

Northeast Michigan Community Mental Health Authority Board Meetings - November 2019



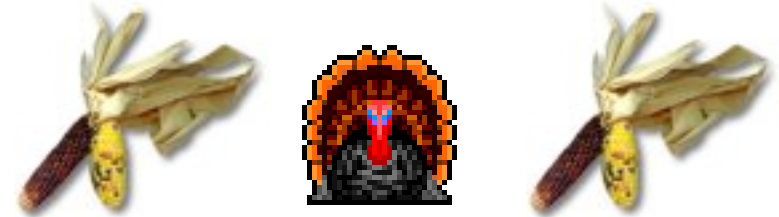
All meetings are held at the Board's Main Office Board Room located at 400 Johnson St in Alpena unless otherwise noted.

* Meeting held in the Administrative Conference Room.



⌘ *Nomination's Committee Meeting* – Thursday, November 14 @ 2:30 p.m.*

⌘ *Board Meeting – Thursday, November 14 @ 3:00 p.m.*



**Northeast Michigan Community Mental Health Authority
Nomination's Committee
November 14, 2019 @ 2:30 p.m.**

A G E N D A

I. Review of Terms

See page 1

II. Discussion of Recommendation Letter

Committee Members:

Terry Larson, Chair

Steve Dean

Albert LaFleche

Gary Wnuk

Northeast Michigan Community Mental Health Authority

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona <i>Secretary</i>	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2020
Alcona	Gary R. Wnuk Home: 4969 Wildwood Trl/Barton City MI 48705 Mailing: PO Box 327 Lincoln MI 48742		(989) 848-5318	3-31-2021
Alpena	Steve Dean 2076 Partridge Point Road Alpena MI 49707		(810) 265-9330	3-31-2020
Alpena	Mark Hunter 614 S. Eighth Avenue Alpena MI 49707		(989) 356-3171	3-31-2022
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2022
Alpena <i>Chair</i>	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2021
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2021
Montmorency <i>Vice Chair</i>	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 742-4026	3-31-2020
Montmorency	Albert LaFleche 19030 County Road 451 Hillman MI 49746		(989) 742-4196	3-31-2021
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49779		(989) 734-7383	3-31-2022
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2022
Presque Isle <i>Past Chair</i>	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2020

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

November 14, 2019 at 3:00 p.m.

A G E N D A

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Educational Session –Compliance Report Jen Whyte
- VIII. Approval of Minutes.....(See pages 1-7)
- IX. Consent Agenda.....(See pages 8-9)
 - 1. Contracts
 - a. Centria Contract Extension
 - b. Partnership for Behavior Change
 - c. Autism of America
 - d. RHC Consulting
- X. November Monitoring Reports
 - 1. Treatment of Individuals Served 01-002.....(See pages 10-30)
 - 2. Budgeting 01-004(See page 31)
 - 3. Financial Condition 01-005.....(See page 32)
 - 4. Ends 04-001(See pages 33-38)
- XI. Board Policies Review and Self Evaluation
 - 1. Treatment of Individuals Served 01-002 [Review Only].....(See pages 39-40)
 - 2. Staff Treatment 01-003 [Review Only](See page 41)
 - 3. Ends 04-001(See pages 42-43)
- XII. Linkage Reports
 - 1. Northern Michigan Regional Entity
 - a. Board Meeting [October 23] (Verbal)
 - 2. CMHAM
 - a. Fall Conference Report..... (Verbal)
 - b. FY 19/20 Membership Dues.....(See page 44)
- XIII. Operation’s Report..... (See handout)
- XIV. Nomination’s Committee Report (Verbal)
- XV. Chair’s Report (Verbal)
- XVI. Director’s Report
 - 1. Director’s Summary Report (Verbal)
 - 2. QI Council Update(See pages 45-53)
- XVII. Information and/or Comments from the Public
- XVIII. Next Meeting – Thursday, December 12 at 3:00 p.m.
 - 1. Set December Agenda.....(See page 54)
 - 2. Meeting Evaluation (Verbal)
- XIX. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

October 10, 2019

I. Call to Order

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

II. Roll Call and Determination of a Quorum

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

Absent: Bonnie Cornelius, Gary Wnuk (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, Mary Crittenden, Lynne Fredlund, Ruth Hewett, Judy Hutchins, Cheryl Kobernik, Larry Patterson, Nena Sork, Jen Whyte, Peggy Yachasz

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Steve Dean as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

Board members had no conflicts to acknowledge.

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

Judy Hutchins inquired about the General Funds this Agency will receive in the current fiscal year. Nena Sork and Eric Lawson noted the General Funds revenue has been proposed for increase but until the final budget at the State is passed, the increase cannot be guaranteed. Judy Hutchins reported the Bay View Center has provided services to individuals in need not qualified for other funding and explained the impact the center will have without the support of General Fund dollars.

VII. Approval of Minutes

*Moved by Gary Nowak, supported by Albert LaFleche, to approve the minutes of the **September 12, 2019 minutes as presented.*** Mark Hunter questioned the provision of the liquor tax document, which Board members were to receive this month. It was noted, this document was included in the mail as an extra informational document. He also reported his comment about the recipient rights officer also attending joint meetings with the MidMichigan was not included in the minutes. The meeting addressed in the September minutes was held at MidMichigan but was with a consultant discussing service needs identified by this Agency in reference to clinical services at MidMichigan. Motion carried.

VIII. Educational Session – Psychiatric Services for Children

Anastasia Banicki-Hoffman MD provided a brief introduction of the type of psychiatry she uses called integrative psychiatry. Integrative psychiatry views each patient as an individual with unique biochemistry and nutritional needs. She reports psychiatry is one of the only segments of medicine where a particular organ is not imaged such as a heart. Integrating nutritional biochemistry can enhance recovery from mental illness.

Dr. Hoffman provided an overview on a case example of a 14-year old individual and what she looks at to include lab results. After lab results were received, it was determined the child was low on Vitamin D, and in the low range on magnesium and vitamin B12. Treatment for this individual was B12 injections, vitamin D3 and a diet of magnesium rich foods. She noted vitamin D is actually a hormone and affects the mood. She provided several examples of symptoms and what mineral deficiency can trigger these symptoms. Biochemistry is very important in the diagnosis of patients. She reported Magnesium is also an element to watch closely as it is used by more than 300 body processes. Magnesium is one of the first minerals to disappear from food when processed and one of the first minerals to leave the body when there is stress.

Food allergies also can cause behaviors in children and when the diet is adjusted to limit foods in the diet the symptoms clear. The more the food allergies the lower the IQ score. Genetic markers are also important to monitor. There can be an off-balance which will also cause symptoms.

She reports with a focus on addressing nutrients, symptoms can be treated with lower doses of medication or keeping children off medications altogether. She noted each individual is unique on their levels and should have B12 and red blood cell magnesium lab tests prior to medication prescription. In addition, Vitamin D is an important nutrient.

Terry Larson reported 25 years ago when he attended meeting in his previous career, discussion also centered around diet impact on body systems. Gary Nowak reported he has heard good feedback about the services provided by Dr. Banicki-Hoffman. Eric Lawson report he removed wheat from his diet and has not had a cold since that time and his brain seems more sharp.

Mark Hunter stated there does seem to be more of a community focus on nutrition in children. He notes backpacks are packed with food to be sent home with a child. He questioned whether poverty is tied to mental illness and whether poverty is focused on. Nena Sork reported when individuals are assessed, all social issues are reviewed.

IX. FY19-20 Budget Amendment #1

Larry Patterson presented the budget amendment to Board members. He reported revenue is projected to be somewhat higher next fiscal year due to an increase in General Funds and a proposed increase in Medicaid. Third party revenue was reduced to correct the calculations used in revenue projects the past fiscal year, which did not take into account the write-off amounts for reimbursed services. He reviewed the expenses noting recruitment, environmental modifications, consumable and capital equipment are based on what true needs might be without just in case items. Larry reported program variances are mainly due to adjusting reporting programs for either staff or program expense allocation such as the prevention program.

Larry Patterson reviewed the expenses for capital purchases. There are two air conditioners in this budget. Last year the Agency had two air conditioners fail. As all mechanical equipment is original to the building since construction. Steve Dean inquired about the purchase of vehicles and the process used when purchasing. The proposed vehicles are for purchase in the current fiscal year and Larry Patterson reported the vehicles are put out for bids with the specifications we request. Nena Sork reported this is the first year since FY15-16 the board was presented a balanced budget. Nena Sork thanks Connie Cadarette and Larry Patterson on development of this budget.

Moved by Terry Larson, supported by Roger Frye, to approve the FY19-20 Budget Amendment #1 as presented. Roll call vote: Ayes: Les Buza, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None, Absent: Bonnie Cornelius, Gary Wnuk. Motion carried.

X. **Consent Agenda**

Roger Frye requested all contracts with increases be removed from the consent agenda. Contracts with increases include NEMROC, Thunder Bay Transportation and Touchstone.

Moved by Roger Frye, supported by Gary Nowak, to remove NEMROC, Thunder Bay Transportation and the Touchstone contracts from the Consent Agenda. Motion carried.

1. **Contracts**

- a. **Catholic Human Services**
- b. **ProtoCall**
- c. **Bay View Center**

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

Roger Frye noted that prior to awarding increases to providers, staff need to be compensated as well. Staff have worked hard and they are valued which needs to be recognized. Nena Sork reported the budget presented does not include funding for staff raises; however, it is anticipated once the revenues are solidified staff will get some raise and it will be retroactive to October. This will be looked at in early 2020 so any increases in salaries can be made at the mid-way point with the adjustments retroactive to October 1.

NEMROC

Nena Sork reported the increase in NEMROC's contract is for additional service units. Lynne Fredlund reviewed the efforts NEMROC has taken to meet the objectives our Agency has established. The base of the contract is written so if the objectives are met additional units can be billed but these will be at a lower per hour rate. ***Moved by Pat Przeslawski, supported by Gary Nowak, supported approving the NEMROC contract.*** Mark Hunter questioned if the need is there for the service why is the additional funding addressed in the contract. Lynne Fredlund responded the contingency is an objective for if the provider meets the initial units. She notes there is a unit rate established comprising the total amount of \$49,000. The unit rate drops once the initial goal is met. Roll call vote: Ayes: Les Buza, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None, Absent: Bonnie Cornelius, Gary Wnuk. Motion carried.

Judy Jones left the meeting briefly

Thunder Bay Transportation

Albert LaFleche inquired about whether this was put out for bids. In this area, there are no other providers willing to undertake our transportation needs. Mark Hunter observed it appears the Agency's priorities do not focus on the employees first. Lynne Fredlund reported the cap on Thunder Bay Transportation has not increased for several years. The rate for equipment and ancillary items has increased warranting the increase in this contract. ***Moved by Gary Nowak, supported by Albert LaFleche to approve the Thunder Bay Transportation contract as presented.*** Roger Frye noted much of the equipment is covered by state dollars. Roll call vote: Ayes: Les Buza, Steve Dean, Roger Frye, Mark Hunter, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, ; Nays: Pat Przeslawski, Absent: Bonnie Cornelius, Judy Jones, Gary Wnuk. Motion carried.

Judy Jones returned to the meeting

Touchstone

Eric Lawson notes Touchstone provided our educational presentation last month. The accreditations they are seeking is an improvement and they are attempting to make this a better program. Pat Przeslawski noted she felt this request is an appropriate increase.

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

XI. October Monitoring Reports

1. Budgeting 01-004

Larry Patterson provided Board members with a summary of the Statement and Revenue Expense for month ending August 31, 2019. He reviewed the variances in the revenues with Board members. The revenue stream with the largest variance is in the 3rd Party Revenue and this variance was attributed to how the projection was made and rates set. This has been corrected for the new fiscal year.

Larry Patterson reviewed the expense variances. He reported the Contract Employees & Service line item expense was transferred to community relations resulting in positive and negative variances respectively. In addition, the rent variance continues due to the rent of the clubhouse.

The overall change in net position is \$242,137. Larry Patterson reviewed the funding streams should the contracts be settled at this point noting Medicaid, Healthy Michigan and General Funds were all underspent.

Gary Nowak questioned if the private contract variance had to be paid back to a provider at fiscal yearend. Larry Patterson explained this is for University of Michigan grant – MC3 and would not require a payback as we bill for services provided only.

2. Compensation and Benefits 01-008

Steve Dean noted the detail provided in this monitoring report was very good. Nena Sork reviewed the Salary & Wage portion of the monitoring report. She noted the paraprofessional group has made the largest gap closure; however, she would like to continue. This gap closure is a result of the Direct Care Wage Pass Through and Cathy Meske's efforts to increase entry-level salary in this classification so recruitment would be more appealing. The paraprofessional group is our largest group of staff and the most costly to address.

Steve Dean inquired as to whether other Boards routinely provide a cost of living raise annually for staff. Nena Sork noted most do where we, as an Agency, have not. This has resulted in the larger lags in salaries.

Mark Hunter requested clarification of #4. ...establish or change pension benefits so the pension provisions: B. Provide less than some basic level... and what is considered basic. The Agency has three levels of pension amounts depending on the group the employee works in (i.e., professional union, paraprofessional union, non-union). Mr. Hunter also requested explanation as to why long-term disability insurance only applies to full-time employees. It was noted part-time employees are in the Social Security program and they would possibly qualify for Social Security Disability whereas the full-time non-union employees are not in Social Security and have no options for Social Security Disability. He questioned if staff have the option to be in Social Security or not and was informed staff have no choice in the matter.

Moved by Pat Przeslawski, supported by Steve Dean, to accept the October monitoring reports as presented. Mark Hunter opposed. Motion carried.

XII. Board Policy Review and Self Evaluation

1. Annual Board Planning Cycle 02-007

The proposed revision changes CEO to Executive Director.

2. Executive Director Job Description 03-003

The proposed revision changes CEO to Executive Director.

Mark Hunter stated he has trouble with the way the Board policies are written and how limited access to staff is. He noted he believes as a board member he has less rights than the general public in speaking with staff.

Nena Sork noted a presentation will be provided to the Board in January about the oversight this Agency undergoes. This will possibly address concerns Board members have of not having sufficient oversight.

Gary Nowak noted the Board has only one employee and if you wish to get further information for other staff, you would approach the Director and she would arrange. Gary reported other than that such actions become micromanagement.

3. Monitoring Executive Director Performance 03-004

The proposed revision changes CEO to Executive Director.

Moved by Roger Frye, supported by Pat Przeslawski, to revise policies 02-007 Annual Board Planning Process, 03-003 Executive Director Job Description and 03-004 Monitoring Executive Director Performance to reflect Executive Director versus CEO.

Mark Hunter opposed. Motion carried.

XIII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting September 25, 2019

Roger Frye reported several liquor tax requests were approved. Gary Nowak the Executive Director of the NMRE also received his evaluation.

2. CMHAM (Community Mental Health Association of Michigan)

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

Board members scheduled to attend the conference have received their hotel confirmations and conference registration materials.

3. Consumer Advisory Council

The draft minutes was distributed to Board members during this meeting. Lester Buza reported the meeting was a good meeting. The Council toured the SIP Monitoring room, which was very informational about services used to promote independence. He reported Cheryl Kopernik was introduced. He noted the LPC licensing was discussed and the House has since voted down the bill.

XIV. Operational Report

Mary Crittenden reviewed the Operational Report for month ending September 30, 2019. She noted the report will be revised for next month's report. Some of the report titles are not clear. Mary addressed the Home Based Children noting we are really focusing on this program this fiscal year. She reports some of the children in case management will be transferred to home based as this is a more intense program. Staffing this department has had challenges. She reports it is typical for an increase in pre-screens in the spring and fall. This will continue to be monitored. She also reports Touchstone had an "Open House" yesterday and the program participants are very enthused with the program.

XV. Chair's Report

Eric Lawson reported Bonnie Cornelius, Steve Dean, Roger Frye, and Gary Nowak's terms expire next year. Steve Dean indicated he plans to retire from the Board. Diane Hayka will contact Bonnie Cornelius to determine her intent.

1. Perpetual Calendar Adoption

Board members reviewed the proposed perpetual calendar for FY19-20 at the September meeting. Input was incorporated in the calendar. ***Moved by Gary Nowak, supported by Pat Przeslawski, to adopt the FY19-20 Perpetual Calendar as presented.*** Motion carried. Eric Lawson indicated this document has some references to CEO, which will be changed after the first of the year, once all policies have been updated.

2. Strategic Plan

Eric Lawson reported this plan, developed during the three-month planning period, is now ready to be finalized. ***Moved by Gary Nowak, supported by Lester Buza, to approve the FY19-20 Strategic Plan.*** Motion carried.

3. Nomination's Committee

Eric Lawson appointed Albert LaFleche, Steve Dean, Terry Larson, and Gary Wnuk to the Nomination's Committee. Gary Nowak suggested the officers remain the same for next year. This Committee will need to meet prior to the November meeting at 2:30 p.m. to complete recommendation letters to the county commissions for appointments/reappointments. Diane Hayka will contact Gary Wnuk to assure he is able to fill a role on the Committee.

XVI. Director's Report

1. Director's Report

Nena Sork introduced Cheryl Kobernik to Board members and has agreed to provide clinical consultation to our clinical managers. She resigned as the Clinical Director from Centra Wellness and has agreed to provide this consultation role for Northeast. Nena Sork informed Board members that Cheryl is a CARF reviewer. Cheryl notes the dignity and respect she has observed while going through the orientation at this Agency with the clinical managers this week is exemplary.

Nena Sork provided an update on her recent activities. Nena Sork reported a psychiatrist has been in contact with our Agency and is possibly interested in securing a position with this Agency. Nena noted she worked with Cheryl Jaworowski and Connie Cadarette to set rates.

The Agency was able to provide a Section 236 Transfer to Centra Wellness and Northern Lakes of \$20,000 each. She reported the website development is well underway.

Establishment of 2nd Agency VISA Card

Nena Sork reported the Agency has one credit card and notes the fraud department has resulted in blocking access to the card at various times due to suspicious activity. We are requesting a second card to be used for basic purchases and keeping the initial card for use of hotels and registrations. It is troublesome to have a staff person go to check into a hotel and have the card declined due to the block put on it.

Mark Hunter suggested getting a comparison to a line of credit from a commercial bank as the interest rates might be lower; however, the type of purchases used in VISA transactions are not something able to be put on a line of credit.

Moved by Roger Frye, supported by Gary Nowak, to apply for a second VISA card through Alpena Alcona Area Credit Union with same limits and criteria as current VISA card for use in general purchasing. Roll call vote: Ayes: Les Buza, Steve Dean, Roger Frye,

Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski;
Nays: None, Absent: Bonnie Cornelius, Gary Wnuk. Motion carried.

Nena Sork also informed Board members of the 298 threat being vetoed. We have not dodged the bullet yet as the Bill can be rewritten and it can go back through.

Mark Hunter questioned if there was a new ACT Supervisor at this point. Nena Sork reported there was a good interview and the applicant will be coming for a face to face interview shortly.

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

Roger Frye reported Hillman will be doing their annual Tootsie Roll Drive with Albert LaFleche selling on the street corner in Hillman.

XVIII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, November 14 2019 at 3:00 p.m.

1. Set November Agenda

The November agenda items were reviewed.

XIX. Evaluation of Meeting

Steve Dean reported the meeting began on time. Steve Dean thanked Dr. Banicki-Hoffman for the presentation and knowing other things are investigated prior to prescribing medication.

Good to see starting in the black. Good discussion on the Consent Agenda recognizing the people are the greatest.

XX. Adjournment

Moved by Pat Przeslawski, supported by Albert LaFleche, to adjourn the meeting. Motion carried. This meeting adjourned at 4:50 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: October 31, 2019

1. Contract
a. Autism Services

ABA Services and Treatment (Reimbursement Table)				
Service Code	Rate	Centria	Autism of America	Partnership for Behavior Change
(Prior Authorized – assessment to determine eligibility – can only be done once annually) H0031 – Psychological Assessment	\$420.24	X	X	X
ABA Behavior identification assessment – Early Start Denver Model Curriculum; VBMAPP; PEAK; AFLS; ABLLS-R: etc. Code: 97151 – face-to-face only – <u>allowable up to 8 units</u>	\$43.44 per 15-minute unit (BCBA)	X	X	N/A
Family Training Code: 97156 – 15-minute face-to-face / or in the case of Partnership via tele	\$27.15 per 15-minute unit (BCBA)	X	X	X
ABA Supervision and Monitoring Code: 97155	\$27.15 per 15-minute unit (BCBA)	X	X	X
ABA Adaptive Behavior Treatment Code: 97153	\$13.57 per 15-minute unit (BCBA) \$11.31 per 15-minute unit (Behavior Tech)	X X	X X	N/A

i. Centria Contract Extension

Centria and NeMCMHA have agreed to amend the FY 19 contract to extend the FY 19 contract and rates through December 31, 2019. The State of Michigan may be configuring new rates and Centria is anticipating an increase in the rate paid to them. Should this increase not occur prior to December 31, 2019, the contract may be terminated as they disagree with the 9.5% administrative rate subtracted from the current rates. Rates are in table above. NeMCMHA would continue to subtract this rate from any rate presented by the State. It is noted the administrative activities associated with Centria at this time are quite high. We recommend approval of the amendment.

ii. Autism Centers of America

This agreement is a continuation agreement with Autism of America for services provided to children diagnosed with an Autism Spectrum Disorder. The rates and language in the contract is the same as last fiscal year and are listed in the table above. These rates are provided to NeMCMHA through the

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

State of Michigan and NeMCMHA subtracts an administrative rate of 9.5% off what is provided to us. We recommend approval.

iii. Partnership for Behavior Change

This agreement is a continuation agreement with Partnership for Behavior Change for services provided to families of children diagnosed with an Autism Spectrum Disorder. This provider utilizes tele-services to provide supervision. They have, at times, traveled to Alpena, to complete assessments, but most services are via tele-services. The rates and language in the contract is the same as last fiscal year and are listed in the table on the first page of this memo. These rates are provided to NeMCMHA through the State of Michigan and NeMCMHA subtracts an administrative rate of 9.5% off what is provided to us. We recommend approval.

b. RHC Consulting

In the past, this Agency enlisted consulting services with an individual to assist the Agency in filing paperwork to capture a share of the Universal Service Fund dollars assessed on phone lines. Our consultant is no longer providing this service and we have secured RHC Consulting to carry on that process. This Agreement will provide the consultant the authority to submit the required documents for our share of this fund. The fee associated with their efforts will be 15% percent of the final award received. Any award disbursed from the prior application and not yet paid out will have a fee of 10% once received



Recipient Rights Advisory Committee Minutes October 16, 2019

The meeting was called to order at 3:15 p.m. in the Administrative Conference Room, NEMCMH, 400 Johnson Street, Alpena, MI on October 16, 2019 by Chair Pat Przeslawski.

