintenance and housekeeping) are not represented by unions.

3. . . . establish current compensation and benefits which:
   A. Deviate materially from the geographic or professional market for the skills employed.

   B. Create obligations over a longer term than revenues can be safely projected, in no event longer than one year with the exception of labor contracts and in all events subject to losses of revenue.
   - **Interpretation**: Subject to sufficiency of financial resources, staff compensation and benefits will be set following a review of data describing the geographic or professional market for the skills employed by our staff. To the extent possible, surveys of like agencies will be used. Labor contracts for represented employees will be negotiated with the intent to avoid material differences in overall compensation,

understanding that salaries, wages and specific benefits will differ from those of non-union staff as a result of the negotiation process.

- **Status:**
  - Salary & Wages:

    The Board's salaries and wages are set according to either a salary schedule that applies to non-union staff or the terms of labor agreements with OPEIU, the union that represents a number of our staff. To help determine the market conditions to which to compare these rates, we use the Board Association's survey of compensation packages used by Michigan's CMH Boards; that survey was conducted this year and reflects fiscal year 2018 data. The table below illustrates the progress made over the last four years; the table compares the percent that these five classifications of staff lag their counterparts at other CMH boards.

Classification	2015 Lag	2017 Lag	2019 Lag
Management Team	2.6%	-6.6%	-5.0%
Other Management/ Supervisors	-1.9%	-3.0%	-3.5%
Professional Clinical	-3.7%	-0.5%	-3.0%
Office Staff	-6.1%	-0.8%	-4.0%
Paraprofessional	-22.8%	-23.6%	-12.2%

    The gap has been closed somewhat in the Paraprofessional workgroup due to the Direct Care Wage Pass Through and our intentionally raising the salaries in this workgroup to aid in recruiting and retention. The Professional Clinical group has experienced program growth along with several staff retirements; staff being replaced is with new graduates starting at a lower entry wage. The biggest reason for the increased gaps is due to not providing a cost of living increase for the past several years.

  - Fringe Benefits:
    - Health Insurance

      The organization provides these benefits for Full-time (40 hours/week) employees covering medical, prescription, dental and vision OR just medical coverage for those working an average 30 hours per week. All of these plans are self-insured. Participating employees pay 22% of the premium for the agency's most costly benefit plan through payroll deduction. If employees agree to participate and meet certain aspects of the Agency's Wellness program, the premium co-pay is reduced by 4%. Agency health plans include a plan that meets requirements of the Affordable Care Act.

    - Leave

      For many years now the Board has had a leave policy that combines vacation and sick leave into one bank to be managed by the employee (full- and part-time).

      New employees are eligible for approximately 18 leave days if working 40 hours per week; according to the September 2019 Board Association Salary survey, other CMH Boards having similar "all-purpose" leave plans offer an average of 21 leave days. Northeast employees with 25 years are allowed 33 days, which is also the average for other CMH Boards with "all-purpose" plans. We attempt to accommodate staff requests for use of leave and allow

very flexible use of leave. I believe this is a benefit appreciated by most staff.

♦ Other
Other fringe benefits provided for employees include:
- Deferred Compensation (voluntary retirement account)
- Flexible Medical—Sec. 125 (voluntary medical account)
- Short-term disability insurance
- Long-term disability insurance (Full-time only)
- Life insurance (Full-time only)
- Accidental death and dismemberment

4. . . . establish or change pension benefits so the pension provisions:
   A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
   B. Provide less than some basic level of benefits to all full-time employees, though differential benefits to encourage longevity in key employees are not prohibited.
   C. Allow any employee to lose benefits already accrued from any foregoing plan.
   D. Treat the Executive Director differently from other comparable key employees.
   E. Are instituted without prior monitoring of these provisions.

▪ **Interpretation**: The organization will avoid defined-benefit plan structures in favor of defined contribution plans clearly stating and limiting employer liability. The organization's pension plans and related retirement benefits as established in policy or labor contracts will be available to full-time employees meeting eligibility criteria as defined in policy or labor contracts. Changes in pension plans (if any) will not result in loss of benefits to employees; this will not preclude the possibility of changing plan structures in ways offering at least an equivalent benefit. The Executive Director will participate in the same plan available to other management team employees.

▪ **Status**
The organization offers several plans depending on the employees' employee group status. Employer pension contributions to the three groups' pension accounts differ as shown below as a result of negotiations with the Union.
- Non-Union: 7.5%
- Professional Union: 7%
- Paraprofessional Union: 6%

According to the Board Association data, our contribution to employee pensions is at par with the average CMH Board.

Non-union employees no longer participate in Social Security; instead, the organization and the employee contribute a total of 11.9% of pay to a 401a pension plan that is separate from the agency's basic pension plan. The Board's Union employees continue participation in the Social Security program and the Board's basic pension program as well.

Only the Board's full-time employees (40 hours/week) participate in the "basic" pension program.

The balance of each of the Board's retirement account programs is shown below. Because each of these programs is a defined contribution plan (versus a defined benefit) there is no risk that the plans are underfunded.

Plan	Balances as of June 30, 2019
Pension, Non-union (Pre SS Opt-out)	$ 641,667.71
Pension, Non-union (Post SS Opt-out)	$ 6,554,767.95
Pension, Professional Union	$ 2,725,791.71
Pension, Paraprofessional Union	$ 1,877,053.30
Social Security Alternative, Non-union	$ 10,972,146.48
Deferred Compensation, VOYA	$ 3,720,573.94
Deferred Compensation, AXA Equitable	$ 96,406.37
Deferred Compensation, Hartford (now Mass Mutual)	$ 514,902.49
Total, All Plans	$ 27,103,309.95

Board Review/Comments

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relative and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest that other policies may be necessary?

GOVERNANCE PROCESS
(Manual Section)

ANNUAL BOARD PLANNING CYCLE
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	~~June 12, 2008~~October 10, 2019

•1 POLICY:

To accomplish its role with a governance style consistent with board policies, the board will follow an annual agenda, which (a) completes a re-exploration of ends policies annually and (b) continually improves its performance through attention to board education, enriched input and deliberation, as well as insistence upon measurement and achievement of ends.

1. The cycle will conclude each year on the last day of September in order that administrative budgeting can be based on accomplishing a one-year segment of the most recent board long-range vision.

    - By September preceding the new cycle, the board will develop its agenda for the ensuing one-year period.

2. Education, input and deliberation will receive paramount attention in structuring the series of meetings and other board activities during the year.

    - To the extent feasible, the board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.

3. The sequence of the process for the board planning year ending September 30 is as follows:

    - May: The planning process begins with a brief review of progress to-date toward the current year ends. The session will include an environmental scan and exploration of the primary factors affecting public mental health services. The goal of the session will be to identify areas upon which the board wishes to focus its planning efforts over the next several months.

    - June through August: During these months, the planning areas identified above are refined with the active assistance of staff.

- September: The board's plan (including ends) for the coming year is adopted. This plan will also include the board's desires for educational presentations for the year.

- November: Review of past year ends achievement. Celebration.

4. ~~CEO~~ Executive Director monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.

5. ~~CEO~~ Executive Director remuneration will be decided after a review of monitoring reports received in the last year by September.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

BOARD STAFF RELATIONSHIP
(Manual Section)

~~CHIEF~~ **EXECUTIVE DIRECTOR JOB DESCRIPTION**
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	October ~~12~~10, ~~2006~~2019

●1 POLICY:

As the Board's single official link to the operating organization, the ~~CEO's~~ Executive Director's performance will be considered to be synonymous with organizational performance as a total.

Consequently, the ~~CEO's~~ Executive Director's job contributions can be stated as performance in the following areas:

1. Organizational accomplishment of the provisions of board policies on *Ends*.

2. Organization operation within the boundaries of prudence and ethics established in board policies on *Executive Limitations.*

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

BOARD STAFF RELATIONSHIP
(Manual Section)

MONITORING EXECUTIVE DIRECTOR PERFORMANCE
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	October 1~~3~~0, 201~~6~~9

●1 POLICY:

Monitoring executive performance is synonymous with monitoring organizational performance against board policies on *Ends* and on *Executive Limitations*. Any evaluation of ~~CEO~~ the Executive Director's performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of board time so that meetings can be used to create the future rather than to review the past.

2. A given policy may be monitored in one or more of three ways:

   A. Internal report: Disclosure of compliance information to the board from the chief executive.

   B. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the board. Such reports must assess executive performance only against policies of the board, not those of the external party unless the board has previously indicated that party's opinion to be the standard.

   C. Direct board inspection: Discovery of compliance information by a board member, a committee or the board as a whole. This is a board inspection of documents, activities or circumstances directed by the board which allows a "prudent person" test of policy compliance.

3. Upon the choice of the board, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the board according to frequency and method.

   A. See Board Monitoring Schedule for frequency and method.

4. By each September, the board will have a formal evaluation of the ~~CEO~~Executive Director. This evaluation will not only consider monitoring data as defined here, but as it has appeared over the intervening year. In every case, the standard for compliance shall be any reasonable ~~CEO~~ Executive Director interpretation of the board policy being monitored. The board is final arbiter of reasonableness, but will always judge

with a "reasonable person" test rather than with interpretations favored by board members or by the board as a whole.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:
Exhibit 1 – Monitoring Schedule

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Budgeting 01-004	Budget (~~CEO~~ Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	January – December** (NOTE: This is reported monthly if available
Emergency Executive Succession 01-006	~~CEO~~ Executive Director Report	Internal	Annual	January
Emergency Executive Succession 01-006	Board Evaluation	Internal -Board Review of Policy	Annual	January
Executive Director Role 03-001	Board-Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	January
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Feb., May, Aug., Nov.
Staff Treatment 01-003	Turnover Report/Exit	Internal	Semi-Annual	February/August
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	February – January** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director~~CEO~~ Report/Quarterly Financial Statements	Internal	Quarterly	Feb., May, Aug., Nov.
Asset Protection 01-007	Board Evaluation	Internal. Board Review of Policy	Annual	February
Budgeting 01-004	CPA Audit	External	Annual	February
Financial Condition 01-005	CPA Audit	External	Annual	February
Asset Protection 01-007	CPA Audit	External	Annual	February
Delegation to the Executive Director 03-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Board Committee Principles 02-005	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Treatment of Consumers 01-002	Executive Director~~CEO~~ Report Consumer Satisfaction Survey	Internal Internal	Annual Annual	March
Staff Treatment 01-003	Employee Survey Policy Review	Direct Internal – Board Review of Policy	Annual	March
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	March-February** (NOTE: This is reported monthly if available)
Budgeting 01-004	Board Evaluation	Internal – Board Review of Policy	Annual	March

