



# Northeast Michigan Community Mental Health Authority

## Board Meetings - December 2020



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

\* Meeting held in Room 102 at the Board's Main Office



CMHAM Northern Regional Meeting,\* Tuesday, December 8 @ 1:00 p.m. (Virtual via Zoom)



Board Meeting – Thursday, December 10 @ 3:00 p.m.

**The Board meeting will be available as a Conference Call Meeting using:  
888-627-8019 PIN # 40994  
or Zoom**

**<https://zoom.us/j/911168583?pwd=SEc3bDZhUW5FY1lSU1R1NFdXTmNLZz09>**

**Meeting ID: 911 168 583**

**Password: 013259**

*Merry Christmas*



**Karl Kovacs – Regional Chair**  
**Sr. Augusta Stratz – Regional Secretary**

## **Northern Regional Meeting Agenda**

Virtual via Zoom  
*Tuesday, December 8, 2020*  
*1:00pm to 2:00pm*

➤ **Regional Issues and Items for Discussion**

- ✓ Nominations for 2020 Go to Bat Award (enc)
  - NOT REQUIRED
- ✓ Nominations for 2021 Partners in Excellence Award (enc – one per Region per year)
  - NOT REQUIRED
- ✓ Standing Committees Report (enc)

➤ **ACTION ITEMS:**

- Regional Appointments (enc)
- CMHA 2021 Calendar (enc)

➤ **Other**



## “GO TO BAT” AWARD NOMINATION FORM

I. The “Go To Bat” Award is presented by the Community Mental Health Association of Michigan to an individual outside of the public mental health system (DHHS or CMH) who exemplifies extraordinary concern, advocacy or leadership aimed at improving the quality and quantity of community-based mental health services for persons with mental illness and developmental disabilities in Michigan. *(Note: “Outside of public mental health refers to an individual who cannot be receiving monetary compensation from the CMH system).*

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

- A CMH Board
- An Affiliate Member
- An Association Standing Committee
- The CMHA Executive Board
- An Association Region

III. NAME OF NOMINEE \_\_\_\_\_

Nominated by \_\_\_\_\_

Nominee's Address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (business) \_\_\_\_\_

Nominee's Occupation and Place of Employment \_\_\_\_\_

List community service or professional organizations with which the nominee is or has been affiliated. Please include the nominee's relationship to each organization. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. ON A SEPARATE SHEET OF PAPER, PLEASE PROVIDE A DESCRIPTION OF THE NOMINEE’S CONTRIBUTION TO IMPROVING COMMUNITY-BASED PUBLIC MENTAL HEALTH SERVICES IN MICHIGAN.

V. **To be considered, all nominations must be submitted on this form, or a copy of same, to: CMH Association of Michigan, 426 South Walnut, Lansing, MI 48933 or Fax: 517-374-1053. THE DEADLINE FOR NOMINATIONS IS JANUARY 8, AT 5:00pm.** All nominations will be submitted to the Member Services Committee in care of the Association office. *Award recommendations will be based on the quality of this description, its support information and attachments, not the number of nominations an individual receives. Nominees will NOT be considered without supporting documentation.* The award will be presented during the Association's Winter Conference.

VI. For more information, please contact Monique Francis at 517-374-6848 or e-mail [mfrancis@cmham.org](mailto:mfrancis@cmham.org).

# **PREVIOUS RECIPIENTS OF THE "GO-TO-BAT" AWARD**

*2019 – The Honorable Freddie Burton*

*2018 – Kevin Fischer*

*2017–Andrea Cole*

*2016–Lieutenant Governor Brian Calley and Representative Rob VerHeulen*

*2015–The Honorable John Tomlinson and The Honorable Dorene Allen*

*2014–Senator Mike Shirkey*

*2013–Representative Matt Lori and Representative Al Pscholka*

*2012–Stephen Fitton*

*2011–Veda Sharp*

*2010–Senator Roger Kahn*

*2009–Senator Gilda Jacobs*

*2008–Representative Gary McDowell*

*2007–Senator Tony Stamas*

*2006–Governor Jennifer Granholm*

*2005–Representative Bruce Caswell*

*2004–Senator Beverly Hammerstrom*

*2003–Representative Gary Newell*

*2002–Judith Taylor*

*2001–Senator Dan DeGrow*

*2000–Senator Shirley Johnson*

*1999–Representative Terry Geiger*

*1998–Senator Joseph Conroy*

*1997–Senator Robert R. Geake*

*1996–Patrick Elwell*

*1995–Representative Beverly Hammerstrom and Senator Joel Gougeon*

*1994–Representative Donald Gilmer*

*1993–Representative Nick Ciaramitaro*

*1992–Margie Mitchell*

*1991–William Allen*

*1990–Representative Dick Allen*

*1989–Representative Debbie Stabenow*

*1988–Ben Censoni*



## Partners in Excellence Award

### Nomination Form

The Partners in Excellence award is designed to recognize those who have, in the process of utilizing community mental health services, enhanced the perception of those services and their recipients within the community. **(Note that this individual cannot be receiving monetary compensation [other than per diems] from the Mental Health System.)**

A CMHSP, PIHP or CMHAM Affiliate Member may submit one nomination. Each Region of CMHA shall then choose a regional nominee based on the above-mentioned nominations. One nomination per Region, per year may be submitted for consideration.

To be considered, all nominations must be submitted on this form, or a copy of the same to: CMH Association of Michigan, 426 South Walnut, Lansing, MI 48933 or Fax 517-374-1053. All nominations will be submitted at the CMHA regional meetings for consideration. Award recommendations will be based on the quality of the description and support information an individual receives. Nominees will NOT be considered without supporting documentation. Each region will submit a recommendation to the Executive Board. The award will be presented during one of the Association's Conferences and each nominee will be recognized at that time.

For more information, please contact Monique Francis at 517-374-6848 or e-mail [mfrancis@cmham.org](mailto:mfrancis@cmham.org).

Name of Nominee \_\_\_\_\_

Nominated by \_\_\_\_\_

Nominee's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

On the back of this form, please describe in detail how this nominee has reduced the stigma associated with community mental health services.

**\*\*Nominees will NOT be considered without supporting documentation. Documentation must be submitted to Monique Francis at [mfrancis@cmham.org](mailto:mfrancis@cmham.org) by January 8, 2021 to be eligible for consideration.**

# Partners in Excellence Award Recipients

<p><b>2020</b> Metro Region: John Toppi Northern Region: Becky and Michael Dornoff</p>	<p><b>2009</b> Central Region: Dalia Smith Northern Region: Mary (Patti) Cosens Western Region: Clyde Sims</p>
<p><b>2019</b> Central Region: Harmony Hall Metro Region: BEST (Begin Ending Stigma Today)</p>	<p><b>2008</b> Central Region: Duane Lehman Metro Region: Michigan Consumer Evaluation Team (MCET) Northern Region: Marjorie Cano Western Region: Diane Boulais</p>
<p><b>2018</b> Central Region: People First of Sanilac County Metro Region: Stacie Burns, Crossroads Clubhouse of Warren Northern Region: Iosco ROAR Western Region: Sheldon House</p>	<p><b>2007</b> Central Region: Thumb Alliance Art and Theatre Program Metro Region: Gerald Butler, Detroit Wayne Peer Support Specialists, Manistee-Benzie Southeast Region: Donna Orrin, Washtenaw CHO Lloyd Kammers and Melinda Grindell, Mel and Jr's Vending Western Region: Susan Meekhof</p>
<p><b>2017</b> Metro Region: David Taylor UP Region: Sarah Peurakoski Western Region: Bonnie Gonzalez</p>	<p><b>2006</b> Central Region: Christine Riddlebaugh Metro Region: Pam Casper Northern Region: Ernie Reynolds Southeast Region: Lifeways Anti-Stigma Campaign Western Region: Michael Kenny Deborah Parker</p>
<p><b>2016</b> Northern Region: Deborah Appleman</p>	<p><b>2005</b> Central Region: Michael Cierzniwski Northern Region: Arlene Muszynski Western Region: Todd Koopmans Steve Harrington</p>
<p><b>2015</b> Metro Region: Angelo Glenn UP Region: Greg Toutant Western Region: Tim Hansen</p>	<p><b>2004</b> Central Region: Jana Perez Eliza Smafield Metro Region: Lisa Lepine Northern Region: Tom Koerber Southeast Region: Mae Bako Western Region: Lenore Huston</p>
<p><b>2014</b> Northern Region: Carol Serylo</p>	<p><b>2003</b> Metro Region: Dreams Unlimited Clubhouse Northern Region: Joanne Rackow Southeast Region: Pamela Stants St. Clair County Masquerade Players Western Region: Duane Gaultney</p>
<p><b>2013</b> Northern Region: Dave Schaedig</p>	
<p><b>2012</b> Central Region: Morgan Notestine Metro Region: CNS Anti-Stigma Program Southeast Region: Paul Palmer Lapeer Atkion Club UP Region: Jane Ryan Western Region: Recovery Institute of Southwest Michigan</p>	
<p><b>2011</b> Central Region: Power of Peer Supports Team Northern Region: Roger Boston, Northeast Michigan CMH Authority Metro Region: Robert Dillaber</p>	
<p><b>2010</b> Metro Region: Cheryl Pace Northern Region: Mary Jane Toomey</p>	

## Children's Issues Committee, September 15, 2020, 1:00pm

Children's Administrators Forum Update – Gwenda Summers

July Minutes and September Minutes

Gwenda reported that the CAF met in July and September. She reported that the discussion among this group continues to be robust. Culturally competent services were discussed in July. Resource sharing took place and many ideas were shared. School interaction with CMHs was discussed at the September meeting as well as CLS and respite services. Gwenda stated that capacity and knowing when to use these services were also discussed. Group asked if there was an update on 31N funding. Gwenda stated direct provision as well as access & referral services are some covered items, but some schools are directly employing folks for services. Group also discussed tiered referrals for children who need services.

DHHS Updates – Kim Batsche-McKenzie, Justin Tate & Mary Chaliman – MDHHS

Mary Chaliman stated that working on emergency rules for restraint & seclusion has been the foremost item being developed recently. Alternatives for this are being worked on. Q RTP is being developed to replace child caring institutions. An independent assessor will do an assessment to see if the child truly needs to be placed in a Q RTP. The assessment tool is called CANS (Children's Assessment of Needs and Strengths) and was created by Dr. John Lyon. Kim reported that transitioning of children is happening rapidly, and this is placing pressure on CMHs for services to be provided. She stated that there has been an uptick in placement requests at Hawthorn as well. Hawthorn is no longer calling the waiting list a "waiting list", it is now an "Admission pool". Julie Bayardo agreed that placement requests are increasing, and they are continuing to experience frustrations with placement in the Central Michigan area. She stated that this issue needs to be addressed either here or in the Children's Administrative Forum, but the need to find somewhere other than Hawthorn to place children is a great need. Connie agreed that this was occurring in her area (Livingston County) as well. A conversation needs to take place on this for child welfare and the mental health mandate. Group also discussed probate judges, and how the variance of who hears the case and how they feel about placement in residential, can be the deciding factor in how the child's services will be determined. Kim will take these issues back to DHHS. Kim spoke about a press release concerning youth and COVID. Pat Weighman stated that the Kalamazoo area is seeing problems with capacity in CLS & Respite services as well. Providing these in-home services is more difficult now than prior to COVID issues arose. Group discussed whether a regional approach with DHHS Directors would be a good idea. Group also discussed and agreed that working with local DHHS offices can be beneficial as well. Kim then reported on Behavioral Health services during school hours. She stated that DHHS is compiling guidance which is being reviewed by Department heads for approval to be issued to schools.

She also reported that there is a class action lawsuit which is in the interim settlement phase. The State is working with complainants' counsel to determine an implementation plan. This is an EPSDT lawsuit. The Children's Service Agency and Medicaid Services are at the table for discussion on this issue as well.

Legislative Update – Alan Bolter

Alan gave updates on the budget, stating that we are 16 days away from the end of this fiscal year. The House and Senate may have reached an agreement to propose to the Governor for moving forward with the FY21 budget. The anticipated deficit for that fiscal year looks to be about \$1.7 Billion as opposed to original projections of about \$3 Billion. He then spoke about HB 5298 (PRTF Bill). This bill, which would create Psychiatric Rehabilitation Treatment Facilities for children, is moving through the House and will likely pass. Alan reported that SB's 672 & 673 (Certificate of Need) are being discussed in the House tomorrow. He stated that the Association is opposed to SB 672 which would eliminate CON as this will NOT increase access to beds and loses the oversight function needed in this process. SB 673 is tied to this bill. Alan then reported that HB 5832 which is concerning Crisis stabilization units will be discussed on Thursday. The Association has worked hard to make sure language was added to ensure contracts with CMHs are in place for these units to be established.

Alan reported that there will likely be NO further federal funds coming to help with State budgets in the form of stimulus dollars regarding COVID related issues.

COVID-19 Roundtable Discussion

Children and Family Specific Data, Trends and Programming Needs

Group discussed items that were being done in different areas. Newsletters, trainings on coping with COVID issues, and flyers with information on warm helplines and services being offered were some items discussed.

ACMH Update – Jane Shank

Jane reported that at the beginning of the COVID pandemic, ACMH saw a reduction in the requests for services, but now, six months into the pandemic, they are overwhelmed with calls and requests. She spoke about the need to continue to stay connected with each other in order to continue to alter and improve services for children. Jane reported that ACMH is going to be holding a virtual conference and urged everyone to attend if they could. She will send information to the group on how to join. She stated that moving forward into 2021, this group will need to remain focused on having the voices of families and children with SED be heard.

Committee Focus Areas for 2020 Identified at previous meeting:

Policy, Advocacy, Input & Themes, Deconstructing Youth Suicide, Service Delivery Flexibility, and Staff Retention. Also, Collaborative efforts to support students, especially those expelled, suspended or at risk with mental health needs, Child Psychiatric Beds, and Service Models for transition age youth. Meeting adjourned at 2:12pm.

## Legislation & Policy Committee Meeting, September 16, 2020, 9:30am

Legislative Update

Budget Update

Alan stated that there was an announcement yesterday regarding a tentative FY21 Budget agreement reached in the House and Senate. The projected deficit for FY21 now looks to be about \$1.7 Billion as opposed to the original projections of about \$3 Billion. He reported that there looks to be no cuts to government or education. Budgets will likely start moving next week in order to get them finalized for October 1<sup>st</sup>. Alan reported that it does not appear there will be any additional federal relief funds or stimulus money for the State.

DHHS Opioid Legislation

Alan reported that the Department spoke with the Association about the Opioid Legislature. These proposed bills would allow naloxone to be received through the State's standing order, clarify syringe programs, require EMS to carry naloxone, and require hospitals to have a post overdose protocol regarding MAT (buprenorphine prior to release) for patients treated for an overdose.

SB 672 & 673 – CON

Alan reported that SB 672 would eliminate the Certificate of Need process, which the Association opposes. CON does not eliminate barriers to access to beds and the Association feels that the oversight functions this process provides are needed. Zoom connection was lost for Monique, and no further minutes were taken on this topic.

Mental Health Transportation bill

Group discussed how this legislation could affect their regions differently regarding possibility of liability, different scenarios as a result of different probate judges and how they rule.

HB 5832 – Crisis Centers

Alan stated that this bill would allow certain entities to create crisis stabilization units. He reported that these units in hospital settings would have 72 hour holds, be locked facilities, and allow for law enforcement to leave. Alan worked to have language added that requires those who run these centers must contract with CMHs to pay for these.

HB 5298 – PRTF

Alan stated this bill would allow for psychiatric rehabilitation treatment facilities for youth under 21 to be created as a step-down facility for children coming out of treatment. Federal approval is still needed for this on licensure to move forward with the creation of these facilities. The contract for these would be held by the CMHs.

Policy Updates – Bob Sheehan

Lawsuit – Children's Mental Health (aka KB lawsuit)

Bob stated that this lawsuit has reached an interim settlement. There are negotiations going on between both counsels to establish an implementation plan. Packages of services are being discussed in these negotiations.

DCW / provider stabilization issues

Bob reported that the Association joined with other Incompass (formerly MARO) and MALA in a coalition to create and send a letter to Director Gordon, emphasizing the State needs to clarify how and when these payments are being made. Alan stated that there was to be a Senate hearing a couple of weeks ago but was cancelled due to COVID positive testing in the Legislature and has not been rescheduled yet. He stated that the legislative intent seems to be different than how the Department is issuing these payments, and that is the crux of the matter. Barb Fowkes spoke to how difficult things are for Providers across the state with staff shortage, closing homes, and the problems that this DCW issue has created for them. With the \$2/hr increase only being covered for certain hours as they are reported, many direct care workers are leaving, and staffing is dwindling. Group discussed Resolution 140 which is in support of direct care workers and speaks to providing a working wage and benefits to those workers.

Direct Community Placement Program

This allows the State to contract directly with providers to provide residential services to current state inpatient psychiatric patients. The Association compiled a list of concerns and held a discussion with the Department. The Department stated that the contracts intend to get folks out of the state hospitals and live in a community setting. The State would be paying for the care. Placement would be written into CMH contracts to be involved in that placement work. Contract Negotiations (through CFI Committee) will be working to make sure there is language put in the contracts to protect CMHs from any unknowns. Christine Gebhard gave an example of a client who did not have a true psychiatric diagnosis, yet the CMH is going to be held financially responsible after 90 days. She is working closely with the Department to ensure this does not come to pass and will keep the group updated on this situation.

CCBHC Status

Bob reported that the State of Michigan was approved several weeks ago as a CCBHC state. There were already 9 sites designated as CCBHC sites, and another 9 are being worked on now. The Department will be meeting with the current CCBHC sites and the Association to discuss funding for these sites. Lisa Williams stated that the biggest concern is with the implementation of the perspective payment. The Department seems to understand payment mechanisms, but it is not being implemented. Funding extension needs to be established to go beyond the 2 years of the grant. Expansion included CMHs and providers, which allowed for multiple payment models to be looked at. She stated that we continue to try to help the Department understand those models.

Financial Reporting and Revision Advocacy



Bob reviewed the email that was sent to the Department by him regarding the rate setting process and the issues that continue to arise from Milliman. Milliman found that a CMHSP and a CMHSP Board were two separate entities. The Association let the Department know that they value Milliman's expertise in Actuarial work, they would urge DHHS to use the CMH and PIHP staff to make these types of determinations as opposed to Milliman in matters they are not experienced in.

Meeting adjourned at 11:05am.

### **Member Services Committee Meeting, September 17, 2020, 9:30am**

Recap of Discussion regarding Fall CMHA Conference – Bob Sheehan

Minutes from 8/25/20 Ad Hoc Member Services and Officers meeting

Bob Sheehan reviewed the minutes that were shared with the group regarding the August 25, 2020 Ad Hoc meeting of the Member Services committee and the CMHA Officers. He stated that Chris Ward provided a handout with information on running conferences during the COVID pandemic. Group discussed different conference attendee needs/wants such as networking and obtaining CEUs. Price points were determined to have a different level for each of those needs. Bob stated that the group agreed there was a need to hold the conference virtual. Group also agreed that 2 different fees would be assigned for participants who wanted to obtain CEUs and those who did NOT need CEUs could purchase recorded sessions for a lower price. Group also agreed that CMHA staff (Bob Sheehan, Chris Ward and Alan Bolter) should monitor whether the Fall Conference should be held at all (due to feasibility). Group discussed details about holding local breakfast meetings virtually, and Sanilac offered to hold the first of these meetings for their area. More details will be shared on this at the next Member Services meeting.

Group voted to accept and file the report from this meeting.

Parking Lot Items

Consideration of creation of a Peer Support Award – tabled until in person meetings begin again.

The next meeting of the Member Services Committee is scheduled for Thursday, November 19, 2020, 9:30am, via Zoom.

Meeting adjourned at 9:51am.

### **Contract & Financial Issues Committee, September 17, 2020, 1:00pm**

EDIT Update – Stacia Chick

Stacia Chick was not in attendance. Bruce Bridges reported there has not been another EDIT meeting since the last update given to this group.