Present: Judy Jones, Barb Murphy, Patricia Przeslawski, Renee Smart-Sheppler and Lorell Whitscell
Absent: Tom Fredlund (excused)
Staff: Ruth Hewett
Guests: Mark Hunter

DRAFT MINUTES

I. Old Business. None.

II. New Business.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the fourth quarter of FY 18-19, 7/1/19 – 9/30/19. Complaints totaled 32 of which 27 were opened for investigation, and 5 contained no Code protected right. There were 21 substantiations. All remedial actions were taken with the exception of one. Renee moved to review the report, supported by Judy, motion carried.

ANNUAL RIGHTS REPORT: The report of rights activity for the past fiscal year was presented with one remedial action pending. The report is due to the state by December 30, 2019 and this line item will be completed when the report is sent. The committee had no recommendations to the Board of Directors. Lorell moved to accept the report, supported by Judy, motion carried.

UPDATE ON MID-MICHIGAN HEALTH-ALPENA RRAC: The cmh RRAC meeting was to take place following the Mid-Michigan Health-Alpena Point East meeting today. However, a letter to the committee was received on 7-19-19 from Chuck Sherwin, President of the hospital, advising Pointe East was forming their own RRAC and as of 8-1-19, the services of this committee would not be needed. In addition, Sue Haefner, RRA for Mid-Michigan sent a report entitled “Recipient Rights Annual Review of Complaints per Patient Day” as well as a brochure. Per the site visit conducted by the NMRE of Point East, it was noted the appeals committee will continue to serve as the unit’s appeals committee.

III. Educational Session. A RRAC and Open Meeting Act hand-out was shared with the committee. After discussion, it was agreed the minutes from the meeting would be shown as “draft” or “proposed” until the next quarterly meeting and voted on at that time. A review of the minutes will be added to the agenda.

IV. Other Business.

The next meeting will be January 15, 2020 in the Admin Conference Room at 3:15 p.m. All members present noted this date and time to be acceptable.

V. Adjournment.

Renee moved to adjourn the meeting, supported by Lorell. The meeting adjourned at 4 p.m.

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: July, August & September 2019:

I. COMPLAINT DATA SUMMARY		<u>FY 18-19</u>					<u>FY 17-18</u>			
A. Totals	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th		
Complaints Received:	14	23	20	32	23	19	24	21		
Investigated:	13	20	19	27	20	18	17	20		
Interventions:	-0-	01	-0-	-0-	02	01	02	-0-		
Substantiated:	06	16	10	21	13	09	10	14		
Outside Jurisdiction:	-0-	01	-0-	-0-	01	-0-	01	-0-		
No Code Protected Right:	01	01	01	05	-0-	-0-	04	01		

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	3	3		1
Abuse III	1	1		0
Sexual Abuse	1	1		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	5	5		5
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 ND Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	5	5	0	5
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	0	0	0	0
Suitable Services	12	12	0	10
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	27	27	0	21

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from prev qtr:		
Neglect II	Centria	Written Reprimand
Actions this qtr:		
Abuse II	NEMCMH	Termination
Neglect III	NEMCMH	Verbal Reprimand
Neglect III	NEMCMH	Termination
Neglect III	NEMCMH	Verbal Reprimand
Neglect III	NEMCMH	Documented Counseling
Neglect III	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	Dobson Healthcare	Left employmt but substant.
Confidentiality	NEMCMH	Documented Counseling
Dignity & Respect	NEMCMH	Pending
Dignity & Respect	NEMCMH	Verbal Reprimand
Dignity & Respect	NEMCMH	Verbal Reprimand
Dignity & Respect	NEMCMH	Verbal Reprimand
Dignity & Respect	Beacon Spec Resid	Written Reprimand
Serv Suitd to Condition	Windy Hill AFC	Other
Serv Suitd to Condition	NEMCMH	Documented Counseling
Serv Suitd to Condition	NEMCMH	Documented Counseling
Serv Suitd to Condition	NEMCMH	Suspension
Serv Suitd to Condition	NEMCMH	Documented Counseling

d. Summary of Incident Reports: July, August & September 2019

Category Type	1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr	
	'19	'18	'19	'18	'19	'18	'19	'18
01.0 Absent without leave (AWOL)	02	02	02	01	03	04	-0-	02
02.0 Accident – No injury	03	11	06	04	02	13	04	09
02.1 Accident – With injury	23	24	11	08	19	35	32	29
02.2 Accident – Serious injury	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
03.0 Aggressive Acts – No injury	24	35	06	13	14	41	38	36
03.1 Aggressive Acts – w/ injury	04	04	03	-0-	03	11	13	02
03.2 Aggressive Acts – Ser inj	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
03.3 Aggressive Acts – Property Destruct	-0-	02	01	-0-	04	11	08	02
04.0 Death	04	05	06	03	07	05	06	07
05.0 Fall – No injury	10	06	22	11	08	18	10	06
06.0 Medical Problem	44	29	54	24	87	65	53	57
07.0 Medication Delay	10	10	08	08	04	12	05	07
07.1 Medication Error	32	15	27	06	32	22	37	22
07.2 Medication Other	57	82	44	36	42	52	57	59
07.3 Medication Refusal	20	61	05	06	02	25	14	08
08.0 Non-Serious Injury – Unknwn cause	04	05	03	-0-	08	08	09	09
09.0 Other	49	35	44	25	51	50	62	49
10.0 Self Injurious Acts – No injury	-0-	09	03	02	01	04	26	07
10.1 Self Injurious Acts – w/injury	07	04	02	06	03	09	21	07
10.2 Self Injurious Acts – Serious injury	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Challenging Behavior	25	14	13	11	35	34	30	37
Fall – with injury	10	18	12	10	14	14	22	07
Arrests	08	15	07	07	06	20	04	14
Total	336	386	279	181	345	453	451	376

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	25.50	97.50
Hours Used in Training Received	21.00	83.00
Hours Used in Site Visits	28.75	72.75

F. Monitoring Activity	Quarter	YTD
Incident Report Received	451	1,411

G. Source of All Complaints:	Quarter	YTD
Recipient:	05	15
Staff:	10	37
ORR:	12	25
Gdn/Family:	01	03
Anonymous:	04	09
Comm/Gen Pub:	-0-	-0-
Total	32	89

Annual Appeals Data for: Northeast Michigan CMH Authority

APPEALS INFORMATION (if agency has local appeals committee)

Number of Appeal Requests Received	0
Number of Appeals Accepted	0
Number Number of Appeals Upheld	0
Number of Appeals Sent Back for Reinvestigation	0
Number of Appeals Requesting External Investigation by DHHS	0
Number of Appeals Sent Back for Further Action	0
Total Number of Appeals Reviewed by the Appeals Committee	0

Rights Office Director: Ruth M. Hewett

Reporting Period: 10/1/2018 to 9/30/2019

Number of Consumers Served (unduplicated count): 2,433 (CMH) FTE's: 2
 Number of Admissions: _____ (LPH/U) Hours/40 _____

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	89	(this will self-fill)
Interventions	1	(this will self-fill)
Investigations	79	(this will self-fill)
Interventions Substantiated	1	(this will self-fill)
Investigations Substantiated	52	(this will self-fill)

COMPLAINT SOURCE

Recipient	13
Staff	37
ORR	25
Guardian/Family	3
Anonymous	8
Community/General Public	0
Total Complaints Received	86

TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse/Neglect I & II	13	12	0	0	1
All others	66	60	3	2	1

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	abuse class I	1	1	0	0	1	0
7221	abuse class II - nonaccidental act	0	0	0	0	0	0
7222	abuse class II - unreasonable force	8	8	3	0	7	0
7223	abuse class II - emotional harm	0	0	0	0	0	0
7224	abuse class II - treating as incompetent	0	0	0	0	0	0
7225	abuse class II - exploitation	1	1	0	0	6	0
7223	abuse class III	5	5	2	1	7	0
7224	abuse class I - sexual abuse	1	1	0	0	1	0

2. Freedom from Neglect

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
72251	neglect class I	0	0	0	0	0	0
72252	neglect class I - failure to report	0	0	0	0	0	0
72261	neglect class II	1	1	1	0	1	0
72262	neglect class II - failure to report	1	1	1	0	1	0
72271	neglect class III	7	7	6	0	21	0
72272	neglect class III - failure to report	2	2	2	0	2	0

3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	notice/explanation of rights	1	0	0	1	0	1	0	0
7520	failure to report	0	0	0	0	0	0	0	0
7545	retaliation/harassment	1			1	1	0	0	0
7760	access to rights system	0	0	0	0	0	0	0	0
7780	complaint investigation process	0	0	0	0	0	0	0	0
7840	appeal process/mediation	0	0	0	0	0	0	0	0

4. Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	second opinion - denial of hospitalization	0	0	0	0	0	0	0	0
4190	termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	0
4510	admission process	0	0	0	0	0	0	0	0
4630	independent clinical examination	0	0	0	0	0	0	0	0
4980	objection to hospitalization (minor)	0	0	0	0	0	0	0	0
7050	second opinion - denial of services	0	0	0	0	0	0	0	0

5. Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0	0	0	0
7044	religious practice	0	0	0	0	0	0	0	0
7045	voting	0	0	0	0	0	0	0	0
7047	presumption of competency	0	0	0	0	0	0	0	0
7284	search/seizure	0	0	0	0	0	0	0	0

6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	family dignity & respect	0	0	0	0	0	0	0	0
7112	receipt of general education information	0	0	0	0	0	0	0	0
7113	opportunity to provide information	0	0	0	0	0	0	0	0

7. Communication & Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	visits	0	0	0	0	0	0	0	0
7262	contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	0
7263	access to telephone, mail	0	0	0	0	0	0	0	0
7264	funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	0
7265	written and posted limitations, if established	0	0	0	0	0	0	0	0
7266	uncensored mail	0	0	0	0	0	0	0	0

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	disclosure of confidential information	16	1	1	15	15	4	7	4
7485	withholding of information (includes recipient access to records)	0	0	0	0	0			
7486	correction of record	0	0	0	0	0			
7487	access by p & a to records	0	0	0	0	0			
7501	privileged communication	0	0	0	0	0			

9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	safe environment	1	0	0	1	0	0	1	0
7082	sanitary/humane environment	0	0	0	0	0	0	0	0
7086	least restrictive setting	0	0	0	0	0	0	0	0

10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	restrictions/limitations	0	0	0	0	0	0	0	0
7400	restraint	0	0	0	0	0	0	0	0
7420	seclusion	0	0	0	0	0	0	0	0

11. Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	safeguarding money	0	0	0	0	0	0	0	0
7302	facility account	0	0	0	0	0	0	0	0
7303	easy access to money in account	0	0	0	0	0	0	0	0
7304	ability to spend or use as desired	0	0	0	0	0	0	0	0
7305	delivery of money upon release	0	0	0	0	0	0	0	0
7360	labor & compensation	0	0	0	0	0	0	0	0

12. Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	possession and use	1	0	0	1	1	4	1	0
7282	storage space	0	0	0	0	0	0	0	0
7283	inspection at reasonable times	0	0	0	0	0	0	0	0
7285	exclusions	0	0	0	0	0	0	0	0
7286	limitations	0	0	0	0	0	0	0	0
7287	receipts to recipient and to designated individual	0	0	0	0	0	0	0	0
7288	waiver	0	0	0	0	0	0	0	0
7289	protection	0	0	0	0	0	0	0	0

13. Suitable Services

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	dignity and respect	18	0	0	18	10	11	22	1
7003	informed consent	0	0	0	0	0	0	0	0
7029	information on family planning	0	0	0	0	0	0	0	0
7049	treatment by spiritual means	0	0	0	0	0	0	0	0
7080	mh services suited to condition	15	0	0	15	10	7	13	1
7100	physical and mental exams	0	0	0	0	0	0	0	0
7130	choice of physician/mental health professional	0	0	0	0	0	0	0	0
7140	notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	services of mental health professional	0	0	0	0	0	0	0	0
7160	surgery	0	0	0	0	0	0	0	0
7170	electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	psychotropic drugs	0	0	0	0	0	0	0	0
7190	notice of medication side effects	0	0	0	0	0	0	0	0

14. Treatment Planning

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	person-centered process	0	0	0	0	0	0	0	0
7122	timely development	0	0	0	0	0	0	0	0
7123	requests for review	0	0	0	0	0	0	0	0
7124	participation by individual(s) of choice	0	0	0	0	0	0	0	0
7125	assessment of needs	0	0	0	0	0	0	0	0

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	prior consent	0	0	0	0	0	0	0	0
7242	identification	0	0	0	0	0	0	0	0
7243	objection	0	0	0	0	0	0	0	0
7244	release to others/return	0	0	0	0	0	0	0	0
7245	storage/destruction	0	0	0	0	0	0	0	0
TOTALS		80	1	1	79	52	28	91	6

17. No Right Involved

Code	Category	Received
0000	no right involved	8

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	1

Section II: Annual Complaint Data Summary for: Northeast Michigan CMH Auth

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action(s)	Specific Remedial Action(s)	Specific Remedial Action(s)	MI	DD	SED	SED-W	DD-CWP	HSW
abuse class II - unreasonable force	Residential DD	Suspension			0	0	0	0	0	1
abuse class II - unreasonable force	Other	Employment Termination			0	0	0	0	0	1
abuse class II - unreasonable force	Residential DD	Employment Termination			0	0	0	0	0	1
abuse class III	Other	Employment Termination			0	0	0	0	0	1
abuse class III	Residential DD	Suspension			0	0	0	0	0	1
neglect class II	Other	Employee left the agency, but substantiated			0	0	0	0	0	1
neglect class II - failure to report	Other	Written Reprimand			0	1	0	0	0	0
neglect class III	Residential DD	Suspension			0	1	0	0	0	5
neglect class III	Residential MI & DD	Other			0	0	0	0	0	6
neglect class III	Residential DD	Written Counseling			0	0	0	0	0	1
neglect class III	Residential DD	Written Counseling			0	1	0	0	0	0
neglect class III	Residential DD	Employment Termination			0	0	0	0	0	5
neglect class III	Residential DD	Written Counseling			0	0	0	0	0	1
neglect class III - failure to report	Residential MI & DD	Contract Action			0	0	0	0	0	1
neglect class III - failure to report	Residential DD	Verbal Counseling			0	0	0	0	0	1
retaliation/harassment	Residential DD	Employment Termination			0	0	0	0	0	0
disclosure of confidential information	Out Patient	Suspension			1	0	0	0	0	0

REMIEDIATION TOTALS	
Verbal Counseling	14
Written Counseling	11
Verbal Reprimand	3
Written Reprimand	6
Suspension	0
Demotion	0
Staff Transfer	4
Training	5
Employment Termination	3
Employee left the agency, but substantiated	1
Contract Action	1
Policy Revision/Development	0
Environmental Repair/Enhancement	0
Plan of Service Revision	1
Recipient Transfer to Another Provider/Site	6
Other	1
Pending	1

Section II: Annual Complaint Data Summary for: Northeast Michigan CMH Auth

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action(s)	Specific Remedial Action(s)	Specific Remedial Action(s)	MI	DD	SED	SED- W	DD- CWP	HSW
disclosure of confidential information	ACT	Written Reprimand			1	0	0	0	0	0
disclosure of confidential information	Other	Written Counseling			0	0	0	0	0	1
disclosure of confidential information	Other	Policy Revision/Development			0	0	0	0	0	0
disclosure of confidential information	Other	Verbal Counseling			0	1	0	0	0	0
disclosure of confidential information	Out Patient	Other			0	0	2	0	0	0
disclosure of confidential information	Other	Verbal Counseling			0	0	0	0	0	0
disclosure of confidential information	Other	Verbal Counseling			0	0	0	0	0	1
disclosure of confidential information	SIP	Written Counseling			0	0	0	0	0	1
disclosure of confidential information	Other	Verbal Counseling			1	0	0	0	0	0
disclosure of confidential information	Other	Employee left the agency, but substantiated			0	0	1	0	0	0
disclosure of confidential information	Other	Verbal Counseling			0	0	1	0	0	0
disclosure of confidential information	Other	Employee left the agency, but substantiated			0	1	0	0	0	0
disclosure of confidential information	SIP	Verbal Counseling			0	0	0	0	0	1
disclosure of confidential information	Case Management	Written Counseling			1	0	0	0	0	0
disclosure of confidential information	Residential DD	Written Counseling			0	0	0	0	0	1
property - possession and use	Residential MI & DD	None			4	1	0	0	0	0
dignity and respect	Residential DD	Suspension			0	1	0	0	0	0
dignity and respect	Residential MI & DD	Other			0	0	0	0	0	1
dignity and respect	Residential MI & DD	Recipient Transfer to Another Provider/Site			4	1	0	0	0	0
dignity and respect	Residential MI & DD	Other			1	0	0	0	0	2
dignity and respect	ACT	Verbal Counseling			1	0	0	0	0	0
dignity and respect	Residential MI & DD	Written Reprimand	Training		1	0	0	0	0	0
dignity and respect	Case Management	Written Counseling			1	0	0	0	0	0
dignity and respect	Residential DD	Written Counseling			0	0	0	0	0	1
dignity and respect	Residential DD	Written Counseling			0	0	0	0	0	6
dignity and respect	Residential DD	Pending			0	1	0	0	0	5
mh services suited to condition	SIP	Written Counseling			0	0	0	0	0	1
mh services suited to condition	Residential DD	Verbal Counseling	Training		0	0	0	0	0	1
mh services suited to condition	Other	Verbal Counseling	Training	Other	0	1	0	0	0	0
mh services suited to condition	Other	Training			0	0	1	0	0	0
mh services suited to condition	SIP	Verbal Counseling			0	0	0	0	0	1
mh services suited to condition	SIP	Verbal Counseling			0	0	0	0	0	1
mh services suited to condition	SIP	Suspension			0	0	0	0	0	1
mh services suited to condition	SIP	Verbal Counseling			0	0	0	0	0	1
mh services suited to condition	Other	Verbal Counseling			0	0	0	0	0	1
mh services suited to condition	Residential DD	Other			0	1	0	0	0	3

REMIATION TOTALS	
None	0

POPULATION TOTALS	
MI	16
DD	11
SED	5
SED-W	0
DD-CWP	0
HSW	56

PROVIDER TOTALS	
Out Patient	2
Residential MI	2
Residential DD	17
Residential MI & DD	7
Inpatient	0
Day Program MI	0
Day Program DD	0
Workshop (prevocational)	0
Supported Employment	0
ACT	2
Case Management	2
Psychosocial Rehabilitation	0
Partial Hospitalization	0
SIP	7
Crisis Center	0
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Respite Homes	0
Other	16

SECTION II: ANNUAL TRAINING ACTIVITY

Northeast Michigan CMH Authority

Part B: Training Provided by Rights Office

Is Update Training Required?	Yes
If Yes, how often: (Annual, Every 2 years, etc.)	Annual

Northeast Michigan CMH Authority

Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
		419	192	1	46			
Module 7 Recipient Rights - New Hires	4.00	46	94	0	8	Self Determination	Face-to-Face	
Initial Rights for Professional Staff	1.00	16	0	0	0		Face-to-Face	Individually
Initial Rights for Professional Staff	1.00	0	0	0	34	Interns	Face-to-Face	
Annual Rights Update	1.00	0	98	1	4	Self Determination	Face-to-Face	
Annual Rights Update	6.00	357	0	0	0		Computer	Annual Staff Training

Northeast Michigan CMH Authority

Type of Training Totals	Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	4	62	192	1
Video	0	0	0	0
Computer	1	357	0	0
Paper	0	0	0	0
Video & Face-to-Face	0	0	0	0
Computer & Face-to-Face	0	0	0	0
Paper & Face-to-Face	0	0	0	0
Other (please describe)	0	0	0	0

Northeast Michigan CMH Authority

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 18/19.
Indicate in Outcome if goal was accomplished or remains ongoing.

1. Continue with scanning projects of documents, resource materials, committee minutes and information.

Outcome: Ongoing

2. As of 10-1-18, recipient rights recording system began with PCE (Majestic). Rights staff will learn and use this system.

Outcome: Accomplished

3. Work with IT in developing information for the recipient rights link on the Agency's website.

Outcome: Ongoing

Outcomes established by the office for FY 19/20:

1. Continue with scanning projects of documents, resource materials, committee minutes and information.

2. A new rights advisor will be hired shortly and training over the course of the year will be required.

3. Work with IT in developing information for the recipient rights link on the Agency's website.

Northeast Michigan CMH Authority

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The Rights Office & Advisory Committee recommend the following:

1. None.

2.

3.

4.

5.