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Code of Conduct 02-008	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	March
Board Member Recognition 02-011	Executive Director~~CEO~~ Report	Internal (Board Member Recognition Awards)	Annual	March
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	April - March** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Board Evaluation	Internal – Board Review of Policy	Annual	April
Communication & Counsel 01-009	Executive Director~~CEO~~ Report	Internal	Annual	April
Communication & Counsel to Board 01-009	Board Evaluation	Internal – Board Review of Policy	Annual	April
Governing Style 02-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	April
Cost of Governance 02-013	Board Evaluation Self-Evaluation	Internal – Board Review of Policy Update Policy with Budget Amounts	Annual Annual	April April
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	May, Aug., Nov., Feb.
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal (2 months May/Jun)	At least Quarterly	May - April** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director~~CEO~~ Report/Quarterly Financial Statements	Internal	Quarterly	May, Aug., Nov., Feb.
Board Job Description 02-003	Self-Evaluation & Policy Review Survey to Owners Employee Survey	Internal – Board Review of Policy	Annual	May
Board Core Values 02-014	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Planning Session	Planning Session	Internal/External	Annual	June
Ends 04-001	Executive Director ~~CEO~~ Report	Internal	Semi-Annual	June

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Staff Treatment 01-003	Executive Director~~CEO~~ Report	Internal (Staff Recognition)	Annual	July/August**
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	July - June** (NOTE: This is reported monthly if available)
Asset Protection 01-007	Insurance Reports	External/Internal	Annual	July
Community Resources 01-010	Board Evaluation	Internal – Board Review of Policy	Annual	July
Community Resources 01-010	Executive Director~~CEO~~ Report	Collaboration Report	Annual	July
Public Hearing 02-010	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	July
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Aug., Nov., Feb., May
Staff Treatment 01-003	Turnover Report/Exit Interview	Internal	Semi-Annual	August/February
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	August - July** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director~~CEO~~ Report/Quarterly Financial Statements	Internal	Quarterly	Aug., Nov., Feb., May
Chairperson's Role 02-004	Self-Evaluation & Policy Review Board Survey	Internal – Board Review of Policy	Annual	August
Board Members Per Diem 02-009	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Board Self-Evaluation 02-012	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
General Executive Constraint 01-001	Board Evaluation of Executive Director~~CEO~~ Policy Review	Internal Internal – Board Review of Policy	Annual Annual	September September
Budgeting 01-004	Budget (Executive Director ~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	September - August** (NOTE: This is reported monthly if available)
Compensation & Benefits 01-008	Policy Review	Internal – Board Review of Policy	Annual	September

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Board Committee Structure 02-006	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
~~Chief~~ Executive Director~~Officer~~ Search Process 03-005	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	October - September** (NOTE: This is reported monthly if available)
Annual Board Planning Cycle 02-007	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Executive Director Job Description 03-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Monitoring Executive Performance 03-004	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Treatment of Consumers 01-002	Recipient Complaint Log Policy Review	Internal Internal – Board Review of Policy	Quarterly Annual	Nov./Feb./May/Aug.
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	November - October** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director~~CEO~~ Report/Quarterly Financial	Internal	Quarterly	Nov., Feb., May, Aug.
Ends 04-001	Executive Director~~CEO~~ Report	Internal	Semi-Annual	November/May
Budgeting 01-004	Budget (Executive Director~~CEO~~ Report)/Monthly Budget Reports	Internal	At least Quarterly	December – Nov.** (NOTE: This is reported monthly if available)
Grants or Contracts 01-011	Executive Director~~CEO~~ Report Board Evaluation	Internal Internal – Board Review of Policy	Annual	December
Board Member Recognition 02-011	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
Board Member Orientation 02-015	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
By-Laws	Self-Evaluation & Review	Internal – Board Review of Bylaws	Annual	December
Compensation & Benefits 01-008	Association Salary Survey Pension Report Executive Director~~CEO~~ Report	External/Internal External/Internal Internal	Annual	Within 60 days of receipt of Salary Survey
Ends 04-001	Policy Review	Internal – Board Review of Policy	Annual	Conducted when Strategic Plan is adopted

Linkage Reports
NMRE Minutes not available at the time of the mailing.
Fall Conference materials not available at the time of the mailing.
Operations Report not available at the time of the mailing.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~18~~19)

Date	Item	Action
January	Emergency Exec. Succession 01-006	Policy Review
	Executive Director Role 03-001	Policy Review & Board Self-Evaluation
	Emergency Exec. Succession 01-006 (CEO Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
	Ownership Linkage - Public Hearing – Program Input	Activity
February		
	Delegation to the Executive Director 03-002	Policy Review & Board Self-Evaluation
	Asset Protection 01-007	Policy Review
	Board Committee Principles 02-005	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (CPA Audit)	Review Monitoring Report
	Asset Protection 01-007 (CPA Audit)	Review Monitoring Report
	Educational Session	Presentation
	Nominations Committee meets to develop Slate of Officers	Activity
March	Budgeting 01-004	Policy Review
	Code of Conduct 02-008	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Satisfaction Surveys)	Review Monitoring Report
	Staff Treatment 01-003 (Employee Survey)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
	Board Member Recognition	Activity
April	Financial Condition 01-005	Policy Review
	Governing Style 02-002	Policy Review & Board Self-Evaluation
	Cost of Governance 02-013	Policy Review & Board Self-Evaluation
	Communication & Counsel 01-009	Policy Review
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Communication & Council 01-009	Review Monitoring Report
	Educational Session	Presentation
	Election of Officers	Activity
	Orientation of New Members	Activity
May	Board Job Description 02-003	Policy Review & Board Self-Evaluation
	Board Core Values 02-014	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Budgeting 01-004 (2 months) (Monthly Finance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Ownership Input	Activity
	Begin Strategic Planning w/Environmental Scan	
June	Continue Strategic Planning w/Ends Focus	Activity
	Ends 04-001	Review Monitoring Report
	Ends Discussion 04-001	Discuss
July	Community Resources 01-010	Policy Review
	Public Hearing 02-010	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Asset Protection 01-007 (Insurance Reports)	Review Monitoring Report
	Community Resources 01-010 (Collaboration Report)	Review Monitoring Report
	Finalize Planning Session with Ends Setting	Presentation
	Prepare for CEO Evaluation	Activity
		Activity

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~18~~19)

Date	Item	Action
August	Chairperson's Role 02-004	Policy Review & Board Self-Evaluation
	Board Member Per Diem 02-009	Policy Review & Board Self-Evaluation
	Board Self-Evaluation 02-012	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Educational Session	Presentation
	CEO Evaluation Process	Activity
	Begin Self-Evaluation	Activity
	Ownership Linkage – Legislative Event, if warranted	Activity
September	General Executive Constraint 01-001	Policy Review
	Compensation & Benefits 01-008	Policy Review
	Chief Executive Officer Search Process 03-005	Policy Review & Board Self-Evaluation
	Board Committee Structure 02-006	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Annual Planning Cycle (Set Perpetual Calendar)	Activity
	Ownership Linkage schedule (Set Ownership Linkage Schedule)	Activity
	Finalize Self-Evaluation	Activity
	Educational Session	Presentation
	Ownership Linkage – Public Hearing Budget	Activity
October	Annual Board Planning Cycle 02-007	Policy Review & Board Self-Evaluation
	Executive Job Description 03-003	Policy Review & Board Self-Evaluation
	Monitoring Executive Director 03-004	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Finalize Annual Calendar	Activity
	Educational Session	Presentation
November	Staff Treatment 01-003	Policy Review
	Treatment of Individuals Served 01-002	Policy Review
	Treatment of Individuals Served 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Ends 04-001	Review Monitoring Report
	Educational Session – Annual Compliance Report	Presentation
	Nominations Committee meets to address recommendations to counties	Activity
December	Grants or Contracts 01-011	Policy Review
	Board Member Recognition 02-011	Policy Review & Board Self-Evaluation
	Board Member Orientation 02-015	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Grants or Contracts 01-011	Review Monitoring Report
	Bylaw changes	Bylaw Review
	Educational Session	Presentation
Other		
	Compensation & Benefits 01-008 (Salary/Benefit Comparison Rept) (within 60 days of receipt of Salary Survey from Board Assoc.)	Review Monitoring Report
	Ends 04-001 (conducted when Strategic Plan is adopted)	Policy Review

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN
2019-2020

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 so doing, 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.

Core Values:

- **A Person-Centered focus shall be at the heart of all activities.**
- **Honesty, respect and trust are values that shall be practiced by all.**
- **We will be supportive and encouraging to bring out the best in one another.**
- **Recognition of progress and movement toward a continuously improving environment is a responsibility for all.**
- **We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.**

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform

- **Reimbursement based on health outcomes**
- **ACA**
- **Health system insurance plans**
- **Section 298 and 928**

Persons Served

- **Aging population and other demographic changes**
- **Expansion of coverage**
- **Increasing comorbid conditions**
- **Individuals served accessing health information**

Quality Improvement

- **Health and safety**
- **Minimizing waste, fraud and abuse**
- **Right amount of scope & duration of service**

Regulatory Changes

- **Home and Community-Based Services Rules**
- **Potential carve-in of specialty behavioral health**
- **1115 waiver application**

Workforce

- ***Shortage of qualified staff*** **of all types of disciplines (professional as well as direct care)**
- **Aging workforce**
- **Competing with the private sector (lower pay)**
- **Challenging work environment**
- **Evidence-Based Practices**
- **Training of staff to address current environment**

Technology

- **Electronic Health Record (HER)**
- **Data Analytics**
- **Increase Mobile Capabilities**
- **Self-Management Tools/Consumer Portal**

Goals:

1. **To reduce the risk of metabolic syndrome in both adults and children.**
    a. **Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.**
    b. **The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.**
    c. **Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.**
    d. **Participate in PIHPs QAPIPs [Quality Assessment Performance Improvement Projects].**
        i. **QAPIP #1 – Follow up care for children prescribed ADHD medications.**
        ii. **QAPIP #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.**
2. **To continue the partnership with Alcona Health Center and local school systems in order to provide school-based social work services for children**
3. **Promote a trauma-informed community through education, assessment and participation in community initiatives.**
4. **Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.**
5. **Coordinate community education and partnerships in suicide prevention.**
6. **To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.**
7. **To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.**
8. **To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information.** ***[It***

should be noted, our current electronic record system (PCE) is a conduit for this information making this utilization much easier.]

9. **To keep current in education and information technology (IT).**

<u>Barriers/Challenges</u>:

<u>Home and Community-Based Services</u> – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

<u>ABA Expansion</u> – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

<u>Integrated Healthcare</u> – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

<u>Funding</u> – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP.

<u>Jail Services</u> – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

<u>Recruiting and Retention of Qualified Staff</u> – Local competition for positions has made it difficult to recruit.

<u>Service Population</u> – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.

<u>Residential Options</u> – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

<u>Opioid Epidemic</u> – The increasing opioid epidemic has strained community resources.

<u>Increasing Violence in our Society</u> – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

<u>Opportunities</u>:

Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.