GF Negotiations – Lisa Morse

Lisa Morse reported that the negotiations group met on July 28<sup>th</sup> and again on August 25<sup>th</sup>. Amendment #1 has gone out to CMHs. A discussion was held on EGRAMS recently and the Department has agreed to provide a flowchart on this. COFR was not discussed with the Department at their last negotiations meeting due to Kendra Binkley being out on extended LOA. Lisa asked if COFR could be removed from the grid for negotiations. Group agreed by consensus this could be removed. Lisa reminded everyone that there is a new reporting requirement for children in Special Education. She also reported that currently CMHs are receiving medical bills from State Facilities and this is being investigated. The next meeting of the negotiations team will be on September 22<sup>nd</sup>. Lisa spoke on compliance requirements on CMHs ability to pay. She stated that CMHs are being cited for not doing an "Ability to Pay Determination". Lisa has spoken with Richard Carpenter, and feels the citations are appropriate in that the CMHs would not be in compliance if they did not do them, however, the problem is that there are a couple of scenarios where the CMH does not do the determination because they know the Medicaid is coming back to them. She stated that it is a LOT of work to do the determination to find/enforce that you will get \$10. When clients come in and they are in crisis would be another scenario where it would not make sense to do the determination. Lisa would like to see this removed from the Compliance Review and asks support from the group on this. Bob Sheehan would like to see an exemption for Medicaid clients for this requirement as well. Lisa will work with Bob Sheehan and Richard Carpenter on this issue and keep the Committee informed of movement on this issue.

Legislative Update – Alan Bolter

Bob Sheehan reviewed the update that was provided in the packet to this group. He stated that the projected deficit for the FY21 Budget is now \$1.7 Billion, which is down from the original projections of about \$3 Billion. The House and Senate look to have reached an agreement on a proposed budget for FY21 to present to the Governor. Bob reported on the 4 opioid package of bills that would allow organizations to receive naloxone through the state's standing order, clarify legality of syringe programs, require EMS to carry naloxone, and require hospitals to have a post-overdoes protocol for patients who have been treated for an overdose (specifically administer MAT – buprenorphine). Bob then spoke about SB 672 & 673 regarding the Certificate of Need process. SB 672 would eliminate the CON process, and SB 673 would require 50% be public access beds. The Association does not support these bills, citing that removing the CON process does NOT remove barriers to access, and the process serves a needed oversight function.

Funding Issues – Bruce Bridges

## Year to Date Funding Advance Compared to Revised Actuary Certification Values

Bruce reviewed the charts showing what funding is projected versus what funding is available. Group reviewed numbers in the chart, stating that we continue to tell the actuaries that they must be more accurate with their projections. They did adjust, and now the projections are lower, and participants are higher, so more dollars are being made available and advanced to PIHPs.

## Medicaid population comparing first 6 months to most recent 5-month period

Bruce reviewed the percentage change for DAB, TANF, TANF – Children HK CHP & HK FMAP, TANF MI Child, and HMP from the first 6 months as compared to the most recent 5-month period.

## HSW funding comparison for FY20

Bruce stated that previously, under the Hab Waiver, you were not paid for a member unless they received a service during that month. Currently, payment is only based on enrollment, so there should not be as many adjustments as there were in the previous years under the old system.

## Rates for FY21

Bruce gave details on the capitation rate development document provided to the group. Of concern, actuaries are using old data for FY19, and are not reviewing or using incurred experience past February of 2020 for benefit expense analysis. Milliman feels there is less than a 3% difference when compared with the MUNC report, and they can work with that. Group discussed going on record with the Department to note that the second half of the year trends may make a difference. Bruce stated that he felt we should trust that actuaries have this correct and have gotten this within the 3%. Bruce then reported that the actuaries are letting us know that if we have a lot of new DABs there are going to have to be adjustments in the future to the rates. Bruce continued to review information in this report on prospective trend rates, projected enrollment and morbidity adjustment factors, and a summary of the capitation rate development. He stated that an increase of 3.8% overall is projected in PMPM rate excluding HRA/IPA. Group discussed if the risk factor included the LOCUS scores, which Bruce confirmed they did use. Group wondered if the templates that were used in this scoring was released. Leslie Thomas will look to see if she received this information and if she does have it, she will share with this group.

## Discussion of Key Issues

### Section 928 Upper Payment/Medicaid Match – Chip Johnston

Chip stated that he would like for everyone to keep an eye on Section 928 Medicaid draw down and monitor this. When a CMH is unable to come up with the local match, the Department is taking the GF from that agency, and this is against boilerplate.

Requesting interest from Board Member appointees for Co-Chair position of this committee – Discussion

The position must be filled by a Board Member. Those who may be interested should email Monique.

Meeting adjourned at 2:28pm.

TO: Regional Chairs and Secretaries  
FROM: Monique Francis, Committee Clerk  
RE: Regional Appointments for 2020

Please find attached the list of current regional appointments to CMHAs Board of Directors and Committees.

At your Regional Meeting please **appoint or reappoint** the following:

- Board of Directors Member whose term expires in 2020 (bolded on the attached form)
- Board of Directors Member Alternates (one of each; board member and director)
- Regional Chair (can be either a board member or a director)
- Regional Secretary (can be either a board member or a director)
- A board member **AND** a director to each of the following committees:
  - Children's Issues
  - Contract and Financial Issues
  - Legislation & Policy
  - Member Services
- A board member **OR** a director to the following committees:
  - Budget and Finance
  - By-Laws
  - Nominating
  - PAC
- A director to the MCBH Committee

# NORTHERN REGION

Please fill in and return to Monique Francis upon completion of the meeting.

Regional Chairperson:

Before accepting nominations for any of the annually elected regional posts, please emphasize to the members the importance of selecting someone who is (a) willing to serve, (b) able to attend meetings, according to the meeting schedule noted for each position, and devote the amount of time necessary, (c) experienced enough to bring the concerns and ideas from your region into the decision-making process at the appropriate level.

\*\*\*Person nominated must accept that nomination to that position.

APPOINTMENT	CURRENT REPRESENTATIVE	NEW REPRESENTATIVE (or re-appointment)
<b>Regional Representative to the Executive Board</b> (3 year term) <i>Attend 6 meetings a year in Lansing and/or conference locations</i>	<b>05/20 – Michael Welsch (AuSable Valley)</b> 05/21 – Diane Pelts (AuSable Valley) 05/22 – Sr. Augusta Stratz (Northern Lakes)	Replace or re-appoint Michael Welsch. Must be a Board Member.
<b>Alternate Regional Representatives to the Executive Board</b> (1 year term) <i>Attend 6 meetings a year in Lansing and/or conference locations</i>	Board Member: Mary Marois (Northern Lakes)	Board Member:
	Director: Karl Kovacs (Northern Lakes)	Director:
<b>Regional Chairperson</b> (1 year term) <i>Preside over all regional meetings</i>	Karl Kovacs (Northern Lakes)	
<b>Regional Secretary</b> (1 year term) <u><i>Take minutes of all regional meetings</i></u> & be responsible for regional correspondence on Association matters	Augusta Stratz (North Country)	
<b>Children’s Issues Committee Representatives</b> (1 year term) <i>Attend 6 + meetings in Lansing on the 3<sup>rd</sup> Tuesday and report back to the region on committee issues</i>	Board Member: Mary Marois (Northern Lakes)	Board Member:
	Director: Christine Gebhard (North Country)	Director:
<b>Contract and Financial Issues Committee Representatives</b> (1 year term)	Board Member: Michael Welsch (AuSable Valley)	Board Member:

<i>Attend 6 + meetings in Lansing on the 3rd Thursday and report back to the region on committee issues.</i>	Director: Chip Johnston (Centra Wellness)	Director:
<b>Legislation and Policy Committee Representatives</b> (1 year term) <i>Attend 6+ meetings in Lansing on the 3rd Wednesday and report back to the region on committee issues.</i> <b>**Because Legislation and Policy committees were combined, please replace or re-appoint TWO directors and TWO board members.</b>	Board Member: Michael Welsch (AuSable Valley)	Board Member:
	Director: Christine Gebhard (North Country)	Director:
	Board Member: Robert Boyd (North Country)	Board Member:
	Director: Diane Pelts (AuSable Valley)	Director:
<b>Member Services Committee Representatives</b> (1 year term) <i>Attend 6+ meetings in Lansing on the 3rd Thursday and report back to the region on committee issues.</i>	Board Member: Joseph Stone (AuSable Valley)	Board Member:
	Director: Nena Sork (Northeast)	Director:
<b>Budget and Finance Committee</b> (1 year term) <i>Attend 2 meetings a year in Lansing and report details to the region.</i>	Michael Welsch (AuSable Valley)	
<b>By-Laws Committee</b> (1 year term) <i>Only meet if necessary. Meetings take place in Lansing.</i>	VACANT	
<b>Nominating Committee</b> - (1 year term) <i>A conference call is held in March to review election procedures and roster of officers.</i>	Nena Sork (Northeast)	
<b>MCBH Board Representative</b> - (1 year term) <i>Must be a director.</i>	Nena Sork (Northeast)	Must be a director.
<b>PAC Committee</b>	Diane Pelts (AuSable Valley)	

**Please fill in and return to Monique Francis upon completion of the meeting.**

# 2021 CMHA Calendar

Unless otherwise noted, meetings are held at the Association's offices. Subject to change depending on COVID conditions. Teleconference/Zoom capacity is available for most meetings. NO teleconference/Zoom is available for meetings held at conferences.

<b>Board of Directors Meetings</b> 9:30am unless otherwise indicated	
Feb. TBD	August 6
April 16	Oct. 24 (conf. - 4pm)
June 14 (conf. - 4pm)	December 3
<b>Steering &amp; Communications Mtgs</b> 9:30am unless otherwise indicated	
January 15	July 16
March 12	September 10
June 11	November 12
<b>Regional &amp; Member Assembly</b> at annual conferences	
February: Regional Meetings TBD (no Member Assembly)	
June 14: Mem Assembly 5:30pm, Traverse City	
June 16: Regional Meetings, Traverse City	
October 26: Regional Meetings Only (no Member Assembly), Traverse City	
<b>Children's Issues Committee</b> 1:00pm	
January 19	June 22
March 16	September 14
April 20	November 16
<b>Legislation &amp; Policy Committee</b> 9:30am	
January 20	June 23
March 17	September 15
April 21	November 17
<b>Member Services Committee</b> 9:30am	
January 21	June 24
March 18	September 16
April 22	November 18
<b>Contract &amp; Financial Issues Cmte</b> 1:00pm	
January 21	June 24
March 18	September 16
April 22	November 18

<b>Budget &amp; Finance Committee</b> 10:30am	
February 12	July 9
March 12	November 12
<b>By-Laws Committee</b> 10:30am	
March 23	
<b>Officers Meetings (after Steering)</b> 11:30am	
January 15	July 16
<b>PAC Committee</b>	
Winter Conference	Fall Conference
<b>Public Relations Workgroup</b> 1 <sup>st</sup> Wednesday of the month-10:00am	
March 3	September 29
April 7	October 6
May 12 (tentative)	November 3
August 4	December 1
<b>The Provider Alliance</b> 4 <sup>th</sup> Monday of the month-10:00am	
January 25	July 26
February 22	August (no meeting)
March 22	September 27
April 26	October 26 (at conf.)
May 24	November 22
June 16 (at conf.)	December - TBD
<b>Persons Served Advisory Group</b> 1:00pm - 2:00pm	
January 20	September 15
April 21	

\*\*\*Supplemental Meetings of the CFI Committee were cancelled by group consensus at the November 2018 meeting. Only Full Committee meetings will be held in 2021.

# 2021 CMHA Calendar

Unless otherwise noted, meetings are held at the Association's offices. Subject to change depending on COVID conditions. Teleconference/Zoom capacity is available for most meetings.  
NO teleconference/Zoom is available for meetings held at conferences.

<b>Important Conference Dates</b>
<b>CMHA Winter Conf:</b> Virtual Full Conference: February 9-12, 2021
<b>NACo Legislative Conf:</b> Marriott Wardman Park, Washington, DC: Feb. 20-24, 2021
<b>NACBHDD Legislative Conf:</b> Location TBD, February 22-24, 2021
<b>MAC Legislative Conference:</b> Lansing Center, Lansing: April 27-29, 2021
<b>National Council Conf:</b> Location TBD, Denver, CO: May 3-5, 2021
<b>Capitol Hill Day:</b> Location TBD, October 20, 2021
<b>Walk-a-Mile in My Shoes Rally:</b> Michigan State Capitol Grounds, May 12, 2021
<b>CMHA Spring Conf:</b> Grand Traverse Resort, Traverse City Pre-Conference Institutes: June 14, 2021 Full Conference: June 15 & 16, 2021
<b>MAC Annual Conf:</b> Grand Hotel, Mackinac Island, September 26-28, 2021
<b>CMHA Fall Conf:</b> Grand Traverse Resort, Traverse City, October 25 & 26, 2021

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

December 10, 2020 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 1-8)
- VIII. Consent Agenda ..... (See page 9)
  - 1. Leases
    - a. Sub-Lease of Fletcher Street Office to ABA Pathways LLC
    - b. Sub-Lease of Harrisville Office to District Health Department #2
- IX. December Monitoring Reports
  - 1. Grants or Contracts 01-011 ..... (See pages 10-12)
- X. Board Policies Review and Self Evaluation
  - 1. Grants or Contracts 01-011 ..... [Review] ..... (See pages 13-14)
  - 2. Board Member Recognition 02-011 ..... [Review & Self-Evaluation] ..... (See page 15)
  - 3. Board Member Orientation 02-015 ..... [Review & Self-Evaluation] . (See pages 16-17)
- XI. Linkage Reports
  - 1. CMHAM
  - 2. Northern Michigan Regional Entity
    - a. Board Meeting (12/09/20) ..... (Verbal)
  - 3. Consumer Advisory Council Update (12/07/20) ..... (Verbal)
- XII. Operations Report ..... (Available at the Meeting)
- XIII. Chair's Report
  - 1. By-Law Review..... (See pages 18-28)
- XIV. Director's Report
  - 1. Director's Update ..... (Verbal)
- XV. Information and/or Comments from the Public
- XVI. Next Meeting – Thursday, January 14, 2021 at 3:00 p.m.
  - 1. Set January Agenda ..... (See page 28)
  - 2. Evaluation of meeting..... All
- XVII. Adjournment

MISSION STATEMENT

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



# Northeast Michigan Community Mental Health Authority Board

## Board Meeting [In-Person, Zoom, Uber Conference]

November 12, 2020

### 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: In Person: Les Buza, Roger Frye, Eric Lawson, Gary Nowak, Gary Whuk  
Via Zoom: Bob Adrian @ 3:05 p.m.  
Via Uber Conference: Bonnie Cornelius, Judy Jones, Terry Larson, Pat Przeslawski

Absent: Albert LaFleche (excused)

Staff & Guests: Carolyn Bruning, LeeAnn Bushey, Connie Cadarette, Mary Crittenden, Erin Fletcher, Lynne Fredlund, Ruth Hewett, Cheryl Kobernik, Larry Patterson, Nena Sork, Jen Whyte

### III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

### IV. Appointment of Evaluator

Roger Frye was appointed as evaluator of this meeting.

The meeting was paused briefly due to technical difficulties with the Zoom connection audio.

### V. Acknowledgement of Conflict of Interest

There was no conflict of interest to acknowledge.

### VI. Information and/or Comments from the Public

No information or comments were presented.

### VII. Educational Session – Compliance Report

Jen Whyte, Compliance Officer, provided an overview of the compliance program. She reports there are seven elements required by the Michigan Department of Health and Human Services via our contract. She reviewed each of the elements: 1. Code of Conduct Standards, Policies and Procedures; 2. Compliance Program Administration; 3. Training, Screening and Evaluation; 4. Developing Effective Lines of Communication; 5. Monitoring, Auditing and Internal Reporting; 6. Discipline and 7. Investigations, Documentation Process and Corrective Action Plans.

Jen Whyte informed Board members of their responsibilities related to compliance noting they are charged with reviewing the Compliance Plan and Code of Conduct, compliance related policies, and approving the annual compliance report. Board members, having the highest level of oversight of the program, are informed of matters related to the compliance program. Board members must comply with the compliance plan and abide by the standards of conduct in performing activities. She reports the Board receives training on the Deficit Reduction Act (DRA). This includes addressing False Claims Act, the Anti-Kickback Statute, the Whistleblowers Act and information about preventing and detecting Fraud, Waste and Abuse.

She reports staff must be provided information addressing State and Federal laws, the rights of employees to be protected as Whistleblowers and any related policies and procedures.

Federal False Claims Act is a Federal statute covering fraud involving any federally funded contract or program, including the Medicaid program. Jen gave definition of what elements are included in the Act. Examples – up-coding, billing for unnecessary services, billing for services not provided, billing for items or

services performed by an excluded provider and failing to repay overpayment within 60 days of identification.

Services documentation requirements – must have sufficiently detailed service description, documentation must be legible (if paper copies) and the Electronic Health Record (EHR) must be signed and dated with proper credentials by the rendering health care professional. It is imperative the begin and end times be recorded accurately for any codes being billed. Descriptions must be included with goals and objectives identified and must contain the current status of the individual served and future treatment recommendations.

Annual compliance reporting component include data mining and analysis of paid claims, audit performed, overpayments collected, identification and investigation of fraud, waste and abuse, corrective action plans implemented, provider disenrollment and contract terminations. The past fiscal year included audit of provider claims, clinical case reviews, discharge summary audits, staff training requirements, NMRE Delegated Function review, Home- and Community-Based Services heightened scrutiny review and the Medicaid Event verification. With staff reorganization at the NMRE, the Medicaid Event verification data will not be available until the end of November.

Jen Whyte reported the Agency had five disenrollments and/or contract terminations. Of this, one provider discontinued services due to COVID, one retired and one emergency placement did not work out. She reported related to compliance complaints – 14 were internal complaints and seven external provider complaints. Three correction action plans were required from internal and external providers each. The corrective action plans could be coding issues or documentation issues, which just required training of staff. There were no OIG reports this fiscal year.

***Moved by Gary Nowak, supported by Gary Wnuk, to receive and file the Compliance Report as presented.*** Roll call vote: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

#### **VIII. Approval of Minutes**

***Moved by Roger Frye, supported by Gary Nowak, to approve the minutes of the October 8, 2020 meeting as presented.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

#### **IX. Consent Agenda**

##### **1. Contracts**

##### **a. Hospital Contracts**

- i. BCA Stone Crest**
- ii. Cedar Creek Hospital**
- iii. Pine Rest Christian Mental Health Services**
- iv. Forest View Hospital**
- v. Havenwyck**
- vi. Healthsource of Saginaw**
- vii. Marquette General**
- viii. Mercy Health St. Mary's**
- ix. War Memorial**

##### **b. Bay View Center**

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

**X. FY20-21 Budget Amendment #1**

Connie Cadarette reviewed the variances in the revenues in the proposed budget amendment noting the rents are affected as the lease for the clubhouse property will expire with us at year end and Touchstone will be assuming the lease so the rent income has been reduced. She noted COVID funding the Agency received in last fiscal year most likely would not be in play during this current fiscal year. Connie noted the last amendment had such a strange outcome due to COVID and the initial preliminary budget was actually based on a budget two years ago. There is nothing budgeted for the Behavioral Health Home as the funding for that program is still unknown. She noted there are some large variances in programs such as Autism due to the program transitioning to a contractual relationship versus providing in-house services.

Larry Patterson reviewed the capital purchase portion of the budget. He reviewed the HVAC and parking lot areas. He noted the computer equipment is considerably lower due to many of the purchases made in last fiscal year due to anticipated budget reductions in the new fiscal year.

Connie Cadarette reviewed the variances in the staffing portion of the budget. She notes there was a decrease of 7.38 FTEs which is quite modest considering the ABA program went contractual.