Tables for Section IC

Population	
MI	Adult Mentally Ill
DD	Developmentally Disabled
SED	Child with Serious Emotional Disturbance
SEDW	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.
DD-CWP	Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).
HSW	The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eight Months Ending September 30, 2019
100% of year elapsed

	Actual September Year to Date	Budget September Year to Date	Variance September Year to Date	Budget FY19	% of Budget Earned or Used
Revenue					
1 State Grants	100,782.80	96,999.96	\$ 3,783	\$ 97,000	103.9%
2 Private Contracts	48,398.00	57,330.60	(8,933)	57,331	84.4%
3 Grants from Local Units	508,184.51	507,897.00	288	507,897	100.1%
4 Interest Income	14,143.96	9,999.96	4,144	10,000	141.4%
5 Medicaid Revenue	25,254,525.13	24,952,633.00	301,892	24,952,633	101.2%
6 General Fund Revenue	754,989.44	800,467.00	(45,478)	800,467	94.3%
7 Healthy Michigan Revenue	1,211,393.01	1,563,803.00	(352,410)	1,563,803	77.5%
8 3rd Party Revenue	345,506.19	532,132.00	(186,626)	532,132	64.9%
9 SSI/SSA Revenue	499,457.41	504,863.32	(5,406)	504,863	98.9%
10 Other Revenue	86,990.90	87,091.95	(101)	87,092	99.9%
11 Total Revenue	28,824,371	29,113,218	(288,846)	29,113,218	99.0%
Expense					
12 Salaries	12,304,030	12,510,384	206,354	12,510,384	98.4%
13 Social Security Tax	553,951	587,387	33,437	587,387	94.3%
14 Self Insured Benefits	2,110,153	2,170,713	60,561	2,170,713	97.2%
15 Life and Disability Insurances	213,832	232,368	18,536	232,368	92.0%
16 Pension	996,929	958,284	(38,645)	958,284	104.0%
17 Unemployment & Workers Comp.	183,110	190,919	7,810	190,919	95.9%
18 Office Supplies & Postage	37,321	45,076	7,754	45,076	82.8%
19 Staff Recruiting & Development	111,819	123,411	11,592	123,411	90.6%
20 Community Relations/Education	17,916	3,871	(14,045)	3,871	462.8%
21 Employee Relations/Wellness	41,457	52,072	10,615	52,072	79.6%
22 Program Supplies	437,243	461,042	23,799	461,042	94.8%
23 Contract Inpatient	1,071,151	1,085,509	14,358	1,085,509	98.7%
24 Contract Transportation	112,566	124,153	11,587	124,153	90.7%
25 Contract Residential	5,161,486	5,119,111	(42,375)	5,119,111	100.8%
26 Contract Employees & Services	3,600,536	3,556,496	(44,040)	3,556,496	101.2%
27 Telephone & Connectivity	116,048	112,242	(3,806)	112,242	103.4%
28 Staff Meals & Lodging	31,440	38,194	6,755	38,194	82.3%
29 Mileage and Gasoline	424,369	453,674	29,305	453,674	93.5%
30 Board Travel/Education	10,741	13,664	2,924	13,664	78.6%
31 Professional Fees	57,003	65,248	8,245	65,248	87.4%
32 Property & Liability Insurance	58,825	60,711	1,885	60,711	96.9%
33 Utilities	164,402	172,605	8,203	172,605	95.2%
34 Maintenance	159,381	191,117	31,736	191,117	83.4%
35 Rent	262,609	233,367	(29,241)	233,367	112.5%
36 Food (net of food stamps)	60,690	57,681	(3,008)	57,681	105.2%
37 Capital Equipment	48,989	119,395	70,406	119,395	41.0%
38 Client Equipment	9,906	28,469	18,563	28,469	34.8%
39 Miscellaneous Expense	65,265	88,330	23,065	88,330	73.9%
40 Depreciation Expense	248,823	257,723	8,900	257,723	96.5%
41 Total Expense	28,671,990	29,113,218	441,228	29,113,218	98.5%
42 Change in Net Position	\$ 152,382	\$ -	\$ 152,382	\$ -	0.5%
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ (364,417)				
45 Healthy Michigan Funds (Over) / Under Spent	343,214				
46 Total NMRE (Over) / Under Spent	\$ (21,203)				
47 General Funds to Carry Forward to FY20					
48 General Funds Lapsing to MDHHS	\$ 5,478				
49 General Funds (Over) / Under Spent	\$ 5,478				

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

	Total Business- Type Activities September 30, 2019	Total Business- Type Activities Sept. 30, 2018	% Change
Assets			
Current Assets:			
Cash and cash equivalents	\$ 3,015,510	\$ 4,482,901	-32.7%
Restricted cash and cash equivalents	783,000	830,103	-5.7%
Investments	750,000	750,000	0.0%
Accounts receivable	2,297,997	963,495	138.5%
Inventory	15,885	15,885	0.0%
Prepaid items	341,665	341,099	0.2%
Total current assets	<u>7,204,058</u>	<u>7,383,484</u>	<u>-2.4%</u>
Non-current assets:			
Capital assets not being depreciated	80,951	80,000	1.2%
Capital assets being depreciated, net	1,433,745	1,512,881	-5.2%
Total non-current assets	<u>1,514,696</u>	<u>1,592,881</u>	<u>-4.9%</u>
Total assets	<u>8,718,754</u>	<u>8,976,365</u>	<u>-2.9%</u>
Liabilities			
Current liabilities:			
Accounts payable	1,475,725	1,881,100	-21.5%
Accrued payroll and payroll taxes	646,261	623,667	3.6%
Deferred revenue	23,744	3,852	516.4%
Current portion of long-term debt (Accrued Leave)	65,224	69,148	-5.7%
Total current liabilities	<u>2,210,954</u>	<u>2,577,767</u>	<u>-14.2%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	717,776	760,955	-5.7%
Total liabilities	<u>2,928,730</u>	<u>3,338,722</u>	<u>-12.3%</u>
Net Position			
Invested in capital assets, net of related debt	1,397,144	1,592,881	-12.3%
Unrestricted	4,474,327	4,044,762	10.6%
Total net position	<u>\$ 5,871,471</u>	<u>\$ 5,637,642</u>	<u>4.1%</u>
Net Position Beginning of Year			
Revenue	28,824,371		
Expense	(28,671,990)		
Change in net position	<u>152,382</u>		
Net Position September 30, 2019	<u>\$ 5,790,024</u>		

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

15.4% or 56 days
8% - 25%

POLICY CATEGORY:
POLICY TITLE AND NUMBER:
REPORT FREQUENCY & DUE DATE:
POLICY STATEMENT:

Ends
Board Ends Statement, Policy # 04-001
Annual: November 2019

Ends

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

Sub-Ends

Services to Children

1. We expect that children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

Achievement of this sub-end will be confirmed by monitoring Child and Adolescent Functional Assessment Scores (CAFAS):

- A. 90% of all children who participate in service (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point decrease in CAFAS scores at the completion of services.

Status:

The end of fiscal year 2019 ended with 39 cases being closed in the last six months. At least a 20 point decrease in CAFAS score was displayed in 23 of the 39 cases. Of the 16 cases not meeting this goal, four individuals dropped out of treatment, five transferred to residential services/detention, five relocated out of the area and two individual's guardian requested to close services. For those individuals ending services within the past six month, 60% accomplished a 20+ point decrease in their CAFAS scores.

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

2. Individuals needing independent living supports will live in the least restrictive environment.

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

Status:

The Agency assisted in the development of Boucher AFC in Alpena. Another location just outside our catchment area (Alanson) was identified and this Agency worked with the licensee in a consultative role and have since placed four individuals in that residential location. It is hopeful this licensee will consider opening a second residential facility in the Onaway area. Boucher AFC will be adding another site

in November 2019. Owen AFC is in the process of being licensed for I/DD and MI residents.

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

Status:

The measure was met in 2018; however, the Agency continues to develop additional independent living services. In this reporting period, three individuals moved from Adult Foster Care into local independent living, one individual moved from homeless shelter to local independent living, five individuals moved from out-of-area specialized residential settings to local Adult Foster Care facilities and one individual moved from the state hospital to a local Adult Foster Care setting.

One individual was unable to maintain living independently after several months and has returned to living in a licensed facility.

Barriers to achieving goal: Ensuring individuals are ready for the move to independence and have the appropriate support for success. In addition, there is a shortage of local, affordable housing and trained staff.

Services to Adults with Co-Occurring Disorders

- 3. Adults with co-occurring disorders will realize significant improvement in their condition.

- A. 75% of those persons with a diagnosed substance use disorder will have one objective in their plan of service addressing treatment options or services.

Status:

As previously reported, the monitoring of this identified “End” would require a labor intensive search of each individual’s record who receives services through the Agency. There is no good method to capture this data where a report would be able to generate the results. During the course of this year’s Strategic Planning, we will need to identify a more trackable objective.

- B. 100% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing medication assisted treatment.

Status:

Agency reports for FY19 show twenty-eight (28) individuals identified they participate in a medication-assisted treatment (MAT) program. Of the 28 cases, seven (7) cases were crisis only and a plan of service was not developed. Of the remaining twenty-two (22) cases, two (2) cases did not follow up for ongoing services beyond the initial intake and interim Plan of Service (POS) while an additional two (2) cases did not qualify for services following completion of the intake assessment. One (1) case was open to services but participating in MAT for non-opioid use disorder. Of the sixteen (16) qualifying cases, eight (8) individuals (50%) have an identified objective within their POS addressing substance use.

Financial Outcomes

4. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 5.B, below).

Status:

As of September 30, 2018, agency-wide revenues exceeded expenses by \$26,403. As of September 30, 2019, agency-wide revenues exceed expenses by \$152,382.

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, 2019, Medicaid and Healthy Michigan funds were over- and underspent by (\$364,417) and \$343,214 respectively. This will result in a cost settlement with the NMRE from available carryforward or risk funds.

- 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, 2019, General Funds were underspent by \$5,500. Of this amount, \$5,500 can be carried forward to FY20. It is the intention of management not to lapse any General Funds to MDHHS and to make those funds available for transfer to other Community Mental Health Boards. These transfers must occur before our fiscal year end. Using projections based on previous months, it was determined in August (using July data) a lapse of \$40,000 would occur. The decision was made to transfer \$20,000 each to Centra Wellness CMH and Northern Lakes CMH. These transfers have shorted our allowed General Fund carryforward for 2020 based on current data. The fiscal year will not be fully closed until November. Final numbers should be available at the December board meeting.

The Board of Directors are kept apprised of the agency's financial situation on a monthly basis, including the status of over and underspending of General Funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods.

Community Education

6. The Board will provide community education. This will include the following:
 - A. Disseminate mental health information to community utilizing available technology and at least one Report to Community annually.

***Status:** The Annual Report was completed in May 2019 and is posted to the Agency's website, distributed through e-mail as well as hard copies available for offices, commissioners, collaborative members and those requesting hard copy.*

- 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:

Mental Health First Aid Trainings

Partners in Prevention held a Youth Mental Health First Aid training December 6 and 13, 2018 at the First Presbyterian Church in Alpena with eight attending and five completing the course. They also held an Adult Mental Health First Aid training December 7 and 14, 2018 at the First Presbyterian Church with 13 attending and 11 completing the course. Youth Mental Health First Aid training was also provided on January 14 and 21, 2019 at Hope Shores Alliance with 14 attending and 11 completing the course. A Youth Mental Health First Aid training was conducted on May 13 and 14 with ten completing the course. On May 20 and 21, a Mental Health First Aid training was held with 12 out of 15 completing the course. Both courses were provided through our contractual arrangement with Partners in Prevention. Partners in Prevention also provided a Youth Mental Health First Aid training on September 18 and 19 with 12 registrants and 9 completing the course. September 23 and 24, Partners in Prevention provided Adult Mental Health First Aid with 12 registrants and 6 completing the course.

Trauma and Suicide Prevention Trainings

Partners in Prevention provide training in trauma and suicide prevention. On October 16, 2018 a three-hour "Trauma-Informed Practice for Providers in the Field of Intellectual and Developmental Disabilities" was provided for agency staff with 20 attending. Partners in Prevention also conducted a 90-minute suicideTALK presentation for Power of Parenting on October 16. October 23 they repeated the training of October 16 for agency staff on trauma with 25 additional staff attending. On November 13, they conducted a 90-minute "Trauma-Informed Parenting" presentation for Power of Parenting with 10 attending. On February 1, 2019, Great Start to Readiness Preschool staff received training on the "Effects of Trauma and

Classroom Strategies” with 15 participants. On August 29, 2019, Child and Family Services received a 1-hour training on “The Effects of Trauma on Children” for 12 staff. September 3, 2019, Partners in Prevention provided a 3-hour safeTALK for the entire staff of Rogers City Elementary School, which included teachers, aides, clerical staff, counseling/support staff, kitchen staff, bus drivers and administration. September 9, 2019 a 1-hour presentation was held for the Alpena Senior Citizens Center entitled “Suicide Awareness Saves Lives” with 20 participants. September 19, 2019 Partners in Prevention also participated in the Elder Abuse Conference at Alpena Senior Citizens Center providing an overview on “Seniors Dealing with the Effects of Trauma.” There were 32 attending this conference. Partners also provided a “Suicide Awareness” discussion for the First Methodist Church Men’s Group with 10 participants.

Applied Suicide Intervention Skills Training (ASIST) was held on August 27 and 28 for community mental health staff, coordinated through Partners in Prevention.

Partners in Prevention also had a six-week course of “Caring for Children Who Have Experienced Trauma” scheduled from January 24 through February 28; however, weather caused reschedule. On September 25, 2019, another six-week class kicked off with 25 registrants.

Other Offerings

Julie Hasse provided a training on November 13, 2018 for the school system paraprofessionals working one-on-one with children. The training was entitled “Being Gentle in the Face of Challenging Behaviors.”

In addition to presentations and trainings, Partners in Prevention also launched a media campaign for Suicide Prevention Week and Suicide Awareness Month which included three television interviews, as well as print and radio placements. Social media posts included six directly related to suicide, 11 promoting mental health, three promoting local services and one promoting the ASIST workshop coming up in October.

C. Support community advocacy.

Status:

Linda Murphy provided the Alpena Human Services Coordinating Council with an overview of the OBRA Program and Older Adult Services offered at the Agency.

Mary Crittenden provided the Alpena Area Parkinson’s Support Group with a presentation on the topic of depression on March 18, 2019. On March 19, 2019 she presented the Alpena Senior Center with information on the “Hopeful Journey” dealing with stress management. This segment was targeted to a support group of grandparents raising their grandchildren.

Amy Pilarski has been working with the local NAMI Formation group in attempting to establish a local NAMI Chapter in Alpena.

Nena Sork taught a segment of the Community Health Worker Certification course at Alpena Community College on August 21, 2019.

Linda Murphy presented at an Elder Abuse Training put on by the Senior Citizens Center at ACC on September 19, 2019.

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

EXECUTIVE LIMITATIONS
(Manual Section)

TREATMENT OF INDIVIDUALS SERVED
(Subject)

Board Approval of Policy |
Last Revision of Policy Approved by Board:
2015 November 14, 2019

August 8, 2002
~~December 10,~~

●1 **POLICY:**

With respect to interactions with individuals served, or those individuals applying for services, the ~~CEO~~ Executive Director shall not cause or allow conditions, procedures, or decisions which are unsafe, disrespectful, unduly undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

Accordingly, she or he may not:

1. Use application forms or procedures that elicit information for which there is no clear necessity.
2. Use methods of collecting, reviewing, or storing client information that fail to protect against improper access to the information elicited.
3. Maintain facilities that fail to provide a reasonable level of privacy, both aural and visual.
4. Fail to provide procedural safeguards for the transmission of information.
5. Fail to establish with the individual receiving services a clear contract of what may be expected and what may not be expected from the service offered.
6. Fail to inform individual served by this Agency of this policy or to provide a grievance process to those individuals served who believe that they have not been accorded a reasonable interpretation of their rights under this policy.
7. Fail to have staffing or contractual arrangements to provide services that reflect the diversity found in the community.
 - A. ethnic
 - B. gender
 - C. geographic

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

8. Fail to provide services and benefits to clients or the public and contract agencies without prejudice as to religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap or ability to pay.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

EXECUTIVE LIMITATIONS

(Manual Section)

STAFF TREATMENT

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision of Policy Approved by Board:

~~December 10,~~

~~2015~~November 14, 2019

●1 **POLICY:**

With respect to treatment of paid and volunteer staff, the ~~CEO-Executive Director~~ may not cause or allow conditions which are unfair, undignified or unsafe or unclear.

Accordingly, she or he may not:

1. Operate without written personnel procedures which clarify personnel rules for staff, provide for effective handling of grievances and protect against wrongful conditions.
2. Discriminate against any staff member for non-disruptive expression of dissent.
3. Fail to acquaint staff with their rights under this policy.
4. Fail to be sensitive to and consider human diversity in all dealings with staff once known or perceived.
5. Discriminate in the recruitment, hiring, training, upgrading, promotion, retention or any other personnel action based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, or physical or mental handicap, except where age, sex or physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

ENDS

(Manual Section)

BOARD ENDS STATEMENT

(Subject)

Board Approval of Policy
Revision to Board Policy

August 8, 2002
November 814, 20182019

●1 **POLICY:**

Ends

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

Sub-Ends

Services to Children

1. We expect that children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

Achievement of this sub-end will be confirmed by monitoring Child and Adolescent Functional Assessment Scores (CAFAS):

- A. 9075% of all children who ~~participate in service~~complete treatment (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point decrease in CAFAS scores at completion of services.

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

2. Individuals needing independent living supports will live in the least restrictive environment.

- A. Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.
- B. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.

~~A. 75% of those persons with a diagnosed substance use disorder will have one objective in their plan of service addressing treatment options or services.~~

~~B.A. 10090%~~ of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing ~~medication assisted treatment~~their substance use recovery goals.

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

Financial Outcomes

4. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 5.B, below).
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Community Education

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**Michigan Association of Community
Mental Health Boards
Lansing, MI 48933**

Invoice

Date	Invoice No.
10/23/2019	10/19/387

Bill To
Northeast Michigan CMH Authority Attn: Accounts Payable 400 Johnson St. Alpena, MI 49707

Ship To

P.O. Number		Ordered By	Via	Due Date	Ship Date
				10/23/2019	10/23/2019
Item Code	Quantity	Description		Price Each	Amount
1001-00	1	FY 19/20 Membership Dues		13,412.00	13,412.00

CANCELLATION POLICY: Substitutions are permitted at any time. No splitting registrations. Cancellations must be received in writing at least 10 business days prior to the training for a full refund less an administrative fee. If the cancellation is received less than 10 days prior to the training, no refund can be given. "While contributions or gifts to the Michigan Association of CMH Boards are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code."

If you have any questions, please contact Dana Ferguson at (517) 374-6848. Please make checks payable to MACMHB and mail your check to 426 S. Walnut, Lansing, MI 48933.

Current Invoice Total	\$13,412.00
Payments/Credits	\$0.00
Current Balance Due	\$13,412.00

If the Current Balance Due does not match the Total Account Balance below, please contact MACMHB to discuss.

Total Acct Balance	\$13,537.00
---------------------------	-------------

	Program	Consumers served October 2019 (10/1/19 - 10/31/19)	Consumers served in the Past Year (11/1/18 - 10/31/19)	Running Average (Variable Timeframe) (10/1/19 - 10/31/19)
1	Access / Crisis / Prescreens	89 - Routine 0 - Emergent 0 - Urgent 95 - Crisis 54 - Prescreens	775 - Routine 2 - Emergent 4 - Urgent 986 - Crisis 573 - Prescreens	89 - Routine 0 - Emergent 0 - Urgent 95 - Crisis 54 -Prescreens
2	Doctors' Services	497	1348	497
3	Case Management			
	Older Adult (OBRA)	132	340	132
	MI Adult	195	492	195
	MI ACT	22	48	22
	Home Based Children	23	41	23
	MI Children's Services	109	266	109
	DD	245	399	245
4	Outpatient Counseling	208(31/177)	509	208
5	Hospital Prescreens	54	573	54
6	Private Hospital Admissions	25	279	25
7	State Hospital Admissions	1	3	0
8	Employment Services			
	DD	50	74	50
	MI	20	66	20
	Touchstone Clubhouse	---	---	---
9	Peer Support	34	62	34
10	Community Living Support Services			
	DD	94	113	94
	MI	66	152	66
11	CMH Operated Residential Services			
	DD Only	59	69	59
12	Other Contracted Resid. Services			
	DD	39	44	39
	MI	38	44	38
13	Total Unduplicated Served	1185	2443	1185

County	Unduplicated Consumers Served Since November 2018
Alcona	276
Alpena	1509
Montmorency	272
Presque Isle	281
Other	87
No County Listed	18

DRAFT



QI Council Minutes

For Meeting on 10/21/19

10:15 AM to 11:55 AM

Board Training Room

Meeting called by: Genny Domke
Type of meeting: Bi-Monthly
Facilitator: Genny Domke
Note taker: Diane Hayka via digital recorder
Timekeeper:

Attendees: Genny Domke, Lynne Fredlund, Joe Garant, Jamie McConnell, Angie Stawowy, Judy Szott, Jen Whyte

Absent: Jamie McConnell (excused), Nena Sork (excused)

QI Coordinator: Lynne Fredlund

Guests: LeeAnn Bushey

Agenda Topics

Genny Domke welcomed and thanked Lynne Fredlund for the decorations and treats.

Review of Minutes

Discussion:

By consensus, the minutes of the August 19, 2019 meeting were approved as presented. Lynne Fredlund voiced concern about a discussion, which took place during the last meeting, captured in the minutes, when she was out of the meeting room. The discussion touched on the role of the QI Council and she noted this Council is a monitoring group. She requested for further discussions when a member is out of the room, as a courtesy, the member to be apprised of the discussion rather than reading about the discussion in the minutes later.

Action items:

Person responsible:

Diane Hayka via digital recorder

Deadline:

ASAP

Management Team

Discussion:

Jen Whyte reported Management Team met on September 9 and she was not in attendance; however, from the minutes distributed she highlighted areas of interest. She reported Cheryl Kobernik has been hired as a clinical consultant and will providing consultation to the clinical staff. Much of her time will be through a SKYPE connection in the provision of this service. Jen informed Council members the budget is looking good for this fiscal year and the Agency will have some funds to carry forward. She reported next year's budget, which was presented to the Board at their October meeting, is a balanced budget. She reported the Agency was able to assist two of our partner boards with a transfer of some General Fund dollars.

Lynne Fredlund requested clarification on Cheryl Kobernik's title. Jen Whyte noted Cheryl would be the Clinical Consultant.

DRAFT

Jen Whyte noted Meaningful Use was a topic on the Agenda for the Management Team meeting but she was not there to report. She informed Council members the Agency is doing well with two of the providers meeting objectives. She noted focus would be getting all providers to meet their objectives during the last quarter. Due to the small amount of appointments with Dr. Rajasekhar, this can be difficult as the window is much smaller. Jen reported the incentive payment is \$8,500 for each provider meeting the objective.

Action Items:

Report Monthly

Person Responsible:

Nena Sork

Deadline:

Consumer Advisory Council

Discussion:

Nena Sork was not in attendance to report. Lynne Fredlund noted it was reported to the Board that Cheryl Kobernik was introduced to the Advisory Council at their September meeting.

Action Items:

Report Bi-Monthly

Person Responsible:

Nena Sork

Deadline:

CARF Committee

Discussion:

Lynne Fredlund reported the CARF Committee met on October 16. Lynne reported Mary Crittenden was on the Committee and now Danica Dumsch will be taking her place. The new letterhead has arrived with the accreditation indicating 17 programs versus the old of 21 programs. If staff have templates on their computer, they should be updating the template with the new version. The actual paper stationary can be used up, however, as we want to eliminate waste. The Standards for the various programs were distributed to the appropriate program leaders. The Plan of Correction for our CARF recommendations was submitted. This was approved by Management Team and Cheryl Kobernik also reviewed the response. It was noted Cheryl is a CARF surveyor as well. She did provide input during the Management Team review of the response. Lynne noted how nice it was to get input from someone who conducts the review as far as wording of responses.

Lynne Fredlund reported the Committee will be meeting in November and will hopefully have the response to the Plan of Correction by that time. The Committee will then go to meeting bi-monthly.

Lynne Fredlund reported the CARF Committee solicited for new members from the Finance, IT and HR Departments to round out their CARF Team. Connie Cadarette, Dennis Bannon and Lisa Anderson will represent those departments.

Action Items:

Report Monthly

Person Responsible:

Lynne Fredlund

Deadline:

DRAFT

Clinical Leadership Team

Discussion:

Genny Domke noted the minutes from the September 25 and October 9 meeting are included in the packet; however, the representative from the Committee was unable to attend the meeting today.

Per the minutes of the September 25 meeting, the Placement Committee is being revitalized and plans to begin meeting in October. The committee will review the placement requests and bring recommendations to the Clinical Leadership Team for approval or alternative options. Katie Witkowski will lead this committee and be responsible for bringing recommendations to the Clinical Leadership Team.

Also in the September 25 minutes, it was noted an adhoc committee met and have set up a two-part training itinerary and developed training manuals focusing on LOCUS. The adhoc committee will be working on a refresher course for trainers.

Both sets of minutes featured discussion about the Take Back Event scheduled at the Alpena Senior Center in October. Staff will work collaboratively with staff from the senior center as well as a police officer during the event.