Take advantage of training opportunities provided by MDHHS.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- **Shared psychiatric consultation with staff at other clinics**
- **Easy and consistent flow of individuals and information between behavioral health and primary care providers**
- **Growth of health care awareness and services in CMH services through enhanced training in health coaching and the use of data analytics**
- **Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.**
- **Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.**
- **Continue to be a member of Human Services Collaboratives.**

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminates duplication, lower costs, ensure quality care and achieve superior outcomes.

The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends:

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

Sub-Ends:

Services to Children

1. **Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.**

a. **75% of all children who complete treatment (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show a 20 point or more decrease in CAFAS scores at completion of services.**

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

2. **Individuals needing independent living supports will live in the least restrictive environment.**
    a. **Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.**
    b. **Development of additional supported independent services for two individuals currently living in licensed Foster Care.**

Services to Adults with Co-Occurring Disorders

3. **Adults with co-occurring disorders will realize significant improvement in their condition.**
    a. **90% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing their substance use recovery goals.**

Financial Outcomes

4. **The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b. below).**
5. **The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:**
    a. **Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.**
    b. **Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.**

Community Education

6. **The Board will provide community education. This will include the following:**
    a. **Disseminate mental health information to the community utilizing available technology and at least one Report to the Community.**
    b. **Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.**
    c. **Support community advocacy**

The Ends will be monitored by the Board at least semi-annually.

The Strategic Plan will be reviewed by the Board at least annually.

NOVEMBER AGENDA ITEMS

Policy Review
Staff Treatment 01-003
Treatment of Consumers 01-002

Policy Review & Self-Evaluation
No policies for Self-Evaluation this month

Monitoring Reports
01-002 Treatment of Consumers – Recipient Rights Quarterly Report
01-004 Budgeting
01-005 Financial Condition
04-001 Ends

Review

Activity

Ownership Linkage

Educational Session
Compliance Report

WEEKLY UPDATE

September 27, 2019

Contents:

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.

CMH Association and Member Activities:

Seeking Nominations: Nick Filonow Award of Excellence for 2019

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups:

- CMHSP
- CMHA Affiliate Member Agency
- CMHA Executive Board
- PIHP
- CMHA Standing Committee

DEADLINE FOR NOMINATIONS IS OCTOBER 1ST, 2019 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

The nomination application can be found on the CMHA event page HERE under the 'documents' section. To be considered, nominations must be emailed to Chris Ward at cward@cmham.org.

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

New! myStrength Launches Digital Nicotine Recovery Tools to Help Individiuals Make Healthy Changes

Request a Demo

Cigarette smoking is the leading cause of preventable morbidity and mortality in the U.S., with a high prevalence among people with behavioral health disorders. Additionally, vaping/e-cigarette use has rapidly increased in recent years, especially among youth. Nearly seven in 10 smokers are interested in quitting, but most aren't aware of the effective methods. To address this population, myStrength is

pleased to introduce a Nicotine Recovery program to help people make healthy changes personalized to their needs. These digital self-care resources are designed to:
Offer evidence-based motivational and planning tools, personalized based on a person's past experience, lifestyle, triggers, and unique needs

- Inspire action and reduce ambivalence about quitting via positive, non-judgmental and interactive activities, tools, resources, and customized plans
- Instill hope to help individuals surmount the guilt and shame associated with nicotine use

- Share the gold-standard treatment methods, including medication-assisted treatment (comprising a combination of nicotine replacement therapy (NRT) or quit medication and counseling)

Interactive and tailored web-based resources – like myStrength's digital behavioral health platform – have been shown to increase quitting behavior for adult smokers 40% better than self-help booklets. myStrength has a unique opportunity to positively impact nicotine recovery, as our platform offers integrated support for behavioral health conditions that are often comorbid with nicotine dependence. This support addresses depression, anxiety, insomnia, substance use (opioid, alcohol and drugs), stress, and more – many of which can make the quitting process more complex.

Relias Announces Suicide Prevention Resources

Ensure Your Staff Knows What to Look for and What to Do

According to the Suicide Prevention Resource Center, comprehensive suicide prevention plans should include the following:

- Rules for screening, assessment, intervention and referral
- Training for all staff in care practices and policies
- Rules for ensuring continuity of care

Relias provides training on suicide care, including the use of screening tools and risk assessments, prevention and treatment. We also make it easy to maintain and communicate organizational policies and procedures on the care and monitoring of individuals identified as at risk for suicide.

How prepared is your organization? Request a meeting to discuss how Relias can support your suicide prevention efforts.

Request a Meeting

P.S. Join us for a webinar, Suicide Prevention: Science and Trends, on October 10, featuring Dr. Christine Moutier, Chief Medical Officer at the American Foundation for Suicide Prevention.

State and National Developments and Resources:

New! Mental Health Funds Hit By 'Perfect Storm,' But New Budget Could Be Better

Below is a recent news story on the white paper issued by CMHA's Center for Healthcare integration and Innovation on the causes behind the systemic funding stress faced by Michigan's public mental health system.

> A recent report blames "systemwide fiscal distress" in the state's mental health sector on a number of factors from five years ago, including a $200 million General Fund (GF) cut to services tied to the start-up of Healthy Michigan.
>
> The Community Mental Health Association (CMHA) of Michigan and its report found a "convergence of factors initiated in 2014 that caused hundreds of millions of dollars in lost funding to Michigan's public mental health system."
>
> However, things could be looking up in the recent budget the Legislature just approved that will be on its way to Gov. Gretchen WHITMER.
>
> CMHA CEO Robert SHEEHAN said today the budget, as it is now, would be "very good for our system," citing increased funding for autism services, opioid services and overall mental health services funded by Medicaid.
>
> The CMHA report flagged two problem areas: Increased demand for substance use disorder services -- especially opioid treatment -- without an increase in money. Also, the lack of expanded autism benefits for people through age 21 without matching revenues.
>
> The pending budget also reduces demand on local dollars to match Medicaid and thus another $5 million going back to the system, Sheehan said.
>
> But Sheehan also flagged the elimination of specialist disability accommodation (SDA) funding in the budget he said is critical to providing room and board for folks receiving residential treatment for substance use disorders.
>
> And he also pointed out some language in Section 298 that's problematic for him that he said would put "health plan profit ahead of people with mental health challenges" (See "Pay Raises For Health Workers Abound In DHHS Budget," 9/24/19).
>
> CMHA's "The Perfect Storm for Fiscal Distress in Michigan's Mental Health System" cited a $200 million -- or 60% -- cut in General Fund support from back in 2014.
>
> Sheehan said this was done "to create savings in the state budget that could be linked to the implementation of the Healthy Michigan Plan," adding that, "a net cost reduction to the state . . . was one of the tenets needed to obtain legislative support for Healthy Michigan."
>
> While Sheehan said some GF cuts were appropriate given that some served by the CMH system would instead be borne by Healthy Michigan, Sheehan said, "the amount of GF taken from the CMH system was far beyond the appropriate level, leaving the CMH system with sizeable gaps in funding and services to their communities."

Asked about the GF funding cut tied to Healthy Michigan, Bob WHEATON, spokesperson for the Michigan Department of Health and Human Services (DHHS), said the state, "has leveraged more federal dollars through the Healthy Michigan Plan, which has brought Michigan funds to provide physical health services and general mental health services. This administration will continue to review the best ways to allocate resources to serve all populations."

But on top of the General Fund cut, the CMHA report said state funding for public mental health hasn't kept pace with increased demand and increased costs.

"We simply can't afford for state funding to continue to fail residents as it has for the last five years. While Michiganders' need for public mental health services continues to climb, funding has gone in the opposite direction," Sheehan said in a statement.

The other factors identified, according to the CMHA in a press release, include:

- Traditional Medicaid enrollees who require more services (such as the disabled, aged and blind) have switched to the Healthy Michigan Plan, resulting in an 80% reduction in money available to serve these patients.

- County funds, which were previously allocated to serve local mental health persons, drained by the state to cover Medicaid obligations.

- Failure of the state to fund federally required contributions into the
public mental health system's risk reserves, totaling roughly $700 million lost in the last 20 years.

New! Michigan Medicaid Issues Revised Bulletin on Prescriber Requirements

Below is a revised MDHHS bulletin, with the corrected phone numbers.

Phone number corrected - 9-23-2019

Bulletin Number: MSA 19-20
Distribution: All Providers
Issued: August 2, 2019
Subject: Enrollment Requirement for Prescribers
Effective: October 1, 2019

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this bulletin is to enforce federal Medicaid enrollment requirements that apply to providers who prescribe drugs to Medicaid beneficiaries. These requirements are outlined in Section 6401 of the Patient Protection and Affordable Care Act and Section 5005(b)(2) of the 21st Century Cures Act. The purpose of these requirements is to protect Medicaid beneficiaries by strengthening program integrity and care quality.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) – the state's online Medicaid enrollment system. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

For Prescribers:
Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied. This applies to all providers who prescribe drugs, including medical residents. In order to avoid interruptions in beneficiary drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit www.michigan.gov/MedicaidProviders >> Provider Enrollment. Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at 800-292-2550.

For Pharmacies:
Since July 1, 2018, Medicaid Fee-for-Service (FFS) and Medicaid Health Plans have posted the following informational edit on pharmacy claims for drugs written by a prescriber who is not enrolled in CHAMPS:

NCPDP Code 889: PRESCRIBER NOT ENROLLED IN STATE MEDICAID PROGRAM
Starting October 1, 2019, subsequent claims with this edit will be denied.

There may be certain emergency circumstances where a beneficiary must receive their prescription medication. In those instances, the pharmacy may override the edit using either of the following Submission Clarification Codes in NCPDP field 420-DK when applicable:
• 13 – Payer-Recognized Emergency/Disaster Assistance Request
• 55 – Prescriber Enrollment in State Medicaid Program has been validated

When the above codes are not applicable, a pharmacy or prescriber may initiate an override request by contacting the healthcare payer's Pharmacy Help Desk. For overrides on Medicaid FFS claims, call 877-624-5204. For Medicaid Health Plan contact information, visit www.michigan.gov/MCOpharmacy.

Manual Maintenance:
Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions: Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

New! Judge: Lawsuit Against MDHHS Can Move Forward

A federal judge is allowing a lawsuit to proceed alleging the state's Department of Health and Human Services (DHHS), its psychiatrists and contractors kept people deemed not guilty by reason of insanity (NGRI) institutionalized rather than provide treatment.

U.S. District Court Judge Paul D. BORMAN's 76-page decision denied several DHHS requests to dismiss the lawsuit filed by four residents and the Michigan Protection & Advocacy Services (MPAS). He held the plaintiffs "sufficiently alleged, and defendants have not denied," that a state committee failed to allow for an appeal after it revoked the patients leave and kept them in the hospitals.