***Moved by Gary Nowak, supported by Les Buza, to approve Budget Amendment #1 as presented.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

**XI. November Monitoring Reports**

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

Pat Przeslawski noted the October meeting was rather lengthy due to the reports reviewed at the meeting. Ruth Hewett reported the complaints are running average. Gary Wnuk notes keeping numbers average under the challenging environment we are currently in is commendable.

**2. Budgeting 01-004**

Connie Cadarette reviewed the preliminary of the Statement of Revenue and Expense for month ending September 30, 2020. The column entitled "Budget September Year to Date" was copied incorrectly; however, the bottom numbers are accurate. Board members in attendance received a corrected copy of the report. Connie Cadarette noted the excessive funds in Medicaid indicated at the bottom of the report for almost \$2.5M are excess dollars, which have already been deducted from the report. She reported Northeast did receive \$40,000 in General Funds from another board and due to the way spend-downs were treated, we ended up with an excess in General Funds in the amount of \$37,803.

Gary Nowak thanked the Agency for returning the \$2.5M to the NMRE. It was noted the Agency did increase some expenses as ethically as could be to look forward and made needed purchases prior to the end of the fiscal year.

Connie Cadarette reported this report is preliminary and there will be some adjustments to this report as things are finalized. She noted the State has sent out directives on how some expenses must be classified. Larry Patterson reviewed the expense lines with large variances. He noted some of the variances will be adjusted when the final report is wrapped up as some items still need to be reclassified to other lines. He reported the Property & Liability line is due to the retainer fee established with the agency's attorney's new firm. He reviewed some of the late year maintenance expenses at a couple of our group homes. The Miscellaneous expense is driven by the State Facility services. Gary Wnuk inquired about the impact of the auto insurance changes this year and it was noted this is a self-insurance umbrella with a municipal agent.

**3. Financial Condition 01-005**

Connie Cadarette reviewed the Statement of Net Position and Change in Net Position for month ending September 30, 2020. This is also a preliminary report. She notes the days of unrestricted net position has gone down a bit due to the dollars we will be returning to the NMRE.

#### 4. Ends 04-001

Nena Sork reviewed the monitoring report related to the Ends the Board established for last fiscal year. Mary Crittenden noted there were struggles in tracking the sub-end related to the individuals with co-occurring disorders. She noted this was something that required manual tracking. The service sub-ends are as follows:

##### **Services to Children**

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

Status: 79% of children/adolescents met the sub-ends goals for the year.

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

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

Status: Four local Adult Foster Care Homes were developed in this fiscal year.

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

Status: Five individuals transitioned to living independently in less restrictive settings.

##### **Services to Adults with Co-Occurring Disorders**

3. 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.

Status: Of the 12 qualifying cases, eight individuals have objectives addressing substance use disorder/medication assisted treatment within their Plans of Service (67%). Factors contributing to this unmet goal are recent case holder changes due to staff resignation and an ongoing need for staff training on Plans of Services.

##### **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)

Status: As of September 30, 2020, Agency-wide revenues exceeded Agency-wide expenses by \$309,348.

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

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

Status: As of September 30, 2020, Medicaid funds were underspent by \$2,196,243 and Healthy Michigan funds were underspent by \$294,125.

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

Status: As of September 30, 2020, General Funds were underspent by \$82,855. Of this \$45,052 will be allowed to be carried forward to FY21 and \$37,803 will be owed back to the State.

##### **Community Education**

The Board will provide community education. This will include the following:

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

Status: The Annual Report was completed in May 2020.

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.

Status: Due to COVID, many of the scheduled trainings had to be put on hold. In keeping with the Stay Home, Stay Safe investigating options to provide training using technology, etc. is being sought. There was participation in many training in the first six months of this period and staff participated in the Alpena Suicide Prevention walk, Project Connects and Pop-Up Pantry. Nena Sork reported community education was continued with what was available in the COVID environment. Some trainings were converted to a virtual presentation versus in-person trainings.

C. Support community advocacy.

Status: A staff member has been working with the local NAMI Formation group in attempting to establish a local NAMI Chapter in Alpena. Currently, this group is stalled due to issues at the national level.

Nena Sork noted the goal of the Agency falls directly in line with assuring individuals are in the least restrictive environment.

***Moved by Pat Przeslawski, supported by Gary Wnuk, to accept the November monitoring report as presented.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

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

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

Board members reviewed this policy. Pat Przeslawski reported this policy does cover what is needed.

### **2. Staff Treatment 01-003**

Board members reviewed this policy. Pat Przeslawski reported this was revised just last year and this policy also seems to cover all areas needed.

### **3. Ends 04-001**

The Ends policy proposed revision would incorporate the Sub-Ends established during the Board's Strategic Planning session.

***Moved by Roger Frye, supported by Gary Nowak to approve the revisions to Ends policy 04-001 as presented.*** Roll call Vote: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Terry Larson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

## **XIII. Linkage Reports**

### **1. Northern Michigan Regional Entity (NMRE)**

#### **a. NMRE Contract Extension**

This request is for approval of Amendment A to the contract this Agency holds with the Northern Michigan Regional Entity. This amendment will extend the current contract through December 31, 2020 and will include to Behavioral Health Home program. Approval is recommended.

***Moved by Gary Nowak, supported by Les Buza, to approve contract extension.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric

Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

**b. NMRE Clubhouse Amendment**

This request is received from Northern Michigan Regional Entity and would allow the pass through of grant dollars for the Clubhouse program for \$100,000. This Agency contracts with Touchstone to provide clubhouse services. This grant was for last fiscal year.

*Moved by Roger Frye, supported by Gary Nowak, to approve this Agreement for the Clubhouse Federal Grant Award as presented.* Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

**c. Board Meetings**

**i. October 28, 2020**

Gary Nowak inquired as to whether Board members had any question. Eric Lawson reported a statement in the September meeting minutes indicated the State is over-obligated in the sum of \$15M on SUD Block Grant funds and requested clarification. Gary Nowak reported the NMRE Board approved the CEO's contract at the October Board meeting.

**ii. September 23, 2020**

The minutes from the September meeting were including in materials for this meeting.

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

**a. Fall Board Conference – October 26 – 29 Virtual**

Mary Crittenden and Erin Fletcher attended the Virtual Conference. Mary reported the Telehealth sessions were very good. She noted there was some resources made available for telehealth. Erin Fletcher noted she attended a session [Charting a Course to a Good Life], which uses a grid with a star and assuring supports in three areas of the star are integrated into the lives of an individual receiving services. Erin Fletcher reported an issue with technical difficulties associated with the virtual conference.

Cheryl Kobernik reported she also attended the virtual conference noting it was beneficial to listen to the keynote speakers like Alan Bolter and others.

**XIV. Operations Report**

Mary Crittenden provided an overview of the services provided during the months of September and October. Mary reported the doctor services and MI Case Management had a busy month in September. She reported there was an admission to the state hospital in September as well. In October, the doctor services increased even more. She noted in October the Home-Based services also increased. There were 13 private inpatient admissions in the month of October.

**XV. Nomination's Committee Report**

Terry Larson reported the Nomination's Committee met just prior to this meeting. As Alpena County has already conducted interviews for Board positions, the sample letter included in the materials for the Nomination's Committee was sent prior to the interviews. Bob Adrian reported Alpena County should have their appointments by November. Letters will be sent to Alcona and Montmorency counties as Albert LaFleche and Gary Wnuk will not be seeking reappointment. Gary Wnuk submitted a letter to the Board indicating he will serve through the December Board meeting and will be requesting Alcona County appoint a commissioner to replace him on this Board. Alcona and Montmorency counties will be encouraged to appoint a commissioner or an individual with lived experience.

**XVI. Chair's Report**

**1. FY20/21 CMHAM Membership Dues**

The membership dues for the Community Mental Health Association of Michigan for FY20/21 is \$13,727.00.

***Moved by Gary Nowak, supported by Gary Wnuk, to approve the FY20-21 CMHAM Membership Dues as presented.*** Roll call vote: Ayes: Robert Adrian Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

Eric Lawson reported Pat Przeslawski received a 20-year acknowledgment certificate from the Board Association. Eric Lawson thanked Pat Przeslawski for her service.

**XVII. Director's Report**

**1. Director Report**

Nena Sork reported she attended the Northern Michigan Opioid Response and Prevention Committee meetings in October. She noted she attended the Finance Director and Operations meeting at the NMRE. She met with HUB to lock in healthcare rates for calendar year 2021. She attended the NMRE Board meeting. She also attended the NACBHHD Fall Board meeting and webinar. She reported the Emergency Management Leadership in the region met to discuss potential COVID outbreaks in our communities.

Nena Sork reported we just received agreements for Care Connect 360, which allows our Agency to gain access to the Medicaid billing warehouse. There are two agreements needed to allow this Agency to engage in using this resource. One is the Data Use Agreement for web application – PIHP and the second is a Data Use Agreement for client level data extract – PIHP.

***Moved by Gary Nowak, supported by Gary Wnuk, to approve the Director to execute the agreements for CareConnect 360 – 2021 CareConnect 360: Client Level Data Extract-PIHP and 2021 CareConnect 360: Web Application – PIHP.*** Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

Nena Sork reported Robert Gordon would be joining the Biden organization leaving the position at the Michigan Department of Health and Human Services vacant.

Nena Sork reported last week we had our first staff person, who had worked with persons we serve, testing with COVID +. Monday morning it was identified a group home supervisor who also worked with our residents tested positive. We are monitoring staff and residents in the group home. Nena Sork noted District Health is working closely with this Agency and would be able to provide testing kits and our nurses could take the test kits to the home to obtain test samples, if necessary. Nena Sork reported there was also an AFC home, whom we contract with, in one of our counties with residents testing positive. She indicated those individuals who tested positive and are all doing well.

Nena Sork reported due to the increase in COVID, staff are being scaled back in the office setting with staff reporting to the office setting on limited days. They will work from home the remaining days.

**2. QI Council Update**

The draft of the QI Council minutes were distributed to Board members in attendance at this meeting.

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

There was no information or comments presented.

**XIX. Information and/or Comments for the Good of the Board**

There was no information or comments presented for the good of the Board.

**XX. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, December 10, 2020 at 3:00 p.m.

**1. Set December Agenda**

The December agenda items were reviewed.

**XXI. Evaluation of Meeting**

Roger Frye sent his appreciation to Gary Wnuk for service to this Board. He noted the meeting began with some technical difficulties. He noted participation was good. Roger Frye thanked staff for their continued hard work and commend them for doing a wonderful job.

**XXII. Adjournment**

*Moved by Les Buza, supported by Gary Wnuk, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:27 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder



**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** November 30, 2020

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**1. Leases**

**a. Sub-Lease of Fletcher Office to ABA Pathways LLC**

At the October Board meeting, the Board approved a contract with ABA Pathways to provide testing for those children referred for autism services. ABA Pathways has reached out to us to determine if it would be possible to lease some office space at the Fletcher Office located at 318 W Fletcher Street in Alpena to use in conducting this testing. The Agency obtained permission from our landlord to sublease some space and ABA Pathways will lease this office space from us on a month-to-month basis. They will pay the Agency a monthly rate of \$525.00. We recommend approval.

**b. Sub-Lease of Harrisville Office to District Health Department #2**

The Agency currently leases office space in Harrisville from the City of Harrisville. The office is located at 311 Lake Street in Harrisville and is currently shared with District Health Department #2. With the current demands due to the pandemic, District Health has a need to utilize additional space at that location and is willing to sub-lease a portion of the office space currently occupied by our Agency. On November 1, we did accommodate their request and consolidate some of our office space to provide the additional room they needed. The District Health Department #2 will pay \$155 per month for this space. We recommend approval.

## NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

**POLICY CATEGORY:**

EXECUTIVE LIMITATIONS

**POLICY TITLE AND NUMBER:**

GRANTS OR CONTRACTS, 01-011

**REPORT FREQUENCY AND DUE DATE:**

ANNUAL, DECEMBER

### **Executive Director Report:**

Following each of the five sub-items within the policy, I will indicate my interpretation and status of each.

### **Policy Statement:**

With respect to contracts and grants, the Executive Director may not enter into any grant or contract, unless it emphasizes the production of ends and the avoidance of unacceptable means. Accordingly, he or she may not:

1. Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
  - **Interpretation:** Contracts must include language that mandates all contractors, vendors, subcontractors and suppliers of goods to adhere to all applicable laws, ordinances and regulations when providing services. Contractors must agree to provide service in an ethical manner.
  - **Status:** All service contracts contain language that requires the contractors to adhere to all applicable local, state and federal laws, ordinances and regulations when providing services as part of the agreement.

New contract boilerplate templates have been developed and all contracts for FY 21 utilize these boilerplates.

Contract Monitoring for FY 20 review has been delayed due to COVID – 19 restrictions on entering homes. The contract Manager will utilize a virtual review process beginning the last week in November 2020, and it is anticipated that the contract monitoring for AFC Homes will be complete by the end of the calendar year.

Contractors continue to be held to training, rights compliance, and new this year, the following of the Governors Orders addressing the COVID – 19 Pandemic.

2. Fail to assess and consider an applicant's capability to produce appropriately targeted efficient results.
  - **Interpretation:** Contracts must include language indicating expected outcomes and evaluation of services provided by contractors, vendors and subcontractors.
  - **Status:** Service Contracts contained language indicating what the measurable expected outcomes of the service contracts are and that contracts will be evaluated at least annually.

One of the agency's major provider of services is NEMROC. Monthly meetings occurred to address service outcomes and problem solving areas of concern. For other contractors, evaluation continues via the Recipient Rights Office, regular meetings with providers, and contract site visit evaluations.

The agency has been in contact with the various contractors during the last two quarters of FY 2020 to discuss pandemic response expectations, additional funding to those who qualify by performing face-to-face services during the last two quarters of the fiscal year, and for a provider meeting wherein providers were provided guidance on dealing with COVID – 19 related issues. (Isolation, creativity, safety measures, etc.) Multiple emails were also sent.

As mentioned above there has been a delay in site visits due to COVID – 19 restrictions. These reviews will be completed prior to the calendar year end.

## NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

3. Enter into any contract for services without approval from the Board except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the Board, the Executive Director may approve such contracts when the total cost of the contract does not exceed \$25,000.
  - **Interpretation:** The Board will approve all service contracts excluding those pertaining to residential services or professional clinical services.
  - **Status:** All contracts (excluding residential and professional clinical) are submitted to the Board on a regular basis for review and approval. As a matter of policy, routine contracts are included on the Board's consent agenda; contracts that require more detailed discussion and consideration (such as the provider agreement with the PIHP) are handled as separate agenda items.
4. Fail to maintain financial obligations for contracts on a fiscal year basis.
  - **Interpretation:** The contract term shall follow the fiscal year calendar.
  - **Status:** For those contracts that Northeast provides payment, the contracts are written on a fiscal year basis. Occasionally, multi-year contracts are used (e.g., DHHS) but language limits financial obligations to fiscal year periods.
5. Fail to determine to the best of his/her ability that all contractors, vendors, subcontractors and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
  - **Interpretation:** All contracts must include language that prohibits discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
  - **Status:** All contracts contain language that prohibits discrimination based upon the above-mentioned areas.
6. For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Executive Director will request the Executive Committee to review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.
  - **Interpretation:** Any urgent contracts over \$25,000 needing approval prior to the regularly scheduled Board meeting will get approval from Executive Committee members.
  - **Status:** As this should be an infrequent occurrence, we have not yet had to utilize this method.
7. The Executive Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.
  - **Interpretation:** The Board will be notified for all applications for grant funds made through the Agency.
  - **Status:** Grant application notices are included on the Consent Agenda as they are applied for and if the grant is awarded, the dollars for the grant are incorporated into the budget or budget amendment.

### **Summary:**

I believe we are in substantial compliance with the Board's policy. The Agency has made efforts to stay in contact with the various contractors throughout the fiscal year. One provider did request a sustainability payment during the third quarter of the fiscal year. The Agency received funding to accommodate this request as the provider is a long standing partner with the agency and services were not

## **NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

provided for much of that quarter due to COVID – 19 restrictions. The provider began providing services when allowed and this provider continues to partner with us today.

This year contract monitoring reciprocity continues, meaning that we can ask another CMH who has completed a site visit at a location we have someone living, for their review of a site to determine compliance, which was utilized with many of the out of catchment area residential homes. The NeMCMHA Contract staff have reviewed those providers having have only a NeMCMHA person served in them. We, in turn, will share with other boards our site visit information. This reduces the number of duplicate reviews the homes are involved with and allows less intrusion into the person's home situation.

The Contract staff continues to complete provisional Home and Community Based Services (HCBS) surveys on all new providers who deliver adult foster care, community living supports, and supported employment services. This is to ensure the providers are prepared to meet the HCBS guidelines.

Contract management continues to be completed by the Contract Manager; the Human Resources Department manages and monitors independent contractors; and the Accounting Department manages single case agreements with hospitals and fiscal intermediary contracts. The remainder of the contracts are managed by the QI/Contracts Manager at NeMCMHA.

A new contract manager has been hired and the transition of contract management will begin in or around February 2021.

### **Board Review/Comments**

EXECUTIVE LIMITATIONS

(Manual Section)

**GRANTS OR CONTRACTS**

(Subject)

Board Approval of **Policy**  
Last Revision Approved by the Board:

August 8, 2002  
December 12, 2019

●1 **POLICY:**

The Executive Director may not enter into any grant or contract, unless it emphasizes the production of Ends and the avoidance of unacceptable means.

Accordingly, he or she may not:

- Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
- Fail to assess and consider an applicant's capability to produce appropriately targeted efficient results.

In addition, for **CONTRACTS:**

- Enter into any contract for services without approval from the Board except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the board, the Executive Director may approve such contracts when the total cost of the contract does not exceed \$25,000.
- Fail to maintain financial obligations for contracts on a fiscal year basis.
- Fail to determine to the best of his/her ability that all contractors, vendors, subcontractors and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
- For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Executive Director will request the Executive Committee to review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.

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

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In addition, for **GRANTS:**

- The Executive Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD MEMBER RECOGNITION**

(Subject)

Board Approval of Policy  
Board Revision of Policy

August 8, 2002  
December 12, 2019

●1 **POLICY:**

The Board may recognize its members for extended tenure or upon termination or retirement, either upon completion of full terms or partial terms of office. Such recognition may take any form deemed appropriate by the Board. The Board may include such recognition for service within the Board meeting minutes.

The following schedule shall provide guidance concerning frequency and nature of awards to Board members:

**Award Schedule**

At 5 years	A framed Certificate of Appreciation signed by the current Board Chair and Executive Director
At 10 years	A Certificate of Appreciation signed by the current Board Chair and Executive Director
At 15 years	A Certificate of Appreciation signed by the current Board Chair and Executive Director
At 20 years and each 5 years thereafter	An appropriate gift (as determined by the Executive Director in consult with the Board Chair)
Upon retirement from Service at any other time	A Letter of Appreciation from the Board and if possible a Certificate of Appreciation from the Department of Health and Human Services

These acknowledgements shall be presented at the March Board meeting.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**GOVERNANCE PROCESS**

(Manual Section)

**BOARD MEMBER ORIENTATION**

(Subject)

Board Approval of Policy

April 14, 2005

Last Revision to Policy Approved:

December 8, 2016

**•1 POLICY:**

The Board will provide an orientation for new board members as well as regular updates for all board members. This orientation program will include information addressing the areas noted below. Primary responsibility for delivery of each section is also noted:

- Community Mental Health History (General perspective: MACMHB Boardworks 2.0 module: “Foundations: Public Policy;” Northeast perspective: Executive Committee/Director)
- Community Mental Health Mission and Priorities (General perspective: MACMHB Boardworks 2.0 module: “Foundations: Intended Beneficiary Ownership,” and “Foundations: Intended Beneficiary Orientation;” Northeast perspective: Executive Committee/Director)
- Michigan’s Mental Health Code (General perspective: MACMHB Boardworks 2.0 module “Management: Legal;” Northeast perspective: Director)
- Policy Governance (primarily Executive Committee with elements from MACMHB Boardworks 2.0 modules: “Leadership: Fundamentals” and “Leadership: Character”)
- Organizational structure of Northeast Michigan Community Mental Health Authority (General perspective: MACMHB Boardworks 2.0 modules: “Implementation;” Northeast perspective: Director)
- Services offered by Agency (Director, Services Directors, Boardworks 2.0 modules: “Management: System” and “Implementation: Best Practice”)
- Basics of mental healthcare financing and managed care (General perspective: MACMHB Boardworks 2.0 modules: “Management: Budget” and “Management: System;” Northeast perspective: Director and Budget and Finance Director)
- The Board’s relationships with the Counties, Department of Health and Human Services, the PIHP, the Board Association and other local agencies (Executive Committee/Director; MACMHB Boardworks 2.0 modules: “Management: Legal” and “Management: System”)

For newly appointed board members, those portions of the orientation program that are to be delivered by members of the Executive Committee, other members of the Board or the Director shall be delivered within the first 90 days of the



members' terms. New Board members will be encouraged to complete the Michigan Association of Community Mental Health Boards' Boardworks 2.0 Training program within one year.