In January, the All Staff meetings will be held back in the Board Room with broadcasts out to the out-county offices.

Action Items:

Report Monthly

Person Responsible:

Nena Sork

Deadline:

Customer Satisfaction Committee

Discussion:

Angie Stawowy reported the next Customer Satisfaction Committee meeting is scheduled for Monday, October 28.

Angie reported she followed up to suggestions discussed at the last Customer Satisfaction Committee and hooks have been installed in bathrooms to allow a place to hang coats and purses. She reported Rich Greer is looking to obtain universal cup dispensers to be placed by the drinking fountains.

Action Items:

Report Bi-Monthly

Person Responsible:

Angie Stawowy

Deadline:

Resource Standards & Development Committee

Discussion:

Genny Domke reported this Committee met in September and October. She reported a fall flannel day was held on September 27 as one of the theme days. The soup and dessert event was held. She noted the prizes for that event were awarded by a drawing of those putting their name in when they attended rather than voting on the best soup or dessert. She reported Orange and Purple is the next theme day to tie it into the Trunk or Treat event. Genny reported a cupcake contest will also be held in October.

DRAFT

November will feature a “pay it forward” theme with possibly a food collection for veterans to tie it into Veteran’s Day. Genny reported the award of the Employee of the Month is being expanded on going forward. In the past, the employee received a check as recognition and now they will get the check along with a letter from the Director. The Random Acts of Kindness continues, the picture board is continually updated for various themes, and the Committee continues with the Employee of the Month along with the Team of the Month.

Genny Domke noted this Committee has teamed up with the HealthFirst Committee to collaborate events. She noted future Random Acts of Kindness awards will be healthier products. She noted fruit was distributed recently to all the homes and offices to address healthy snacking. She reported the quarterly newsletter should be ready for publication shortly.

Lynne Fredlund recognized the Committee for their efforts to continually increase the morale of Agency staff. Jen Whyte inquired as to what day the food drive for the Vets would be held. Genny noted this date is yet to be determined but will be communicated to staff. The cupcake tasting will be held October 31, 2019.

Action Items:

Report Bi-Monthly

Person Responsible:

Genny Domke

Deadline:

Risk Management Committee

Discussion:

Lynne Fredlund reported the Risk Management Committee met on August 28. Dayna Barbeau attended their meeting to provide the quarterly report for Grievance and Appeals. Lynne reviewed the statistics with Council members. She noted a grievance could be simple things such as uncomfortable chairs in the waiting room, color of paint on the walls or not liking the person waiting on them. Grievances are not always related to service provision.

Lynne noted the Risk Management Committee reviewed the Behavior Support report in Bailey Ross’s absence. She noted as this is a quarterly report, there is no good way to measure this report in an apples to apples format as there are various individuals reviewed during individual quarters. Lynne requested suggestions as to how to develop a report, which would include more meaningful data or methods of reporting.

Lynne Fredlund reported the Risk Management Committee also received a quarterly report from the Recipient Rights Committee.

The recommendations received from MDHHS will be discussed later in this meeting. The Risk Management Committee will meet on November 25, 2019.

A suggestion was to take one behavior to trend and determine if there are any improvements with the accommodations made to address the behavior and be able to recognize if there is progress.

Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

DRAFT

Safety Committee

Discussion:

Jamie McConnell was not in attendance to report for the Safety Committee. The minutes of the August 27 meeting were in the materials for this meeting. The minutes noted a report from Infection Control was received. The Committee addressed some CARF concerns at the Harrisville Office related to participation in safety drills at the location.

The minutes reflect the addition of Narcan to the first aid kits in all offices. The Safety Committee also referred a concern to Rich Greer related to the Hillman Office. Wheelchair access to that office is cumbersome and it was noted the interior door could be propped open during the office hours allowing for easier access. In addition, Rich will look into mounting a magnetic ground holder for the external door to prop it open when accessing the office.

The Safety Committee also noted a bathroom renovation is being made at the Alpena Office, which will allow for adult individuals to have a changing station and shower available to them.

Action Items:

Person Responsible:

Jamie McConnell

Deadline:

ASAP

Utilization Management

Discussion:

Jen Whyte reported the Utilization Management Committee met in August and September of which the minutes for those meetings are included in the materials for this meeting. She noted the Committee reviews the Standard Reports at each meeting. She notes improvements are being made in all areas. She noted the over- and under-use of respite continues to be monitored. The Committee also reviews discharge reasons and tracks if the discharge is planned or unplanned. She notes the supervisor needs to assure there is a reason for discharge prior to signing off the discharge note. Jen reports the Respite usage review continues with monitoring of utilization of authorized days and percentage of authorization remaining. The supervisors are receiving monthly reports on respite.

Jen Whyte reported the LOCUS is being reviewed quarterly. She reported there is a training need identified and this is being developed. There was a concern during the MIFAST Review to address the need for additional training. Another MIFAST Review will be requested for the Spring of 2020.

Jen Whyte noted clinical case reviews are now being conducted monthly. She noted the first report was compiled with three questions chosen to focus on. The three questions are:

1. (Item #4) Assessment was completed in a timely manner;
2. (Item #6) If there is a substance use disorder diagnosis, was a referral made to SUD Treatment; and
3. (Item #8) Was the Pre-Planning Process completed prior to the POS?

She reported the first choice question was problematic as it virtually was the same as Item #1. This will need to be corrected and a new report developed along with a database update. This will also affect Judy Szott's input to the file. Jen noted any CARF recommendations will also be revised at this time.

Jen also reported many responses to Question 3 (Item #8) the Committee reviewed showed a high level of N/A as responses. Questions were posed as to why there was such a high level of individuals not receiving their Pre-Plan prior to the Plan of Service. Lynne Fredlund noted typically a response should not be N/A, it should either be "Yes" or "No" and, if "No" and explanation of why it was provided. Jen Whyte noted this just may be a glitch in the system and it will be investigated further. Lynne Fredlund also noted the persons-served by 'med-only' has their pre-plan conducted the same day as the plan of service.

DRAFT

Jen noted this process is a work in progress and will be analyzed periodically to assure meaningful data is being captured in the clinical case review.

Action Items:

Report Monthly

Person Responsible:

Jennifer Whyte

Deadline:

Quality Oversight Committee - NMRE

Discussion:

Lynne Fredlund reported the Quality Oversight Committee at NMRE was held on October 1 and the minutes are not yet available. She reported there was a brief overview of the Clubhouse satisfaction survey. Only seven surveys were submitted for our clubhouse and all indicated satisfaction with the services. She noted the Outpatient Satisfaction Survey is underway now and will continue until October 31.

Surveys scheduled, after that point, will include a post-discharge survey of home-based services and a satisfaction survey of home-based services for active participants. She noted the survey participants are fewer as this is a program with only 10 – 15 individuals. The survey are also now electronically conducted so they need internet access to reach the survey. Hard copies of the survey can be obtained for those not able to complete online. There are opportunities to complete the survey at our office sites as there is a kiosk set up for such purposes at each location.

Lynne Fredlund noted QOC discussed improvements they can make in their meetings and processes. She noted the volume of reports and paper distributed at each meeting is overwhelming. This Committee meets bi-monthly. It was suggested possibly changing to a monthly meeting, which would spread the workload over a span of time. It was also suggested the minutes be available earlier so individuals have a chance to review them prior to meeting. As it is now, the QOC Committee met and will not meet again for two months. The minutes of their recent meeting will not be available until the next meeting and to get those minutes to our QI Council there is at least a three month lag.

Jen Whyte reported this group is open to suggestions to make the meetings and processes flow smoother and not be so overwhelming.

Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

QI Member Concerns

Discussion:

Joe Garant reported NEMROC has had a good year and is excited about expanding their employment services during the next fiscal year.

Action Items:

Person(s) Responsible:

All members

DRAFT

Deadline:

Project Team/Workgroup Update/Old Business

1. ACT MIFAST Review

Lynne Fredlund reported programs operated by the Agency having an evidence-based practice require fidelity reviews to assure the standards are met. ACT is one of those programs. The reviews are conducted by professionals that have expertise in that field. She noted there are three categories [General Organizational Index, an ACT category and an Integrated Dual Diagnosis Treatment category] for the ACT program. She noted each category is reviewed and the numbers are in play and a final score is awarded. This review was conducted when the Agency's ACT program was down to one clinical staff member and a brand new supervisor who was still in orientation stage. Lynne noted the base/philosophy of our ACT program is good. Staffing levels contributed to some of the lower scores. Lynne noted during the staff shortage, nurses and case managers who had worked previously in the ACT program and had the required training were assisting with ACT services. Lynne reviewed the strengths and weaknesses identified through this review. She reported we will be able to request another review in the future and most likely would do this once our ACT Team is fully staffed, trained and settled in.

2. Critical Incidents - NeMCMHA

Lynne Fredlund reviewed the report for Critical Incidents, which is compiled by the NMRE. Lynne noted a critical incident include: death by suicide, non-suicide death for individuals in 24-hour residential placement, individuals receiving CLS services, individuals receiving support coordination or targeted case management, individuals receiving ACT, Home-Based, or wraparound services and individuals involved in the Habilitation Support Waiver, SED Waiver or Childrens' Waiver. For individuals living in 24-hour settings and those receiving the waiver services, it also includes any emergency medical treatment received due to injury or medical error, hospitalization due to injury or medical error and arrests.

Lynne reviewed Northeast's data for FY17 – FY19, noting FY19 is only based on six months of data. Lynne noted the numbers of non-suicide deaths for Northeast can be attributed to the aging population in our 24-hour residential program. Lynne reports the Emergency Medical Treatment category indicates Northeast with the most of the five member boards. She noted Northeast has a very good method used to capture critical incidents and, in fact, the NMRE is using Northeast's process to train the other Boards in capturing correct data. She noted one Board was only capturing medication errors and not emergency treatment when reporting.

Lynne noted our internal process includes an annual review of the critical incidents and analysis is done to determine if there are common elements in the event to identify if training is needed.

3. CARF Plan of Correction

Lynne Fredlund reported the full plan of correction was included in the meeting materials. She reviewed the steps to address the recommendations noting estimated completion dates for each recommendation response.

4. MDHHS Review Completed

Lynne Fredlund reported in July the MDHHS conducted a review and this Agency was cited in seven areas. The Children's Waiver program lacked a category of care level and this was not documented in the case record as it was completed prior to services with this Agency. This will now be identified in the review and corrected. Future transfers to this Agency where the category of care level has already been identified will be included in the Plan of Service documents. Other citations included staff credentials related to QIDPs [Qualified Intellectual Disabilities Professionals]. Protocols will be established and staff not certified when hired will be countersigned by Julie Hasse and other staff hired with previous experience will be vetted to assure criteria for qualifications to be a QIDP. This will include Crisis Response workers as there are a few occasional contacts in which this certification is needed. Training will also be developed to assist in credentialing staff as QIDPs.

DRAFT

Also cited, was the attestation sheet staff signed to indicated they had been trained on the Person-Centered Plan for an individual. This signed sheet is no longer accepted as verification. The Department now requires the case manager to provide the training on the Person-Centered Plan to individuals providing services to that person. While this may work in our group homes, it will be very difficult to provide that type of training in programs such as supportive employment, SIP, CLS and CSS. For group home staff absent from a group meeting in which the plan is presented, the home supervisor will be able to train the staff and get an attestation as the home supervisor was trained by the case manager. In the other programs, we are proposing the case manager highlight various elements of the plan and submit the plan to the program supervisor. The program supervisor will then need to attest to this training and have appropriate staff also attest. Lynne Fredlund noted there will be competency questions involved to assure the staff interprets the plan documents correctly.

Lynne Fredlund noted the offering of Self-Determination was also cited. Jen Whyte reported the document has been changed in Majestic and will now require either a Yes or No to be checked before continuing with the document.

Accommodations for safety was also a citation as not all accommodations for safety were reviewed by the Behavior Treatment team. This type of accommodation will now be reviewed by this Team.

Lastly, documented verification of trainings and background checks were cited; however, the information and clearer documents were presented during the review and was not taken into consideration. This information has be resubmitted.

5. QI Project Team

a. **Changing Table at Alpena Office**

Lynne Fredlund reported the bathroom renovations are underway. Persons served will be able to use the shower, changing table and restroom location in the Alpena Office. This bathroom was in the IT Department and now has a wall between the bathroom and IT and can be accessed through the hallway. Homes and staff will be notified when the project is completed and ready for use.

b. **Information Request Related to NMRE's PIP (accommodations/barriers)**

This topic was not addressed.

c. **Hillman Office door**

A request was received to address access of wheelchairs at the Hillman Office. This was referred to Rich Greer.

d. **Bathroom Coat Racks**

Lynne Fredlund noted the request for hooks in the bathrooms has been addressed along with the request to have cup dispensers by the drinking fountains.

6. LOCUS Review

Lynne Fredlund reported a LOCUS [Level of Care Utilization System] review was recently conducted. The review was completed by supervisors of the programs that complete the LOCUS. This assessment aids in determining the level of care of service an individual needs. Lynne reported this review increased by four points in the last quarter since the December 3, 2018 review. She noted LOCUS reports are being monitored through Clinical Leadership Team as well as Utilization Management. Lynne Fredlund noted the overrides are being reviewed. Jen Whyte reported the overrides are currently at 25% and it is recommended to be no more than 10%. She notes it is our Agency's prerogative to determine the level as other geographic regions may have different criteria. Lynne reported there will be information included in newsletters, etc. to provide training to staff. There are now eight "Train the Trainers" in the Agency. Lynne noted some of the training will include vignettes and this will assist in measuring staff competency.

Record Review will be conducted to assure the LOCUS assessments are conducted when due. The MIFAST reviewers will be requested to return in April 2020 to conduct another review of this Agency.

DRAFT

New Business

1. New Performance Indicators

Discussion:

Lynne Fredlund reviewed the two new Performance Indicator established by the State. She reviewed the current Performance Indicators and the report distributed is for the third quarter reporting. She reported Indicator #2 and #3 will be reworded. #2 will be the percentage of new persons during the quarter who receive a completed biopsychosocial assessment within 14 days of a non-emergent request. The clock will start with the initial phone call. The state has removed all exceptions so it will not matter if the person is a "no-show." Lynne reported the required standard was 95% previously. There is no standard for the two new indicators. Our numbers will now be less due to the removal of the potential exceptions. #3 will be the percentage of new persons during the quarter starting any needed ongoing services within 14 days of a completed non-emergent biopsychosocial assessment. Lynne Fredlund also noted there was a Performance Indicator related to substance use treatment as well but this will not involve our Agency.

Lynne Fredlund reported if there are 60 days between requests by an individual, they could be reported twice. PCE is working to revise the reports to accommodate the revisions.

Lynne Fredlund reviewed the Third Quarter Report with Council members. Lynne Fredlund noted in Table #3 the process was being revised as initially the Agency included the interim plan of service as a service which later had to be changed.

Lynne Fredlund requested to do QI Training at the next scheduled meeting.

Adjournment

Discussion: Next Meeting is scheduled for December 16, 2019, at 10:15 a.m. in the Board Training Room.

Action Items: By consensus, this meeting adjourned at 11:55 p.m.

DECEMBER AGENDA ITEMS

Policy Review

Grants or Contracts 01-011

Policy Review & Self-Evaluation

Board Member Recognition 02-011

Board Member Orientation 02-015

Monitoring Reports

01-004 Budgeting

01-011 Grants or Contracts

Review

Bylaws

Activity

Ownership Linkage

Educational Session

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CMH Association and Member Activities:

New! Summit Pointe and partners receive justice and mental health grants

Below are excerpts from a recent press release announcing the receipt of grant funding, by Summit Pointe, a CMHA member, and their community partners, linking the justice community and the mental health service system.

The Battle Creek Police Department, in coordination with Summit Pointe and the Battle Creek Community Foundation, has received just over \$1 million in U.S. Department of Justice grants to fund crisis intervention and victim advocate programs.

One grant, in collaboration with the BCCF, is for \$276,000 under the Law Enforcement-Based Victim Specialist Program. This award that will fund a victim advocate – someone who can help victims of violent crime navigate the criminal justice process, and connect them with community resources.

“Since 2016, BCCF became involved in providing victim supports, as a result of the mass shooting in Kalamazoo involving an Uber driver, with four of the six victims from Battle Creek,” said Annette Chapman, senior vice president of the BCCF. “As we have worked in both communities, we identified a large gap in victim services and supports in Battle Creek.

“The BCPD’s award of this Office of Victim of Crime grant is an outstanding example of community partnering and capacity building that will result in the provision of additional services for the residents of Battle Creek.”

The other grant, in collaboration with Summit Pointe, is for \$750,000 under the Justice and Mental Health Collaboration Program. It will help fund the continuation of the Crisis Intervention Team program, training police to best respond to those with a mental illness, or who are in a mental health crisis. In particular, police plan to focus attention on local schools, and young neighbors.

The successes of the CIT program in Battle Creek and Calhoun County was touted nationwide as part of Battle Creek’s application to, and subsequent win, of the All-America City Award in 2019.

“This grant will allow our CIT program in Calhoun County to expand, with an emphasis on the youth in our community,” said Jeannie Goodrich, CEO of Summit Pointe. “CIT-Youth and Mental Health First Aid for Public Safety will assist law enforcement in Calhoun County on the challenge of working with youth in our community that they encounter, with the intention of getting families connected with supportive services offered in our community.”

In addition, the Kids Reaching Excellence Support Team will work collaboratively with the local court and probation systems to provide individualized treatment and supportive interventions, to decrease the time local youth will require court oversight.

Battle Creek Police Chief Jim Blocker said he is grateful for the many community partners that make these programs possible.

“We have great partners in Summit Pointe and our area hospitals, which work with our CIT-trained officers on how to divert people in crises to the help they need, instead of incarceration – which in most cases will not help as intended,” Blocker said of the Crisis Intervention Team. “Since 2017, we have seen a dramatic shift in arrest and use-of-force incidents. Out of nearly 600 CIT-specific calls for service, less than 1 percent were taken to jail; all others were diverted to receive the care they need, even in cases when a crime might have occurred.”

CMHA WEEKLY UPDATE

The BCCF will employ the victim advocate – who will then work from the BCPD’s Community Fusion Center with first responders and other supporting agencies.

“Today we are building the capacity of the Fusion Center to address the complex challenges we face in our community, surrounding violent crime,” Blocker said. “We are grateful for our community partners and funders, who support this necessary, community-based approach.

“These are not just law enforcement challenges – they affect us all – and together we can fill these gaps effectively, and make positive change in our community.”

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

myStrength Launches Digital Nicotine Recovery Tools to Help Individuals Make Healthy Changes

[Request a Demo](#)

Cigarette smoking is the leading cause of preventable morbidity and mortality in the U.S., with a high prevalence among people with behavioral health disorders. Additionally, vaping/e-cigarette use has rapidly increased in recent years, especially among youth. Nearly seven in 10 smokers are interested in quitting, but most aren’t aware of the effective methods. To address this population, myStrength is pleased to introduce a Nicotine Recovery program to help people make healthy changes personalized to their needs. These digital self-care resources are designed to:

Offer evidence-based motivational and planning tools, personalized based on a person’s past experience, lifestyle, triggers, and unique needs

- Inspire action and reduce ambivalence about quitting via positive, non-judgmental and interactive activities, tools, resources, and customized plans
- Instill hope to help individuals surmount the guilt and shame associated with nicotine use
- Share the gold-standard treatment methods, including medication-assisted treatment (comprising a combination of nicotine replacement therapy (NRT) or quit medication and counseling)

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

Relias Announces Suicide Prevention Resources

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

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

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

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

[Request a Meeting](#)

New! Relias Webinar- The Substance Use Professionals of the 2020's

Join us for a webinar on October 23rd as Aaron Williams from the National Council for Behavioral Health speaks about the evolving role of substance use professionals heading into the 2020's.

This webinar will focus on how organizational leadership can ensure that their clinical staff possess and can apply the core competencies needed for effective practice in the decade to come.

The Substance Use Professionals of the 2020's

Wednesday, October 23rd, 2019

2:00 pm - 3:00 pm EST

After this webinar, you'll be able to:

- Prioritize workforce development needs
- Understand the importance of role clarity within a recovery-oriented system of care
- Understand clinical best practices in substance use treatment and the use of medication-assisted treatment (MAT) in recovery

Register online http://go.relias.com/WBN2019-10-23SUDSProfessionalofthe2020s_Registration.html?utm_source=partner_silver&utm_medium=email&utm_campaign=wb_n_2019-10-23_suds-professional-of-the-2020s_recovery

State and National Developments and Resources:

New! MDHHS kicks off Health Endowment Fund supported jail-mental health initiative

Below is a summary of a recently initiated effort, by MDHHS and funded by the Michigan Health Endowment Fund to improve the coordination of physical and mental health care for jail inmates.

MDHHS received a planning grant from the Michigan Health Endowment Fund to do the following:

MDHHS is interested in helping county jails with overcoming the barriers to sharing mental health and substance use disorder information. During this project, MDHHS would collaborate with county jails and other stakeholders to (1) review requirements for obtaining consent to share mental health and substance use disorder information, (2) identify best practices for sharing mental health and substance use disorder information between jails and publicly funded mental health and substance use providers, (3) identify barriers to sharing mental health and substance use disorder information between jails and publicly funded mental health and substance use providers, and (4) identify actions to remove these barriers to align with national best practices while still protecting the confidentiality of individuals. Improved sharing of behavioral health information would allow for better coordination of care for patients with the goal of improving mental health and substance use disorder treatment outcomes. This will allow for better outcomes for patients and reduce overdose deaths.

By breaking down barriers to sharing mental health and substance use disorder information, this project will allow jails, external payers, and providers to collaborate more effectively and improve the coordination of care for individuals with mental health and substance use disorders. MDHHS would seek to align education and outreach efforts as part of this project with statewide health care transformation initiatives such as the State Innovation Model, Section 298 Initiative, Michigan Diversion Council, and Michigan Psychiatric Care Improvement Project to support greater clinical integration of physical health and behavioral health services. This project could also be a starting point for improved sharing of health data beyond just substance use disorder data.

MDHHS hired MPHI to facilitate the planning process with stakeholders. Dr. Sheryl Kubiak from Wayne State University was hired to provide technical assistance. During the planning phase, MDHHS would work with MPHI and stakeholders to review the scale and scope of implementation. This review would include determining if a pilot location is needed or whether the department could proceed with broader implementation. MDHHS will determine if a pilot location is needed based on the input of stakeholders. MDHHS will determine a potential location based on input from stakeholders.

New! As suicides rise, insurers find ways to deny mental health coverage

Below is a recent news story underscoring the impact on access to mental health care when the care is managed by private health plans.

Red tape and a lack of in-network providers frustrate those seeking treatment.