However, Borman dismissed claims against Dr. Lisa MEDOFF, director of Walter P. Reuther Psychiatric Hospital; hospital psychiatrist Dr. Aruna BAVINENI and MDHHS Hospital Management defendants.
The three-count complaint alleges violation of four plaintiffs' -- Darryl PELICHET, Bonn WASHINGTON, Joshua RAGLAND and Darius BICKERSTAFF -- Fourth, Eighth and Fourteenth amendments rights, as

well as violations of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

The claims center on a DHHS administrative directive that mandated "all recommendations to the probate court for release from hospitalization . . . under the legal status of 'not guilty by reason of insanity' . . . be reviewed by the NGRI Committee prior to filing or court appearance." The plaintiffs allege that directive is not reasonable or appropriate.

Borman noted that in the context of claims raised under the ADA, while the state's treatment professionals may claim hospitalization is appropriate, it "of course does not provide them with a free pass to violate patients' constitutional and statutory rights."

New! Federal Legislation Introduced to Support Direct Care Workers

Below is a recently published news story on the introduction of a bill, in both houses of Congress, aimed at supporting direct care workers.

> The legislation helps address the demand for direct care workers by strengthening support for workers.
>
> House Representative Bobby Scott and Senator Tim Kaine introduced legislation on Thursday to invest in and support direct care workers.
>
> The Direct Creation, Advancement, and Retention of Employment (CARE) Opportunity Act (H.R. 4397) invests in training and employment advancement opportunities for America's direct care workers.
>
> The Bureau of Labor Statistics claims over a million direct care workers will be needed by 2024. The legislation helps address the demand by strengthening support for workers who provide daily living assistance to older Americans, people with disabilities, and others with chronic care needs.
>
> "We need to do what we can to support their important work – including recruiting and retaining care workers but also providing opportunities for their advancement. Our bill will help ensure their work is valued as highly as it should be and that they have the resources needed to effectively do their jobs," said Senator Kaine
>
> The Direct CARE Opportunity Act addresses the need for a well-trained direct care workforce by: Providing funding to fifteen entities to invest in strategies to recruit, retain and advance the direct care workforce pipeline;
>
> Implementing models and strategies to make the field of direct care more attractive, such as training, providing career pathways, mentoring, and allowing for local and regional innovation to address workforce shortages in a high-demand field;
>
> Encouraging retention and career advancement in the growing field of direct care; and
>
> Responding to the needs of a growing aging population and allowing older Americans, people with disabilities, and others who require direct care services to remain in their communities, when possible.
>
> "Direct care workers provide critical services to our nation's seniors and individuals with disabilities," said Chairman Bobby Scott, Committee on Education and Labor. "As one of the fastest growing occupational sectors in the country, we must make meaningful investments to ensure that this field attracts talented professionals and provides advancement opportunities for those dedicated to the

profession. The Direct CARE Opportunity Act will achieve this by funding and promoting innovative strategies to recruit, retain, and support our nation's direct care workers. This bill will also ensure that seniors and individuals with disabilities have access to the care they need to age in place with dignity."

New! Families Struggle as Psych Beds Disappear from Hospitals

Below are excerpts from one article in a series, currently being published by Mlive, around the lack of access to inpatient psychiatric care in Michigan.

> Six times in the past year, 8-year-old Isaiah Robinson has been taken to a Kalamazoo emergency department in the midst of a psychiatric crisis.
>
> In each case, Natasha Robinson was afraid her son - who has autism, anxiety and attention deficient hyperactivity disorder - was so agitated that he might hurt her or himself.
>
> In each case, hospital workers simply sedated Isaiah and sent him home, despite Robinson's concerns.
> In one instance, Isaiah's threat of suicide made Natasha afraid to go home, so the two stayed at a hotel until locks were installed on their second-floor windows and knives and other sharp objects were locked away.
>
> Meanwhile, Natasha's real goal in going to the emergency department - obtaining an in-patient treatment for Isaiah - remained elusive until late last week, when Isaiah was admitted to Hawthorn Center, Michigan's only state-run psychiatric hospital for children. The admission took months of effort because there are so few psychiatric beds for an 8-year-old with aggressive behavior.
>
> "I don't want to send my baby away," says Natasha, a single mother who lives in suburban Kalamazoo. But she desperately wants clinicians to observe Isaiah's behavior so they can adjust his medication and help come up with a long-term treatment plan.
>
> Robinson's story is emblematic of how the state's severe shortage of in-patient psychiatric beds means patients in crisis sometimes can't get help when they need it.

The full article can be found at this link.

New! Walmart's Mental Health Clinics Could Be a Game Changer

Below are excerpts from an article exploring the impact of Walmart's recent opening of mental health clinics.

> If it's successful, the retailer could make therapy more accessible and affordable for rural Americans
>
> Amid the clatter of shopping carts outside the Dallas, Georgia, Walmart, Erica Rowell crinkled her nose as she glanced toward the other end of the store. There, past a Subway restaurant, a nail salon, a veterinary center, and an ocean of checkout lanes, stood Walmart Health, a clinic offering primary care, dentistry, and mental health services — the first and only one in the United States.
>
> Rowell had heard of the clinic's grand opening the prior week. Would she consider seeing a therapist there?
>
> "No," she said, "not at a Walmart."

> Like Rowell, some consumers may have early doubts about the quality of mental health services obtained from the same source as family packs of toilet paper. While deep discounts might not cloud trust in the quality of ordinary household goods, some may note a jarring incongruity in entrusting their fragile inner selves to a brand closely associated with a price-slashing smiley face.
>
> Still, Walmart's dominance as a retailer could make it a major player in the mental health space. While the clinic offerings are still in early testing stages, if the services are spread to more stores it could mean more accessible and affordable mental health care for rural Americans — and potentially normalize it in places where seeking care is often a source of shame.
>
> In rural regions of the United States, the consequences of untreated mental illness are dire: A recent analysis published in JAMA Network Open revealed that suicide rates are higher, and rising more quickly, in rural than urban counties, and people living in rural areas are hospitalized for mental health issues at higher rates than residents of metro areas.

The full article can be found at this link.

State Legislative Update:

New! ACTION ALERT – URGE GOVERNOR TO VETO SECTION 298 and Demand a Rewrite

Today, the Clerk of the House and the Secretary of the Senate reported that all 16 budgets that make up the legislature's spending plan for Fiscal Year (FY) 2020 have been delivered to Gov. Gretchen Whitmer.

The Governor has, theoretically, until 11:59 p.m. Monday to sign, veto or line-item veto the budgets before the next fiscal year begins on Tuesday, Oct. 1 in order to keep state government operating without interruption.

ACT NOW – make sure you contact Governor Whitmer urging her to VETO the Legislature's 298 language and demand they rewrite it. CMHA sent out an action alert earlier in the week, click the link below to log in and send your message:

https://www.votervoice.net/BroadcastLinks/eKfleH0oZfRUZ-pnnDYr_w

The FY20 DHHS budget passed by the legislature contains 298 language that would permit health plans to circumvent the existing public mental health system and contract for services outside of the existing network. This draconian move would allow health plans to make cost the primary focus, rather than placing the care of patients across Michigan first. Further, the plan put forth in the conference committee's recommendation goes against nearly every core premise of the pilots called for in last year's approved budget. It destroys the idea of a pilot and moves to a full state carve into a privatized system - long before the pilots are completed and fully evaluated.

This recommendation also allows health plans to retain all savings until they make up for costs that they are allowed to determine. This move will virtually prohibit any savings generated by the pilots from moving to the state's public mental health system – which was the intent of the behavioral health pilot programs.

The FY20 DHHS budget section 298 language put forth by the state Legislature and for-profit health plans would irreparably damage the state's existing public mental health system, putting hundreds of thousands of individuals at-risk.

REQUEST FOR URGENT ACTION: We are asking that you contact the Governor expressing your concerns related to the 298 language contained in the FY20 DHHS budget and ask that she VETO the

entire 298 section and demand the legislature rewrite the section in a FY20 supplemental budget that better reflects the previous agreements between DHHS, Health Plans and CMHs in the pilot. Timing is critical, the Governor must sign the budget before Tuesday, October 1 to avoid a government shutdown.

New! House DHHS Subcommittee to Hold a Series of Mental Health Hearings

Chair of the House DHHS Appropriations Subcommittee, Rep. Mark Whiteford has announced a series of behavioral health hearings October 2 – November 6. All hearings will be from 10:30am – noon in room 352, House Approps Room, 3rd Floor Capitol. Below are the following dates and topics:

- Wednesday, October 2 – History and Overview of public behavioral health financing in Michigan
  - Jeff Patton – Kalamazoo CMH
  - Jim Haveman – Former DHHS Director
- Wednesday, October 16 – CMH Perspective: Benefits and Challenges of the CMH, PIHP system including House Fiscal analysis of Michigan's behavioral health carve out
  - Alan Bolter & Robert Sheehan – CMHA
  - House Fiscal Agency
- Wednesday, October 23 – The case for behavioral health integration from the former Medicaid Director of Arizona
  - Thomas Betlach – former Arizona Medicaid Director
- Wednesday, October 30 – Public Input

  Wednesday, November 6 – Public Input

Federal Update:

New! CCBHC Demonstration Extended to Nov. 21 Under Terms of Continuing Resolution

The Certified Community Behavioral Health Clinic (CCBHC) demonstration, currently transforming behavioral health systems in eight states across the country, has received its fourth funding extension this year as part of the continuing resolution passed this week. The National Council thanks you for your continued dedication, advocacy, and passion which have fostered deep bipartisan support for this important program. With funding for CCBHCs now aligned with several other health care programs that must be extended before the end of the continuing resolution on November 21, Congress has likely paved the way for a longer-term extension in the near future.

Education Opportunities:

Save the Date for the 2019 CMHA Fall Conference

The CMHAM Annual Fall Conference will be held on:
October 21 & 22, 2019
Grand Traverse Resort, Traverse City, Michigan

Please check the event page on the CMHA website HERE for hotel and conference information.

Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center
55 South Harrison Road
East Lansing 48823

Conference Objective: This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MIChild Autism Benefit.

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

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: $85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

Special Rate: A special $20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare. Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at awilson@cmham.org or 517-374-6848.

Questions? Call 517-374-6848 OR email cward@cmham.org OR awilson@cmham.org

Free Webinar: The Nurses' Role in Treating People with Persistent and Severe Mental Illness

The Nurses' Role in Treating People with Persistent and Severe Mental Illness
Free webinar

October 1, 2019
12:00pm ET, 11:00am CT, 10AM MT, 9AM PT

Severe and persistent mental illness touches every part of a person's life. It impacts overall health, relationships, activities of daily living and overall quality of life. The mental health treatment community is learning more about evidence-based practices that result in increased quality of life and improved recovery trajectories.

The foundation of mental health treatment is a multidisciplinary treatment team. The more we all know about one another's professions, the better we can serve the people who live with mental illnesses. We will

discuss nursing roles within mental health treatment and novel approaches to treatment with a multidisciplinary team.