The Executive Committee shall assure that at least one board member is both knowledgeable in the area of policy governance and is willing and able to train other board members in its principles.

For each of the other curriculum areas, the Director, with the support of the Board, will assure that orientation material is developed, available in appropriate media and kept current.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board members

●3 **DEFINITIONS:**

●4 **REFERENCES:**

On Board Leadership, Carver, John, Jossey – Bass, 2002

The Policy Governance Fieldbook, Oliver, Carolyn, Jossey – Bass, 1999

“John Carver on Board Governance” A Video Presentation

MACMHB Resource Manual

Mental Health Code, Michigan PA 258 of 1976

Plan of Service, NeMCMH

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – OCTOBER 28, 2020  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Roger Frye, Ed Ginop, Randy Kamps, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Joe Stone</b>
<b>VIRTUAL ATTENDEES:</b>	<b>Karla Sherman, Don Tanner, Nina Zamora</b>
<b>ABSENT:</b>	<b>Gary Klacking, Don Smeltzer</b>
<b>STAFF:</b>	<b>Eugene Branigan, Eric Kurtz, Pamela Polom, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek</b>
<b>PUBLIC:</b>	<b>Chip Cieslinski, Sue Winter</b>

**CALL TO ORDER**

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

**ROLL CALL**

Let the record show that Gary Klacking and Don Smeltzer were excused from the meeting on this date. All other Board Members were in attendance either virtually or in person.

**PLEDGE OF ALLEGIANCE**

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

**ACKNOWLEDGEMENT OF CONFLICT OF INTEREST**

Let the record show that no Conflicts of Interest were expressed with any of the agenda items.

**APPROVAL OF PAST MINUTES**

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

**MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE SEPTEMBER 23, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY JOE STONE. MOTION APPROVED BY CONSENSUS**

**CORRESPONDENCE**

- 1) The minutes of the October 1, 2020 PIHP CEO meeting.
- 2) Email correspondence from the Community Mental Health Association of Michigan dated September 28, 2020 regarding Advocacy and Promotion of a Vision for the Design of Michigan’s Public Mental Health System.
- 3) A letter to PIHP and CMHSP Executive Directors from Jeffery Wieferich, Director of Community-Based Services at MDHHS dated September 29, 2020 on the topic of Incarcerated Individual Needs for Inpatient Psychiatric Care.

- 4) A letter to stakeholders from Sarah Esty, Senior Deputy Director of the Policy and Planning Administration at MDHHS dated September 29, 2020 providing an update on the proposed Specialty Integrated Plans scheduled for the fall of 2022.
- 5) Third Party Liability Guidelines issued by MDHHS dated October 2020.
- 6) A Press Release issued by MDHHS dated October 19, 2020 announcing the expansion of the Opioid and Behavioral Health Home initiatives.
- 7) An Executive Order Status Update issued by Robert Gordon, MDHHS Director, dated October 9, 2020.
- 8) The draft minutes of the October 14, 2020 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the Press Release about the Health Home Expansion and the information pertaining to the Open Meetings Act (OMA); he intends to seek a legal opinion for clarification. It was noted that the OMA restricts virtual attendance to individuals experiencing an illness or in active military service. Mr. Tanner had previously addressed this issue with Mr. Kurtz and requested a meeting of the NMRE Board Policy Committee to review the Board's compliance. Mr. Marcus commented that Michigan Association of Counties has been allowing virtual meeting attendance for several years. Mr. Stone noted that CMHAM plans to continue virtual meetings even post-COVID. Mr. Larson suggested that a full review of the NMRE ByLaws be conducted. Mr. Nowak using the "Presentation" portion of a future meeting to review policies.

**MOTION MADE BY DON TANNER TO CONVENE A MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD POLICY COMMITTEE TO REVIEW BYLAWS AND MEASURE OPEN MEETINGS ACT COMPLIANCE; SECOND BY JOE STONE. MOTION APPROVED BY CONSENSUS.**

#### ANNOUNCEMENTS

Let the record show no announcements were brought forward during the meeting on this date.

#### PUBLIC COMMENTS

Let the record show that Chip Cieslinski attended the meeting on this date virtually; no other members of the Public were recognized.

#### REPORTS

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

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

##### **CEOs Report**

The NMRE CEO Monthly Report for October 2020 was included in the materials for the meeting on this date.

Mr. Kurtz spoke about a meeting held with Emmet County staff and Sheriff Peter Wallin on September 21<sup>st</sup> regarding liquor tax. Due to recent layoffs, Emmet County Administrator, Michael Reaves, indicated that the county would like to retain the 50% of PA2 but Mr. Kurtz indicated that it needs to be used for SUD prevention and treatment; if the county is paying for some of those services with county GF, the NMRE would be willing to help. Mr. Kurtz may be called back to speak to the full Board of Commissioners. Ms. Gebhard was also contacted by Emmet County officials.

Mr. Marcus noted two potential bills regarding transportation which are not supported by local sheriffs who favor (less bureaucratic) alternatives.

Mr. Kurtz provided an update on the premium pay increased to direct-care workers. The state issued the April – June payment using Medicaid authority through the K-waiver; July – Sept (and now through January) payment used COVID CARES Act (Federal) financing. The Department has begun a cost-settlement process (giving one day to comply). The NMRE and others were able to get a statewide extension to prepare the information. It was noted that the NMRE is at full risk for DCW funding. A \$2.5M payback to the Department is likely. Mr. Kurtz didn't feel that the April – June DCW should have been calculated outside of the current risk corridor but to date the state has not concurred and is still hoping to use COVID relief funds.

Mr. Kurtz noted the update from the Association regarding the behavioral health system redesign included in the correspondence items. A small group, coordinated through CMHAM, met on October 22<sup>nd</sup> to develop a unified approach to inform discussions with Medicaid Health Plans.

### **August 2020 Financial Report**

- Traditional Medicaid showed \$162,783,729 in revenue, and \$151,956,538 in expenses, resulting in a net surplus of \$10,827,191. Medicaid ISF was reported as \$1,460,876 based on Final FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$22,995,096 in revenue, and \$19,367,922 in expenses, resulting in a net surplus of \$3,627,174. HMP ISF was reported as \$3,573,592 based on the Final FSR. HMP savings was reported as \$0.
- Net Position\* showed Medicaid and HMP ISF combined net surplus of \$5,034,468. The Total Medicaid and HMP Net surplus, including carry forward and ISF was reported as \$19,488,833.
- Behavioral Health Home showed \$103,578 in revenue, and \$104,870 in expenses, resulting in a net deficit of \$1,292.
- SUD showed all funding source revenue of \$16,651,387, and \$13,602,323 in expenses, resulting in a net surplus of \$3,049,064. Total PA2 funds were reported as \$5,760,154.

Ms. Yockey acknowledged that sizable expenditures will be coming in for year-end closeouts which will be reflected in the September report. Ms. Sherman expressed that current financials look very positive; she inquired about what could possibly change. Mr. Kurtz responded that FY20 final accruals will certainly bring the surplus funds down some. It was noted that Block Grant SUD funds for FY21 were reduced Statewide. Mr. Marcus asked about how PA2 funds may be requested; Mr. Marcus was referred to Section (3) of the State Convention Facility Development Act (1985 PA 106, MCL 207.630).

### **MOTION MADE BY CHRISTIAN MARCUS TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JULY 2020; SECOND BY JOE STONE. ROLL CALL VOTE.**

**“Yea” Votes:** Roger Frye, Ed Ginop, Randy Kamps, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora

**“Nay” Votes:** Null

### **MOTION CARRIED.**

### **Operations Committee**

The minutes from October 20, 2020 were included in the meeting materials in draft form. Mr. Kurtz noted the discussion regarding the 5-year phase out of the local match drawdown; the November

16<sup>th</sup> payment was not reduced per legislative intent. Two additional informational items were supplied to Board Members:

- 1) The MDHHS and Medical Services Administration Mental Health and Substance Use Disorder Parity Assessment and Corrective Action Plan dated April 2018.
- 2) Regional Entity – PIHP Complex Care Coordination Pilot for Medicaid Unenrolled with SMI and Comorbid Physical Health Conditions issued jointly by the ten PIHPs dated October 8, 2020.

### **SUD Oversight Board Report**

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for 10:00AM on November 2, 2020.

### NEW BUSINESS

#### **NMRE Succession Policy**

The NMRE Succession Policy was drafted by Mr. Kurtz and shared with the Board in draft form. Mr. Kurtz stated that the “Purpose” statement was taken from the NMRE ByLaws. It was noted that the NMRE has recently posted for a Chief Compliance and Operations Officer.

#### **MOTION MADE BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY SUCCESSION POLICY AS REVIEWED ON THIS DATE; SUPPORT BY JAY O’FARRELL. ROLL CALL VOTE.**

Discussion: Mr. Kamps stressed the need to name an individual under Part B of the Procedure. It is difficult for a Board to decide on an individual. Mr. Kamps stated that he would be more comfortable if an individual is named (the identity of whom may remain confidential between the COE and Board Chair.)

#### **MOTION BY RANDY KAMPS TO POSTPONE VOTING TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY SUCCESSION POLICY AND PROCEDURE UNTIL ONE PRIMARY AND ONE BACK-UP INDIVIDUAL, TO BE VIEWED ANNUALLY, IS NAMED UNDER THE “UNPLANNED PERMANENT ABSENCE” SECTION OF THE PROCEDURE.**

Discussion: Mr. Nowak voiced that the CEO should be given the authority to execute his succession plan. In the event he is indisposed, the Policy and Procedure presented on this date for review the NMRE Board would be charged with initiating a search for an Interim or Permanent CEO. Ms. Marois voiced that a benefit if naming a specific individual is so that he/she can work with the CEO to prepare to take on the duties of the CEO. Mr. Marcus questioned whether the individual named would receive a change to title and/or compensation. Mr. Kamps expressed that additional compensation during the time the individual is acting as CEO would be appropriate.

#### **MR. KAMPS’S MOTION WAS SUPPORTED BY DON TANNER. ROLL CALL VOTE.**

“Yea” Votes: Randy Kamps, Don Tanner, Nina Zamora

“Nay” Votes: Roger Frye, Ed Ginop, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Karla Sherman, Joe Stone

#### **MOTION DEFEATED.**

**VOTING TOOK PLACE ON MR. STONE’S MOTION. MOTION CARRIED 11:2 WITH “NAY” VOTES RECORDED FROM RANDY KAMPS AND TERRY LARSON.**

### **Appointment to Board Policy Committee**

Mr. Nowak noted that previously during the meeting on this date, Mr. Tanner requested a meeting of the NMRE Board Policy Committee Member to review the ByLaws and OMA compliance. Mr. Nowak explained that new representative from Centra Wellness is needed on the Board Policy Committee. Let the record show that Don Tanner was appointed to the NMRE Board Policy Committee; Mr. Tanner accepted the appointment.

### OLD BUSINESS

#### **MDHHS-PIHP FY21 Master Contract**

Mr. Kurtz provided a status update following communication with Attorney Steve Burnham. The Procurement/Purchasing division of the State of Michigan responded to Mr. Kurtz's concerns, pointing to "due process" language in the Contract. Mr. Burnham advised that, because of Mr. Kurtz's written concerns and conflicting language within the Contract, the NMRE is "covered." Both MDHHS and the PIHPs have agreed to add the conflicting language and the lack of recognition that PIHPs are governmental entities to the "contracting grid" to be reviewed by the Contract Negotiations Workgroup.

### PRESENTATION

#### **NMRE Contracting and Network Management**

NMRE Provider Network Manager, Chris VanWagoner, was in attendance to give an update on Contracting and Network Management. The NMRE Provider Panel consists of Contracts for:

- 1) SUD Prevention
- 2) SUD Treatment (outpatient, intensive outpatient, residential, withdrawal management)
- 3) Opioid Health Home
- 4) Behavioral Health Home
- 5) Community Mental Health Services Providers

Mr. VanWagoner expressed that a highlight of FY20 was getting the five Member CMHSPs using the same contracting boilerplate templates.

### COMMENTS

- **Board**  
Mr. Frye announced that he is running for Montmorency County Board of Commissioners; if elected, the meeting times may pose a conflict with NMRE Board meetings.
- **Staff/CMHSP CEOs**  
Mr. Kovacs Karl voiced that it's good to be back to work following his 12-week leave of absence.

### MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on November 25, 2020.

### ADJOURN

**MOTION MADE BY JOE STONE TO ADJOURN THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING FOR OCTOBER 28, 2020; SECOND BY MARY MARTIN. MOTION CARRIED.**

Let the record show that the October 28, 2020 NMRE Board Meeting adjourned at 11:36AM.



# Advisory Council

Regular Meeting

12-07-20

5:00 PM to 5:45 PM

Board Room

Meeting called by: Diane Hayka

Type of meeting: Regular

Facilitator: Janet Freeman

Attendees: Les Buza, Janet Freeman (Uber), Anne Ryan, Rebecca Stockford, Eileen Tank (Uber)

Absent: Roger Engle (excused), Alan Fischer, Roger Boston

Public:

Staff: Nena Sork, Diane Hayka, Sam Bowers

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

### Welcome

Janet Freeman welcomed Council members.

### Targeted Agenda Items:

*Approval of Minutes*

### Discussion:

By consensus, the minutes of the October 5, 2020 Advisory Council meeting were approved.

**DRAFT**

### Action items:

### Person responsible:

Diane Hayka

### Deadline:

Authenticate

### Targeted Agenda Items:

*Educational Session – Virtual Walk A Mile in My Shoes Rally*

### Discussion:

This year the Walk A Mile in My Shoes rally was postponed from their normal time in May to September as a virtual event. The video from the virtual event was showed to Council members. Diane Hayka reported the CMHAM notified our Agency of this schedule the day prior to the event which virtually prohibited our Agency from participating in the planning or the event itself.

### Action items:

### Person responsible:

### Deadline:

**Targeted Agenda Items:**

***NMRE Updates***

**Discussion:**

Regional Entity Partners (REP) Update

Diane Hayka reported the meeting scheduled in November was cancelled per Mari Hesselink at NMRE. Rebecca Stockford reported she attended her first meeting by telephone and attended face-to-face meeting in October. Rebecca's support staff, Sam Bowers, noted she also attended. She indicated much discussion at the meeting was to assure needed supports were being provided to individuals in need. The minutes of the October 15, 2020 meeting were included in the meeting materials for this meeting.

NMRE Board Meetings

The minutes of the NMRE Board meeting for September 23, 2020 were included in the mailing. The NMRE Board also met on October 28; however, the minutes for that meeting were not available at the time of mailing the meeting materials for the Advisory Council. They are scheduled to meet again on December 9<sup>th</sup>. Nena Sork reported the minutes address topics of discussion at the meeting.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

***August Operational Report***

**Discussion:**

Nena Sork reviewed the numbers in the report for month ending October 31, 2020. She noted the numbers are remaining steady. These numbers reflect the period of time prior to the COVID spike. She reported the outpatient contacts are a little lower due to staff vacancies. Hospital pre-screens have increased slightly. Peer support services are going well. The part-time peer support specialist staff was increased to full-time to meet demand.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

**Board Agenda Review**

**Discussion:**

Nena Sork and Diane Hayka reviewed the items on the Board's Agenda for the Thursday meeting. December and January are traditionally lighter meetings due to unpredictable weather conditions. The Board will be reviewing their by-laws at this meeting. The Consent agenda contains two new sub-leases. We currently lease space in Harrisville for our office needs and share the building with District Health Department #2. Due to COVID demands, the Health Department is in need of additional space and our space we rent is unused due to staff working from home at this point. District Health Department #2 will temporarily lease two of our current office spaces to accommodate their needs. The Fletcher Street office will have some space leased to ABA Pathways. This is a contract provider who has assumed providing ABA services in lieu of the Agency providing these services directly. This is a month-to-month lease and will be added income for the Agency.

**Action items:**



**Person responsible:**

**Deadline:**

**Targeted Agenda Items:** *Other*

**Discussion:**

Janet Freeman thanked Nena Sork and the Agency for the water bottles distributed at a previous meeting. Janet also noted she has been using the facemask pattern Diane Hayka has used and made several.

Nena Sork reported she attended the Emergency conference call just prior to this meeting. The District Health Department #4 will be hosting a drive thru COVID Testing site at Thunder Bay Transportation Authority using the Hamilton Road entry on Thursday, December 10.

Eileen Tank, Director of Bay View, reported it will be the Bay View Center's 10-year anniversary on Thursday, December 10<sup>th</sup>. This will be an Open House type event with reservations required. Bay View's Board meeting will be tomorrow. Eileen noted she will be suggesting the Board postpone this event until spring. Eileen reported a couple new staff have been hired. One of the staff took the Peer Certification training and test and passed it but due to COVID will not be utilizing those skills at this point due to COVID restrictions she has placed upon herself.

Nena Sork thanked Rebecca Stockford for stepping up and becoming a screener for the Agency. Rebecca greets individuals and helps to complete their COVID screening forms including taking temperatures. Always a bright, smiling face (even under the facemask) to meet with individuals.

**Action items:**

**DRAFT**

**Person responsible:**

**Deadline:**

**Next Regular Meeting Date:**

The next regular meeting is scheduled for February 8, 2021 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 5:45 p.m.

	Program	Consumers served November 2020 (11/1/20 - 11/30/20)	Consumers served in the Past Year (12/1/19 - 11/30/20)	Running Monthly Average(year) (12/01/19 - 11/30/20)
1	<b>Access / Crisis / Prescreens</b>	54 - Routine 0 - Emergent 0 - Urgent 38 - Crisis 51 - Prescreens	623 - Routine 0 - Emergent 5 - Urgent 710 - Crisis 522 - Prescreens	52 - Routine 0 - Emergent 0 - Urgent 57 - Crisis 43 -Prescreens
2	<b>Doctors' Services</b>	322	1378	436
3	<b>Case Management</b>			
	Older Adult (OAS)	88	254	105
	MI Adult	144	401	165
	MI ACT	25	209	25
	Home Based Children	37	94	41
	MI Children's Services	124	332	116
	IDD	135	399	167
4	<b>Outpatient Counseling</b>	163(25/138)	371	204
5	<b>Hospital Prescreens</b>	51	522	43
6	<b>Private Hospital Admissions</b>	18	215	18
7	<b>State Hospital Admissions</b>	0	2	0
8	<b>Employment Services</b>			
	IDD	45	104	40
	MI	23	67	
	Touchstone Clubhouse	80	95	84
9	<b>Peer Support</b>	40	67	37
10	<b>Community Living Support Services</b>			
	IDD	78	140	74
	MI	54	108	67
11	<b>CMH Operated Residential Services</b>			
	IDD Only	56	88	57
12	<b>Other Contracted Resid. Services</b>			
	IDD	32	33	31
	MI	36	38	37
13	<b>Total Unduplicated Served</b>	1006	2275	1088

County	Unduplicated Consumers Served Since December 2019
Alcona	252
Alpena	1392
Montmorency	253
Presque Isle	280
Other	80
No County Listed	18

# **NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

## **BYLAWS**

### **PREAMBLE**<sup>[DH1]</sup>

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

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

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

### **ARTICLE I - NAME**

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

### **ARTICLE II - MISSION**

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

### **ARTICLE III - DUTIES**

This community mental health authority shall:

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

Approved by the Northeast Board – March 10, 1994

Last revision approved by the Northeast Board – December 13, 2018

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

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

## **ARTICLE IV- MEMBERSHIP**

### **Section 1. Appointment**

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

### **Section 2. Composition**

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

### **Section 3. Terms; Vacancies; Removal of Member**

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

## **ARTICLE V - OFFICERS**

### **Section 1. Officers; Election; Term of Office**

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

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

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

The Nominating Committee shall also review the terms of all Board members to identify the need for consumer or consumer representative appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county Boards of Commissioners as necessary by the Board's Chair.