The U.S. is in the midst of a mental health crisis. In 2017, 47,000 Americans died by suicide and 70,000 from drug overdoses. And 17.3 million adults suffered at least one major depressive episode. The Mental Health Parity and Addiction Equity Act, a landmark law passed more than a decade ago, requires insurers to provide comparable coverage for mental health and medical treatments. Even so, insurers are denying claims, limiting coverage, and finding other ways to avoid complying with the law.

The full article can be found at [this link](#).

New! New National Initiative on Advancing Integrated Models for People with Complex Needs Announced

Below is a recent announcement from the Center for Health Care Strategies on integrated care for persons with complex health and social needs.

The Center for Health Care Strategies (CHCS) today announces Advancing Integrated Models (AIM), a national, multi-site demonstration promoting innovative, person-centered strategies to improve care for adults and children with complex health and social needs. Made possible with support from the Robert Wood Johnson Foundation and led by CHCS, AIM will assist eight health system and provider organizations in designing and piloting novel approaches to integrate care for people with complex needs with a focus on improving health outcomes and fostering health equity.



This multi-site demonstration will accelerate opportunities to align best practice approaches in care delivery for children and adults with complex health and/or social needs, including: (1) complex care management; (2) trauma-informed care; (3) physical and behavioral health integration; and (4) mechanisms to address health-related social needs. While many organizations have implemented one or more of these strategies, few have adopted all and even fewer have effectively aligned these efforts internally or externally with community partners.

“There is enormous energy across the complex care field to implement various strategies to improve health and social service delivery for people with complex needs; however, these strategies are typically siloed in isolated programs,” said Allison Hamblin, MSPH, president and chief executive officer at CHCS. “Advancing Integrated Models seeks to promote greater integration of these approaches and create sustainable partnerships and financing pathways to support this work.”

The full article can be found at [this link](#).

State Legislative Update:

New! House and Senate Introduce Supplemental Bills

Late Tuesday, a total of 47 supplemental bills totaling \$256 million in spending were introduced in the House and Senate to restore specific pieces of the FY20 budget. Unlike typical supplementals, where line-items are packed into one or two bills, Republicans are separating the spending items into individual bills to make the potential future votes on specific priorities.

The new supplemental bills come a week after the Governor eliminated \$947 million through line-item vetoes in the roughly \$60 billion FY20 budget to drive Republicans back to the negotiating table to talk about raising additional revenue for road improvements. The supplementals do not reflect a deal or agreement with the Governor, said legislative leaders. The bills have been described as “what-ifs”, having bills ready for possible action, but no guarantees.

Below are the specific details of the bills introduced:

- SB 545 & HB 5077 – Restores funding to the Michigan tuition grants to prospective students looking to attend private universities and colleges -- \$38 million (\$3,925,500 General Fund)
- SB 555 & HB 5078 – Funding increase for charter schools to the same \$8,111 maximum per pupil as traditional public schools -- \$35 million (School Aid Fund)
- SB 554 & HB 5064 – Critical access hospital rate increases -- \$34,265,100 million (\$5,099,100 million General Fund)
- SB 546 & HB 5083 – Payment in lieu of taxes (PILT) payments to local governments -- \$27.35 million
- SB 550 & HB 5063 – Rural and sole hospital in a community pool -- \$16,625,400 million (\$13,904,800 General Fund)
- SB 556 & HB 5080 – Career and technical education equipment funding increase -- \$16 million
- SB 549 & 5084 – Municipal airport grants for PFAS monitoring and testing -- \$15 million
- SB 558 & 5079 – A summer school reading program to assist mostly kids in grades K-2 get to grade level in reading -- \$15 million (School Aid Fund)
- SB 560 & HB 5074 – Secondary road patrol grants to mostly rural counties -- \$13,074,300 (\$2 million General Fund)
- SB 559 & HB 5065 – Pediatric psychiatric increases -- \$10,743,600 million (\$3,861,300 General Fund)
- SB 561 & HB 5081 – Statewide Secure Schools grants for safety upgrades of school buildings -- \$10 million (\$4.8 million General Fund, \$5.2 million School Aid)
- SB 563 & HB 5062 – Rural obstetrician pool -- \$7,995,200
- SB 553 & HB 5066 – Neonatology rate increases -- \$5.2 million
- SB 547 & HB 5069 – Childcare fund payments to counties -- \$4.2 million
- SB 562 & HB 5076 – Grants to county veteran services -- \$4 million
- SB 564 & HB 5067 – Autism navigators -- \$1,025,000
- SB 548 & HB 5071 – Opioid response grant for high schools -- \$600,000 (federal)
- SB 551 & HB 5072 – Opioid response grant for community recovery organizations -- \$600,000 (federal)
- SB 566 & HB 5069 – Senior citizen program grants for aging and adult services agencies to support health-related senior programs -- \$500,000

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- SB 565 & HB 5061 – A Dementia care and support program -- \$400,000
- SB 552 & HB 5082 – A pilot program to train people for intervention in autism -- \$350,000
- SB 567 & 5068 – An autism train the trainer program -- \$100,000
- SB 557 & HB 5073 – Project ECHO opioid intervention, a program designed for a 14-county consortium up north -- \$40,000

New! LPC Bill Passes the House

On Tuesday, the House Ways and Means committee voted out HB 4325, which would codify the current rules for LPCs. Later that afternoon the full House unanimously passed the bill 108-0-2. The bill now goes to the Senate, the Senate cannot take the bill up until next week. Chair of the Senate Health Policy committee Sen. Curt VanderWall has said he will act quickly – as soon as next week.

Link to the House passed version of the bill:

<http://www.legislature.mi.gov/documents/2019-2020/billengrossed/House/pdf/2019-HEBH-4325.pdf>

House DHHS Subcommittee to Hold a Series of Mental Health Hearings

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

- Wednesday, October 16 – CMH Perspective: Benefits and Challenges of the CMH, PIHP system including House Fiscal analysis of Michigan’s behavioral health carve out
 - Alan Bolter & Robert Sheehan – CMHA
 - House Fiscal Agency
- Wednesday, October 23 – The case for behavioral health integration from the former Medicaid Director of Arizona
 - Thomas Betlach – former Arizona Medicaid Director
- Wednesday, October 30 – Public Input
- Wednesday, November 6 – Public Input

Federal Update:

New! Executive Order Aims to Modernize Medicare

Last week, President Trump issued an [Executive Order](#) directing the Department of Health and Human Services (HHS) to advance a series of changes for the Medicare program. These changes aim to provide more health plan options for Medicare beneficiaries, modify Medicare fee-for-service (FFS) payments, and reduce regulatory burden, among others.

WHAT’S IN IT?

The Executive Order addresses several major provisions within Medicare, outlined below:

- Medicare FFS Reimbursement: Within 6 months, HHS must submit a report to the President that identifies approaches to modify Medicare FFS payments to more closely reflect the prices for services in Medicare Advantage and the commercial insurance market. Some policy analysts are concerned that this provision leaves open the possibility to make Medicare more expensive by partially tying Medicare provider payments to commercial insurance payments.
- Reducing Regulatory Burden: HHS must propose reforms to the Medicare program within one year to enable providers to spend more time with patients, with the goal of eliminating regulatory billing requirements, supervision requirements, and all other Medicare licensure requirements that are more stringent than applicable Federal/State laws require and that limit professionals. This also includes a comprehensive review of policies that create disparities in reimbursement between physicians and non-physician practitioners.
- Improved Access through Network Adequacy: HHS must issue a regulation to adjust Medicare Advantage network adequacy requirements, and, in doing so, improve access to providers and plans.
- More Plan Choices for Seniors: The Order directs HHS to provide beneficiaries more diverse, affordable plan options within one year. This must include innovative Medicare Advantage benefit structures/plan designs, as well as improved telehealth services. These efforts must ensure that FFS Medicare is not promoted over Medicare Advantage.
- Alternative Payment Methodologies: The Order includes a statement of support for alternative payment methodologies that link to value, increased choice, and lower provider regulatory burdens.
- Eliminating Fraud, Waste, and Abuse: HHS must propose changes to the Medicare program, to take effect by January 1, 2021, that combat fraud, waste, and abuse in Medicare.

The Order notes that the administration will focus on improving market-based approaches in the current system as they move forward. The President directs Medicare to “adopt and implement those market-based recommendations” pursuant to his 2017 [Executive Order](#).

NEXT STEPS

The Order directs HHS to issue a series of regulatory reforms and policy changes in the next six months to one year. HHS has already begun to implement several of these required changes, including patient access to their health care data.

Education Opportunities:

Fall Pre-Conference Institute: Ethics for Professionals in Social Work, Psychology and Substance Use Disorders

This training qualifies for Social Work, MCBAP and Psychology Ethics Licensing Requirements.

- Qualifies for **6 CE Hours for Social Work + Specific MCBAP Education Contact Hours**
- 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. Those

CMHA WEEKLY UPDATE

who attend the training and complete the **Michigan Psychological Association evaluation form** will receive **6 continuing education credits**.

Sunday, October 20, 2019

8:00am Registration

8:30am – 3:45pm Training

Grand Traverse Resort

100 Grand Traverse Village Boulevard

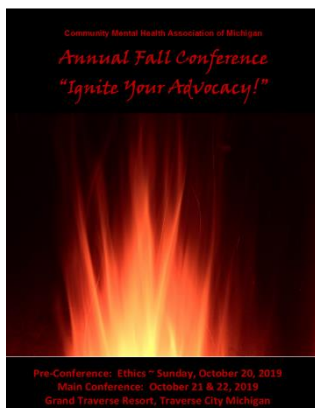
Acme, MI 49610-0404

Registration Fees:

\$115 CMHA Members, \$138 Non-Members

For more information and to register now, [CLICK HERE](#).

Earlybird Deadline MONDAY, 10/14/19 - 2019 CMHA Fall Conference



Community Mental Health Association of Michigan

Annual Fall Conference

"Ignite Your Advocacy!"

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

Earlybird Deadline: Monday, October 14, 2019

[CLICK HERE to Register for the Fall Conference!](#)

CONTINUING EDUCATION:

- The "Annual Fall Conference" course (10/21/19 & 10/22/19) qualifies for a **maximum of 7 Continuing Education Social Work hours**.
- **Substance Abuse Professionals** participating in the Annual Fall Conference (10/21/19 & 10/22/19) may receive a **maximum of 9 contact hours**.

PRE-CONFERENCE INSTITUTE:

Ethics for Professionals in Social Work, Psychology and Substance Use Disorders

Sunday, October 20, 2019 from 8:30am – 3:45pm

Qualifies for 6 Social Work, MCBAP and Psychology Ethics Requirements.

[CLICK HERE to Register for the Pre-Conference Institute on Ethics!](#)

KEYNOTE PRESENTATIONS:

State Legislative Panel - Key Policy Issues Facing Michigan

- *Senator Curt VanderWall (R-Ludington)*
- *Senator Jeff Irwin (D-Ann Arbor)*
- *Representative Mark Huizenga (R-Walker)*
- *Representative Donna Lasinski (D-Scio Township)*

Violence is Preventable: Empowering Two Generations

- *Lauren Levin, MPP, Vice President of Policy and Partnerships, Sandy Hook Promise*

Improving Mental Health Care in Michigan: Key Aspects of MDHHS's Agenda

- *Robert Gordon, Director, MI Department of Health and Human Services*

Building the Addiction Treatment System of the Future; How Not to Screw Up Our Last Best Chance!

- *Corey Waller MD, MS, FACEP, DFASAM, Principal, Health Management Associates; Formerly Senior Medical Director for Education and Policy at the National Center for Complex Health and Social Needs*

HOTEL RESERVATIONS:

Grand Traverse Resort:

100 Grand Traverse Village Boulevard, Acme, MI 49610-0404

As of October 1, condos are the only room type available.

To be placed on a waiting list, please call 800-236-1577.

Additional Hotels:

Sleep Inn & Suites

5520 US 31 North, Building A, Acme, MI 49610

The hotel is 1.8 miles from the Grand Traverse Resort – a 5-minute drive.

Free Parking and Deluxe Continental Breakfast.

Call (231) 938-7000 and use the code: Community Mental Health Association of Michigan to receive the discounted rate

Rate: \$90/night + taxes

Deadline for discounted price is: October 16, 2019

Holiday Inn Express & Suites

3536 Mt. Hope Road, Williamsburg, MI 49690

The hotel is 1.8 miles from the Grand Traverse Resort – a 5-minute drive.

Free Parking and Deluxe Continental Breakfast.

Call (231) 938-2600 and use the code: Community Mental Health Association of Michigan to receive the discounted rate

Rate: \$94.56/night + taxes

Grand Traverse Resort:

To make online reservations: [CLICK HERE to book your stay at Grand Traverse Resort](#)

There will be NO PHONE RESERVATIONS.

When making your reservations, you will be charged one-night **NON-REFUNDABLE deposit**.

2019 Room Rates: *Rates below do not include 6% state tax, 5% city assessment, or \$14.95 nightly resort fee*

Cancellation Deadline: You must **cancel 3 days prior to your arrival**, or you forfeit your payment for your entire stay.

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

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019 at the Kellogg Hotel & Conference Center located at 55 South Harrison Road, East Lansing 48823. **Registration will be open soon.**

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

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

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. The discounted room block of \$85 per night plus tax has been filled. Other upgraded rooms choices are available for \$145 group rate. For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA. The deadline for room discounts is October 10, 2019. Additional Overflow Hotel Details will be available the week of October 7th.

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

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

New! Psychiatric Pharmacogenomics: A Practical Guide to Gene-Drug Interactions and Tests (Mon, 10/28/19 - Mon, 11/11/19)

Interested in how to use pharmacogenomic testing to select psychiatric meds? The University of Michigan Department of Psychiatry and College of Pharmacy are offering a live videoconference CME course on psychiatric pharmacogenomics. Pharmacogenomics (PGx) is the practice of using information about an individual's genome to select medications that are likely to be most effective and result in the fewest number of side effects. Upon conclusion of the course, clinicians will be able to: 1) describe basic PGx concepts; 2) distinguish which gene-drug relationships have the most evidence supporting their implementation in the clinic; 3) identify which PGx tests to order; and 4) confidently formulate medication plans using PGx test results. The course meets online for 3 weekly sessions on Monday evenings, with each session 1.5 hours (6:00-7:30pm). Sessions are a combination of interactive lectures and case-based discussion. The course is approved to offer 4.5 AMA PRA Category 1 Credits.

For more information and to register, visit: <https://ummentalhealth.info/?r=epsych>



Miscellaneous News and Information:

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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

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CMH Association and Member Activities:

New! SWMBH and WSU School of Social Work announce 50-year celebration





YOU'RE INVITED!

Join us in celebrating 50 years of working towards justice for all with incredible partners like Southwest Michigan Behavioral Health.

November 7th, 2019
4:00 PM - 6:00 PM
Southwest Michigan Behavioral Health
5250 Lovers Lane Suite 200
No RSVP required.

- Join us for food, fellowship and fun with WMU and SWMBH!
- Learn about WMU School of Social Work programs and available trainings
- Get information about WMU and SWMBH partnership through I-PEER and MY-PROUD grants



This is a recent announcement of a celebration, co-sponsored by the CMHA member, Southwest Michigan Behavioral Health, of the 50th year of the Western Michigan University.

New! CMHA staff member receives national recognition

The national magazine of the Society of Government Meeting Professionals (SGMP), Government Connections, recently recognized Carly Sanford, a Training and Meeting Planner at CMHA, as one of the "Top Young Professionals Under 37". Below is an excerpt from the article that recognizes Carly.

In celebration of young government meeting talent, SGMP set out on a search for the top young professionals under 37. The program is designed to recognize individuals with proven leadership skills and a dedication to the betterment and sustainability of SGMP. To receive this prestigious distinction, young professionals were nominated by their peers and selected by a panel of industry professionals.

Carly Sanford, Training and Meeting Planner, Community Mental Health Association of Michigan, SGMP Michigan Chapter:

"After graduating I knew that I wanted to be working in the nonprofit sector of the meeting planner industry, but the government meetings fell into my lap as part of a grant opportunity. I plan 30 to 40 trainings per fiscal year for a federal block grant through Community Mental Health and feel such a passion and purpose for what I do. I signed up to be part of our chapter's communications committee over a year ago and am so proud of what I have learned along the way."

The full article can be found at [this link](#).

Congratulations to Carly.

New! CMHA staff member receives GMS certification

The Michigan Chapter of the Society of Government Meeting Professionals (SGMP) recently awarded the Government Meeting Specialist (GMS) certification to Bethany Rademacher, a Training and Meeting Planner at CMHA. The GMS is a voluntary certificate program for both planners and suppliers who are seeking the knowledge needed to effectively carry out the functions of a meeting professional. This achievement represents a commitment to the profession and to providing quality services to our organization.

Congratulations to Bethany.

New! Welcome Madi Sholtz to CMHA team

CMHA would like to welcome Madi Sholtz who joins us as a new Training & Meeting Planner. Serving the growing needs of our organization, Madi will be joining our amazing team of planners and will assist in creating effective and memorable events for our membership. Madi's previous work includes association meeting planning and political advocacy, both in and out of the legislature. She is a 2018 graduate of Michigan State University and as an avid sports fan, she can be seen cheering on her Spartans and Detroit Lions every year, through the good and the bad. Thanks for joining us in welcoming her to the team, we are very excited to have her!

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

myStrength Launches Digital Nicotine Recovery Tools to Help Individuals Make Healthy Changes

[Request a Demo](#)

Cigarette smoking is the leading cause of preventable morbidity and mortality in the U.S., with a high prevalence among people with behavioral health disorders. Additionally, vaping/e-cigarette use has rapidly increased in recent years, especially among youth. Nearly seven in 10 smokers are interested in quitting, but most aren't aware of the effective methods. To address this population, myStrength is pleased to introduce a Nicotine Recovery program to help people make healthy changes personalized to their needs. These digital self-care resources are designed to: Offer evidence-based motivational and planning tools, personalized based on a person's past experience, lifestyle, triggers, and unique needs

Inspire action and reduce ambivalence about quitting via positive, non-judgmental and interactive activities, tools, resources, and customized plans Instill hope to help individuals surmount the guilt and shame associated with nicotine use Share the gold-standard treatment methods, including medication-assisted treatment (comprising a combination of nicotine replacement therapy (NRT) or quit medication and counseling) Interactive and tailored web-based resources – like myStrength's digital behavioral health platform – have been shown to increase quitting behavior for adult smokers 40% better than self-help booklets. myStrength has a unique opportunity to positively impact nicotine recovery, as our platform offers integrated support for behavioral health conditions that are often comorbid with nicotine dependence. This support addresses depression, anxiety, insomnia, substance use (opioid, alcohol and drugs), stress, and more – many of which can make the quitting process more complex.

Relias: the right kind of training can help

Even the most experienced clinicians can benefit from some additional training when it comes to talking about suicide in their client sessions. But knowing what to do is different from doing it in the moment when face to face with a client.

Relias is thrilled to announce the launch of a new course, In Session: Suicide Assessment and Intervention for Adults, available on the Relias Platform. This course is designed to provide learners with the ability to apply critical thinking, knowledge and skills in simulated clinical sessions and to real-world experiences.

See for yourself...get a sneak preview of the course and experience first-hand how this type of learning goes beyond basic e-learning to bridge the "knowing-doing" gap.

[Preview the Course](#)

State and National Developments and Resources:

New! State of Mind: Mental health services avoid chopping block in budget battle

A recent news story featured CMHA staff in discussing the recently passed and signed state budget. Excerpts from that news story are provided below.

A 2018 study found hundreds of thousands of Michiganders living with mental illness or substance-use disorder don't receive treatment.

Numbers from the Centers for Disease Control and Prevention showed suicides in Michigan hit a record high in 2017 and a statewide study found 25 of Michigan's 83 counties don't have a psychiatrist.

"Demand for mental health services and substance use disorder services continue to skyrocket everywhere across the state," Alan Bolter, associate director of the Community Mental Health Association of Michigan, said.

The trade organization, also known as CMHA, represents the state's 46 public community mental health centers, as well as the 10 prepaid inpatient health plans and about 100 provider networks.

The state budget, as passed, met the skyrocket in demand for mental health and substance abuse services with a relatively small funding increase of about \$200 million, Bolter said.

"It's been a pretty chaotic budget process," said Bolter. "For our members, the public health entities, they came out in much better shape than most other entities in the health sector."

He estimated the additional dollars will give a boost in funding to community mental health centers in all 10 regions of the state.

Community mental health centers serve about 350,000 people statewide.

"The individuals that receive services through the local community health agency are the most severe," Bolter said.

An estimated 1.4 million adults in Michigan live with mental illness, according to a 2018 federal report.

Bolter told Newschannel 3 preliminary numbers have shown southwest Michigan falls toward the bottom of the state's funding formula, which would mean a smaller increase in funding. He said that was a concern.

"We'd like to try to find a way to better balance the funds so we don't have as many winners and losers in the funding formula," Bolter said.

He explained that is why CMHA has advocated for more money to go toward mental health services.

"If we grow the pie then we're not picking as many winners and losers across the state," Bolter said.

The full story and the video of that news story can be found at [this link](#).

New! Report and policy brief: Factors that Influence Access to MAT

The Behavioral Health Workforce Research Center recently issued a white paper and corresponding policy brief on the factors that influence Medication Assisted Treatment (MAT).

Below is an excerpt from the policy brief;

Each day, approximately 130 people in the U.S. die from opioid overdose.¹ The current opioid epidemic has contributed to a decrease in the average national life expectancy each year since 2015.² In 2017, an estimated 2.1 million people aged 12 years or older had an opioid use disorder (OUD).³ Evidence-based practices to prevent, treat, and help people recover from OUD and other substance use disorders (SUDs) across a continuum of care and treatment settings exist; however, only approximately 20% of individuals with OUD receive treatment each year.

The use of medications in conjunction with psychosocial and recovery support services to treat OUD, an intervention often referred to as medication-assisted treatment (MAT), is an effective option for treating individuals with SUDs, including OUD.^{5,6} However, a range of barriers and challenges exist related to accessing MAT and other SUD treatment and services, including organizational culture and provider attitudes and patient insurance status. The research team at the Behavioral Health Workforce Research Center engaged in several activities to better understand factors that influence access to MAT. This brief explores the ways in which organizational culture and provider perceptions and attitudes affect access to MAT and other SUD treatment, how Medicaid and other insurance coverage impact access to MAT and other SUD treatment, and state-specific initiatives in place to address the opioid epidemic and other SUDs.

The full policy brief can be found at [this link](#).

The full report can be found at [this link](#).

New! NASW issues practice brief on violence and bullying

The National Association of Social Workers (NASW) recently issued a Practice Perspectives focused on efforts to combat violence and bullying in schools. An excerpt from that document is provided below.

Violence and Bullying in Schools: Tips for Students and Social Workers

School violence and bullying may affect a student's physical, mental and social wellbeing. School social workers are becoming increasingly aware of the need for prevention and intervention to lessen the impact on learning, academic performance, and safety for children, teachers, mental health staff, parents, and all other school staff. School violence and bullying affect the students involved, the witnesses, the school climate, and the wider community.