Meet the Trainer:
Gina Bryan is a Clinical Professor at the University of Wisconsin-Madison in the Schools of Nursing and Pharmacy. Dr. Bryan maintains an active clinical practice as a psychiatric Advanced Practice Registered Nurse at Rock County Human Services. Dr. Bryan's scholarship has focused on assessment and treatment of substance use disorders and access for all to mental health treatment. She was appointed by the Governor to serve on the Wisconsin Opiate Task Force and was an author on a report that outlines delivery models for addiction treatment and implementation considerations

Register

Questions?
For more information about the Great Lakes MHTTC, contact
Great Lakes MHTTC Co-Director Lou Kurtz: kurtzjr@wisc.edu

Stigma and Access to Treatment: Harvard University and University of Michigan Summit on the Opioid Crisis

October 10 | 9:00 am - 4:30 pm
Joseph B. Martin Conference Center, Boston, MA

Register now for "Stigma and Access to Treatment," the second of two Harvard University/University of Michigan summits to address the opioid crisis. The event will take place on October 10, 2019 in Boston. The summit is free and open to the public, but registration is required.

Click here for event information

Livestream registration details
available in early October.

Videos, summary articles, and visual abstracts from the first summit, "Opioids: Policy to Practice," held on May 10, 2019 in Ypsilanti, Michigan, are available online.

Altarum and Health Endowment Fund Offer Webinar on Release of Health Information

Below is a recent announcement from Altarum and the Health Endowment Fund regarding a recently developed approach to understanding what are often complex requirements around the release of protected health information.

Would you benefit from better understanding the regulations around appropriate release and exchange of health information?

The Michigan Department of Health and Human Services invites you to join a new learning series by Altarum to navigate the complexity of consent and confidentiality regulations around the exchange of physical health information and, most importantly, Behavioral Health information (including Substance Use Disorder information).

What: Webinar – Breaking Down Barriers to the Sharing of PHI and Behavioral Health Information – an introduction to the new Protected Health Information (PHI) Consent Tool

When: Wednesday, October 2, Noon-1 pm (ET), Register Now!

Who: All are welcome. Clinicians, payers, and medical records/front line administrative staff are encouraged to attend

Why: Better understanding of regulations surrounding the release of Behavioral Health PHI will improve the continuity and safety of care as well as reduce costs across Michigan.

In the forthcoming months, Altarum will also be offering training videos to introduce you to the brand-new PHI Consent Tool, which utilizes the most up-to-date legislation to guide you in deciding whether consent is necessary to share Behavioral Health information.

REGISTER for the October 2 webinar TODAY!

To stay up to date with the latest information, resources, and tools for navigating behavioral health consent and confidentiality regulations in Michigan, please fill out this short form.

New! Catalyzing Medicaid-Public Health Collaboration to Achieve Mutual Prevention Goals: Lessons from CDC's 6|18 Initiative

Funder: Robert Wood Johnson Foundation
October 17, 2019 | Webinar

Date/Time: October 17, 2019, 2:00–3:00 PM ET

Medicaid agencies and public health departments are increasingly partnering to advance shared population health goals. The Centers for Disease Control and Prevention's (CDC) 6|18 Initiative offers a practical

framework to guide Medicaid-public health collaboration: a set of concrete, evidence-based prevention interventions that improve health and control costs. Over the past three years, 34 Medicaid and public health departments have jointly implemented 6|18 interventions focused on six high-burden, high-cost health conditions. Through these collaborations, states have enhanced the coverage, utilization, and quality of cost-effective prevention practices.

This webinar, made by possible by the Robert Wood Johnson Foundation, will describe CDC's 6|18 Initiative and highlight recent accomplishments from participating Medicaid-public health teams. Medicaid and public health representatives from Kentucky and New Hampshire will describe their collaborative efforts and successes in improving diabetes care and reducing tobacco use within the 6|18 Initiative. The webinar will also announce a new opportunity for Medicaid-public health teams to receive technical assistance under the 6|18 Initiative to advance prevention in their states.

Miscellaneous News and Information:

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Janessa Nichols, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org

Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

WEEKLY UPDATE

September 20, 2019

Contents:

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.

CMH Association and Member Activities:

New! CMHA and Advocacy Partners Editorial: Close MH Access Gap

In follow-up to the study of mental health access, recently issued by the Health Endowment Fund, Bridge magazine published an editorial written by several of the state's leading advocacy groups and CMHA. That editorial is provided below:

> Opinion | Time to close Michigan's access gap to mental health services
>
> Hundreds of thousands of Medicaid-enrolled Michiganders need mental health support, but only about half receive help. We can do better for family members and neighbors in need.
>
> That's why we, the leaders of six leading mental and behavioral health organizations in our state, are calling on state legislators and our governor to allocate the needed resources to fill funding gaps amid rising rates of behavioral health-related conditions locally and across the United States.
>
> Society's inattention to mental and behavioral health needs is the result of misinformation and misunderstanding. Stigma and the inability to pursue treatment continues to hold back the effectiveness of Michigan's behavioral health structure.
>
> A new study commissioned and funded by the Michigan Health Endowment Fund confirms behavioral health care in Michigan needs more attention. The report recommends the following to improve care in our state:
>
> - Increase retention of behavioral health providers in Michigan;
> - Fully leverage all members of the health care team for better coordinated response to behavioral conditions;
> - Promote effective use of trained lay providers such as peer support specialists, parent support partners, youth peers and recovery coaches;
> - Use telemedicine to extend the reach of the behavioral health workforce;
> - Expand school-based behavioral health care;
> - Integrate primary care and behavioral health care delivery at the service delivery level.
>
> We strongly support these findings and call for collaborative action, by public and private leaders to raise awareness of these recommendations and remove barriers leading to workforce shortages, prohibiting real utilization of proven approaches such as tele-behavioral health, school-based mental

health services, peer support enhancement and increased para-professional, or lay-person assistance. These challenges are not new, but they remain largely unaddressed.

As this study points out, there are serious unmet mental-health needs in urban, suburban and rural communities across our state, with large mental health service "deserts" spanning rural parts of Michigan. This is especially prominent in northern Michigan and the Upper Peninsula, where few mental health providers are located and where people with limited transportation face travel challenges to even attempt to access specialty care.

As this study indicates, the gap in access to needed mental health care is large across all groups of Michiganders: those with commercial insurance, Medicaid coverage and the uninsured.

If all of Michigan could achieve the rates of care seen in the best access areas of our state, we could serve 57,000 more people with mental health needs and 27,000 more people with substance use disorders. This is a goal that is possible and within reach – if our state prioritizes the needed funding and addresses barriers.

To the study's recommendations, we would add two more.

There is also a need to increase public and private dollars for mental health and drug addiction. This past spring, the Community Mental Health Association of Michigan released an analysis finding a $150 million gap between the cost of care and funding provided to Michigan's public mental health system. The financing gap is not limited to publicly-funded care.

Fifty-three percent of those with mental health needs and 39 percent of those with substance use disorder needs, with insurance coverage, cannot afford the cost of treatment or have enough health insurance coverage to fully recover. A system that is too expensive for the population who needs it most is a disservice to our people.

Similar increases seen in the mental health benefits of commercial/private insurance plans must be provided by employers wishing to ensure a sound and stable Michigan workforce long term.

Michigan should also adopt a law similar to laws on the books in more than 40 other states, specifying how our state government is to monitor, report on, and enforce federal behavioral health parity (equality) law. Without it, many privately insured Michiganders will continue experiencing discrimination in their behavioral health care services, compared to the care they receive from other medical conditions.

Together, we can and must increase access to behavioral health services for Michiganders and support populations with the highest need. That's why we are calling on the leadership of Gov. Gretchen Whitmer, the Michigan Department of Health and Human Services, the state legislature, and commercial health insurance companies to address these challenges with us as allies.

This commentary is jointly written by Mark Reinstein, CEO of the Mental Health Association in Michigan; Kevin Fischer, CEO of NAMI-Michigan; Jane Shank, CEO of the Association of Children's Mental Health; Greg Toutant, CEO of Great Lakes Recovery; Sam Price, CEO of Ten16 Recovery Network; and Robert Sheehan, CEO of Community Mental Health Association of Michigan.

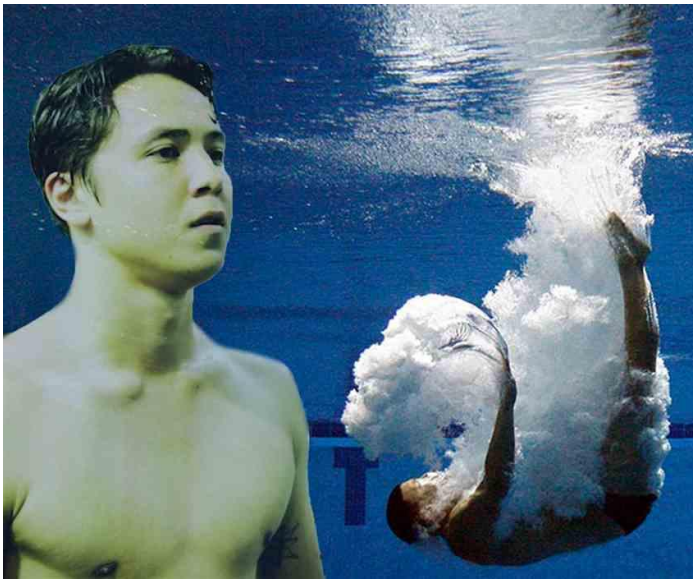
New! Coming Up for Air Movie Premiere

Stan is an A-grade, diving champ – looking at an Olympic spot in the men's 10m dive team.

Anna, his mom, is raising him on her own. But has the pressure to succeed got to him? Can he handle the stress of high-stakes athletic competition as well as his academic grades?

Suddenly, his grades and his dives start to fall off and he withdraws into himself with potentially tragic consequences.

Coming Up for Air is a breathtaking family drama which takes audiences on an all-too-common journey, highlighting the importance of mental health care, sensible gun safety laws and the pressures that are put upon teenagers to succeed.



The film "Coming Up for Air" offers insight on the key role caregivers play helping people with mental health challenges. The film is locally recognized for being produced and filmed in Michigan.

The film is playing daily Sept. 20-26 at Celebration Cinema Lansing four to six times a day. Also, at 25 other theaters across the midwest and in Florida. Details at comingupforairmovie.com/events-1

The updated trailer is at https://vimeo.com/356881427 See information below regarding an event in Lansing with NAMI, CMH and other community partners.

New! Livingston CMH and partners kick off voter registration initiative

At left is a flyer outlining the voter registration effort being carried out by Livingston CMH and a number of other community partners.

Seeking Nominations: Nick Filonow Award of Excellence for 2019

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups:

- CMHSP
- CMHA Affiliate Member Agency
- CMHA Executive Board
- PIHP
- CMHA Standing Committee

DEADLINE FOR NOMINATIONS IS OCTOBER 1ST, 2019 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

The nomination application can be found on the CMHA event page HERE under the 'documents' section. To be considered, nominations must be emailed to Chris Ward at cward@cmham.org.