- By the March Meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.

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

## **Section 2. Duties**

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

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

Vice Chair ... then Secretary.

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

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

### **Section 3. Additional Officers**

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

### **Section 4. Removal of an Officer**

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

### **Section 5. Replacement of an Officer**

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

## **ARTICLE VI - MEETINGS**

### **Section 1. Regular Meetings**

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

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

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

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

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

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

## **Section 2. Special Meetings**

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

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

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

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

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



### **Section 3. Closed Meetings**

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

### **Section 4. Meeting by Remote Communication**

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

### **Section 5. Minutes**

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

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

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

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

### **Section 6. Materials to be Furnished Board Members**

Insofar as possible, all members of the Board shall be mailed a copy of the proposed agenda and copies of all material to be considered at regular Board meetings in advance of such meetings, unless this requirement shall be waived by unanimous consent of Board members present at any regular meeting; provided, however, that any

Board member or the Director may place an item on the agenda by requesting the Chair to include such item or items.

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

### **Section 7. Quorum and Voting**

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

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

### **Section 8. Decorum during Debate**

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

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

## **ARTICLE VII - COMMITTEES**

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

At the annual organizational meeting of the Board, the Chair of the Board shall appoint the Chair and members of the standing committees; those persons shall be members of

the Board, except that the Recipient Rights Committee membership may include Community Mental Health Board members, staff personnel, government officials, attorneys, mental health consumer interest group representatives, or other persons, at the discretion of the Board Chair.

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

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

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

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

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

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

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

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

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

### **Section 1. Executive Committee**

The Executive Committee shall consist of four members: the Chair, Vice-Chair, Secretary of the Board and immediate past Chair. If the immediate past Chair is no longer a current member of the Board, the Board shall elect an additional board member to serve as an at-large member of the Committee. It is the preference of the Board to have all four counties represented on the Committee. This committee shall

have authority to act on behalf of the Board during the period between meetings of the Board, subject to any prior limitation imposed by the Board and with the understanding that all matters of major importance be referred to the Board.

This Committee shall research and apprise Board members of proposed, pending and current legislation pertaining to mental health services, and shall recommend a Board position.

## **Section 2. Recipient Rights Committee**

This Committee shall advise the Board and Director concerning implementation of policy as it relates to the Recipient Rights system and shall review the operation of the Office of Recipient Rights in accordance with Section 757 of the Mental Health Code. This Committee shall serve as the Appeals Committee under Section 784.

## **ARTICLE VIII - DIRECTOR OF COMMUNITY MENTAL HEALTH AUTHORITY**

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

## **ARTICLE IX - MISCELLANEOUS**

### **Section 1. Amendment and Adoption of Bylaws**

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

### **Section 2. Rules of Order**

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

### **Section 3. Conflict of Interest**

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

### **Section 4. Employment**

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

### **Section 5. Suspension of Rules**

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

### **Section 6. Depository**

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

### **Section 7. Per Diem and Reimbursement**

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

### **Section 8. Assurances**

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

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

## **JANUARY AGENDA ITEMS**

### **Policy Review**

Emergency Executive Succession 01-006

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

Executive Director Role 03-001

### **Monitoring Reports**

Emergency Executive Succession 01-006

Budgeting 01-004

### **Activity**

### **Ownership Linkage**

### **Educational Session**



# WEEKLY Update

December 4, 2020

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

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## CMH Association and Member Activities

### **New! CMHA and partners issue press statement: health and safety of persons with disabilities at risk without continuing \$2 increase for Direct Care Workers**

The coalition of organizations working to ensure stronger wages for direct care workers/direct support professionals, of which CMHA is a partner, recently issued a press statement on that issue. That press release is provided below:



As Michigan commemorates International Day of Persons with Disabilities, the health and safety of this vulnerable population remain at risk as the \$2 increase for Direct Care Workers is set to expire this month.



Without extending the increase for Direct Care Workers, individuals with disabilities may lose the help and support they rely on. Lower wages will result in higher turnover and vacant positions within service providers, compromising the needs of individuals with disabilities.

Governor Gretchen Whitmer declared Dec.

3 as Persons with Disabilities Day in Michigan, stating that “we must continue working around the clock to protect people with disabilities and compromised immune systems. Today is a time to recommit ourselves to creating a state where persons with disabilities have equal rights and freedom, and to dismantle the barriers Michiganders with disabilities face every day.”

Michigan is home to more than 50,000 Direct Care Workers, caring for people with mental illnesses and developmental disabilities every day. Direct Care Workers provide much-needed personal care, training, practical and emotional support and respite to an estimated 100,000 of Michigan’s most vulnerable residents. Nearly a million Michigan residents rely directly or indirectly on the value Direct Care Workers provide.

There is currently a 37 percent turnover rate and an average starting wage of \$11.44 per hour for Direct Care Workers in Michigan. These skilled workers are woefully underpaid and further reduction will drive them to seek other employment.

To protect the well-being of Michiganders, policymakers must make the wage increase permanent before time runs out.

**New! CMHA advocacy partners - Incompass-Michigan and MALA – release press statement and study findings in support of direct care workers/direct support professionals**

**Opinion | Michigan direct care workers, families headed for choppy waters:** Incompass-Michigan and Michigan Assisted Living Association (MALA) – partners with CMHA in advocacy around the wages of direct care workers/direct support professionals - recently co-authored a powerful editorial on the importance of a strong direct care/direct support workforce. Excerpts of that editorial are provided below.

Many people are approaching the end of 2020 with a sense of relief and hope for a better new year. But for those Michigan families who care for someone with a mental illness or developmental disability, Jan. 1, 2021 is a day fraught with dread.

That's the date Michigan's budget will no longer provide its \$2 hourly pay increase for the direct care workers these families rely upon. As a result, they may lose the help and support they need to manage their busy households, continue their employment and ensure the best possible help for their loved ones.

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

**State-wide study of wages of direct care workers/direct support professionals:** Incompass Michigan and Michigan Assisted Living Association (MALA) conducted a statewide workforce survey in November 2020. The purpose of the survey is to obtain data on wage levels, turnover rates, open positions and other important workforce data related to direct support staff providing behavioral health services. Our organizations are particularly concerned with the staffing crisis which currently exists in the recruitment and retention of direct support staff throughout the state.

A summary of the findings of this study can be [found here](#).

**New! CMHA partnering with Michigan Oral Health Coalition in seeking CMHs, PIHPs, and providers to join effort to develop State Oral Health Plan**

The mission of the Michigan Oral Health Coalition is to mobilize stakeholders and advocate for policies and resources that connect Michiganders to optimal oral health. The MOHC works to create a large, interconnected network of national, state, and local advocates dedicated to working collaboratively to on advocacy, education, and awareness of oral health.

MOHC is working on the development of the State Oral Health Plan (SOHP), a five-year plan to optimize the oral health of Michiganders by providing a roadmap for identifying barriers to oral health and key activities to address those barriers over the next 5 years.

For this plan, MOHS is focusing on populations who experience the greatest disparities in accessing oral health: black, indigenous, and other people of color, people who are poor, people with disabilities, people who are aging, children, and pregnant women).

**OPPORTUNITY:** CMHA has partnered with MOHS to recruit representatives from Community Mental Health centers, PIHPs, and providers in the CMH and PIHP networks, who are interested in or working on oral health issues for people with intellectual and developmental disabilities, serious mental illness, and substance use disorder. MOHS is seeking participants for their Collaborators group (two 2-hour meetings—one in January and one in late Spring) and for smaller focus groups.

If you or a staff member are interested in joining this effort or if you would like more information on this initiative, please contact Ellen Sugrue Hyman, Executive Director of the Michigan Oral Health Coalition, [hyman@mohc.org](mailto:hyman@mohc.org).

## **New!** Film, Coming up for Air, continues to draw praise

Coming Up For Air, a film created here in Michigan with the support of CMHA has just won its fifth film festival best feature award. The film, which focuses on mental illness's impact on families won the grand prize at the Culver City Film Festival in Los Angeles as well as similar awards in Michigan, West Virginia and India. In addition the film's principals, Deborah Staples and Chase Yi have won four best actor awards and Robert Cicchini has won three best director awards. To date the film has been selected for 31 festivals and won 18 awards in North and South America, Europe and Asia.

Coming Up For Air has been featured at mental health town hall style events in more than two dozen cities including Detroit, Ann Arbor, Port Huron, Sandusky, Bad Axe, Kalamazoo, Ludington, Frankfort, Houghton, Lansing, Muskegon, Grand Haven and Memphis with many more in the works nationwide. The movie was filmed in West Michigan and Ann Arbor. For more information on Coming Up For Air virtual and (post-pandemic) live events please contact Jacqui Bernhardt at [jacquibernhardt@gmail.com](mailto:jacquibernhardt@gmail.com) or (616) 415-1520. You can also stream the film on Vimeo [with this special discount code: https://vimeo.com/r/30co/SGFySWZ6V1](https://vimeo.com/r/30co/SGFySWZ6V1)

"We are very grateful to the CMHA staff and members for their insights on the film's script," says Muskegon based producer Roger Rapoport. "So many families have thanked us for sharing this important story that gives them hope." For more information on Coming Up For Air please visit [comingupforairmovie.com](http://comingupforairmovie.com)

## State & National Developments and Resources

### **New!** Office of National Drug Control Policy announces Rural Faith Leaders Workshop Series: Empowering Faith Leaders to Help Persons with Substance Use Disorder

The substance use issue is an all-hands-on-deck emergency, so we need to harness and empower the powerful resources of everyone who has a stake in health, including the special talents of the faith community. Churches, synagogues, mosques, and other houses of worship are positioned in communities to be both first responders and communities of hope for people struggling with addiction.

A healthy, safe community is essential to healing and long-term results and this is already part of the local churches' DNA. As the nation begins to recover from the COVID-19 pandemic, Faith leaders need information and resources now more than ever to help rural leaders build strong, healthy, drug-free communities. The Rural Faith Leaders Workshop Series: **Empowering Faith Leaders to Help Persons with Substance Use Disorder** is a series of four workshops for rural Faith Leaders. Each of the workshops will contain valuable information for Faith Leaders and provide updated information and resources. The workshops will be recorded and made available on the Rural Community Toolbox site [www.ruralcommunitytoolbox.org](http://www.ruralcommunitytoolbox.org).



The series overview:

Workshop 1 (12.8.20; 1:00 – 2:30 pm ET):	Substance Use Disorder and the Pandemic in Rural Communities
Workshop 2:	Prevention Education and Connecting Faith to Prevention
Workshop 3:	Understanding Treatment and Connecting Faith to Treatment
Workshop 4:	Supporting Recovery and Connecting Faith to Recovery

Registration:

If you would like to attend the event, please RSVP to Betty-Ann Bryce at this email [MBX.ONDCP.RuralAffairs@ondcp.eop.gov](mailto:MBX.ONDCP.RuralAffairs@ondcp.eop.gov). Please include your name, title, organization and contact information. Registered participants will receive the details to join the event closer to the event date.

### **New! Behavioral Health Populations Should Receive High Priority for COVID-19 Vaccination**

Both of the national associations of which CMHA is a member (and through CMHA, all of the CMHA members) have recently issued calls for behavioral healthcare populations – clients and providers – to receive high priority for COVID-19 vaccinations. Excerpts of those calls, by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and the National Council for Behavioral Health, are provided below, as are the links to their full message.

#### **NACBHDD in Behavioral Healthcare Executive: Behavioral Health Populations Should Receive High Priority for COVID-19 Vaccination** (Ron Manderscheid, President and CEO, NACBHDD and NARMH)

The devastation being wrought by COVID-19 now is reaching levels not ever experienced in the United States—over 1 million new cases per week, and more than 2,000 deaths per day. At-risk populations—persons who are elderly, those with health conditions, those who are poor, and those who are minorities—especially are being impacted. At the same time, we are arriving at the cusp of effective vaccinations from Pfizer, Moderna, AstraZenica, and soon, several others. It is time for us to take stock and consider next steps for persons who have a mental illness or a substance use condition.

Very recently, we have learned that those who contract COVID-19 are at increased risk of developing a mental disorder in the subsequent 90 days. Also, those who have a mental disorder are at increased risk of contracting COVID-19. Specifically, the Lancet has reported a meta-study demonstrating that those who experience COVID-19 have almost a 20% chance of developing a mental condition in the subsequent 90 days.

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

#### **National Council to CDC: Include Behavioral Health Organizations in Phase 1 Vaccine Distribution**

Yesterday, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices released their COVID-19 vaccine distribution [recommendations](#). As

written, the CDC’s vaccine distribution recommendations leave open-ended if behavioral health providers and organizations are included under the Phase 1 vaccination category.

Failing to specify whether behavioral health providers and organizations will have immediate vaccine access is unacceptable, given the essential work done every day during the pandemic to provide life-saving mental health and substance use disorder treatment and services in communities across the country. However, the panel’s recommendations are not yet final and must be approved by the CDC Director before becoming official CDC state guidance.

To emphasize our point, we recruited partners and [sent a letter](#) this morning to U.S. Department of Health and Human Services (HHS) Secretary Alex Azar; CDC Director Robert Redfield, MD; and Advisory Committee on Immunization Practices Chair José Romero, MD, FAAP, calling for mental health and substance use providers to be included as essential frontline providers (for the purposes of Phase 1 vaccine distribution).

We also [released a public statement](#) in response to the initial vaccine recommendations, citing the need for behavioral health providers and organizations to have uninhibited access to testing support, the funding necessary to meet increased demand and Phase 1 vaccine distribution.

### **New! Health Affairs: bridging the black mental health access gap**

Below are excerpts from a recent blog from Health Affairs on an approach to meeting the needs of black Americans.

Daniel Prude’s death at the hands of Rochester, New York, police in early 2020 represents a microcosm of the realities of mental health care access within the Black community. Law enforcement is often the first point of “care” for those in mental health emergencies, with most Americans reflexively calling 911 for assistance. This in part is why in 44 states, jails and prisons treat more serious mental illness than their largest remaining psychiatric hospitals.

Law enforcement’s function as a stopgap for mental health care access has deadly consequences: Approximately 25 percent of fatal police shootings involve signs of mental illness. Furthermore, according to the Federal Bureau of Investigation’s National Use of Force Data Collection, in 2019, 54 percent of people who died as a result of harm from police and whose race was identified were people of color—including Asian, Black, Hispanic, Native American, and Pacific Islander individuals. When Daniel Prude’s family called 911 for help during his mental health emergency, they tragically realized this fatal distinction.

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

### **New! Trump Administration Finalizes Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients**

Below are excerpts from a recent announcement by the federal Centers for Medicare and Medicaid Services on strengthening Medicare’s support for chronic care and telehealth system.

... the Centers for Medicare & Medicaid Services (CMS) released the annual Physician Fee Schedule (PFS) final rule, prioritizing CMS' investment in primary care and chronic disease management by increasing payments to physicians and other practitioners for the additional time they spend with patients, especially those with chronic conditions. The rule allows non-physician practitioners to provide the care they were trained and licensed to give, cutting red tape so healthcare professionals can practice at the top of their license and spend more time with patients instead of on unnecessary paperwork. This final rule takes steps to further implement President Trump's Executive Order on Protecting and Improving Medicare for Our Nation's Seniors including prioritizing the expansion of proven alternatives like telehealth.

"During the COVID-19 pandemic, actions by the Trump Administration have unleashed an explosion in telehealth innovation, and we're now moving to make many of these changes permanent," said HHS Secretary Alex Azar. "Medicare beneficiaries will now be able to receive dozens of new services via telehealth, and we'll keep exploring ways to deliver Americans access to healthcare in the setting that they and their doctor decide makes sense for them."

The fact sheet on the CY 2021 Physician Fee Schedule Final rule can be [found here](#).

## State Legislative Update

### **New!** Legislative Video Update added to CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high level overview of the key items impacting the public mental health system that (or each) month at the State Capitol. Our first November Briefing features CMHA Associate Director, Alan Bolter, provides a 2020 election recap and gives a quick preview of the upcoming legislative lame duck session which will start in early December.

[Click Here for November Capitol Briefing.](#)

### **New!** Extension on 'No Reason' Remote Board Sessions Awaits House Action

A bill to expand "no reason" remote sessions for local boards cleared a House committee this week but did not get an expected vote in the full House chamber.

House Bill 6207, by Rep. Luke Meerman (R-Ottawa), which would change the state's Open Meetings Act, cleared the House Ways and Means Committee, but the full House adjourned without getting to it this week.

The bill would extend the ability for local boards to meet remotely, for any reason, through March 31, 2021. It would also allow a local ordinance declaring a local emergency approved by a "local chief administrative officer," sufficient to allow for remote meetings. MAC, the Michigan Municipal League and Michigan Townships Association need modifications to the changes approved in October to ensure

all jurisdictions, governing bodies and administrative officers would have the ability to declare local emergencies.

MAC is seeking a technical change to the most current version of the bill to reinsert “local governing body” to ensure boards that have already declared local emergencies are not affected and can be continued.

The bill is expected to move next week to the Senate and get to the governor’s desk before the end of the year.

### **New! Governor’s Administration Seeks a Continuation of \$2 Direct Care Wage Increase**

Earlier this week State Budget Director Chris Kolb sent a Coronavirus supplemental budget request on behalf of the Governor to the legislature, included in that request is an extension of the direct care wage increase through the second quarter of the ’21 Fiscal Year. Below is a link to the request:

[https://www.michigan.gov/documents/budget/2021-2\\_Supplemental\\_Request\\_709539\\_7.pdf](https://www.michigan.gov/documents/budget/2021-2_Supplemental_Request_709539_7.pdf)

### **DHHS EMERGENCY ORDERS**

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

- **Reporting of Confirmed and Probable Cases of COVID-19 at Schools** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- **Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- **Requirements for Residential Care Facilities** – Signed October 21, 2020, please click [here](#) to access the emergency order.
- **Testing Requirements for Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities** – Signed October 29, 2020, please click [here](#) to access the emergency order.
- **Gathering Prohibition and Mask Order** – Signed October 29, 2020, please click [here](#) to access the emergency order.

The recent (11/18/20) *DHHS Emergency Order* does the following:

- Requires high schools, colleges and universities to move to distance learning. Elementary and middle schools can remain open for in-person learning if the district wishes to do so. All K-12 sports are suspended;
- Theaters, movie theaters, conference centers, concert halls, performance venues, sporting venues, stadiums, casinos, arcades, bowling centers, ice skating rinks and indoor water parks, amusement parks, bingo halls, night clubs, and trampoline parks are closed;



- Group fitness classes are prohibited. Gyms and fitness centers can remain open for individual workouts with a continued capacity limit of 25 percent but now must assure 12 feet, up from six, of distance between stations;
- Retailers, libraries and museums are now limited to 30 percent occupancy, down from 50 percent in the previous order, though retailers can allow one additional customer at a time to enter if adhering to the 30 percent limit would result in closure; and
- Indoor gatherings remain limited to 10 people but now include a limit of two households;
- Outdoor gatherings, previously limited to 100 in residential settings and approximately 1,000 in nonresidential settings, are limited to 25 people at all outdoor settings; and
- Funerals are limited to 25 people.