The full Practice Perspectives can be found at [this link](#).

New! Facebook to donate up to \$1 million in honor of World Mental Health Day

Below is a recent announcement from Facebook of its support for World Mental Health Day.

Facebook (FB) is stepping up to promote mental health awareness. In honor of World Mental Health Day 2019 on October 10, the social media giant is donating up to \$1 million to a group of mental health organizations through the release of the "Let's Talk" sticker pack on its Messenger platform. For every sticker sent by users, Facebook will donate \$1, up to \$1 million.

"Inside of messaging, people are much more comfortable to talk about things that are personal to them," Antigone Davis, Facebook's global head of safety, told Yahoo Finance's The Final Round. "It's people who may want to start those conversations, but who may feel a little bit hesitant to do that. One of the things around mental health issues is there's a lot of stigma and people often times may feel constricted. It's hard for them to reach out. And by making it easier with some of these tools to reach out in a light way, we can help facilitate these conversations and sort of open that door."

The Facebook post carrying this announcement can be found at [this link](#).

New! National Addiction Treatment Week events

A recent study found that 40% of treatment centers surveyed resist accepting patients who take medication to treat opioid disorder. This is due to the fact that they either don't have the infrastructure or the knowledge of the medications to feel comfortable enough serving them.

In order to increase patient access to specialized addiction treatment, ASAM is hosting National Addiction Treatment Week (NATW) this October 21–27, 2019, to urge more providers to become certified in addiction medicine care. The need for more physicians to treat addiction is found throughout all medical specialties, including family medicine. Family Medicine Physician Dorothy Lennon, MD, DFASAM explains why she chose to treat addiction.

"I personally experienced the pain of addiction and was shown kindness and compassion by the medical community," she said. "I want to remove the stigma of addiction. I treat because I know treatment works!"

You can join hundreds of other clinicians and physicians contributing to the health and wellbeing of patients by:

- Finding out if you're eligible to take the exam to get certified in addiction treatment;
- Getting on-demand exam preparation resources;
- Taking the exam to get certified; and
- Encouraging your colleagues to consider getting certified as well.

Upcoming National Addiction Treatment Week Events

October 23: From 12 to 1 pm ET, visit the NATW Twitter page and use hashtag #TreatmentWeek to participate in a chat about adolescents and addiction. It will feature experts from NIDAMED and ASAM. The chat will cover the differences between adult and adolescent brain development, treatment options, and resources for parents and young adults.

October 24: From 12 to 1 pm ET, visit the NATW Twitter page and use hashtag #TreatmentWeek to participate in a chat co-hosted by NIAAA and ASAM about alcohol use disorder. The chat will cover the

latest trends in the United States as well as treatment options, resources, and inspiration for people who need treatment.

October 25: From 12 to 1 pm ET, visit ASAM's Facebook page for a rebroadcast of A Parent and Patient Perspective: An Evening with the Sheffs to hear first-hand from David and Nic Sheff about their personal journey of addiction and recovery.

New! Michigan treatment courts focus on rehabilitation, not retribution

Below are excerpts from a recent new story on Michigan's treatment courts.

Efforts to reduce incarceration by providing treatment to offenders have been underway in Michigan for a quarter century.

Michigan has 188 treatment courts, sometimes called problem-solving courts, that are designed for veterans or offenders with drug, alcohol or mental health problems. Substance abuse is common among a majority of the mentally ill, experts said.

The full story can be found at [this link](#).

State Legislative Update:

New! Senate Quickly Passes LPC Bill

On Thursday, HB 4325 was unanimously passed by the Michigan Senate. The bill, which would codify the current rules for LPCs, was referred straight to the Senate floor bypassing the Health Policy Committee. This week's action came after the House quickly moved the bill through their chamber last week. The bill now goes back to the House for concurrence then onto Governor Whitmer for her approval.

Link to the Senate passed version of the bill:

<http://www.legislature.mi.gov/documents/2019-2020/billengrossed/House/pdf/2019-HEBS-4325.pdf>

New! House Committee Passes Mediation Legislation

On Thursday, the House Health Policy Committee passed HB 5043, which would add mediation as part of a recipient's dispute resolution process and require that the department cover the cost.

The bill now heads to the House Ways and Means committee for further consideration.

Below is a link to the bill summary:

<http://www.legislature.mi.gov/documents/2019-2020/billanalysis/House/pdf/2019-HLA-5043-C9DBCEE4.pdf>

House DHHS Subcommittee to Hold a Series of Mental Health Hearings

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

- Wednesday, October 23 – The case for behavioral health integration from the former Medicaid Director of Arizona
 - Thomas Betlach – former Arizona Medicaid Director
- Wednesday, October 30 – Public Input
- Wednesday, November 6 – Public Input

Federal Update:

Executive Order Aims to Modernize Medicare

Last week, President Trump issued an Executive Order directing the Department of Health and Human Services (HHS) to advance a series of changes for the Medicare program. These changes aim to provide more health plan options for Medicare beneficiaries, modify Medicare fee-for-service (FFS) payments, and reduce regulatory burden, among others.

WHAT'S IN IT?

The Executive Order addresses several major provisions within Medicare, outlined below:

- **Medicare FFS Reimbursement:** Within 6 months, HHS must submit a report to the President that identifies approaches to modify Medicare FFS payments to more closely reflect the prices for services in Medicare Advantage and the commercial insurance market. Some policy analysts are concerned that this provision leaves open the possibility to make Medicare more expensive by partially tying Medicare provider payments to commercial insurance payments.
- **Reducing Regulatory Burden:** HHS must propose reforms to the Medicare program within one year to enable providers to spend more time with patients, with the goal of eliminating regulatory billing requirements, supervision requirements, and all other Medicare licensure requirements that are more stringent than applicable Federal/State laws require and that limit professionals. This also includes a comprehensive review of policies that create disparities in reimbursement between physicians and non-physician practitioners.
- **Improved Access through Network Adequacy:** HHS must issue a regulation to adjust Medicare Advantage network adequacy requirements, and, in doing so, improve access to providers and plans.
- **More Plan Choices for Seniors:** The Order directs HHS to provide beneficiaries more diverse, affordable plan options within one year. This must include innovative Medicare Advantage benefit structures/plan designs, as well as improved telehealth services. These efforts must ensure that FFS Medicare is not promoted over Medicare Advantage.
- **Alternative Payment Methodologies:** The Order includes a statement of support for alternative payment methodologies that link to value, increased choice, and lower provider regulatory burdens.
- **Eliminating Fraud, Waste, and Abuse:** HHS must propose changes to the Medicare program, to take effect by January 1, 2021, that combat fraud, waste, and abuse in Medicare.

CMHA WEEKLY UPDATE

The Order notes that the administration will focus on improving market-based approaches in the current system as they move forward. The President directs Medicare to “adopt and implement those market-based recommendations” pursuant to his 2017 [Executive Order](#).

NEXT STEPS

The Order directs HHS to issue a series of regulatory reforms and policy changes in the next six months to one year. HHS has already begun to implement several of these required changes, including patient access to their health care data.

Education Opportunities:

Fall Pre-Conference Institute: Ethics for Professionals in Social Work, Psychology and Substance Use Disorders

This training qualifies for Social Work, MCBAP and Psychology Ethics Licensing Requirements.

- Qualifies for **6 CE Hours for Social Work + Specific MCBAP Education Contact Hours**
- 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. Those who attend the training and complete the **Michigan Psychological Association evaluation form will receive 6 continuing education credits.**

Sunday, October 20, 2019

8:00am Registration

8:30am – 3:45pm Training

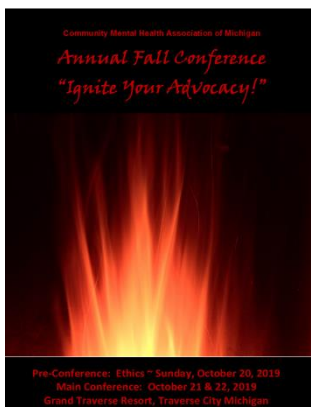
Grand Traverse Resort – Peninsula Meeting Room

100 Grand Traverse Village Boulevard, Acme, MI 49610-0404

Registration Fees: \$115 CMHA Members, \$138 Non-Members

Registration closes on Friday, October 18 at noon; but on-site registration is available.

2019 CMHA Fall Conference Registration



Community Mental Health Association of Michigan

Annual Fall Conference: "Ignite Your Advocacy!"

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

[CLICK HERE to Register for the Fall Conference!](#)

Registration closes on Friday, October 18 at noon; but on-site registration is available.

CONTINUING EDUCATION:

- The “Annual Fall Conference” course (10/21/19 & 10/22/19) qualifies for a **maximum of 8 Continuing Education Social Work hours.**
- **Substance Abuse Professionals** participating in the Annual Fall Conference (10/21/19 & 10/22/19) may receive a **maximum of 9 contact hours.**

CMHA WEEKLY UPDATE

New! Registration is Now Open for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019 at the Kellogg Hotel & Conference Center located at 55 South Harrison Road, East Lansing 48823.

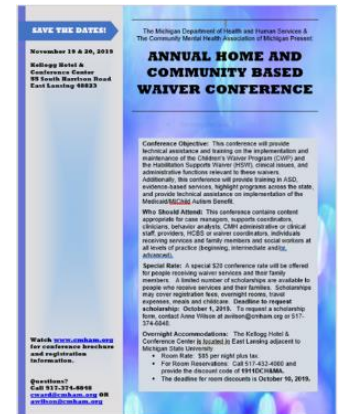
Click Here Registration: <https://cmham.org/events/?EventId=5464>

Full Conference Rate: \$185

One Day Rate: \$110

Family Members Receiving Services: \$20

A draft of the tentative brochure content is online at the link shown.



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

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

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. The discounted room block of \$85 per night plus tax has been filled. The overflow hotels are the Springhill Suites in East Lansing and the Candlewood Suites. Springhill Suites East Lansing University Area is located at 1100 Trowbridge Road in East Lansing, MI 48823. Phone: (517) 763-2033. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: 2019 C-Waiver Conference. The other overflow hotel is the Candlewood Suites located at 3545 Forest Road in Lansing, MI 48910. Phone: (517) 351-8181. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: CMHA – C-Waiver Conference Overflow

Special Rate: A special \$20 conference rate will be offered for people receiving waiver services and their family members.

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

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

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

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

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

This training fulfills the MPA requirements for psychologists.

Trainings offered on the following dates:

November 13, 2019 – Lansing | [CLICK HERE](#) for more information and to register now

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

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

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

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

\$115 CMHA Members

\$138 Non-Members

New! Pain Management and Mindfulness Trainings

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

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

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

Trainings offered on the following dates:

November 12, 2019, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

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

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

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

Psychiatric Pharmacogenomics: A Practical Guide to Gene-Drug Interactions and Tests (Mon, 10/28/19 - Mon, 11/11/19)

Interested in how to use pharmacogenomic testing to select psychiatric meds? The University of Michigan Department of Psychiatry and College of Pharmacy are offering a live videoconference CME course on psychiatric pharmacogenomics. Pharmacogenomics (PGx) is the practice of using information about an individual's genome to select medications that are likely to be most effective and result in the fewest number of side effects. Upon conclusion of the course, clinicians will be able to: 1) describe basic PGx concepts; 2) distinguish which gene-drug relationships have the most evidence supporting their implementation in the clinic; 3) identify which PGx tests to order; and 4) confidently formulate medication plans using PGx test results. The course meets online for 3 weekly sessions on Monday evenings, with each session 1.5 hours (6:00-7:30pm). Sessions are a combination of interactive lectures and case-based discussion. The course is approved to offer 4.5 AMA PRA Category 1 Credits.

CMHA WEEKLY UPDATE

For more information and to register, visit: <https://ummentalhealth.info/?r=epsych>

New! Cultural Competence: What it Means for Person-Centered Thinking, Planning, & Practice

The Georgetown Center for Cultural Competence recently announced a webinar on the relationship between cultural competence and person-centered planning. This Center is the pre-eminent national center on cultural and linguistic competence – especially as related to health and human services. The details of this offering are provided below.

Tuesday October 29th, 3 to 4:30pm Eastern Time

To register, visit: https://zoom.us/webinar/register/WN_nDG6DaHHQPWAa569k5tJ9Q

SCHEDULED SPEAKERS INCLUDE:

- Tawara Goode (Director of the Georgetown University Center for Excellence in Developmental Disabilities and NCCC)
- Brenda Liz Munoz (Executive Committee Member, Georgia Council on Developmental Disabilities),
- Christie Carter (Older Adult Program Coordinator at the Milwaukee LGBT Community Center)
- Diana Autin (Co-Director of the SPAN Parent Advocacy Network) and
- Lorraine Davis (member of the Sisseton-Wahpeton Sioux Tribe, and the Founder and Executive Director of the Native American Development Center)

Miscellaneous News and Information:

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284

First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124

Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972

Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670

Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

CMHA WEEKLY UPDATE

Alan Bolter, Associate Director, abolter@cmham.org

Christina Ward, Director of Education and Training, cward@cmham.org

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Robert Sheehan, CEO, rsheehan@cmham.org

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CMH Association and Member Activities:

New! Gratiot Integrated Health Network announces new CEO

Below is a recent press release on the appointment of a new CEO at Gratiot Integrated Health Network. Congratulations to Michelle Stillwagon as she takes on this role.

Gratiot Integrated Health Network (GIHN) announces the selection of a new CEO at the recent Board of Directors meeting on Thursday, October 10, 2019. GIHN is the local mental health agency for Gratiot County and has served the community for more than 30 years. The process for selection took place over the past two months and involved staff members in all levels of the agency. The candidates were part of panel discussions and open forums among the staff.

The Board of Directors chairperson, Irene O’Boyle announced Michelle Stillwagon, as the new CEO. Ms. Stillwagon has been with GIHN for the past 10 years as a service provider and administrator. O’Boyle states that the selection of Ms. Stillwagon is on track with the agency’s long term vision to provide care through integration, collaboration, innovative services and community outreach. This includes GIHN’s recently expanded community services to St. Louis with the opening of a community clinic that serves the public three days a week.

Stillwagon and O’Boyle both agree that consumers are the priority and the agency will continue to expand its community presence through increasing GIHN integration and collaborative efforts. GIHN is also a member of the MSHN (Mid-State Health Network) that serves 21 counties in Michigan with community mental health and substance use disorders providers. This team approach gives individuals access to quality care.

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

myStrength Launches Digital Nicotine Recovery Tools to Help Individuals Make Healthy Changes

[Request a Demo](#)

Cigarette smoking is the leading cause of preventable morbidity and mortality in the U.S., with a high prevalence among people with behavioral health disorders. Additionally, vaping/e-cigarette use has rapidly increased in recent years, especially among youth. Nearly seven in 10 smokers are interested in quitting, but most aren't aware of the effective methods. To address this population, myStrength is pleased to introduce a Nicotine Recovery program to help people make healthy changes personalized to their needs. These digital self-care resources are designed to:

- Offer evidence-based motivational and planning tools, personalized based on a person's past experience, lifestyle, triggers, and unique needs

- Inspire action and reduce ambivalence about quitting via positive, non-judgmental and interactive activities, tools, resources, and customized plans
- Instill hope to help individuals surmount the guilt and shame associated with nicotine use
- Share the gold-standard treatment methods, including medication-assisted treatment (comprising a combination of nicotine replacement therapy (NRT) or quit medication and counseling)
- Interactive and tailored web-based resources – like myStrength's digital behavioral health platform – have been shown to increase quitting behavior for adult smokers 40% better than self-help booklets.

myStrength has a unique opportunity to positively impact nicotine recovery, as our platform offers integrated support for behavioral health conditions that are often comorbid with nicotine dependence. This support addresses depression, anxiety, insomnia, substance use (opioid, alcohol and drugs), stress, and more – many of which can make the quitting process more complex.

Relias: the right kind of training can help

Even the most experienced clinicians can benefit from some additional training when it comes to talking about suicide in their client sessions. But knowing what to do is different from doing it in the moment when face to face with a client.

Relias is thrilled to announce the launch of a new course, In Session: Suicide Assessment and Intervention for Adults, available on the Relias Platform. This course is designed to provide learners with the ability to apply critical thinking, knowledge and skills in simulated clinical sessions and to real-world experiences.

See for yourself...get a sneak preview of the course and experience first-hand how this type of learning goes beyond basic e-learning to bridge the "knowing-doing" gap.

[Preview the Course](#)

State and National Developments and Resources:

New! MDHHS issues autism best practices guidelines

Below is a recent announcement, by MDHHS, of the Michigan Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines.

In response to the Medicaid Services Workgroup Recommendations Report (FY2019 Appropriations Act – Public Act 207 of 2018) the Behavioral Health and Developmental Disabilities Administration and an Autism Best Practice Guidelines Workgroup have developed the Michigan Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines. These Guidelines are to provide additional guidance and standardization to the services provided to children suspected and/or have ASD.

The Guides do not mandate any new services, however, will assist agencies to increase compliance, consistency and accuracy of evaluations and services throughout the Michigan Medicaid system. The Guidelines are attached for dissemination and can be located at Michigan.gov/autism under Resources.

To support the implementation of the Guidelines, MDHHS is coordinating the following:

- CMHAM Conferences Session – ASD Guidelines: October 21, 2019 at 10:00 – 11:30 a.m. (Dr. Mellos, Dr. Brooklier and Dr. Young)
- MDHHS Webinar - ASD Guidelines: November 6, 2019 at 10:00 – 11:30 a.m. (Dr. Brooklier, Dr. Young, Dr. Luchies, and Lisa)
- MDHHS Waiver Conference - ASD Guidelines: November 20 at 1 p.m. – 2:30 p.m. (Dr. Brooklier, Dr. Witherell, Dr. Luchies, and Lisa)
- MDHHS and Sunfield Center: Scheduling 4-5 ADOS-2 Booster Session throughout MI.
- MDHHS and Dr. Brooklier/Team: Scheduling quarterly webinars and 6 in person trainings (variety of topics supporting evaluators and the Guidelines).

MDHHS will add the Guidelines as an attachment to the PIHP contract. MDHHS will provide PowerPoint slides to individuals who would also like to provide education on the Guidelines. MDHHS will provide the Guidelines to legislators on the House and Senate Appropriations Committees as a deliverable from the March 1, 2019 Autism Legislative Workgroup Report.

If you have any additional questions, please contact Lisa Grost (grostl@michigan.gov or 517/241-0678) and Mary Luchies (luchiesm@michigan.gov or 517/335-2283).

These guidelines can be found at: <https://www.michigan.gov/autism/0,4848,7-294-73929---,00.html>

New! Two federal reports highlight success of MDHHS's MI Health Link

Below is a recent press release announcing the completion of the initial evaluation of the MI Health Link initiative.

Two new reports highlight the success of and satisfaction with the MI Health Link program, a comprehensive health care plan available to individuals enrolled in both Medicare and Medicaid.

MI Health Link is administered by the Michigan Department of Health and Human Services (MDHHS) in partnership with the Centers for Medicare & Medicaid Services (CMS) and seven integrated care organizations. The program offers a full range of health care benefits to dually eligible beneficiaries, including home and community-based services, care coordination, non-emergent medical transportation, dental, vision, physical, and behavioral health care. Beneficiaries

do not have copays for prescription drugs or covered services when delivered by network providers.

MI Health Link is available to Michigan adults, ages 21 or older, who live in Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren or Wayne counties or any county in the Upper Peninsula. Eligible individuals can enroll in MI Health Link at any time and do not need to wait for open enrollment periods to join.

"By providing enrollees access to care through one plan, MI Health Link is helping Michiganders take better care of themselves," said Robert Gordon, MDHHS director. "This in turn has led to a reduction in emergency room visits and inpatient admissions."

CMS contracted with Alan Newman Research to conduct a series of focus groups in June 2019 to better understand the experience of beneficiaries enrolled MI Health Link. Overall, a summary of the focus group findings shows participants reported very high satisfaction with their MI Health Link plan experiences.

Key reasons for participants' high satisfaction include:

- Access to additional benefits and services (dental, vision, behavioral health, transportation, health clubs, home modifications, health club memberships, etc.).
- Access to quality health care providers.
- Care coordinators who help get enrollees' needs met.
- Full coverage for their medical care (no costs, including no copays).
- General peace of mind, reduction of health and financial anxiety.
- Good coverage of prescription drugs.
- Free, over-the-counter medical supplies (bandages, incontinence pads, etc.).

Focus group participants consistently reported receiving assistance during care transitions, follow up after doctors' appointments, locating doctors who accept their plan and general emotional support from their health plan care coordinator. Many also noted an improved quality of life, that they took better care of themselves and that they were encouraged to do so by their plan care coordinator.

One participant stated, "Now I don't have the copay, so I'm more apt to do my preventive care, which makes you feel better in the long run."

CMS also contracted with RTI International to monitor and evaluate the impact on beneficiary experience, quality of care, service utilization and cost of the MI Health Link program. The first evaluation report for Michigan's MI Health Link demonstration shows reductions in both the probability of inpatient admissions as well as preventable emergency room visits.

For more information about the program and to see the RTI International and Alan Newman Research reports, visit Michigan.gov/MIHealthLink.

New! MDHHS to conduct substance abuse disorder treatment needs, provider capacity assessment with \$3.4 million CMS grant

Below is a recent announcement, from MDHHS, of its receipt of grant funding to initiate a state-wide assessment of substance use disorder capacity.

A \$3.4 million grant from the Centers for Medicare and Medicaid (CMS) will allow the Michigan Department of Health and Human Services (MDHHS) to conduct a needs assessment of substance abuse disorder (SUD) treatment and recovery provider capacity for the state's Medicaid program.

Michigan has been significantly impacted by the nation's opioid epidemic, experiencing an opioid overdose death rate of 21.2 deaths per 100,000 residents, nearly 1.5 times greater than the national rate of 14.9 deaths per 100,000 residents. In addition, serious gaps exist in access to SUD care, including medication-assisted treatment. A recent study found that only 20 percent of Michiganders with an SUD diagnosis received treatment.

The needs assessment will help determine current use of and need for SUD services, where additional SUD services are needed in the state, how many additional providers are required to address the need, and strategies to increase the number of patients current providers can serve. "The ultimate goal of this project is to increase the capacity of Michigan's Medicaid providers to deliver substance use disorder treatment and recovery services to our state's residents," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "This will further our state's proactive response to the opioid crisis that focuses on prevention, treatment and recovery."

Michigan was one of 15 states to receive the CMS grant funding. MDHHS is partnering with the University of Michigan's Institute for Healthcare Policy & Innovation (IHPI) to conduct the needs assessment.

"Our team looks forward to working with the Michigan Department of Health and Human Services to understand the state's current capacity for substance use disorder treatment as well as opportunities to improve access to and quality of care throughout the state," said Dr. Kara Zivin, professor of psychiatry at the University of Michigan and principal investigator for Michigan's grant award under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.