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

New! myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

Technology can help. Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

Request a Demo

New! Relias Announces Suicide Prevention Resources

Ensure Your Staff Knows What to Look for and What to Do

According to the Suicide Prevention Resource Center, comprehensive suicide prevention plans should include the following:

- Rules for screening, assessment, intervention and referral
- Training for all staff in care practices and policies
- Rules for ensuring continuity of care

Relias provides training on suicide care, including the use of screening tools and risk assessments, prevention and treatment. We also make it easy to maintain and communicate organizational policies and procedures on the care and monitoring of individuals identified as at risk for suicide.

How prepared is your organization? Request a meeting to discuss how Relias can support your suicide prevention efforts.

Request a Meeting

P.S. Join us for a webinar, Suicide Prevention: Science and Trends, on October 10, featuring Dr. Christine Moutier, Chief Medical Officer at the American Foundation for Suicide Prevention.

State and National Developments and Resources:

New! PHI Releases Report: State Programs to Address Direct Dare Workforce Issues

States seeking to implement social insurance solutions to improve long-term services and supports (LTSS) affordability, accessibility, and sustainability need to address the issue of strengthening the direct care workforce. States can accomplish this by incentivizing improvements in direct care job quality and stimulating job growth in the workforce.

These suggestions were drawn from "Workforce Matters The Direct Care Workforce and State-Based LTSS Social Insurance Programs," published by PHI and Caring Across Generations. The report focused on how a state-based social insurance program can bolster the direct care workforce in order to expand access to LTSS for those who need it. Currently, only Washington State has implemented such a program.

The researchers at PHI estimated that between 2016 and 2026, the direct care workforce will grow more than any single occupation in the country, and more than 7.8 million direct care job openings will need to be filled. Unfortunately, because these jobs are often poor in quality—as evidenced by low compensation, insufficient training, and limited advancement opportunities, among other indicators—turnover in this sector remains unsustainably high. Across the country, states report workforce shortages, leaving LTSS employers without enough staff. This workforce shortage negatively impacts the ability of consumers to access the care they need.

To strengthen the direct care workforce through state-based LTSS social insurance programs, the report makes the following recommendations to state leaders:

- Increase compensation for direct care workers by establishing a wage floor for this sector—with benefits and financial security safeguards
- Enhance training requirements and strengthen the in-person and online training infrastructure for direct care workers
- Develop advanced roles for direct care workers that allow them to progress in their careers and offer a higher level of support
- Institute supervision training programs and requirements to successfully develop direct care supervisors
- Establish an innovation fund and state-level advocate to improve recruitment and retention among the direct care workforce
- Build a robust data collection system and produce new research to analyze the direct care workforce at the state and local levels
- Create a long-term, state sanctioned workgroup and leadership program to strengthen the contributions of direct care workers
- Launch demonstration projects and a policy workgroup to maximize the relationship between family caregivers and home care workers
- Construct a matching service registry that connects home care consumers and workers within the state

The researchers believe that for state-level long-term care insurance programs to be truly accessible to consumers, the direct care workforce must also be transformed and financed. They suggest that once these recommendations have been applied, a proposed model called the "universal family care" (UFC) approach, may make LTSS more accessible and affordable to all consumers. The UFC model combines LTSS, child care, and paid family and medical leave. The goal would be to help state residents cover a variety of care needs.

The full text of "Workforce Matters: The Direct Care Workforce and State-Based LTSS Social Insurance Programs" was published July 30, 2019, by PHI National. A free abstract is available online at https://phinational.org/resource/workforce-matters/ (accessed August 19).

New! MDHHS Offers Next in Series of Webinars to Ensure HMP Enrollees Meet Work Requirements

Below is a recent notice, from MDHHS, of the next in its series of provider-focused webinars on the steps needed to ensure that Michigan's HMP enrollees retain the HMP eligibility while complying with the state's HMP-related work requirements.

CMH, PIHP, and provider staff are urged to work with their HMP enrollee clients on this front.

> The Michigan Department of Health and Human Services (MDHHS) has received requests from a large number of Medicaid providers for information on the Healthy Michigan Plan (HMP) Work Requirements. In preparation for the upcoming changes to eligibility for HMP, MDHHS is committed to keeping providers informed of the changes, and MDHHS has developed a webinar schedule to help prepare you for assisting Medicaid beneficiaries in meeting the new requirements. MDHHS has announced the following webinars for providers for the month of September:
>
> Tuesday, September 24, 2019, from 10:30 to 11:30 AM EDT
> **Please note audio for the webinars will be available through your computer speakers.
> To register for one of the webinars, click the following link: Registration Link
>
> If you have any questions, please email ProviderOutreach@Michigan.gov

New! Governor and MDHHS Announce Nation's Largest Single-Day Distributions of Opioid Overdose Reversal Drug Naloxone

Below is a recent press release on the naloxone distribution program recently announced by MDHHS and Governor Whitmer.

> Gov. Whitmer and MDHHS conduct one of the nation's largest single-day distributions of life-saving overdose reversal drug naloxone
>
> Michigan will offer 50,000+ free naloxone kits at pharmacies statewide
>
> Gov. Gretchen Whitmer and the Michigan Department of Health and Human Services (MDHHS) are partnering with the Michigan Celebrate Recovery Walk and Rally and pharmacies statewide on Saturday, Sept. 14, to save lives.
>
> MDHHS is providing more than 50,000 free naloxone kits to anyone who needs the life-saving drug that reverses the effects of an opioid overdose. Residents can pick up a kit at one of over 1,000 participating pharmacies, at no cost, with no need for a prescription, insurance, or identification.
>
> Saturday is expected to be the largest single-day distribution of naloxone in Michigan as well as among the largest in the nation. Michigan is one of the few states to host a Naloxone Distribution Day offering free and anonymous access to thousands of kits.
> MDHHS purchased 55,008 kits of NARCAN® Nasal Spray, which is the brand of naloxone being provided.
>
> Nearly 52,000 kits are being shipped to pharmacies statewide (see map) for distribution this Saturday. MDHHS will distribute the remaining 3,000 kits at the Michigan Celebrate Recovery Walk and Rally, which begins with registration at 10:30 a.m. Saturday on Belle Isle in Detroit.
>
> "This is a great day for people across the state who need access to a safe recovery," Gov. Whitmer said. "It's on all of us to ensure every Michigander struggling with addiction has the treatment they need to lead safe, healthy lives. I'm excited for this partnership and ready to work with everyone who wants to help us continue to build a stronger Michigan."
>
> Saturday's event builds on the Governor's Aug. 21 Executive Order announcing the new Michigan Opioids Task Force, which will bring together resources from across state government to coordinate and enhance the response to the opioid epidemic. A pillar of the state's strategy is making naloxone more accessible to residents who suffer from opioid use disorder and to their loved ones who have the potential to save a life. Mounting evidence illustrates that getting naloxone into the hands of the people closest to those at risk of an overdose saves lives.
>
> "Naloxone is safe to use and can save the life of someone experiencing an opioid overdose," said Dr. Joneigh Khaldun, MDHHS chief medical executive and chief deputy for health, who is leading the Opioid Task Force. "We want all friends and family members of those who may struggle with an opioid use disorder to get naloxone and be equipped to save a life."
>
> The opioid epidemic continues to devastate Michigan families, with 2,053 opioid overdose deaths in the state in 2017.
>
> The over 1,000 pharmacies participating in naloxone distribution include several major chains as well as local, independent pharmacies.

At the Michigan Celebrate Recovery Walk and Rally, former NFL player Randy Grimes will share his experience, strength and hope as a person in long-term recovery. The rally is to celebrate recovery from addiction to alcohol and other drugs.

For more information on Michigan's efforts to combat the opioid epidemic, visit Michigan.gov/opioids.

New! $5.8 Million Gift Boosts Bipolar Research at University of Michigan

University of Michigan says a $5.8 million donation aims to boost the precision of care for people with bipolar disorder.

The gift is from the Richard Tam Foundation, bringing the foundation's total giving for related research efforts to $10 million, the Ann Arbor-based school said Monday. The new donation includes $500,000 for the university's Precision Health effort, which offers researchers access to genetic and clinical data.

The goal is to help doctors determine the right medicine for a patient more quickly and provide more treatment options, Foundation President Judith Tam said in a release.

The foundation has backed bipolar research efforts at the school since 2014. The school's Heinz C. Prechter Bipolar Research Program has been collecting genetic samples and other data for about 13 years.

New! CMS Announces New Funds for Michigan to Fight Opioid Crisis

Below are excerpts from a recent press announcement, from the federal Centers for Medicare and Medicaid Services (CMS) about the provision of federal funds to a number of states, including Michigan, to combat the opioid crisis.

> …the Trump Administration announced planning grant awards to 15 state Medicaid agencies to increase the treatment capacity of providers to furnish substance use disorder (SUD) treatment and recovery services. Fighting the opioid epidemic is one of CMS's top priorities, and the planning grants are an important step in that effort.
>
> The planning grants are intended to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through: an ongoing assessment of the SUD treatment needs of the State; recruitment, training, and technical assistance for Medicaid providers that offer SUD treatment or recovery services; and improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers. CMS awarded approximately $48.5 million to the following state Medicaid agencies: Alabama, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Michigan, Nevada, New Mexico, Rhode Island, Virginia, Washington, West Virginia.
>
> The planning grants awards are the next step in CMS's implementation of section 1003 of the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (P.L. 115-271) and associated funding represents

a key aspect of our efforts to increase access to evidence-based treatment for Opioid Use Disorder.

More information on Medicaid.gov.

State Legislative Update:

New! FY20 Conference Committee Report

Specific Mental Health/Substance Abuse Services Line items

	FY'19 (final)	FY'20 (Governor)	FY'20 (Conference)
-CMH Non-Medicaid services	$125,578,200	$125,578,200	$125,578,200
-Medicaid Mental Health Services	$2,386,669,800	$2,478,086,100	$2,487,345,800
-Medicaid Substance Abuse services	$67,640,500	$66,200,100	$68,281,100
-State disability assistance program	$2,018,800	$2,018,800	$0
-Community substance abuse (Prevention, education, and treatment programs)	$76,956,200	$107,754,700	$108,754,700
-Children's Waiver Home Care Program	$20,241,100	$20,241,100	$18,330,800
-Autism services	$192,890,700	$221,718,600	$230,679,600
-Healthy MI Plan (Behavioral health)	$299,439,000	$346,548,100	$371,843,300

FY20 Conference Report Decisions:

- Increases in FY20 Medicaid Mental Health, Autism services, and Health MI Plan lines include a combination of caseload adjustments, provider tax dollars, money for direct care worker passthrough (.25 cents) and actuarial soundness increases. **Medicaid behavioral health and HMP received a 2.75% actuarial rate increase & Medicaid autism received a 5.75% increase.**

- Direct Care Wage Increase Annualization – Conference report includes $16.0 million Gross ($5.3 million GF/GP) to annualize the $0.25 direct care behavioral health worker hourly wage increase included in 2018 PA 618. Sec. 1009 is related boilerplate.