To view the **DHHS Emergency Order**, please click [here](#). To view the PowerPoint from the **Governor's** press conference, please click [here](#). To view the infographic created by **DHHS** on what is open, and what is not, under the **Emergency Order**, please click [here](#).

### Executive Orders Signed

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

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

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

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

## Federal Update

### The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities



The response to the COVID-19 pandemic has not recognized the importance of the 4.5 million direct care workers in the United States who care for the elderly and people with disabilities.

There are steps policymakers could take to protect direct care workers and help people who depend on their services to stay in their homes



Nancy, a single woman with cerebral palsy, experienced a decline in functioning in middle age. By using a personal care aide (PCA) a few hours each day to help her bathe, dress, cook, and clean, Nancy was able to live on her own for many years.

As her needs increased, she reached limits on what Medicaid would pay. Nancy made the difficult decision to move to assisted living with onsite 24/7 personal care support.

Then COVID-19 hit. Nancy knows the advantages of social distancing, but her care requires close physical contact. Her PCAs take public transportation and care for others besides Nancy. They do not have regular access to personal protective equipment (PPE) because of shortages and lack of priority status to obtain such equipment. The facility attempts to compensate by screening staff members' temperatures and symptoms upon arrival and through reliance on handwashing, but Nancy worries this is not enough. She hears that in some states up to 50 percent of deaths from COVID-19 are people who reside in [long-term-care facilities](#).

### Who Are Direct Care Workers?

Nancy's PCAs are one example of direct care workers — people who assist older adults and others with disabilities with daily tasks and long-term-care activities. Half of PCAs work in home-based settings. There are [4.5 million direct care workers](#) in the United States. They are overwhelmingly women (86%), most are people of color (59%), and about a quarter are immigrants. About 18 percent live in poverty and another 44 percent have low incomes. More than half (53%) rely on some form of public assistance; a quarter have Medicaid (26%) or use supplemental nutrition (SNAP) benefits (24%). About one in five lack health insurance. More than half are middle-aged or older (30% over age 55), placing them at higher risk for infection with COVID-19. They are unlikely to have [sick leave](#) if they become ill. Given the aging American population, the direct care workforce is projected to be the fastest-growing segment in the U.S. labor market in the next decade.

### Who Needs Direct Care Workers?

[Twenty million](#) older adults and people with disability need assistance with activities of daily living (e.g., bathing, dressing) and routine daily tasks (e.g., cooking, shopping). The overwhelming majority (17 million) live in the community, rather than in facilities. Most receive assistance from unpaid caregivers — family or friends — but many require support from paid direct care workers. Someone turning 65 today has a 70 percent chance of needing long-term care; 20 percent over 65 will need this support for [five years or longer](#). More than [4 million](#) people receiving personal care in the community have low incomes and qualify for home- and community-based services through Medicaid. [Recipients of home- and community-based services](#) are disproportionately older adults, people of color, have chronic illnesses, and are at high risk for serious illness and death if they contract COVID-19. If their in-home care system falls apart, they could easily end up with worsening health, [hospitalized, or in a nursing home](#).

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

# Education Opportunities

## CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we’re moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

Please check our website [by clicking here](#) for updated information!

## **New! Call for Presentations: 2021 Virtual Annual Winter Conference – Deadline December 16, 2020**

CMHAM 2021 Virtual Annual Winter Conference, “Focus on Wellness: Refresh · Renew · Refocus,” will be held in the mornings from February 9-12, 2021.

Download the Workshop Submission Proposal Form by [CLICKING HERE](#).

Deadline: Tuesday, December 16, 2020

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

### **Dates:**

- January 11, 2021 ([Register Here](#)) (13 spots left)
- February 22, 2021 ([Register Here](#)) (45 spots left)
- March 22, 2021 ([Register Here](#)) (63 spots left)
- April 5, 2021 ([Register Here](#)) (64 spots left)
- April 26, 2021 ([Register Here](#)) (64 spots left)

### **Agenda:**

Log into Zoom: 8:15am  
Education: 8:30am – 11:30am  
Lunch Break: 11:30am – 1:00pm  
Education: 1:00pm – 4:00pm

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

## VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

### Dates:

- January 21, 2021 ([Register Here](#)) (20 spots left)
- March 8, 2021 ([Register Here](#)) (58 spots left)

### Agenda:

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

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

## Registration Now Open! – FY21 Virtual Motivational Interviewing College Trainings

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

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

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

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
Jan. 11-12, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
Jan. 14-15, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
Jan. 21, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>
April 19-20, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
April 22-23, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
April 29, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>
July 26-27, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
July 29-30, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
Aug. 2-3, 2021	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
Aug. 5, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>

### Times:

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

**Training Fees:**

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

## Education & Training Resources from Great Lakes MHTTC



**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

### Catalog of MHTTC resources

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

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

## News from Our Preferred Corporate Partners

### Abilita: Are you ready for E-911?

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

Check out [www.abilita.com/michigan-e911](http://www.abilita.com/michigan-e911) to learn more and find out what you need to do to prepare!



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

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

## CMH Association's Officers & Staff Contact Info

### CMHA Officers Contact Information:

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

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

### CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; [abolter@cmham.org](mailto:abolter@cmham.org)  
Audrey Daul, Administrative Assistant, (517) 237-3141; [adaul@cmham.org](mailto:adaul@cmham.org)  
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Christina Ward, Director of Education & Training, (517) 237-3143; [cward@cmham.org](mailto:cward@cmham.org)  
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; [jhammond@cmham.org](mailto:jhammond@cmham.org)  
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Carly Sanford, Training and Meeting Planner, (517) 237-3151; [csanford@cmham.org](mailto:csanford@cmham.org)  
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Anne Wilson, Training and Meeting Planner, (517) 237-3153; [awilson@cmham.org](mailto:awilson@cmham.org)  
Robert Sheehan, CEO, (517) 237-3142 [rsheehan@cmham.org](mailto:rsheehan@cmham.org)



# WEEKLY Update

November 20, 2020

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

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## CMH Association and Member Activities

**New! Michigan’s mental health system, law enforcement agencies, call on policymakers to invest in existing mental health and public safety partnerships**



Below is a recent press release announcing a statement jointly written by the major state-wide law enforcement organizations and CMHA. This joint statement underscores the longstanding and ever-growing number of partnerships of CMHA members with local law enforcement professionals in communities across the state.



Amid continued conversations on racial justice and meaningful support for minority communities, Michigan’s law enforcement and mental health organizations are calling on policymakers to invest in existing, proven state public health and safety programs. In a [joint statement](#) issued today to all of Michigan’s elected officials and policy makers, the organizations highlighted best-practices and longstanding partnerships that merit more attention and more funding.

The letter is signed by the **Michigan Sheriffs’ Association, the Michigan Association of Chiefs of Police, the Michigan Commission on Law Enforcement Standards, the Prosecuting Attorneys Association of Michigan, the Michigan State Lodge Fraternal Order of Police, and the Community Mental Health Association of Michigan**. It outlines the vital and productive partnerships between mental health professionals and law enforcement—partnerships that have existed for years but without truly sufficient policy engagement and funding from lawmakers and other leaders.

The mission of law enforcement officers is to preserve peace, address criminal activity and protect the constitutional rights of all citizens while ensuring safe communities. However, law enforcement has been called to address several growing mental health challenges—homelessness, engaging and assessing persons with mental health challenges, resolving domestic disputes, and assisting persons with substance use disorders—that go far beyond law enforcement capacity and training.

“Today’s extensive range of community needs burdens law enforcement with an ever-growing and unfair list of expectations. These expectations far exceed their core responsibilities,” said Robert Sheehan, CEO of the CMHA. “By recognizing and fully funding the partnerships of local mental health and law enforcement professionals in communities across the state, Michigan has the ability to lead the nation in addressing these fundamental issues. We have an opportunity to build on critical partnerships and programs whose promise has been repeatedly undercut by underfunding. It’s time for leaders to take a closer look at what is working and invest in proven approaches to public safety and mental health services.”

Existing initiatives between mental health professionals, law enforcement professionals, prosecuting attorneys and community mental health systems throughout Michigan include: More than 50 mobile mental health crisis teams with skilled clinicians, or persons with lived mental health experiences, working in tandem with law enforcement agencies

- Co-responder initiatives—skilled clinicians from the community mental health system participating in local road patrols for immediate and community crises response
- Advanced training for law enforcement and medical personnel on how to recognize and interact with persons facing mental health challenges (tactics covering verbal de-escalation, crisis intervention training for adults and youth, responding to mental health emergencies)—endorsed by the Michigan Mental Health Diversion Council
- Mental health and substance use disorder courts, sobriety courts, in-jail mental health and reentry programs

These initiatives use nationally recognized evidence-based practices and aim to build effective community partnerships while encouraging public safety, mental health support and crisis prevention.

The intersection of law enforcement and mental health is now at the forefront of public discussion. The joint statement can be found [here](#) or by visiting the CMHA website: [cmham.org/newsroom/](http://cmham.org/newsroom/).

## State & National Developments and Resources

### **New!** School Based Mental Health Providers Coalition announces virtual youth suicide prevention summit

The School Based Mental Health Providers Coalition, made up of members from the Michigan Association of School Psychologists, Michigan Association of School Social Workers, and Michigan School Counselor Association, is inviting CMHA members and Weekly Update readers the Youth Suicide Prevention Summit taking place on December 9, 2020.

At the request of State Representative Luke Meerman, a virtual summit has been scheduled to focus on developing a framework for a recommended comprehensive school suicide prevention and intervention program. This framework would then be used to drive future suicide prevention/intervention legislation.

If you or your organization will be able to participate, please fill out this brief [form](#) so we know who is coming and can place you and/or your representatives in a desired workgroup. Additionally, here is a [link](#) to the agenda for the day and the activity each workgroup will be completing.

This virtual Youth Suicide Prevention summit will take place on:

8:30 am – 3:30 pm  
December 9, 2020

Join from PC, Mac, Linux, iOS or Android:

<https://us02web.zoom.us/j/81430757296?pwd=WDMvdDF4ekVleVBUWXpYSHYvSERHUT09>

Password: 1234

Or Telephone:

Dial:

USA 636 651 3181

USA 8778738017 (US Toll Free)

Conference code: 936598

Find local AT&T Numbers:

<https://www.teleconference.att.com/servlet/glbAccess?process=1&accessNumber=6366513181&accessCode=936598>

## **New! With One Voice announces statewide suicide prevention coalition meeting**



On December 10, 2020 at 11:30am-1:00pm, With One Voice is holding a Statewide Suicide Prevention Meeting/With One Voice dialogue. With One Voice (WOV) is a statewide coalition, newly forming, with the aim of supporting – through linking and promoting policy - the wide range of suicide prevention efforts taking place in Michigan. CMHA is a member of the WOV Advisory Council.

With One Voice is holding a discussion session on the work of With One Voice on:

December 10, 2020

11:30 AM Eastern Time (US and Canada)

Zoom Meeting via internet: <https://healthwest.zoom.us/j/96094134355>

Call in option: +1 929 205 6099 US (New York) Meeting ID: 960 9413 4355

## **New! Report to Congress on innovative state initiatives for services and supports to individuals with substance use disorder who are experiencing or at risk of experiencing homelessness**

Recently, the Centers for Medicare & Medicaid Services (CMS) released a Report to Congress entitled: “Innovative State Initiatives and Strategies for Providing Housing-Related Services and Supports under a State Medicaid Program to Individuals with Substance Use Disorder who are Experiencing or at Risk of Experiencing Homelessness” as required by section 1017(a) of the SUPPORT Act.

This report shows how five selected states (Arizona, California, Maryland, Pennsylvania, and Washington) and other state and local programs tested and implemented a variety of approaches to address housing stability needs and improve treatment outcomes.

These initiatives and strategies primarily focused on:

- Providing housing-related supports that facilitate access to community resources;
- Sharing data across systems to identify and target those most in need for those resources; and
- Partnership building across state and local health and housing systems and providers.

This report is [available here](#).

## **New! Blog: rising stimulant deaths show that we face more than just an opioid crisis**

The blog, Rising Stimulant Deaths Show that We Face More than Just an Opioid Crisis, is [available here](#).

## **New! New AMA policy recognizes racism as a public health threat**

The American Medical Association (AMA) has recently issued a policy that recognizes racism as a public health threat. Excerpts from the press release around that policy are provided below:

New policy adopted by physicians at the American Medical Association's (AMA) Special Meeting of its House of Delegates (HOD) recognizes racism as a public health threat and commits to actively work on dismantling racist policies and practices across all of health care.

In June 2020, the AMA Board of Trustees acknowledged the health consequences of violent police interactions and denounced racism as an urgent threat to public health, pledging action to confront systemic racism, racial injustice and police brutality.

The new policy approved by the AMA, representing physicians and medical students from every state and medical specialty, opposes all forms of racism as a threat to public health and calls on AMA to take prescribed steps to combat racism, including: (1) acknowledging the harm caused by racism and unconscious bias within medical research and health care; (2) identifying tactics to counter racism and mitigate its health effects; (3) encouraging medical education curricula to promote a greater understanding of the topic; (4) supporting external policy development and funding for researching racism's health risks and damages; and (5) working to prevent influences of racism and bias in health technology innovation.

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

### **New! CHCS blog: impact of COVID-19 on dually eligible individuals with intellectual and developmental disabilities**

The Center for Health Care Strategies (CHCS) recently issued a blog CHCS blog: impact of COVID-19 on dually eligible individuals with intellectual and developmental disabilities

Many people with intellectual and developmental disabilities (I/DD) also have co-occurring physical or behavioral health conditions, which put them at greater risk for contracting COVID-19 and experiencing complications if they become infected. This is especially problematic when individuals in this population are also dually eligible for Medicare and Medicaid and rely on a fragmented network of supports and services to meet their needs. The COVID-19 pandemic has made providing quality care to this population even more difficult and created additional access barriers to needed supports.



This blog post explores how the pandemic has exacerbated existing challenges for this population and how integrated plans can address these challenges, informed by the expertise of Stephan Deutsch, MD, chief medical officer, and Lila Benayoun, senior vice president of operations at Partners Health Plan.

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

### **New! Kennedy Forum: implications of the *Wit v. United Behavioral Health* Ruling**

The Kennedy Forum is hosting a free webinar on the *Wit* ruling Monday, November 23 at 12 p.m. ET. Details below.



You can register here: <https://www.thekennedyforum.org/events/game-changer-implications-of-the-wit-v-united-behavioral-health-ruling/>

**Game Changer: Implications of the *Wit v. United Behavioral Health* Ruling**  
Monday, Nov. 23 · 12-1 pm ET

**F R E E W E B I N A R**



Former U.S. Rep Patrick J. Kennedy  
Founder, The Kennedy Forum



D. Brian Hufford  
Partner, Zuckerman Spaeder LLP  
Plaintiffs' Counsel, *Wit v. UBH*



Joe Parks, MD  
Medical Director, National  
Council for Behavioral Health



## State Legislative Update

### **New!** House Announces Key Committee Assignments for 2021-22

This week, House Speaker-elect Jason Wentworth (R-Farwell) has announced some top committee posts for the upcoming 2021-22 legislative session. Rep. Thomas Albert (R-Lowell), who currently chairs the House Appropriations Subcommittee on Corrections, will serve as the chairman of the House Appropriations Committee. It was also announced that there will be a new committee – the Rules and Competitiveness Committee – which will replace the existing House Ways and Means Committee, and be chaired by Rep. Jim Lilly (R-Park Township).

Additionally, House Speaker-elect Wentworth has appointed two temporary committees: the Committee on Committees and the Policy Action Plan Committee. The Committee on Committees will determine committee assignments at the beginning of 2021 and will be co-chaired by Rep. Mike Mueller (R-Linden) and Rep. Mary Whiteford (R-Casco Township). The Policy Action Plan Committee will be chaired by Rep. Graham Filler (R-DeWitt) and Rep. Steven Johnson (R-Wyland) and will meet with incoming House Republicans to shape the majority's 2021-2022 policy platform. The makeup of the committees are as follows:

#### **The Committee on Committees**

- Rep. Thomas Albert (R-Lowell)
- Rep. Matt Hall (R-Emmett Twp.)

- Rep. Jim Lilly (R-Park Twp.)
- Rep. Sue Allor (R-Wolverine)
- Rep. Roger Hauck (R-Union Twp.)
- Rep. Luke Meerman (R-Polkton Twp.)
- Rep. Ann Bollin (R-Brighton Twp.)
- Rep. Pamela Hornberger (R-Chesterfield Twp.)
- Rep. Greg VanWoerkom (R-Norton Shores)
- Rep. Ben Frederick (R-Owosso)

#### **The Policy Action Plan Committee**

- Rep. Julie Alexander (R-Hanover)
- Rep. Scott VanSingel (R-Grant)
- Rep. Phil Green (R-Millington)
- Rep. Jeff Yaroch (R-Richmond)
- Rep.-elect Bob Bezotte (Marion Twp.)
- Rep.-elect Andrew Fink (Hillsdale)
- Rep.-elect Steve Carra (Three Rivers)
- Rep.-elect John Roth (Traverse City)

#### **New! DHHS EMERGENCY ORDERS**

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

- ***Reporting of Confirmed and Probable Cases of COVID-19 at Schools*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Requirements for Residential Care Facilities*** – Signed October 21, 2020, please click [here](#) to access the emergency order.
- ***Testing Requirements for Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities*** – Signed October 29, 2020, please click [here](#) to access the emergency order.
- ***Gathering Prohibition and Mask Order*** – Signed October 29, 2020, please click [here](#) to access the emergency order.

The recent (11/18/20) *DHHS Emergency Order* does the following:

- Requires high schools, colleges and universities to move to distance learning. Elementary and middle schools can remain open for in-person learning if the district wishes to do so. All K-12 sports are suspended;
- Theaters, movie theaters, conference centers, concert halls, performance venues, sporting venues, stadiums, casinos, arcades, bowling centers, ice skating rinks and indoor water parks, amusement parks, bingo halls, night clubs, and trampoline parks are closed;

- Group fitness classes are prohibited. Gyms and fitness centers can remain open for individual workouts with a continued capacity limit of 25 percent but now must assure 12 feet, up from six, of distance between stations;
- Retailers, libraries and museums are now limited to 30 percent occupancy, down from 50 percent in the previous order, though retailers can allow one additional customer at a time to enter if adhering to the 30 percent limit would result in closure; and
- Indoor gatherings remain limited to 10 people but now include a limit of two households;
- Outdoor gatherings, previously limited to 100 in residential settings and approximately 1,000 in nonresidential settings, are limited to 25 people at all outdoor settings; and
- Funerals are limited to 25 people.

To view the **DHHS Emergency Order**, please click [here](#). To view the PowerPoint from the **Governor's** press conference, please click [here](#). To view the infographic created by **DHHS** on what is open, and what is not, under the **Emergency Order**, please click [here](#).

### Executive Orders Signed

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

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

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

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

## Federal Update

### The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities



The response to the COVID-19 pandemic has not recognized the importance of the 4.5 million direct care workers in the United States who care for the elderly and people with disabilities.

There are steps policymakers could take to protect direct care workers and help people who depend on their services to stay in their homes



Nancy, a single woman with cerebral palsy, experienced a decline in functioning in middle age. By using a personal care aide (PCA) a few hours each day to help her bathe, dress, cook, and clean, Nancy was able to live on her own for many years.

As her needs increased, she reached limits on what Medicaid would pay. Nancy made the difficult decision to move to assisted living with onsite 24/7 personal care support.

Then COVID-19 hit. Nancy knows the advantages of social distancing, but her care requires close physical contact. Her PCAs take public transportation and care for others besides Nancy. They do not have regular access to personal protective equipment (PPE) because of shortages and lack of priority status to obtain such equipment. The facility attempts to compensate by screening staff members' temperatures and symptoms upon arrival and through reliance on handwashing, but Nancy worries this is not enough. She hears that in some states up to 50 percent of deaths from COVID-19 are people who reside in [long-term-care facilities](#).