Specific activities that will occur during the 18-month grant period, September 2019 – March 2021, include:

- Determining Medicaid beneficiary demand for SUD/OD treatment and recovery services in Michigan.
- Creating an inventory of current Medicaid SUD treatment and recovery capacity. This will include payment methodologies, reimbursement rates, administrative requirements and limitations on capacity by region, Medicaid delivery system and specific services and provider types.
- Performing a gap analysis to identify and prioritize opportunities for improvement, including specific Medicaid subpopulations.
- Researching strategies to increase SUD/OD provider capacity, including those related to payment, administrative issues and programs relative to recruitment and retention.
- Conducting provider surveys to determine provider willingness and barriers to providing SUD treatment and recovery services in addition to assessing the level of coordination between SUD treatment and recovery services and other aspects of healthcare.
- Making policy recommendations to increase SUD treatment and recovery capacity and greater access to these services.

At the end of the 18 months, CMS will select at least five states to implement proposed policy changes reflecting the needs assessment. This will include an increased federal match for Medicaid SUD treatment and recovery services.

New! MDHHS, Gov. Whitmer work to educate residents about the effects of domestic violence during October awareness month

Below is a recent press release on Michigan's work to highlight the impact of domestic violence during Domestic Violence Awareness Month.

The state of Michigan is joining national efforts during October to educate communities about the devastating and lasting trauma domestic violence has on countless individuals and families. Gov. Gretchen Whitmer has signed a proclamation officially declaring October as Domestic Violence Awareness Month in Michigan.

Through its Division of Crime Victim Services, the Michigan Department of Health and Human Services funds 46 domestic violence programs in Michigan that provide immediate temporary emergency housing, 24-hour crisis hotlines, individual/group counseling, advocacy, and supportive services for victims of domestic violence, or dating violence, and their dependent children. Additionally 16 transitional supportive housing programs for domestic violence survivors and their dependent children provide safe and affordable single-family housing coupled with supportive services that assist in maintaining that housing for 24 months.

"As Michiganders, we all need to understand that domestic violence is unfortunately far too common," Whitmer said. "We must do all that we can to prevent domestic violence and offer support to survivors. While public awareness of this societal problem has grown in recent years, there's still more work to be done."

Domestic violence perpetrators intentionally use a pattern of physical, emotional, sexual, psychological, and/or economic coercion and abuse to control their intimate partners, violating their dignity, security and psychological as well as physical well-being. In Michigan an estimated 35,306 adults or adolescents were victims of intimate partner violence crimes in 2018.

"Domestic violence is a widespread and pervasive issue that has lasting, traumatic effects on individuals and families," said Debi Cain, executive director of the Michigan Division of Victim Services. "Michigan is a state that is committed to holding perpetrators accountable while providing survivors and their families crucial support services and resources."

Domestic Violence Awareness Month provides an important opportunity to learn more about domestic violence and to demonstrate support for the numerous organizations and individuals who provide advocacy efforts, services and assistance to survivors. It also serves as a distinct opportunity to recognize the strength and courage of those currently surviving abuse as well as honor those who were murdered at the hands of their current or former partners.

To learn more about direct support services in your area, visit the state of Michigan's domestic violence safety page.

To view the governor's proclamation, visit [Michigan.gov/Whitmer](https://www.michigan.gov/Whitmer).

If you or someone you know is experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of a relationship, trained advocates are available 24/7/365 to talk confidentially. Call the U.S. National Domestic Violence Hotline at 1-800-799-7233 or visit <https://www.thehotline.org/>.

New! Slotkin, Kelly Introduce Bipartisan Bill to Increase Access to Savings Accounts for Individuals with Disabilities, Families Caring for Them

Below is a recent press release on the bi-partisan introduction of a federal bill to support the development of savings for persons with disabilities and their families.

STABLE Act is Slotkin's second bipartisan bill introduced in coordination with 8th district autism and disability advocacy community

U.S. Rep. Elissa Slotkin (MI-08) and U.S. Rep. Mike Kelly (PA-16) today introduced the STABLE (Saving To Achieve a Better Life Experience) Act, a bill that would allow employers to make matching contributions to an employee's ABLE savings account, making it easier for individuals with disabilities and caregivers to save for future care.

ABLE accounts are tax-exempt savings accounts that allow eligible individuals with disabilities to accrue savings without affecting Medicaid or Supplemental Security Income (SSI) benefits. Current data shows that less than 3 percent of families take advantage of ABLE accounts, and many lack the resources or tax incentives to contribute to these accounts. By allowing employers to match employee contributions to ABLE accounts, much like 401(k) savings accounts, the STABLE Act will increase families' access to these accounts, and help bolster caregivers' and individuals' savings for disability-related expenses.

"I'm so proud to introduce the bipartisan STABLE Act today with Representative Kelly," Rep. Slotkin said. What I'm most proud of is that this bill came directly from parents in our district who reached out to me and asked for help saving for the long-term care of their adult children with disabilities. After meeting together to talk through legislation, we crafted a bill that allows employers to match ABLE account contributions — much like a 401(k) matching program — so that individuals with disabilities can build savings and independence, and caregivers can better support their loved ones."

Last month, Slotkin introduced a bipartisan bill in coordination with the 8th district autism advocacy community to update the outdated SSI program.

"Providing Americans with the tools to prepare for their healthcare future must be among our top priorities, which is why I am a proud sponsor of the ABLE Act," Rep. Kelly said. "ABLE accounts are a great way for Americans with disabilities and their caregivers to save their hard-earned dollars, and we must change the tax code to expand their use. Thank you to Representative Slotkin for working with me on this empowering legislation."

"We applaud Representative Slotkin for introducing this important bill, which will bring families and caregivers an important financial savings option for their child with disabilities," said Colleen Allen, President and CEO of Autism Alliance of Michigan. "The incentive to open and contribute to ABLE accounts through employer matching is a brilliant strategy to encourage more participants."

The STABLE Act will:

- Allow employers to match employee contributions to an ABLE account up to \$7,500 without affecting an employee's taxable income.
- Ensure that employers can contribute to both employees' 401(k) accounts and ABLE accounts, allowing employees to benefit from both benefit programs simultaneously.

New! Families fight insurers for life-saving care for loved ones with mental health conditions

"[CBS This Morning](#)" dedicated most of its broadcast Wednesday, October 23 to a live special focusing on mental health. Called "[Stop the Stigma: A Conversation About Mental Health](#)," it aims to promote the

removal of shame and blame from the discussion around mental illness diagnoses. Below is an excerpt from that broadcast

Every year, an estimated 1 in 5 American adults experiences mental illness. When it comes to insurance coverage, the law is clear. The federal Mental Health Parity legislation passed in 2008 requires health insurers to provide at least equal coverage for mental health conditions, as they do for medical and surgical care. But as CBS News' Dr. Jon LaPook found out, some families still have to fight to get the life-saving care their loved ones need.

The full story can be found at:

<https://www.cbsnews.com/news/mental-health-insurance-coverage-families-fight-for-life-saving-care/>

New! Advancing Virtual Communication Solutions for Behavioral Healthcare

Below is a recently published editorial by Ron Manderscheid, CEO of NACBHDD (of which this association and its members are long time members) on the value of virtual communications in mental health care.

For all of its shortcomings, virtual communication does play a vital role in democratizing interactions and relationships. This has been accomplished through different modalities: e-mail, social media, live chat, FaceTime, and others. In behavioral healthcare, this democratization has facilitated the movement toward self-direction of care and self-determination of life activities, both of which are key elements of personal recovery.

Here, I would like to explore several evolving applications of virtual communication in behavioral healthcare. The purpose is to show the possibilities, as well as the ways these new communication modalities can address some of our current problems in the field.

Read more at: <https://www.psychcongress.com/article/advancing-virtual-communication-solutions-behavioral-healthcare>

New! The Inclusive Talent Pool: Employing People with Disabilities

Recently, the Institute for Corporate Productivity published a groundbreaking report, "The Inclusive Talent Pool: Employing People with Disabilities". Information on that report and access to the report are found below.

One in five people of working age in the U.S. has a disability, yet despite massive talent shortages the national unemployment rate for people with a disability is nearly twice that of the broader population.

For people with intellectual and developmental disabilities (IDD) the unemployment rate is 81%.

We are proud to publish our follow-up to the groundbreaking and acclaimed 2014 study produced in partnership with Best Buddies International, *Employing People with Intellectual and Developmental Disabilities*.

The report explores:

- The benefits of employing people with disabilities



- How the roles in which people with IDD are employing are evolving
- What inclusive workplaces look like in leading organizations such as UPS, Boeing, and BNY Mellon

The full report can be found at:

<https://go.i4cp.com/inclusivetalent>

State Legislative Update:

New! MDHHS announces Section 298 pilots have come to an end

This week, the Michigan Department of Health and Human Services (MDHHS) announced the end of the Section 298 pilots following the governor's veto and the pilot participants' inability to reach an agreement on a path forward.

"These pilots were supposed to be built on agreement among all participants," said Robert Gordon, MDHHS director. "After years of work to reach consensus, it has become clear that agreement will not be reached. We remain committed to making our behavioral health system work better for all Michiganders, and it is time to look for new ways to achieve this goal."

The Section 298 Initiative was a statewide effort to improve the integration of physical health services and specialty behavioral health services in Michigan. It was based upon Section 298 in Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 207 of 2018.

As part of the initiative, the Michigan legislature directed MDHHS to implement up to three pilots to test the financial integration of Medicaid-funded physical health and specialty behavioral health services. The pilots were announced in March 2018 and were to be implemented by Oct. 1, 2019. Implementation was delayed to Oct. 1, 2020 to allow more time to complete design of a financial integration model.

However, the parties ultimately could not agree on two fundamental issues, the automatic statewide scaling of the model and startup costs. Despite the cancellation, Gordon said much has been learned from the Section 298 pilot design development process that will inform future redesign efforts.

"In the coming weeks, I will be sharing the department's vision for a stronger behavioral health system," he said. "Designing a system that works for all Michiganders will take careful planning and extensive collaboration with legislators, families and individuals served by the system and stakeholders. Through this process, we can chart a commonsense path that improves Michiganders' lives."

Senate Quickly Passes LPC Bill

On Thursday, HB 4325 was unanimously passed by the Michigan Senate. The bill, which would codify the current rules for LPCs, was referred straight to the Senate floor bypassing the Health Policy Committee. This week's action came after the House quickly moved the bill through their chamber last week. The bill now goes back to the House for concurrence then onto Governor Whitmer for her approval.

Link to the Senate passed version of the bill:

<http://www.legislature.mi.gov/documents/2019-2020/billengrossed/House/pdf/2019-HEBS-4325.pdf>

CMHA WEEKLY UPDATE

House DHHS Subcommittee to Hold a Series of Mental Health Hearings

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

- Wednesday, October 30 – Public Input
- Wednesday, November 6 – Public Input

Federal Update:

Arizona Puts Medicaid Work Requirements on Hold

In January, the Centers for Medicare and Medicaid Services (CMS) approved Arizona's proposal to require roughly 120,000 Medicaid enrollees to report 80 hours per month of work or other approved activities to continue receiving health benefits. However, the state announced last week that it will be indefinitely postponing implementation of the program, citing pending legal challenges to other states' Medicaid work requirements. The rule was originally slated to take effect starting January 1, 2020.

Senate Bill Would Create Three-Digit National Suicide Hotline

On Tuesday, Senators Cory Gardner (R-CO), Tammy Baldwin (D-WI), Jerry Moran (R-KS) and Jack Reed (D-RI) introduced the National Suicide Hotline Designation Act (H.R. 4194/S. 2661). The bill, a companion to the House version introduced back in August, would designate "9-8-8" as the universal dialing code for the national mental health crisis hotline, including the Veterans Crisis Line. The National Council supports this legislation and thanks the Senators for their leadership on this issue.

Education Opportunities:

Registration is Now Open for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019 at the Kellogg Hotel & Conference Center located at 55 South Harrison Road, East Lansing 48823.

Click Here Registration: <https://cmham.org/events/?EventId=5464>

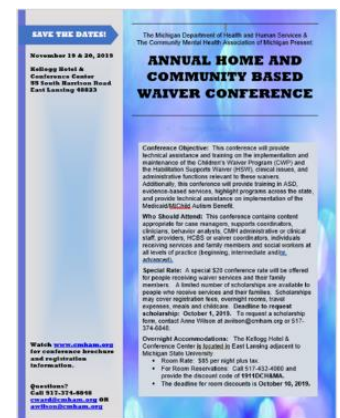
Full Conference Rate: \$185

One Day Rate: \$110

Family Members Receiving Services: \$20

A draft of the tentative brochure content is online at the link shown.

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



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

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. The discounted room block of \$85 per night plus tax has been filled. The overflow hotels are the Springhill Suites in East Lansing and the Candlewood Suites. Springhill Suites East Lansing University Area is located at 1100 Trowbridge Road in East Lansing, MI 48823. Phone: (517) 763-2033. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: 2019 C-Waiver Conference. The other overflow hotel is the Candlewood Suites located at 3545 Forest Road in Lansing, MI 48910. Phone: (517) 351-8181. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: CMHA – C-Waiver Conference Overflow

Special Rate: A special \$20 conference rate will be offered for people receiving waiver services and their family members.

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

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

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

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

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

This training fulfills the MPA requirements for psychologists.

Trainings offered on the following dates:

November 13, 2019 – Lansing | [CLICK HERE](#) for more information and to register now

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

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

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

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

\$115 CMHA Members

\$138 Non-Members

Pain Management and Mindfulness Trainings

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

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

CMHA WEEKLY UPDATE

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

Trainings offered on the following dates:

November 12, 2019, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

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

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

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

Psychiatric Pharmacogenomics: A Practical Guide to Gene-Drug Interactions and Tests (Mon, 10/28/19 - Mon, 11/11/19)

Interested in how to use pharmacogenomic testing to select psychiatric meds? The University of Michigan Department of Psychiatry and College of Pharmacy are offering a live videoconference CME course on psychiatric pharmacogenomics. Pharmacogenomics (PGx) is the practice of using information about an individual's genome to select medications that are likely to be most effective and result in the fewest number of side effects. Upon conclusion of the course, clinicians will be able to: 1) describe basic PGx concepts; 2) distinguish which gene-drug relationships have the most evidence supporting their implementation in the clinic; 3) identify which PGx tests to order; and 4) confidently formulate medication plans using PGx test results. The course meets online for 3 weekly sessions on Monday evenings, with each session 1.5 hours (6:00-7:30pm). Sessions are a combination of interactive lectures and case-based discussion. The course is approved to offer 4.5 AMA PRA Category 1 Credits.

For more information and to register, visit: <https://ummentalhealth.info/?r=epsych>

New! CHCS webinar: what matters most in driving cross-sector partnerships for complex populations

Below is a description of a recently announced webinar from the Center for Health Care Strategies on collaborative approaches to serving persons with complex needs. '

It is widely recognized that good outcomes for patients with complex care needs are achievable when health care providers work locally and in tandem with community, government, and other partners. Interprofessional, cross-sector, and cross-agency collaboration between organizations that share responsibility for serving a group of individuals living in a community or particular geography is an effective way to stabilize health, decrease unnecessary utilization, improve care delivery, and reduce avoidable costs.

Why then, is it so challenging to build these collaborative partnerships and what does it take to establish partnerships that work for patients, providers, and health care organizations?

This 60-minute webinar, brought to you by the Better Care Playbook and the Camden Coalition's National Center for Complex Health and Social Needs, will feature a discussion on how to establish cross-sector partnerships, using the work of Adventist Health's Project Restoration and the Camden Coalition as case studies. Participants will learn how to: (1) establish cross-sector collaboratives to address the needs of community members; (2) identify key components for a successful cross-sector community collaborative; (3) develop strategies for mapping need and data sharing; and (4) design key process improvements to address social determinants



Miscellaneous News and Information:

New! NAMI Michigan announces Annual Eating for a Cause

Below is a recent announcement of the upcoming Annual Eating for a Cause event, sponsored by NAMI Michigan.

Please join us Sunday, November 24th for the 9th Annual Eating for a Cause at Texas de Brazil Detroit. This year's event is scheduled for 12:30 - 3:30pm. The \$55.00 per person cost includes dinner, non-alcoholic beverages, dessert, tax and gratuity. This is a private event and will conclude promptly at 3:30pm so the staff can prepare to open to the public at 4pm. Please arrive early enough to enjoy food, friends and fellowship. Reservations for this event can only be made via our foundation at http://www.thenique.com/payments_options. Reservations cannot be made at Texas de Brazil.

What: 9th Annual DFMF Eating for a Cause @ Texas de Brazil Detroit

When: Sunday, November 24, 2019

Time: 12:30pm - 3:30pm

Where: 1000 Woodward Ave. Detroit, MI

Cost: \$55.00 per person (includes dinner, non-alcoholic beverages, dessert, tax & gratuity)

All funds raised support our scholarships at Detroit Catholic Central High School and the mission driven work of NAMI Michigan. NAMI, the National Alliance on Mental Illness is the nation's largest grassroots mental health organization, dedicated to improving the lives of the millions of Americans affected by mental illness. We look forward to seeing new and old friends. Thank you in advance for your continued support.

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

CMHA WEEKLY UPDATE

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Janessa Nichols, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
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Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
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Robert Sheehan, CEO, rsheehan@cmham.org

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

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

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

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

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

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

New! Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute “Your Rights When Receiving Mental Health Services in Michigan” booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 43¢ per booklet. Orders must be received by November 22, 2019 to qualify for the discount. Any booklets ordered after November 22, will be charged 55¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an additional charge of \$100 per order. Personalization is only offered during the fall – deadline is**

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November 22, 2019. The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:

Cost Per Booklet if Ordered by **November 22: 43¢ (Plus Shipping)**

Cost Per Booklet if Ordered After **November 22, 2019: 55¢ (Plus Shipping)**

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

New! Sheehan Awarded NIH Joe Young, Sr. Leadership Award

Bob Sheehan, CMHA CEO, was recently awarded the Joe Young, Sr. Leadership Award by Northeast Integrated Health (NIH). Joe Young, Sr. was a pioneer in mental health, advocating for the creation of the community-based mental health system that we have today. In his award letter from NIH President & CEO, Sherry McRill, it states Bob was selected because of his commitment to mental health and the rights of the disabled as well as his efforts, over the last several years, around Section 298 of the MDHHS appropriations bill

Congratulations to Bob.

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

myStrength Launches Digital Nicotine Recovery Tools to Help Individuals Make Healthy Changes

[**Request a Demo**](#)

Cigarette smoking is the leading cause of preventable morbidity and mortality in the U.S., with a high prevalence among people with behavioral health disorders. Additionally, vaping/e-cigarette use has rapidly increased in recent years, especially among youth. Nearly seven in 10 smokers are interested in quitting, but most aren't aware of the effective methods. To address this population, myStrength is pleased to introduce a Nicotine Recovery program to help people make healthy changes personalized to their needs. These digital self-care resources are designed to:

- Offer evidence-based motivational and planning tools, personalized based on a person's past experience, lifestyle, triggers, and unique needs

Inspire action and reduce ambivalence about quitting via positive, non-judgmental and interactive activities, tools, resources, and customized plans. Instill hope to help individuals surmount the guilt and shame associated with nicotine use. Share the gold-standard treatment methods, including medication-assisted treatment (comprising a combination of nicotine replacement therapy (NRT) or quit medication and counseling). Interactive and tailored web-based resources – like myStrength’s digital behavioral health platform – have been shown to increase quitting behavior for adult smokers 40% better than self-help booklets. myStrength has a unique opportunity to positively impact nicotine recovery, as our platform offers integrated support for behavioral health conditions that are often comorbid with nicotine dependence. This support addresses depression, anxiety, insomnia, substance use (opioid, alcohol and drugs), stress, and more – many of which can make the quitting process more complex.

Relias: the right kind of training can help

Even the most experienced clinicians can benefit from some additional training when it comes to talking about suicide in their client sessions. But knowing what to do is different from doing it in the moment when face to face with a client.

Relias is thrilled to announce the launch of a new course, In Session: Suicide Assessment and Intervention for Adults, available on the Relias Platform. This course is designed to provide learners with the ability to apply critical thinking, knowledge and skills in simulated clinical sessions and to real-world experiences.

See for yourself...get a sneak preview of the course and experience first-hand how this type of learning goes beyond basic e-learning to bridge the “knowing-doing” gap.

[Preview the Course](#)

State and National Developments and Resources:

New! Michigan United seeking views on Long-Term Supports and Services

Below is a recent announcement of the next phase of Michigan United’s listing sessions around how a Medicaid Long-Term Supports and Services (LTSS) system should work, if implemented, in Michigan.



We want to hear your care story at a listening session near you.

In November, Michigan United will launch a series of Listening Sessions across the state to hear the personal stories and lived experiences of people directly impacted within the long-term care landscape. These Listening Sessions are part of the Long-Term Services and Supports (LTSS)

CMHA WEEKLY UPDATE

Feasibility Study and will be important for including the voices of the most directly impacted in the process.

The Michigan LTSS Feasibility Study began on October 1st. It will include three Stakeholder Committee meetings and a series of Listening Sessions that will both be facilitated by Michigan United.

If you are a family or informal caregiver, an older adult or person with a disability receiving long-term care, a direct care worker or personal care assistant and want to share your story, please register for one of the Listening Sessions below.

If you know someone that is directly impacted, please let me know or help them get registered via the registration links below.

Upper Peninsula Listening Session (1:1 conversations via webinar over the next several months)

Kalamazoo Listening Session Saturday, November 16th.

Grand Rapids Listening Session Monday, November 18th.

Detroit Listening Session Saturday, November 23rd.

If you have any questions about the overall program, please contact Laura De Palma (313-573-7582 or laura@miunited.org).

If you have questions about the Grand Rapids or Kalamazoo Listening Sessions, please contact Samad Nadeem (SNadeem@miunited.org)

New! Federal Administration for Community Living announces cultural competence/direct care workforce resources

Below is a recent announcement from the federal Administration for Community Living on a range of resources designed to improve the recruitment and retention of direct care workers.

Resources for Integrated Care (RIC) Briefs: Direct Care Workforce: Nearly half of all individuals dually eligible for Medicare and Medicaid receive help with personal care, such as bathing, dressing, managing medication, and other long-term services and support (LTSS). Given the nature of these services, cultural competence – the ability to work effectively in cross-cultural situations – is a key part of establishing trust and respect between direct care workers and their clients.

RIC has developed the following briefs to help LTSS providers, administrators, and other stakeholders, support a diverse workforce that can meet the cultural needs and preferences of dually eligible individuals.

Organizational Cultural Competence [at this link](#) - This brief provides strategies for assessing organizational cultural competence, supporting diversity across all levels of an organization, addressing linguistic competence, and engaging community partners.

Training Culturally Competent Direct Care Workers [at this link](#) - This brief focuses on establishing and building on organizational policies to support cultural competence, using adult learner-centered training methods, and identifying setting- and community-appropriate training programs.