- Conference report concurs with the House budget to reduce from 12 FTEs to 7.0 forensic evaluators and not the 5.0 support and administrative staff. ($1 million GF savings). The executive recommended $2.2 million for the Center for Forensic Psychiatry (general fund) to meet the growing demand for forensic evaluations and restoration treatment for adults deemed incompetent to stand trial and reduce current wait lists for these services.

- Conference adds $1.0 million GF/GP and authorizes 15.0 FTE positions to Kalamazoo Psychiatric Hospital to reduce the amount of mandatory overtime for direct care staff.

- Conference includes $11.2 million Gross ($5.0 million GF/GP) to expand assertive community treatment, forensic assertive community treatment, and residential programs with the purpose of reducing wait lists at the state-operated psychiatric hospitals and centers.

- Conference increases $5.1 million GF/GP to offset a like amount of local funding used as Medicaid mental health match funding. Amount reflects the first year cost of a legislative intent to phase out these local funds over a 5-year period. Sec. 928 is related boilerplate.

- Conference includes and requires $600,000 be allocated to a Recovery High School and $600,000 be allocated to recovery community organizations from the new state opioid response grant.

- Conference report concurs with the House and eliminates $2.0 million GF/GP allocated to PIHPs for per diem room and board payments for eligible individuals who reside in substance use disorder residential facilities.

- Conference report concurs with the House budget and reduces funding for MI CARES hotline to $2 million ($1 million GF reduction)

- Conference report concurs with the House budget and reduces $4,450,000 million GF/GP funding based on historic lapse trends for the following: Behavioral Health Administration ($600,000 GF/GP), Office of Recipient Rights ($200,000 GF/GP), Children with Serious Emotional Disturbance Waiver ($1.4 million GF/GP)

Conference Report Boilerplate Sections Included:

- **Section 298** – Conference concurs with Senate language and also 1) revises to allow Medicaid health plans to also contract directly with other behavioral health service providers; 2) revises the report on statewide integration trigger back to January 2022 and an implementation of October 2023, and 3) revises to create a risk corridor, assurance that rates to Medicaid health plans are actuarially sound, and that implementation costs are accounted for before savings are reinvested in the pilot site.

- **Section 294** – Adds a new Care Coordination Pilot. (1) Allows the department to work with PIHPs and CMHSPs to create a service level integration pilot. (2) Contracts under this pilot shall require the use of the department's Care Connect 360 platform to achieve shared care coordination between PIHPs and Medicaid HMOs.

- **Section 928 – Local Match Draw down** – Retains local match draw down requirement and **ADDS section 3 that expresses legislative intent to phase out local match draw down requirements with a state GF offset equaled to the current amount over 5 years. ADDS section 4 requiring no more than current levels of funds allocated.**

- **Section 924 – Autism Services Fee Schedule -** Requires DHHS to establish a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also reduces behavioral technician fee schedule. Conference revises to maintain the established fee schedule and includes requirement for behavioral technician fee to be not be more than $55.00 per hour.

- **Section 963 – Court Ordered Treatment** – From the funds appropriated in part 1 for behavioral health program administration, up to $1,000,000.00 shall be allocated to address the implementation of court-ordered assisted outpatient treatment as provided under chapter 4 of the mental health

code, 1974 PA 258, MCL 330.1400 to 330.1490. **(Conference concurs with House and reduces from $2 million to $1 million)**

- **Section 964** – Adds new language that requires the department to develop and implement a Medicaid behavioral health fee schedule by January 1 and create network adequacy standards to be used in all contracts.

- **Section 970 – Skill Building Assistance Services** – Conference require DHHS to maintain skill building assistance services policies in effect on October 1, 2018, and requires DHHS to continue to seek federal matching funds for skill building assistance services.

- **Section 972 – MI CARES Hotline** – Directs the department to allocate $2,000,000.00 GF to contract for the development, operation, and maintenance of a Michigan Community, Access, Resources, Education, and Safety (CARES) hotline consistent with the requirements in section 165 of the mental health code, 1974 pa 258, mcl 330.1165. It is the intent of the legislature that this hotline would be available to all residents of this state, including those residing in rural communities.

- **Section 973 – Medication Assisted Treatment** – Required DHHS to issue a report by May 1 on best practices of administering a monthly extended release injectable medication assisted treatment for substance use disorder. The report shall include; (a) outcomes of different types of comprehensive management programs utilized with a monthly extended release injectable medication assisted treatment. (b) outcomes of different types of step-down protocols for a monthly extended-release injectable medication-assisted treatment, (c) whether the department recommends changes in how the department administers, whether directly or through the PIHPs, monthly extended-release injectable medication-assisted treatment protocols

- **Section 974 – Intellectual or Developmental Disability Service Delivery** – Requires DHHS and PIHPs to allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to choose to instead receive supports and services from another provider if the individual can show he or she is qualified and eligible to receive services from the other provider. States that other providers can include MI Choice and PACE providers.

- **Section 977** – Directs the department to use $600,000.00 of federal state response to the opioid crisis grant revenue for a high school specifically designated for students recovering from a substance use disorder to support the costs of counselors, with a priority placed on the cost of substance use disorder counselors.

- **Section 978** – Directs the department to use $600,000.00 of federal state response to the opioid crisis grant revenue to create a competitive grant for recovery community organizations to offer or expand recovery support center services or recovery community center services to individuals seeking long-term recovery from substance use disorders. An organization may not receive a grant in excess of $150,000.00.

- **Section 1513 Medicaid Inpatient Psychiatric Hospital Workgroup** – Requires DHHS to create a workgroup to determine an equitable and adequate reimbursement methodology for Medicaid inpatient psychiatric hospital care, lists participating workgroup members, requires a report from the workgroup.

- **Section1696 – Traditional Medicaid to HMP Migration Restriction** – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year

through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

NOT INCLUDED

- **Section 908** – Adds new language that requires the department to work with an actuarial firm to reexamine the behavioral health Medicaid rates to ensure that the rates reflect the actual and projected growth in demand and costs of providing services.

Federal Update:

New! Senate Appropriators Postpone Work on FY20 Health Funding

The Senate Appropriations Committee was scheduled to debate and vote on Fiscal Year 2020 spending bills this week, including funding for the Department of Health and Human Services. However, the vote was postponed after partisan disagreements over specific "poison pill" amendments, which are measures that greatly reduce a bill's chance for passage. The House and Senate must act quickly to pass an appropriations package to stave off a government shutdown before the end of FY 2019 on September 30.

Education Opportunities:

Save the Date for the 2019 CMHA Fall Conference

The CMHAM Annual Fall Conference will be held on:
October 21 & 22, 2019
Grand Traverse Resort, Traverse City, Michigan

Please check the event page on the CMHA website HERE for hotel and conference information.

Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center
55 South Harrison Road
East Lansing 48823

Conference Objective: This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MIChild Autism Benefit.

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

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: $85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

Special Rate: A special $20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare. Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at awilson@cmham.org or 517-374-6848.

Questions? Call 517-374-6848 OR email cward@cmham.org OR awilson@cmham.org

Calhoun County Hosts Annual Michigan CIT Conference in Battle Creek!

Please join us for the 2nd annual Michigan Crisis Intervention (CIT) Conference. Hear from over 24 presenters on how to start a CIT program, strategies to maintain an existing program and the positive impact CIT has had on their community. Also, hear from the 2019 CIT-International Chief of the Year, Jim Blocker and CIT-International's President, Tom von Hemert as the featured keynote speaker. We invite representatives from law enforcement, mental health and advocacy groups to come together at this conference to identify strategies to improve collaborative relationships and improve crisis responses. This conference has 24 sessions devoted to learning more about CIT and the impact this program has on your community. The link below outlines the schedule for this conference and allows you to register also! Please plan to join us!!

Register here: https://www.summitpointe.org/asp-products/michigan-cit-conference-oct-3-4/

Registration deadline, **TODAY**, September 20th.

Hotel Accommodations: Reservations can be made by calling 877-352-8777 (Reference Michigan CIT Conference) or online at http://firekeeperscasino.com/stay/. For online reservations, click "Book Now" at the top of the webpage and enter code 1022019CIT in the "Group Attendee" drop-down box to receive the discounted group rate of 102.00 + tax. Please note, reservations must be made by 5:00pm on September 17th, 2019 to receive the discounted rate.

New! Project AWARE Michigan Announces School Mental Health Symposium

Our young people in Michigan need us. Their mental health matters.

How do we identify and implement effective strategies with school districts to improve school mental health systems and supports for prevention, early intervention and connection of children, youth and families to mental health services?

Join us for an incredible symposium to learn from Project AWARE local and state-level leadership as they share their lessons learned and celebrations from five years of school mental health championship.

The initiative might be ending, but the need and our commitment to championing school mental health isn't. Will you join us?

Morning Event:
The Vision for School Mental Health Championship in Michigan: What Works, What Doesn't, and Where We Can Go Together

- **Date: September 23rd**
- **Time: 9 am – 12 pm**
- **Location: Radisson Hotel (Capital Ballroom), 111 N. Grand Ave, Lansing, MI 48933**

Symposium Outcomes:

- Gain concrete strategies that meet student and youth mental health needs, including how to develop a systematic approach to school mental health, and how to implement comprehensive school mental health frameworks for equity
- Identify mechanisms and opportunities for creating, expanding, and sustaining multi-sectoral leadership teams, including how to foster school and behavioral health partnerships
- Hear about which professional development and staffing approaches were game changers in increasing the capacity for school mental health leadership
- Commit to transforming our cultures and climates in becoming mentally healthy for the whole child, whole educator, whole school and whole system
- Network and build intersectoral partnerships and relationships to grow and sustain this work.

Intended Participants: School site, district, and ISD leadership; community based organizations, behavioral and mental health agencies who have or want to partner with schools, state agencies (health and human services) Department of Education leadership; Department of Health and Human Services leadership; local and statewide funders invested in education, child welfare and community health; mental health advocates, agency leaders and managers; policy makers; invested community members.

Afternoon Event:

Where Do We Begin? Trauma Informed and Resilience Oriented Schools

- **Date: September 23rd**
- **Time: 1 pm – 4 pm**
- **Location: Radisson Hotel (Capital Ballroom), 111 N. Grand Ave, Lansing, MI 48933**

How does a trauma-informed and resilience-oriented approach synchronize with socio-emotional learning, PBIS, interconnected systems framework, and restorative justice? How might we plan and lead with alignment and cohesion?
Join us for a three-hour workshop to investigate, explore, and develop school and whole child wellness initiative integration. Together, we'll workshop our existing school, district or ISD level plans and get resourced to make this work feel cohesive for the educators who implement it and the students who experience it.