### Who Are Direct Care Workers?

Nancy's PCAs are one example of direct care workers — people who assist older adults and others with disabilities with daily tasks and long-term-care activities. Half of PCAs work in home-based settings. There are [4.5 million direct care workers](#) in the United States. They are overwhelmingly women (86%), most are people of color (59%), and about a quarter are immigrants. About 18 percent live in poverty and another 44 percent have low incomes. More than half (53%) rely on some form of public assistance; a quarter have Medicaid (26%) or use supplemental nutrition (SNAP) benefits (24%). About one in five lack health insurance. More than half are middle-aged or older (30% over age 55), placing them at higher risk for infection with COVID-19. They are unlikely to have [sick leave](#) if they become ill. Given the aging American population, the direct care workforce is projected to be the fastest-growing segment in the U.S. labor market in the next decade.

### Who Needs Direct Care Workers?

[Twenty million](#) older adults and people with disability need assistance with activities of daily living (e.g., bathing, dressing) and routine daily tasks (e.g., cooking, shopping). The overwhelming majority (17 million) live in the community, rather than in facilities. Most receive assistance from unpaid caregivers — family or friends — but many require support from paid direct care workers. Someone turning 65 today has a 70 percent chance of needing long-term care; 20 percent over 65 will need this support for [five years or longer](#). More than [4 million](#) people receiving personal care in the community have low incomes and qualify for home- and community-based services through Medicaid. [Recipients of home- and community-based services](#) are disproportionately older adults, people of color, have chronic illnesses, and are at high risk for serious illness and death if they contract COVID-19. If their in-home care system falls apart, they could easily end up with worsening health, [hospitalized, or in a nursing home](#).

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



# Education Opportunities

## CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we’re moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

Please check our website [by clicking here](#) for updated information!

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

### Dates:

- January 11, 2021 ([Register Here](#)) (47 spots left)
- February 22, 2021 ([Register Here](#)) (63 spots left)
- March 22, 2021 ([Register Here](#)) (65 spots left)
- April 5, 2021 ([Register Here](#)) (65 spots left)
- April 26, 2021 ([Register Here](#)) (66 spots left)

### Agenda:

Log into Zoom: 8:15am  
Education: 8:30am – 11:30am  
Lunch Break: 11:30am – 1:00pm  
Education: 1:00pm – 4:00pm

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

## VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

### Dates:

- January 21, 2021 ([Register Here](#)) (53 spots left)

### Agenda:

Log into Zoom: 8:45 am

- March 8, 2021 ([Register Here](#)) (64 spots left)

Education: 9:00am – 11:00am

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

## **New! Registration Now Open! – FY21 Virtual Motivational Interviewing College Trainings**

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

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

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

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
Jan. 11-12, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
Jan. 14-15, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
Jan. 21, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>
April 19-20, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
April 22-23, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
April 29, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>
July 26-27, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
July 29-30, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
Aug. 2-3, 2021	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
Aug. 5, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>

### **Times:**

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

### **Training Fees:**

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

# Education & Training Resources from Great Lakes MHTTC



MHTTC

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

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

## Catalog of MHTTC resources

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

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

# News from Our Preferred Corporate Partners

## **New!** Relias: webinar on fighting effects of racial trauma

Leveraging Protective Factors to Help Mitigate the Effects of Racial Trauma in 2021

Date: Thursday December 3rd, 2020

Time: 2:00pm EST

As we approach a new year, how can organizations help both their staff and clients of color mitigate the impacts of racial trauma and racism?

Jamila Holcomb, Ph.D., LMFT joins us on Thursday, December 3, 2020 at 2 PM ET to discuss the use of protective factors to help mitigate racial trauma and racism in 2021 and beyond. During the webinar, she'll share:

- An overview of how the current climate contributes to sustained racial trauma
- What protective factors are and why they're important to people of color

- A deep dive into three important protective factors, including family, community, and culture
- How organizations can enhance protective factors at their offices

[Register for the webinar here.](#)

### **Abilita: Are you ready for E-911?**

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

Check out [www.abilita.com/michigan-e911](http://www.abilita.com/michigan-e911) to learn more and find out what you need to do to prepare!

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

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

## **CMH Association's Officers & Staff Contact Info**

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

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

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





## CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; [abolter@cmham.org](mailto:abolter@cmham.org)

Audrey Daul, Administrative Assistant, (517) 237-3141; [adaul@cmham.org](mailto:adaul@cmham.org)

Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; [dferguson@cmham.org](mailto:dferguson@cmham.org)

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Christina Ward, Director of Education & Training, (517) 237-3143; [cward@cmham.org](mailto:cward@cmham.org)

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Alexandra Risher, Training and Meeting Planner, (517) 237-3150; [arisher@cmham.org](mailto:arisher@cmham.org)

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Madi Sholtz, Training and Meeting Planner, (517) 237-3152; [msholtz@cmham.org](mailto:msholtz@cmham.org)

Anne Wilson, Training and Meeting Planner, (517) 237-3153; [awilson@cmham.org](mailto:awilson@cmham.org)

Robert Sheehan, CEO, (517) 237-3142 [rsheehan@cmham.org](mailto:rsheehan@cmham.org)



# WEEKLY Update

November 13, 2020

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

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## CMH Association and Member Activities

### **New!** Newaygo County Board of Commissioners honors volunteer Adele Hansen

At its Wednesday, Oct. 28 meeting, the Newaygo County Board of Commissioners unanimously approved a resolution honoring Adele Hansen for her many years of service to the people of Newaygo County. (Adele was also named the 2020 recipient of the Art Wunsch Advocacy Award –an annual award presented by the Newaygo County Mental Health Board of Directors, recognizing persons who have demonstrated extraordinary advocacy on the part of and in partnership with persons with mental health needs.)

Hansen, now in her early 90’s, served on the Newaygo County Commission on Aging board for 23 years, starting in 1997, and volunteered as a member of the Area Agency on Aging of Western Michigan Advisory Council and Legislative Committee for more than 20 years. She also served as a member of the Newaygo County Community Mental Health board for more than 20 years.

The Michigan Department of Health and Human Services’ Aging and Adult Services Agency honored Hansen as the Michigan Senior Citizen of the Year in 2016 at the Older Michigianians Day gathering at the state capitol in Lansing.



Adele Hansen also devoted much of her time and energy to helping in personal ways, providing transportation, and caring for people in need.

### **New! West Michigan CMH receives \$750,000 mental health, jail diversion grant**

Below are excerpts from a recent news release from West Michigan Community Mental Health regarding its receipt of federal dollars to bridge the mental health and corrections sectors of our society.

West Michigan Community Mental Health will use a \$750,000 federal grant to create programs that will help keep individuals with mental illness out of jail and get them the appropriate mental health supports.

The three-year grant from the Department of Justice stems from an initial planning grant that was awarded in 2018 that established the Jail Diversion Collaborative of Lake, Mason and Oceana counties. The collaborative identified opportunities for improving identification and response to persons with mental illness and co-occurring substance use disorders who interact with the criminal justice system.

The funding will include implementation of a crisis intervention team, increased access to mental health mobile crisis services using mobile devices and in-person contacts, expansion of jail diversion services including the use of criminogenic screenings, and provision of mental health services in local jails.

West Michigan CMH will continue to work with the Jail Diversion Collaborative to implement the comprehensive strategic plan developed in 2018 to improve service delivery through law enforcement and mental health. One of the long-term goals is to create a local “specialty court”, which would divert select defendants with mental illness into judicially supervised, community-based well-coordinated treatment.

### **New! NACBHDD seminar: defeating racism through diversity, equity, and inclusion**

As Weekly Updates readers may remember, CMHA (and through CMHA, all CMHA members) have been longtime members of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD). NACBHDD is the leading voice, in Washington DC, for the nation’s county-based mental health system.

A large number of CMHA members and stakeholders attended the NACBHDD Board meeting and seminar that was held on November 9. The two-day Board meeting and seminar centered around racial justice.

A key note presentation by Dr. Martell Teasley, the Dean of the School of Social Work at the University of Utah, “A Conversation on Diversity and Racial Dynamics”, was a powerful and concrete discussion on the components of race, racial equity, and the work needed to foster racial justice. The slides of Dr. Teasley’s presentation can be found at the lower section of [CMHA’s Cultural and Linguistic Competence webpage](#).



In addition to Dr. Teasley, Kirsty Fontaine, a Program Manager, National Association of Counties (NACo) reviewed the work of NACo related to diversity, equity, and inclusion. The descriptions of these efforts and related resources can be [found here](#).

The Michigan League for Public Policy (MLPP), a longstanding partner of CMHA, was also a presenter at the NACBHDD seminar. Julie Cassidy, from MLPP, provided information on the League's 21 Day Racial Equity Challenge. More information on the League's challenge can be [found here](#).

## State & National Developments and Resources

### **New! MDHHS creates MI Health Link dashboard**

Weekly Update readers may remember that MDHHS has a very comprehensive set of resources and sources of information related to Michigan's MI Health Link demonstration project (the demonstration project designed to improve the coordination of care for persons dually enrolled as Medicaid and Medicare beneficiaries). This website is [found here](#).

Recently, a set of dashboards on the quality measures and enrollment data for the MI Health Link. The dashboards can be found at: [Quality indicator dashboards](#) ; [Enrollment dashboards](#)

### **New! MDHHS shares gains in reforming state's child welfare system to improve child safety, keep families together**

Below are excerpts from a recent press release from MDHHS on the its progress toward meeting goals of child welfare system reform.

Department's new leadership and team praised by federal judge for being 'devoted to moving this case forward in a way that no prior team has'

With new leadership in place, Michigan is making needed improvements to its child welfare system to keep children safer and families together. Michigan Department of Health and Human Services (MDHHS) officials today shared successes during the early stages of their reform efforts and promised even more significant progress as new plans are put into place.

MDHHS was in federal court virtually via Zoom to report on child welfare system improvements during the last six months of 2019 and listen to a report from court-appointed monitors. That monitoring period coincided with the beginning of JooYeun Chang's tenure as executive director of the department's Children's Services Agency.

Chang took over as head of the Children's Services Agency in May 2019. Speaking to Judge Nancy G. Edmunds of the U.S. District Court for the Eastern District of Michigan, she highlighted

progress MDHHS is making in three areas that demonstrates its commitment to improve critical child safety outcomes.

She said MDHHS has:

- Eliminated a previous backlog of 1,300 Children’s Protective Services investigations when Chang came to MDHHS. The department has taken swift action by sending additional staff to county field offices, improving policy to eliminate redundancies and outdated requirements, and problem-solving weekly with county offices that were behind. As a result, backlogs were eliminated within four months.
- Taken steps to reduce maltreatment of children in foster care. Among other things, the department has created a new unit that follows up on concerns that children in care are being abused or neglected.
- Provided increased support to relative caregivers so they can keep children safe. MDHHS – which believes children are better off when they are placed with appropriate family members – now provides financial support to relative foster families even if they are not licensed.

Tuesday she noted issues remain to be addressed, but she said she’s been impressed by the department’s new leadership based on what she’s heard from court monitor Kevin Ryan. In addition to working to meet the court’s requirements, Chang said MDHHS in the last year has focused on transforming the child welfare system

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

### **New! MDHHS and DTMB Roll Out COVID-19 Exposure Alert App Statewide**

Below are excerpts from a recent MDHHS press release around a COVID exposure alert app.

As part of the state’s continued efforts to slow the increasing spread of COVID-19, the Michigan Department of Health and Human Services (MDHHS) and Michigan Department of Technology, Management and Budget (DTMB) today announced the statewide rollout of the COVID-19 exposure notification app MI COVID Alert.

The anonymous, no cost and voluntary app, piloted in Ingham County and on the campus of Michigan State University last month, lets users know whether they may have recently been exposed to COVID-19. Users can confidentially submit a positive test result into the app and alert others in recent proximity that they may have also been exposed to the virus.

“COVID cases and deaths are now rising fast,” said Robert Gordon, director of MDHHS. “Using MI COVID Alert on your cell phone is a simple, safe step that everyone can take to protect themselves and their loved ones. It’s free, it’s easy, and it protects your privacy.”

“This app has the potential to provide the kind of early exposure notification that is critical to preventing the spread of the virus,” said Michigan State University Executive Vice President for Health Sciences, Dr. Norman J. Beauchamp Jr. “In addition to wearing a mask, social distancing and getting tested, downloading the app is one of the most important steps we can take to help keep our communities safe.”

When a person tests positive for COVID-19, they receive a randomly generated PIN from the local health department or State of Michigan case investigators that allows them to share their test results anonymously on the app. MI COVID Alert uses randomly generated phone codes and low energy Bluetooth technology instead of GPS location to protect privacy while looking back in time to determine close contact with other phones that have the app. If someone was in close contact with another person who submitted a positive COVID-19 test result, the close contact will receive a push notification once the positive test result is entered into the system. A notification means the app user was possibly within six feet for at least 15 minutes of someone who tested positive. Michigan worked with Apple and Google to make MI COVID Alert compatible with similar apps in other states. The app works in conjunction with traditional contact tracing, mask-wearing, hand washing and social distancing, but is not a replacement for these precautions or participation in contact tracing.

People who are exposed to COVID-19 should get tested and consider quarantining, including watching for symptoms for 14 days from the date of possible exposure. Individuals in need of testing may visit the COVID-19 website to find a testing location near them. They may also contact the Michigan COVID-19 hotline by calling 888-535-6136 from 8 a.m. to 5 p.m., Monday through Friday, or dialing 2-1-1 on their mobile phone to locate and schedule an appointment at a nearby, off-campus testing location.

The exposure notification feature included in recent iOS and Android operating system updates only works with a companion app like MI COVID Alert. The app is available in the Apple and Google app stores.

### **New! One in five COVID-19 patients develop mental illness within 90 days**

Below are excerpts from recent news story on the some of the mental health consequences of COVID. Many COVID-19 survivors are likely to be at greater risk of developing mental illness, psychiatrists said on Monday, after a large study found 20% of those infected with the coronavirus are diagnosed with a psychiatric disorder within 90 days.

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

## State Legislative Update

### Michigan Election Results

On Wednesday, November 4, Michigan Secretary of State Jocelyn Benson confirmed that all valid ballots in Michigan had been counted. As is customary, the results remain unofficial until state officials and local clerks canvass and certify the results.

President – Democrat Joe Biden narrowly defeated Republican Donald Trump by a little over 140,000 votes.

Michigan Senate – Incumbent Democrat Gary Peters narrowly defeated Republican challenger John James by less than 100,000 votes.

Michigan Supreme Court – Bridget McCormick has been re-elected to the Michigan Supreme Court and Democrat-nominated Elizabeth Welch has also won election to the court, handing justices nominated by Democrats a 4-3 majority.

Michigan House – The Michigan House Republicans have retained their 58-52 majority.

- 28 freshmen lawmakers are coming to Lansing.
- 82 of the 84 incumbents have won their reelection.
- Republicans flipped the 48th District, ousting incumbent Sheryl Kennedy, and the 96th District, ousting incumbent Brian Elder.
- Democrats flipped the 61st District seat, which now belongs to Christine Morse, and the 38th District seat with Kelly Breen’s win over Chase Turner.
- Otherwise, Republicans have successfully fended off areas where they were on defense, such as the 39th (Ryan Berman) and 43rd (Andrea Schroeder) and the open seat in the 104th district covering Grand Traverse County.
- Democrats successfully played defense in the 19th where Democrat Laurie Pohutsky will retain her seat.
- In another competitive race, Republican Mark Tisdell defeated Democrat Barb Anness in the 45th District.

On Thursday, the Michigan House caucuses held their leadership elections. The following leadership posts were announced:

- Speaker of the House: Rep. Jason Wentworth (R-Clare)
- Majority Floor Leader: Rep. Ben Frederick (R-Owosso)
- Speaker Pro Tempore: Rep. Pamela Hornberger (R-Chesterfield Township)
- Associate Speakers Pro Tempore: Rep. Sarah Lightner (R-Springport) and Rep. Brad Paquette (R-Niles)
- Assistant Majority Floor Leaders: Rep. Ann Bollin (R-Brighton) and Rep. Julie Calley (R-Portland)
- Majority Whip: Rep. Andrea Schroeder (R-Independence Township)
- Deputy Whip: Rep. Jack O’Malley (R-Lake Ann)
- Caucus Chair: Rep. Matt Hall (R-Emmett Township)
- Caucus Vice Chair: Rep.-elect Andrew Beeler of Fort Gratiot (the incoming representative in the 83rd House District)

On the Democrat side, Representative Donna Lasinski (D-Scio Township) will be the new House Democrat Leader with Representative Yousef Rabhi (D-Ann Arbor) once again serving as the House Democratic Floor Leader.



## DHHS EMERGENCY ORDERS

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

- ***Reporting of Confirmed and Probable Cases of COVID-19 at Schools*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Requirements for Residential Care Facilities*** – Signed October 21, 2020, please click [here](#) to access the emergency order.
- ***Testing Requirements for Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities*** – Signed October 29, 2020, please click [here](#) to access the emergency order.
- ***Gathering Prohibition and Mask Order*** – Signed October 29, 2020, please click [here](#) to access the emergency order.

## Executive Orders Signed

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

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

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

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

## Federal Update

### 9-8-8 Signed into Law

The National Suicide Hotline Designation Act was signed into law on Saturday, October 17. This legislation will create a new 9-8-8 dialing code for suicide prevention, helping Americans who are

seeking services for mental health emergencies. The National Council thanks our advocates for tirelessly leading the charge in making this hotline a reality. The success of 9-8-8 comes at a critical time for behavioral health services, as COVID-19 has contributed to increased isolation and unemployment, among other difficulties. Implementation of 9-8-8 now moves to the Federal Communications Commission (FCC), which recently set a deadline of July 2022 for the full, national implementation of the hotline.

## National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care. To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

Whether you are a current or prospective CCBHC, a policymaker, association representative or just personally invested in the CCBHC model, the CCBHC Success Center is your one-stop shop for support from the National Council and our network of partners.

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders.

Visit our site to:

- Kick-start your CCBHC grant or strengthen your existing CCBHC activities.
- Connect with peer CCBHCs to share ideas, innovations, and solutions.
- Get help with becoming CCBHC-ready for the next round of expansion grants.
- Explore how states can implement and tailor the CCBHC model to meet their goals for quality, scope of services and value.
- Learn how non-CCBHCs—like primary care clinics, children's providers, and others—can partner with CCBHCs to improve clients' access to the full spectrum of care.
- See a compilation of the latest data on CCBHCs' activities, outcomes and geographic reach.
- Get engaged in advocacy to advance the CCBHC model.
- And more...

**Need one-on-one attention to support your unique needs and goals?** Our expert staff have worked with states and clinics since 2014 to provide implementation support, financing guidance, and Medicaid design expertise. We are here to help meet any need.

The CCBHC Success Center is open for business. [Check us out today!](#) Make sure to check back often, as additional resources will be added in the weeks and months ahead.

## New! The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities



The response to the COVID-19 pandemic has not recognized the importance of the 4.5 million direct care workers in the United States who care for the elderly and people with disabilities.

There are steps policymakers could take to protect direct care workers and help people who depend on their services to stay in their homes

Nancy, a single woman with cerebral palsy, experienced a decline in functioning in middle age. By using a personal care aide (PCA) a few hours each day to help her bathe, dress, cook, and clean, Nancy was able to live on her own for many years.

As her needs increased, she reached limits on what Medicaid would pay. Nancy made the difficult decision to move to assisted living with onsite 24/7 personal care support.

Then COVID-19 hit. Nancy knows the advantages of social distancing, but her care requires close physical contact. Her PCAs take public transportation and care for others besides Nancy. They do not have regular access to personal protective equipment (PPE) because of shortages and lack of priority status to obtain such equipment. The facility attempts to compensate by screening staff members' temperatures and symptoms upon arrival and through reliance on handwashing, but Nancy worries this is not enough. She hears that in some states up to 50 percent of deaths from COVID-19 are people who reside in [long-term-care facilities](#).