Intended Outcomes:

- Deepen educators' understanding of the context of trauma in schools and classrooms and the context of current professional development trainings that exist in the field
- Create an awareness of the intersections between multiple initiatives in schools and school districts
- Understand how trauma-informed care fits into simultaneous programs, practices, and initiatives (including those related to curriculum and instruction); build trauma informed and resilience-oriented approaches (data collection, assessments, professional development strategies) to currently existing initiatives.

Intended Participants: School site, district, ISD and state leadership involved in initiatives related to school mental health, integrated student supports, or anyone interested.

Register Now!

New! Free Webinar: The Nurses' Role in Treating People with Persistent and Severe Mental Illness

The Nurses' Role in Treating People with Persistent and Severe Mental Illness
Free webinar

October 1, 2019
12:00pm ET, 11:00am CT, 10AM MT, 9AM PT

Severe and persistent mental illness touches every part of a person's life. It impacts overall health, relationships, activities of daily living and overall quality of life. The mental health treatment community is learning more about evidence-based practices that result in increased quality of life and improved recovery trajectories.

The foundation of mental health treatment is a multidisciplinary treatment team. The more we all know about one another's professions, the better we can serve the people who live with mental illnesses. We will discuss nursing roles within mental health treatment and novel approaches to treatment with a multidisciplinary team.

Meet the Trainer:
Gina Bryan is a Clinical Professor at the University of Wisconsin-Madison in the Schools of Nursing and Pharmacy. Dr. Bryan maintains an active clinical practice as a psychiatric Advanced Practice Registered Nurse at Rock County Human Services. Dr. Bryan's scholarship has focused on assessment and treatment of substance use disorders and access for all to mental health treatment. She was appointed by the Governor to serve on the Wisconsin Opiate Task Force and was an author on a report that outlines delivery models for addiction treatment and implementation considerations

Register

Questions?
For more information about the Great Lakes MHTTC, contact
Great Lakes MHTTC Co-Director Lou Kurtz: kurtzjr@wisc.edu

New! Stigma and Access to Treatment: Harvard University and University of Michigan Summit on the Opioid Crisis

October 10 | 9:00 am - 4:30 pm
Joseph B. Martin Conference Center, Boston, MA

Register now for "Stigma and Access to Treatment," the second of two Harvard University/University of Michigan summits to address the opioid crisis. The event will take place on October 10, 2019 in Boston. The summit is free and open to the public, but registration is required.

Click here for event information

Livestream registration details
available in early October.

Videos, summary articles, and visual abstracts from the first summit, "Opioids: Policy to Practice," held on May 10, 2019 in Ypsilanti, Michigan, are available online.

New! Altarum and Health Endowment Fund Offer Webinar on Release of Health Information

Below is a recent announcement from Altarum and the Health Endowment Fund regarding a recently developed approach to understanding what are often complex requirements around the release of protected health information.

Would you benefit from better understanding the regulations around appropriate release and exchange of health information?

The Michigan Department of Health and Human Services invites you to join a new learning series by Altarum to navigate the complexity of consent and confidentiality regulations around the exchange of physical health information and, most importantly, Behavioral Health information (including Substance Use Disorder information).

What: Webinar – Breaking Down Barriers to the Sharing of PHI and Behavioral Health Information – an introduction to the new Protected Health Information (PHI) Consent Tool

When: Wednesday, October 2, Noon-1 pm (ET), Register Now!

Who: All are welcome. Clinicians, payers, and medical records/front line administrative staff are encouraged to attend

Why: Better understanding of regulations surrounding the release of Behavioral Health PHI will improve the continuity and safety of care as well as reduce costs across Michigan.

In the forthcoming months, Altarum will also be offering training videos to introduce you to the brand-new PHI Consent Tool, which utilizes the most up-to-date legislation to guide you in deciding whether consent is necessary to share Behavioral Health information.

REGISTER for the October 2 webinar TODAY!

To stay up to date with the latest information, resources, and tools for navigating behavioral health consent and confidentiality regulations in Michigan, please fill out this short form.

New! NASW Michigan Announces Annual Conference

Below is a flyer announcing the upcoming annual conference of the National Association of Social Workers – Michigan.

You can register at this link.

New! Establishing an Ethical Prime Directive: A Proactive and Informed Approach to Navigating Rural Ethical Dilemmas

Presenter: Jeffrey Leichter, PhD, LP

Date: Friday, September 27th, 2019 at or after this date via webcast

Location: Available through webcast only, registration and info available at

https://www.mnpsych.org/rural-conference

Cost: $20 for 1.5 hours of CE

New! Altarum, Livingo, and National Council Offer Health Care Integration Webinar

Join this expert panel discussion on integrated care and its impact on population health, featuring speakers from Atrium Health, the National Council for Behavioral Health, and Livongo on October 2 from 1-2 p.m. ET. The expert panel will share their experiences and perspectives related to the importance of integrating behavioral and primary healthcare into individual treatment plans. This engaging conversation will go beyond theoretical benefits of digital, evidence-based applications to focus on real-world results and impacts. Attendees will explore:

- An overview of the current state of integrated medical-behavioral healthcare, including industry trends and dynamics
- How an integrated approach helps people more effectively address their physical health conditions once they learn how to reduce the pervasive impact of behavioral health conditions in their lives
- A case study from Atrium Health on how they've incorporated digital behavioral health tools within their diabetes care management program and primary care practices

Livongo's mission to "Silence Noisy Healthcare" through whole-person solutions for individuals struggling with diabetes, hypertension, obesity, and behavioral health

Register Today

Miscellaneous News and Information:

New! MDHHS Posts Job Opportunity for Department Specialist

Departmental Specialist 13

Job Description
This position has sole statewide authority and responsibility for management and coordination of activities related to the children's section of the Federal Mental Health Block Grant (FMHBG.) The position solely coordinates, for children with serious emotional disturbance (SED), the submission of applications, re-applications, monitors performance outcomes and develops reports as required to receive FMHBG funds. The position provides contract development and management activities for FMHBG funds contracted to the public mental health system for services to children with SED and provides program and policy technical assistance to department staff, external advisory councils and committees, and community based providers of behavioral health service to children with SED statewide.

For more information and to apply, please CLICK 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; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Janessa Nichols, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org

Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

Northern Michigan Regional Entity

Schedule of PA2 by County

October 1, 2018 through July 31, 2019

July 2019	Beginning Balance	Current Receipts	County Specific Projects	Region Wide Projects by Population	Ending Balance
County					
Alcona	$ 75,248	$ 14,788	1,718	$ 4,141	$ 84,176
Alpena	262,852	52,360	3,236	11,386	300,590
Antrim	195,203	45,028	26,940	9,318	203,972
Benzie	136,383	39,213	45,361	7,030	123,205
Charlevoix	348,835	70,951	29,712	10,456	379,618
Cheboygan	278,553	54,950	24,971	10,148	298,383
Crawford	121,390	23,218	18,872	5,563	120,173
Emmet	437,588	114,256	45,445	13,278	493,120
Grand Traverse	1,339,041	299,602	192,500	36,726	1,409,416
Iosco	344,810	56,058	1,062	10,066	389,739
Kalkaska	100,686	25,063	1,304	7,054	117,391
Leelanau	183,986	44,380	55,955	8,663	163,747
Manistee	158,339	49,847	59,477	9,772	138,937
Missaukee	58,312	13,242	2,287	6,000	63,267
Montmorency	98,103	18,040	1,754	3,700	110,689
Ogemaw	231,247	38,855	13,138	8,393	248,571
Oscoda	63,381	11,886	1,839	3,315	70,112
Otsego	263,948	67,053	31,983	9,816	289,202
Presque Isle	98,242	16,133	1,839	5,117	107,419
Roscommon	321,318	56,879	1,412	9,559	367,226
Wexford	264,489	62,763	3,276	13,311	310,665
	5,381,954	1,174,560	564,083	202,812	5,789,619
PA2 Redirect					(0)
					5,789,619

Mr. Kamps expressed interest in seeing the June 2019 Financial Report, specifically any changes in the reserve balances. Diane Pelts requested that a column be added to the PA2 page showing liquor tax dollars that have been allocated but not yet spent. Deanna Yockey clarified that the report is labeled "Version 2" which includes actual expenditures for AuSable Valley and North Country.

NEW BUSINESS

PA2 Funds Use Requests

1) Request from NMSAS Recovery Center for $196,000 liquor tax dollars to be split among the region's 21-counties to continue the Peer Recovery Support Services Program through FY20.

2) Request from AuSable Valley CMH for $71,427.45 Ogemaw County liquor tax dollars and $71,427.45 Iosco County liquor tax dollars to develop and sustain SUD/co-occurring treatment and prevention services located within the Ogemaw and Iosco County Correctional Facilities in FY20.

3) Request from BASES for $24,000 Charlevoix County liquor tax dollars to provide services/materials in the County Jail in FY20.

4) Request from The Health Department of Northwest Michigan, District Health Department No.2, and District Health Department #4 for $5,000 Antrim County liquor tax dollars, $5,000 Ogemaw County liquor tax dollars, $3,000 Oscoda County liquor tax dollars, $5,000 Iosco County liquor tax dollars, and $5,000 Alpena County liquor tax dollars to implement a syringe exchange program.

5) Request from Centra Wellness Network for $46,198 Benzie County liquor tax dollars to support the Benzie Area Youth (BAY) prevention initiative.

6) Request from Centra Wellness Network for $62,244 Manistee County liquor tax dollars to support the Substance Education and Awareness Manistee (SEA Manistee) prevention initiative.

7) A change to a liquor tax approved in March was requested by Catholic Human Services. The amount approve for the Drug Free Coalition was $27,797; the amount should have been for $59,170. A request for the additional $31,373 was made on this date.

8) MiPHY Incentives – All 21 Counties
An Incentive payment of $500 per grade/up to $1500 per school (7th, 9th, 11th) is being requested for schools that participated in the Michigan Profile for Healthy Youth (MiPHY) drug and alcohol use survey.

Sara Sircely reported that all the liquor tax requests presented received approval from the SUD Oversight Board on July 1st. Diane Pelts requested a list of schools that participated in the MiPHY survey, which Ms. Sircely said she will try to obtain and share with the Board.

MOTION MADE BY GARY NOWAK TO APPROVE THE LIQUOR TAX REQUESTS PRESENTED ON THIS DATE AND APPROVED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON JULY 1, 2019; SECOND BY ROGER FRYE.

Discussion: Mr. Kamps asked whether any of the requests contain anything particularly innovative. Ms. Sircely responded that NMSAS Recovery Center is doing some very innovative things utilizing peer recovery coaches to engage individuals in treatment. Jail services are also a new use of PA2 funds. Ms. Sherman asked how the effectiveness of various programs are evaluated. Ms. Sircely noted that quarterly reports are submitted. Some areas are difficult to measure (essentially measuring a negative). An annual evaluation process is being developed.

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