### Who Are Direct Care Workers?

Nancy's PCAs are one example of direct care workers — people who assist older adults and others with disabilities with daily tasks and long-term-care activities. Half of PCAs work in home-based settings. There are [4.5 million direct care workers](#) in the United States. They are overwhelmingly women (86%), most are people of color (59%), and about a quarter are immigrants. About 18 percent live in poverty and another 44 percent have low incomes. More than half (53%) rely on some form of public assistance; a quarter have Medicaid (26%) or use supplemental nutrition (SNAP) benefits (24%). About one in five lack health insurance. More than half are middle-aged or older (30% over age 55), placing them at higher risk for infection with COVID-19. They are unlikely to have [sick leave](#) if they become ill. Given the aging American population, the direct care workforce is projected to be the fastest-growing segment in the U.S. labor market in the next decade.

### Who Needs Direct Care Workers?

[Twenty million](#) older adults and people with disability need assistance with activities of daily living (e.g., bathing, dressing) and routine daily tasks (e.g., cooking, shopping). The overwhelming majority (17 million) live in the community, rather than in facilities. Most receive assistance from unpaid caregivers — family or friends — but many require support from paid direct care workers. Someone turning 65 today has a 70 percent chance of needing long-term care; 20 percent over 65 will need this support for [five years or longer](#). More than [4 million](#) people receiving personal care in the community have low



incomes and qualify for home- and community-based services through Medicaid. [Recipients of home- and community-based services](#) are disproportionately older adults, people of color, have chronic illnesses, and are at high risk for serious illness and death if they contract COVID-19. If their in-home care system falls apart, they could easily end up with worsening health, [hospitalized, or in a nursing home](#).

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

## Education Opportunities

### CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we're moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

Please check our website [by clicking here](#) for updated information!

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

#### Dates:

- January 11, 2021 ([Register Here](#)) (47 spots left)
- February 22, 2021 ([Register Here](#)) (63 spots left)
- March 22, 2021 ([Register Here](#)) (65 spots left)
- April 5, 2021 ([Register Here](#)) (65 spots left)
- April 26, 2021 ([Register Here](#)) (66 spots left)

#### Agenda:

Log into Zoom: 8:15am  
Education: 8:30am – 11:30am  
Lunch Break: 11:30am – 1:00pm  
Education: 1:00pm – 4:00pm

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

## VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

### Dates:

- January 21, 2021 ([Register Here](#)) (53 spots left)
- March 8, 2021 ([Register Here](#)) (64 spots left)

### Agenda:

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

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

## Education & Training Resources from Great Lakes MHTTC



MHTTC

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

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

### Catalog of MHTTC resources

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

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

## News from Our Preferred Corporate Partners

### **Abilita: Are you ready for E-911?**

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

Check out [www.abilita.com/michigan-e911](http://www.abilita.com/michigan-e911) to learn more and find out what you need to do to prepare!

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

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

## CMH Association's Officers & Staff Contact Info

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

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

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



## CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)

Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

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

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Dana Ferguson, Senior Accounting Specialist, [dferguson@cmham.org](mailto:dferguson@cmham.org)

Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)





# WEEKLY Update

November 6, 2020

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

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## CMH Association and Member Activities

### **New!** Manistee schools, NW Michigan Health Services, and Centra Wellness announce Child & Adolescent Health Center

Below are excerpts from the webpage describing the Manistee Area Public Schools MAPS CareConnect program, of which Centra Wellness (the CMH for Benzie and Manistee Counties) is a founding partner.

In 2019, the MAPS CareConnect program was developed through grant funding and in partnership with the Manistee Intermediate School District, CentraWellness, and Northwest Michigan Health Services to address the behavioral health needs of our MAPS students. The early successes of this program led to consideration of expanding upon the health services provided to our students.

This onsite health facility at the Manistee Middle High School will provide access for students ages 5 to 21 to medical and mental health services. This opportunity was made possible through a partnership with Northwest Michigan Health Services, CentraWellness, and grant funding from the State of Michigan’s State School Aid Fund funded through a competitive grant by the Michigan Department of Health and Human Services (MDHHS).



The webpage can be [found here](#).

### **New! CMHA of Clinton, Eaton, and Ingham Counties receives CARF accreditation**

CARF International has announced that Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) has been accredited through June 30, 2023. This is the sixth consecutive Three-Year Accreditation that the international accrediting body has given to CMHA-CEI. The accreditation comes after an exhaustive digitally-enabled survey of the agency was conducted by CARF representatives

Below are excerpts from the CARF accrediting report for CMHA-CEI.

The board members and the leadership of CMHA CEI are committed to utilizing their expertise in business and strategic planning to strengthen the organization's core mission and values and financial stability and strategically ensure the longevity of the services provided to those in need throughout the community it serves.

The organization has brought together a team from a wide range of professional and cultural backgrounds, experiences, and ages. In addition, long-tenured staff members bring unique skills sets and knowledge, which is a valuable asset to the organization as they support each other and share and maintain a true focus on improving the lives of the persons served.

Consumers served expressed high praise for the program staff members, including recognizing "They had more faith in me than I had in myself."

Congratulations to CEI.

### **New! CNS Healthcare & Northeast Integrated Health merge**

Below is an announcement of the merger between CNS Healthcare & Northeast Integrated Health.

We wanted to let you know that Northeast Integrated Health (NIH) and CNS Healthcare are merging.

This collaboration of two long-term Community Mental Health providers allows us to collectively serve more persons across a larger geographic area. The partnership allows us to build on our shared programs, leverage assets and expand services across the tri-county area continuing to serve Wayne, Oakland and Macomb counties.

NIH and CNS Healthcare serve similar target populations. We have a shared vision and set of values around person-centered integrated healthcare delivered in one's neighborhood. We are also excited to expand Certified Community Behavioral Health Clinic (CCBHC) services to the City of Detroit where this programming has not previously been present.

No service delivery programs will change this contract year and all services will be provided by the same staffing and governed by the group of individuals who currently hold fiduciary

responsibility for the organizations. This integration of organizations will occur over the next ten (10) months.

Northeast Integrated Health will adopt the name of CNS Healthcare, and Mr. Garrett will become the presiding President and Chief Executive Officer, while Ms. McRill will become the Chief Visionary Officer of the combined corporation. All executive level and clinical staff have been offered the opportunity to apply for all vacant positions so our consumers will not experience a change in who services them during this business transition. Our two corporate boards have signed off after their respective due diligence period, and legal counsel is taking this matter through the Attorney General's regulatory process to ensure compliance.

We look forward to the synergy that this merger will create for the individuals, families, and communities served by the new CNS Healthcare.

### **New! Participants in CMHA Fall Conference cite what makes them proud**

Chuck Ingoglia, CEO and President of the National Council for Behavioral Health, was a keynote speaker at the CMHA Fall Conference. During his keynote, Chuck asked the conference participants to identify those things about which they were most proud. As Chuck said, it is so easy to jump to the negative instead of praising our achievements.

Below are some of the responses that were received in response to Chuck's request. These comments help to underscore the positive events and accomplishments that our system is experiencing and achieving in the face of tremendous challenges.

- Am proud of our contracted Adult Foster Care homes who have had to go above and beyond to ensure the health and safety of residents. The homes have creatively changed daily activities to support those struggling with stay-at-home orders or isolation; implemented and embraced virtual communications, not just to ensure telehealth services, but also to assist residents to remotely connect with family and friends; addressed health and safety concerns of an already short staffing pool; and often worked multiple back-to-back shifts to ensure of individuals in the home.
- I am proud that we have continued to provide the needed services to our many members in Wayne County. I am proud that we have been able to maintain the same pace and seamlessly adapt to working remotely
- Ability to support our community: through assisting with local hotline, mask making, food banks, supporting frontline workers through a hotline, supporting providers. PPE distribution.
- Being very adaptable to changes, every day both on an institution level, but also with the requirements with the state and changes that have happened with insurances. Also, continuing to be adaptable with finding ways to still be present for clients and continue to work with them via telehealth and also phone calls. I am also proud of my staff and how we have continued to be there as supports even from a distance to help each of us cope with this whole pandemic and the stress it has brought on.
- Our organization has changed on the fly in amazing ways. Our staff has done amazing work via technology.

- Proud of: we were able to get electronic devices (tablets and laptops) for ALL the staff to be able to work successfully from home.....in a few weeks or less, by the end of March. Having staff that are technology equipped to share their tech with other "less techy" staff.
- As a new employee hired in September that all orientation and training has been completed online. What an AMAZING company and staff I hired into.
- The cross functional and institutional collaboration of PIHPS and CMHSPs with state and local organizations to keep consumers safe and served.
- Weekly Listening Circles with our Agency focusing on COVID-19. Weekly Mindfulness via Zoom within our Agency. And monthly Racial Injustice Listening Circles. I've had more time to attend these virtual meetings, where in the office, I may have been pulled in other directions and unable to attend as often as I am now.
- Our staff has operated with a "can do" attitude as deadlines to "return to the office" have continued to be stretched out farther and farther
- Direct care staff continuing to prioritize their work, even in the early days...where access to PPE was scarce and when the details about the virus were so unknown...with fears of exposure from surfaces, etc. were even more scary than today
- I am most proud of our staff's commitment, and responsiveness to changes while navigating their own personal changes in these times.
- We are extremely proud that we were resilient, and able to move from office based to remote/virtual services at a moment's notice.
- Delivering meals to club members...
- We implemented telehealth in one week.
- My agency's CCBHC program has exploded!
- I'm proud of the way the people I work with just keep going, we didn't receive hazard pay or any reward but yet we still work as a team and still show up everyday.
- We have been able to quickly transition to telehealth to continue to meet the needs of those we serve and keep all our staff employed and safe.
- I am most proud of the staff that have had the devotion to the persons we serve in behavioral health and substance use disorders.
- I got a new job
- Working collaboratively on a state level for the first time!

## State & National Developments and Resources

### **New!** Pandemic Calls for Population Behavioral Health Strategy

Below is an excerpt from a recent article in Behavioral Healthcare Executive on the value of a population behavioral health strategy.

This week, the Population Health Alliance held its annual Innovation Summit and Capitol Caucus. This year's theme was enticing: "Emerging Population Health Management Strategies in Our New Era of Health Care." A detailed agenda is available on the alliance's website.

The central question asked throughout the Summit was how population health management can be adapted to respond to the COVID-19 pandemic. More specifically, two questions were addressed: What changes are required in population management as a result of changes in actual care practices, e.g., virtual care? What contributions can population management make to resolve the personal health effects of the pandemic and its mitigation efforts?

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

### **New! Federal Court Orders Class-Wide Remedies in *Wit v. United Behavioral Health***

Recently, the federal court overseeing *Wit v. United Behavioral Health* issued a set of remedies against the private health plan, United Behavioral Health, to ensure that United corrects its past behaviors and provides access to medically necessary behavioral healthcare.

In its 99-page ruling, the court explained the need for:

- (1) a 10-year injunction requiring UBH to exclusively apply medical necessity criteria developed by non-profit clinical specialty associations
- (2) appointment of a special master
- (3) training of UBH in the proper use of court-ordered medical necessity criteria
- (4) reprocessing of nearly 67,000 mental health and substance use disorder benefit claims denied during the class period.

The ruling stems from two consolidated class actions, *Wit et al. v. United Behavioral Health*, and *Alexander et al. v. United Behavioral Health*, brought by Psych-Appeal, Inc. and Zuckerman Spaeder LLP under the Employee Retirement Income Security Act of 1974 (“ERISA”) in 2014, certified in 2016, and tried in October 2017.

While nearly 50,000 ERISA insureds will be eligible for class-wide relief in this case, non-ERISA insureds (such as governmental employees) adversely impacted by UBH’s defective guidelines must rely on state and federal regulators to intervene on their behalf.

### **New! ACL Seeks Inventive Solutions to Address the Direct Support Professional Crisis**

Below are excerpts from a recent announcement from the federal Administration for Community Living (ACL) of a competition seeking inventive solutions to strengthen the direct support professional (DSP) workforce.

The federal Administration for Community Living (ACL) is looking for inventive solutions to strengthen the direct support professional (DSP) workforce and to improve the overall quality of home- and community-based services (HCBS) for individuals with intellectual and developmental disabilities (ID/DD). Our goal is to encourage the development of innovative business models that will help to stabilize the DSP labor market.

ACL is seeking innovative business models to overcome these challenges to improve the stability and increase the size and capability of the DSP workforce.



The competition will include three phases, with cash prizes awarded to winners in each phase. All winners will receive mentorship from experts in the field and winners' business models will be featured in Challenge materials.

Submissions can be entered starting November 20, 2020 and must be received by 5:00 PM ET on February 12, 2021.

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

## State Legislative Update

### **New!** Michigan Election Results

On Wednesday, November 4, Michigan Secretary of State Jocelyn Benson confirmed that all valid ballots in Michigan had been counted. As is customary, the results remain unofficial until state officials and local clerks canvass and certify the results.

President – Democrat Joe Biden narrowly defeated Republican Donald Trump by a little over 140,000 votes.

Michigan Senate – Incumbent Democrat Gary Peters narrowly defeated Republican challenger John James by less than 100,000 votes.

Michigan Supreme Court – Bridget McCormick has been re-elected to the Michigan Supreme Court and Democrat-nominated Elizabeth Welch has also won election to the court, handing justices nominated by Democrats a 4-3 majority.

Michigan House – The Michigan House Republicans have retained their 58-52 majority.

- 28 freshmen lawmakers are coming to Lansing.
- 82 of the 84 incumbents have won their reelection.
- Republicans flipped the 48th District, ousting incumbent Sheryl Kennedy, and the 96th District, ousting incumbent Brian Elder.
- Democrats flipped the 61st District seat, which now belongs to Christine Morse, and the 38th District seat with Kelly Breen's win over Chase Turner.
- Otherwise, Republicans have successfully fended off areas where they were on defense, such as the 39th (Ryan Berman) and 43rd (Andrea Schroeder) and the open seat in the 104th district covering Grand Traverse County.
- Democrats successfully played defense in the 19th where Democrat Laurie Pohutsky will retain her seat.
- In another competitive race, Republican Mark Tisdell defeated Democrat Barb Anness in the 45th District.

On Thursday, the Michigan House caucuses held their leadership elections. The following leadership posts were announced:

- Speaker of the House: Rep. Jason Wentworth (R-Clare)
- Majority Floor Leader: Rep. Ben Frederick (R-Owosso)
- Speaker Pro Tempore: Rep. Pamela Hornberger (R-Chesterfield Township)
- Associate Speakers Pro Tempore: Rep. Sarah Lightner (R-Springport) and Rep. Brad Paquette (R-Niles)
- Assistant Majority Floor Leaders: Rep. Ann Bollin (R-Brighton) and Rep. Julie Calley (R-Portland)
- Majority Whip: Rep. Andrea Schroeder (R-Independence Township)
- Deputy Whip: Rep. Jack O'Malley (R-Lake Ann)
- Caucus Chair: Rep. Matt Hall (R-Emmett Township)
- Caucus Vice Chair: Rep.-elect Andrew Beeler of Fort Gratiot (the incoming representative in the 83rd House District)

On the Democrat side, Representative Donna Lasinski (D-Scio Township) will be the new House Democrat Leader with Representative Yousef Rabhi (D-Ann Arbor) once again serving as the House Democratic Floor Leader.

### **New! DHHS EMERGENCY ORDERS**

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

- ***Reporting of Confirmed and Probable Cases of COVID-19 at Schools*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Requirements for Residential Care Facilities*** – Signed October 21, 2020, please click [here](#) to access the emergency order.
- ***Testing Requirements for Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities*** – Signed October 29, 2020, please click [here](#) to access the emergency order.
- ***Gathering Prohibition and Mask Order*** – Signed October 29, 2020, please click [here](#) to access the emergency order.

### **Executive Orders Signed**

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



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

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

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

## Federal Update

### 9-8-8 Signed into Law

The National Suicide Hotline Designation Act was signed into law on Saturday, October 17. This legislation will create a new 9-8-8 dialing code for suicide prevention, helping Americans who are seeking services for mental health emergencies. The National Council thanks our advocates for tirelessly leading the charge in making this hotline a reality. The success of 9-8-8 comes at a critical time for behavioral health services, as COVID-19 has contributed to increased isolation and unemployment, among other difficulties. Implementation of 9-8-8 now moves to the Federal Communications Commission (FCC), which recently set a deadline of July 2022 for the full, national implementation of the hotline.

### National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care. To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

Whether you are a current or prospective CCBHC, a policymaker, association representative or just personally invested in the CCBHC model, the CCBHC Success Center is your one-stop shop for support from the National Council and our network of partners.

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders.

Visit our site to:

- Kick-start your CCBHC grant or strengthen your existing CCBHC activities.
- Connect with peer CCBHCs to share ideas, innovations, and solutions.
- Get help with becoming CCBHC-ready for the next round of expansion grants.

- Explore how states can implement and tailor the CCBHC model to meet their goals for quality, scope of services and value.
- Learn how non-CCBHCs—like primary care clinics, children’s providers, and others—can partner with CCBHCs to improve clients’ access to the full spectrum of care.
- See a compilation of the latest data on CCBHCs’ activities, outcomes and geographic reach.
- Get engaged in advocacy to advance the CCBHC model.
- And more...

**Need one-on-one attention to support your unique needs and goals?** Our expert staff have worked with states and clinics since 2014 to provide implementation support, financing guidance, and Medicaid design expertise. We are here to help meet any need.

The CCBHC Success Center is open for business. [Check us out today!](#) Make sure to check back often, as additional resources will be added in the weeks and months ahead.

## Education Opportunities

### CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we’re moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

Please check our website [by clicking here](#) for updated information!

### CMHA Fall Conference – Recorded Sessions Still Available for Registration

The live week-long Virtual Fall Conference, “Resilience & Reinvention,” concluded today; but there’s still time to sign up for the “recorded conference sessions.” Don’t miss this opportunity to hear from national and state experts!

**View Recordings – No Continuing Education Credits:** For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 1 month to view the recordings. You can view as many sessions as you like.

CMHA Member: View Recordings After the Live Conf – No CE Credits	\$50
Non-Member: View Recordings After the Live Conf – No CE Credits	\$60

Registration open until Friday, November 13, 2020. Register by [CLICKING HERE!](#)

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

**Dates:**

- January 11, 2021 ([Register Here](#)) (47 spots left)
- February 22, 2021 ([Register Here](#)) (63 spots left)
- March 22, 2021 ([Register Here](#)) (65 spots left)
- April 5, 2021 ([Register Here](#)) (65 spots left)
- April 26, 2021 ([Register Here](#)) (66 spots left)

**Agenda:**

Log into Zoom: 8:15am  
Education: 8:30am – 11:30am  
Lunch Break: 11:30am – 1:00pm  
Education: 1:00pm – 4:00pm

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

### **VIRTUAL Pain Management and Mindfulness Trainings – Registration Open**

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

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

**Dates:**

- January 21, 2021 ([Register Here](#)) (53 spots left)
- March 8, 2021 ([Register Here](#)) (64 spots left)

**Agenda:**

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

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

## **Education & Training Resources from Great Lakes MHTTC**



**MHTTC**

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



CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

## Catalog of MHTTC resources

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

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

## Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

**Reflective Discussion-** On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

**November 12 & 13th:**

### [Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact

[NetworkOffice@MHTTCNetwork.org](mailto:NetworkOffice@MHTTCNetwork.org)



## News from Our Preferred Corporate Partners

### **Abilita: Are you ready for E-911?**

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

Check out [www.abilita.com/michigan-e911](http://www.abilita.com/michigan-e911) to learn more and find out what you need to do to prepare!

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

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

## CMH Association's Officers & Staff Contact Info

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

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

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

## CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)

Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

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

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

Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)

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Dana Ferguson, Senior Accounting Specialist, [dferguson@cmham.org](mailto:dferguson@cmham.org)

Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)