Recruiting and Retaining a Diverse Direct Care Workforce [at this link](#) - This brief includes approaches for inclusive hiring practices, supporting staff through an inclusive environment, and providing comprehensive training for direct care workers, supervisors, and administrators.

Related Resources:

RIC Webinar: Culturally Competent Direct Care: Meeting the LTSS Needs of Diverse Dually Eligible Beneficiaries

New! Health Affairs blog: Why We Are Building A Community Of "Emotional Support Humans"

Below are excerpts from a recent blog post carried by Health Affairs journal on the need for persons and communities to serve as emotional support networks for all of us with mental health needs.

Many communities across America are grappling with significant behavioral health needs—from gaps in services, to challenges accessing treatment, to the shadows of stigma and loss of lives.

Thousands of people in the county were going to the emergency department (ED) for mental health reasons, indicating that many community members weren't receiving proper care until it became an emergency. More than 20 percent of those ED visits were primarily because of major depressive disorder or anxiety, according to data from the Maryland Health Services Cost Review Commission. Among youth, roughly one in six high schoolers in the county reported in a state youth risk behavior survey that they seriously considered attempting suicide. And data from the county fire department showed that local emergency medical services (EMS) were responding to hundreds of cases related to drug overdose and withdrawal symptoms.

Clearly, there was both a need and an opportunity to make a difference in behavioral health in our community. We needed to figure out where we, as a foundation, could move the needle, have the most impact, and support our community and government partners, including the local public school system and county health department. Considering the data, we honed in on addressing mental illness prevention—promoting broader awareness of signs and symptoms of mental health conditions and encouraging those needing support to seek help early on. And we focused particularly on people living with depression and anxiety, many of whom had never reached out.

We know that people are suffering in silence—people struggling with mental health conditions often fear rejection and discrimination from their loved ones, which can delay their recovery. Seeing the opportunity to help people connect with those in their lives who have mental illness, we asked residents how they felt even talking about mental health. We found that many parents, family members, and friends of people living with mental health issues feel they can recognize when someone is struggling with a mental health challenge, and they acknowledged that they want to help. But they often hold back because they are afraid of saying the wrong thing, causing embarrassment, or making things worse.

This is how the Emotional Support Human Etiquette campaign was born.

The Emotional Support Human Etiquette Campaign: Through humorous illustrations and messages, we created a different kind of mental health campaign— one that encourages people to approach this subject with humor and without fear or shame. Modeled on the concept of "emotional support animals," which provide comfort to many, the campaign urges people to become "Emotional Support Humans" for their loved ones who may be struggling.

The full blog can be found [at this link](#).

State Legislative Update:

New! Governor Signs LPC Bill

On Tuesday, Gov. Whitmer signed HB 4325 allowing licensed professional counselors (LPCs) to still diagnose and treat patients.

The bill, sponsored by Rep. Miller (R-Sturgis), clarifies LPCs can practice without supervision and can supervise a limited licensed counselor once they have completed training in supervision as required by rules promulgated by Michigan Department of Licensing and Regulatory Affairs (LARA).

"This new law will ensure that more than 150,000 Michiganders can still access critical mental health care," Whitmer said in a statement. "And it will protect 10,000 professional counselors from losing the ability to practice as they currently do. We must continue to work hard to ensure every Michigander has access to critical mental health care, and this is a step in the right direction."

HB 4325 passed both chambers unanimously as LPCs demonstrated for the bill and raised objections over a LARA rule package they say would've left them unable to serve their patients.

New! Health Insurers Face Tight New Deadlines for Prior Authorization

Health insurers in Michigan would have 24 hours to respond in urgent cases where a medical procedure or prescription needs prior authorization, 48 hours for non-urgent requests, under legislation submitted this week by Sen. VanderWall (R-Ludington).

SB 612, already has the support of 41 patient advocacy groups, physician organizations and medical societies, said Kevin McFATRIDGE, spokesperson for the [Health Can't Wait Coalition](#) and the Michigan State Medical Society (MSMS).

Dominick PALLONE, executive director of the Michigan Association of Health Plans (MAHP), said his members will have concerns because "there are some components that are being proposed that unfortunately are not realistic in order to be actually achieved."

He said there is already a timeframe in state statute, which is the 14-day response time for Medicaid coverage, and health plans have to meet timelines set by accrediting organizations like National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC).

McFatrige disagrees. On commercial plans, he said, the only timelines that are in the law right now are specific to prescription drugs, so that non-emergency cases have up to 15 days for prior authorization. For expedited or urgent cases, prior authorization can take up to 72 hours. No other timelines exist, McFatrige said.

SB 0612 would make a number of other changes to state health insurance law. It would require insurers to report statistics related to prior authorization approvals and denials.

It would require that "adverse determinations" must be made by a physician in the same specialty as the provider asking for the prior authorization. Appeals would have to be reviewed by physicians in the same specialty.

It would also allow for "step therapy protocols" to be overridden if a physician determines it is in the best interest of the patient. Step therapy protocols are intended to control costs by requiring that treatment begins with the most cost-effective drug or treatment and progresses to other more costly therapies only if necessary.

The bill has a long list of changes, including that prior authorization requirements be listed on the insurer's website, that they be written in easily understandable language, and that doctors get 60 days notification if prior authorization requirements change.

VanderWall said he had several constituents contact his office about care being repeatedly denied or pushed off. In other cases, he said insurers gave prior authorization for a procedure only to have the authorization denied after the work had been done. As he dug into the issue, he began working with doctors on the legislation.

"In rural areas, this has become an issue. When you have someone who is driving several hours to get to an appointment, they get in there and find out they can't have this work done because prior authorization has not been granted, that becomes quite a burden to these folks," VanderWall explained.

"What we are trying to do is make sure that health care is easy, functional, that the patients can work through their doctor and make sure they have access to care quickly without going through too many steps that cause extra expense," he explained.

House DHHS Subcommittee to Hold a Series of Mental Health Hearings

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

- Wednesday, November 6 – Public Input

Federal Update:

New! CCBHC Advocacy Effort

As you know, the current CCBHC demonstration extension is set to expire on November 21. We are hearing from our DC insiders that **NOW is the time to act to help build support for a long-term extension and multistate expansion** of the CCBHC demonstration.

Advocate now to help build support for an extension and expansion of the CCBHC program. Taking action is easy:

1. **Below is a Staff Directory** to find contact information for your legislator's health care staffer.

Office	Party	District	First Name	Last Name	Title	Email
Senator Debbie Stabenow	D		Alex	Graf	Legislative Assistant	amy_brown@stabenow.senate.gov
Senator Gary Peters	D		Devin	Parsons	Legislative Assistant	devin_parsons@peters.senate.gov
Representative Jack Bergman	R	MI-1	Kelsey	Fetzer	Legislative Assistant	kelsey.fetzer@mail.house.gov
Representative Bill Huizenga	R	MI-2	Palmer	Rafferty	Legislative Director	palmer.rafferty@mail.house.gov
Representative Justin Amash	I	MI-3	Kelly	Miller	Legislative Assistant	kellyj.miller@mail.house.gov
Representative John Moolenaar	R	MI-4	Jayson	Schimmenti	Legislative Director	jayson.schimmenti@mail.house.gov

CMHA WEEKLY UPDATE

Representative Dan Kildee	D	MI-5	Troy	Nienberg	Legislative Director	troy.nienberg@mail.house.gov
Representative Fred Upton	R	MI-6	Mark	Ratner	Legislative Director/Deputy Chief of Staff	mark.ratner@mail.house.gov
Representative Tim Walberg	R	MI-7	Joanna	Brown	Legislative Director	joanna.brown@mail.house.gov
Representative Elissa Slotkin	D	MI-8	Danielle	Most	Deputy Chief of Staff/Counsel	danielle.most@mail.house.gov
Representative Andy Levin	D	MI-9	Catherine	Rowland	Legislative Director	catherine.rowland@mail.house.gov
Representative Paul Mitchell	R	MI-10	Laura	Healy	Legislative Assistant	laura.healy@mail.house.gov
Representative Haley Stevens	D	MI-11	Sarah	Reingold	Legislative Director	sarah.reingold@mail.house.gov
Representative Debbie Dingell	D	MI-12	Tim	Huebner	Legislative Assistant	timothy.huebner@mail.house.gov
Representative Rashida Tlaib	D	MI-13	Chastity	Murphy	Legislative Assistant	chastity.murphy@mail.house.gov
Representative Brenda Lawrence	D	MI-14	Zach	Weber	Legislative Assistant	zachary.weber@mail.house.gov

2. Use the text below as the template to your email message.

3. Personalize your message with information about your successes as a CCBHC or CCBHC grantee and detail the need to continue and expand this important program. Use the highlighted inserts as prompts to guide your message!

Through your hard work and advocacy, you have expanded access to individuals in need, transformed how these services can and should be delivered in your communities and built a strong network of allies who believe in the promise of CCBHCs and have worked with us to support their continuation.

Have questions? Reach out to Rebecca Farley David (RebeccaD@TheNationalCouncil.org) or Michael Petruzzelli (MichaelP@TheNationalCouncil.org) for help.

****Template Email Message to Hill Staff****

Dear [enter staff first name],

I am reaching out to ask for your help in securing an extension and expansion of the Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration program. In particular, [enter organization name] located in [enter city and state] is asking for your boss to **weigh in with party leadership and urge passage of a multiyear extension and multistate expansion of the CCBHC demonstration as a part of the Medicaid extenders package.**

Bills to extend and expand this important program – S. 824/H.R. 1767 - currently have 90 bipartisan cosponsors and would provide community mental health and addiction treatment providers like [enter organization name] the opportunity to expand access to care, build our workforce and help those in need throughout our community.

Here at [enter organization name], we have achieved the following:

[enter two or three bullet points discussing your successes as a CCBHC demo site or expansion grantee. How many more people have you served? Have you opened new programs or added new staff? Have you decreased patient wait times or see an increase in patient outcomes?]

We want to continue our growth as a CCBHC and need your boss' help to do it. Please urge your boss to weigh in with leadership to secure a long-term extension and expansion of this important and effective program.

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Please feel free to reach out with any questions. I can be reached at [enter phone number and email address].

Sincerely,

[enter signature with name, title, organization and address]

Education Opportunities:

Registration is Now Open for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019 at the Kellogg Hotel & Conference Center located at 55 South Harrison Road, East Lansing 48823.

Click Here Registration: <https://cmham.org/events/?EventId=5464>

Full Conference Rate: \$185

One Day Rate: \$110

Family Members Receiving Services: \$20

A draft of the tentative brochure content is online at the link shown.

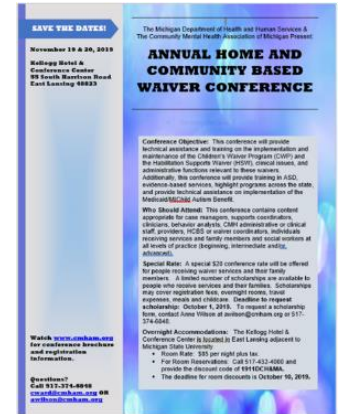
Conference Objective: This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference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

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

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. The discounted room block of \$85 per night plus tax has been filled. The overflow hotels are the Springhill Suites in East Lansing and the Candlewood Suites. Springhill Suites East Lansing University Area is located at 1100 Trowbridge Road in East Lansing, MI 48823. Phone: (517) 763-2033. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: 2019 C-Waiver Conference. The other overflow hotel is the Candlewood Suites located at 3545 Forest Road in Lansing, MI 48910. Phone: (517) 351-8181. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: CMHA – C-Waiver Conference Overflow

Special Rate: A special \$20 conference rate will be offered for people receiving waiver services and their family members.

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



CMHA WEEKLY UPDATE

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

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

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

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

This training fulfills the MPA requirements for psychologists.

Trainings offered on the following dates:

November 13, 2019 – Lansing | [CLICK HERE](#) for more information and to register now

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

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

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

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

\$115 CMHA Members

\$138 Non-Members

Pain Management and Mindfulness Trainings

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

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

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

Trainings offered on the following dates:

November 12, 2019, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

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

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

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

Psychiatric Pharmacogenomics: A Practical Guide to Gene-Drug Interactions and Tests (Mon, 10/28/19 - Mon, 11/11/19)

Interested in how to use pharmacogenomic testing to select psychiatric meds? The University of Michigan Department of Psychiatry and College of Pharmacy are offering a live videoconference CME course on psychiatric pharmacogenomics. Pharmacogenomics (PGx) is the practice of using information about an individual's genome to select medications that are likely to be most effective and result in the fewest number of side effects. Upon conclusion of the course, clinicians will be able to: 1) describe basic PGx concepts; 2) distinguish which gene-drug relationships have the most evidence supporting their implementation in the clinic; 3) identify which PGx tests to order; and 4) confidently formulate medication plans using PGx test results. The course meets online for 3 weekly sessions on Monday evenings, with each session 1.5 hours (6:00-7:30pm). Sessions are a combination of interactive lectures and case-based discussion. The course is approved to offer 4.5 AMA PRA Category 1 Credits.

For more information and to register, visit: <https://ummentalhealth.info/?r=epsyech>

Miscellaneous News and Information:

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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

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Carly Sanford, Training and Meeting Planner, csanford@cmham.org

Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org

Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org

Alexandra Risher, Training and Meeting Planner, arisher@cmham.org

Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org

Robert Sheehan, CEO, rsheehan@cmham.org

**Northeast Michigan Community Mental Health Authority
Employment Report
October 1, 2019 to October 31, 2019**

DIVISION/DEPARTMENT NAME

Administration/Support Services	55
Vacancies	3

PROGRAMS

MI Adult Outpatient (ACCESS-CRS-ESU)	10
Home-Based Child	14
Vacancies	6

MI Adult A.C.T.	8
Psychiatry & Nursing Support	8
Vacancies	4

IDD Case Management	11
MI Adult Case Management	13
Older Adult Services	14
ABA Program	15
Self Determination Services	4
Vacancies	4

Peer Support Services & MNA	6
SIP Residential	49
Community Support	33
IDD/MI Integrated Employment	18
Blue Horizons	10
Brege	12
Cambridge	12
Harrisville	12
Mill Creek	12
Pine Park	12
Princeton	12
Thunder Bay Heights	12
Walnut	12
Vacancies	21

TOTAL:

364

ADMINISTRATION/SUPPORT SERVICES

Sork, Nena

Hayka, Diane

Rajasekhar, Paul

Banicki-Hoffman, Anastasia

Spurlock, Lisa

Standen, Carrie RNP

Wirgau, Jeffery PA-C

Bruning, Carolyn

Smart-Shepler, Renee (PT)

Bushey, LeeAnn

Crittenden, Mary

Dumsch, Danica

Orozco, Lisa

Witkowski, Katherine

Yachasz, Peggy

Whyte, Jennifer

Fredlund, Lynne

Hewett, Ruth

Vacancy

Vacancy

Anthony, Joell (PT)

Cadarette, Connie

Patterson, Larry

Stanton, Brenda

Anderson, Mable (PT)

Thomas, Doreen

Kearly, Nancy

Dumsch, Carol

Lundholm, Julie

Skowronek, Jane

Greer, Richard

Carr, David

Fleming, Jerry

Wirgau, Alan

Gapske, Vanessa (PT)

Tovey, Beth

Bannon, Dennis

Blandford, Mark

Lepper, Jason

Roesner, Joseph

Roussin, Donna

Wilson, Cody

Anderson, Lisa

Keller, Kay

Rouleau, Tina

Domke, Genevieve

McConnell, Jamie

Brousseau, Patricia

Lane, Sara

LaCross, Cathy

Vogelheim, Rose

Fleming, Darla (PT)

Brege, Barbara (PT)

Hartman, Molly (PT)

Vacancy (PT)

Director

Executive Secretary

Medical Director

Psychiatrist

Psychiatrist

Nurse Practitioner

Physician Assistant

Administrative Assistant

SIS Assessor

Administrative Assistant (Supervises Peers & MNA)

Chief Operating Officer

ACCESS-CRS-ESU Supervisor/Team Lead

Psychiatric Nurse Supervisor/Team Lead

CSM/SC Supervisor/Team Lead

SIP Coordinator/Team Lead

Compliance Officer

Quality Improvement Coordinator

Recipient Rights Officer

Recipient Rights Advisor

Finance Director

Staff Accountant

Payroll Specialist

Accounting Supervisor

Staff Accountant

Accounting Clerk

Accounting Clerk

Reimbursement Officer

Reimbursement Clerk

Reimbursement Clerk

Reimbursement Clerk

Facility & Fleet Supervisor

Maintenance I

Maintenance I

Maintenance I

Housekeeper I – Alpena Office

Housekeeper I – Alpena Office

IS Director

SQL Administrator/Data Analyst

Systems Administrator

Systems Administrator

IS Data & Training Technician

Information Systems Technician

Human Resources Manager

Human Resources Assistant

Human Resources Specialist-Benefits/Payroll

Human Resources Specialist-Training/Special Projects

Office Manager

Clerical Support Staff

Clerical Support Staff

Clerical Support Staff

Clerical Support Staff

Clerk Typist II – Hillman Office

Clerk Typist II – Fletcher Street/Alpena Office

Clerk Typist II – Rogers City Office

Clerk-Typist II

**Services Reporting To:
Team Lead-Dumsch, Danica**

MI ADULT OUTPATIENT

Brege, Linnea
Koss, Meagan
Curry, Renee
Vacancy
Hamilton, Sarah
Jensen, Samantha
Knoch, Michelle
Van Goethem, Frank (Cas)
Pilarski, Amy
Vacancy

HOME-BASED CHILD

Tallant, Lauren
Vacancy
Vacancy
Herman, Nicole
Kruzell, Brian
Rich, Ashley
Stahlbaum, Caitlin
Susewitz, Ami
Taylor, Natalie
Vacancy (PT)
Herriman, Kurt (PT)
Cebula, Jill (PT)
Mshar, Alethea (Cas)
Vacancy (PT)

**Services Reporting To:
Team Lead-Lisa Orozco**

MI ADULT A.C.T.

Vacancy
Daoust, Lindsey
Vacancy
Vacancy
Lister, Megan
Misel, Joann
Gersewski, Marlene
Wilson, Karen (PT)

PSYCHIATRIC & NURSING SERVICES

Dehring, Donald
Male, Alison
Wozniak, Tina
Vacancy (PT)
Anderson, Carolyn
Hardies, Mary
Schimmel, Joan
Barbeau, Dayna

ACCESS-CRS-ESU Supervisor

BHC/CR Clinician
CRS Clinician
CRS Clinician
CRS Clinician
CRS Clinician
CRS Clinician
CRS Clinician
CRS Clinician
Project Coordinator
CRS-Hospital Discharge Clinician

Children's Services Supervisor
Clinician/Case Manager
Clinician/Case Manager
Clinician/Case Manager
Clinician/Case Manager
Clinician/Case manager
Clinician/Case Manager
Clinician/Case Manager
Clinician/Case Manager
Home Based Assistant
Home Based Assistant
Parent Support Partner
Parent Support Partner
Youth Peer Support Partner

Psychiatric Nursing Supervisor/Team Lead

ACT Supervisor
ACT Clinician/Case Manager
ACT Registered Nurse
ACT Registered Nurse
ACT Social Worker
ACT Clerical Support Staff
MI Community Support Worker
MI Community Support Worker

Psychiatric Nurse
Psychiatric Nurse
Psychiatric Nurse
Registered Nurse
Registered Nurse
Registered Nurse/Infection Control Nurse
Registered Nurse
Customer Services

**Services Reporting To:
Team Lead-Katherine Witkowski**

CSM/SC Supervisor/Team Lead

SELF DETERMINATION SERVICES

Elowsky, Teresa
Keller-Somers, Felonie
Stephen, Melissa
Norman, Michelle (CAS)

SD Supervisor
SD Coordinator
SD Coordinator
SD Clerical

OLDER ADULT SERVICES

Murphy, Linda
Brenton, Pam
Giese, Mariah
Gohl, Laura
Kaiser, William
Minnick, Martha
Vacancy (PT)
Knopf, LeAnn (PT)
Atkinson, Thomas
Carriveau, Jackie (PT)
Jack, Lacey (PT)
McDonald, Tammie
Rembowski, Bernadine (PT)
Custer, Olivia (Cas)

OBRA/OAS Supervisor
OBRA /Older Adult Services Registered Nurse
OBRA/Older Adult Services Case Manager
OBRA/Older Adult Services Case Manager
OBRA/Older Adult Services Clinician/Case Manager
OBRA/Older Adult Services Case Manager
OBRA/Older Adult Services Case Manager
OBRA/Older Adult Services Clerical Support Staff
Older Adult Services Support Worker
Older Adult Services Support Worker
Older Adult Services Support Worker
Older Adult Services Support Worker
Older Adult Services Support Worker
Older Adult Services Support Worker

MI ADULT CASEMANAGEMENT & DD PSYCHOLOGIST

Ross, Bailey
Edgar-Travis, Alisha
Fullerton, Tayna
Harbison, Jessica
Herbek, Chelsea
Lis, Frank
Ross, Nancy
Stepanski, Ingrid
VanTrump, Olivia
Dziesinski, Nancy
Watson, Dylan
Ludwig, Alyssa (PT)
Vacancy (PT)

Psychologist
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
MI Community Support Worker
MI Community Support Worker
MI Community Support Worker
MI Community Support Worker

DD CASEMANAGEMENT

Hasse, Julie
Baker, Carole
Brousseau, Sharon
Dickins, Jill
Heikkuri, Kelly
Leeck, Tamara
LeeLopez, Jessica
Martin, Carly
Vacancy
Schackmann, Debbie
Standen, Jane

Support Coordinator Supervisor
Case Manager
Clinician/Case Manager
Support Coordinator
Case Manager
Support Coordinator
Case Manager
Case Manager
Case Manager
Support Coordinator
Support Coordinator

APPLIED BEHAVIORAL ANALYSIS PROGRAM (7 FT, 8 PT)

Sola, Amanda

Vacancy

Smith, Erin

Latz, Kori

Lundquist, Jessica

Ranshaw, Brooke

Ziroll, Kurt

Bruski, Alicia (PT)

Kensa, Tori (PT)

Kundinger, Sarah (PT)

Miller, Kendall (PT)

Morgan, Angela (PT)

Niles, Jessica (PT)

Schwiesow, Kayla (PT)

Sharp, McKenna (PT)

ABA Program Supervisor

ABA Clinician/Case Manager

Assistant Behavior Analyst

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Behavior Technician

Services Reporting To:

Team Lead-Yachasz, Peggy

SIP Coordinator

PEER SUPPORT SERVICES & MONDAY NIGHT ACTIVITIES

Bushey, LeeAnn

Gapske, Amber (PT)

Murphy, Barbara

Vacancy (PT)

Szott, Judy (PT)

Millard, Linda (CAS)

Jenson, Julie (CAS)

Peer Support Supervisor

Peer Support Specialist

Peer Support Specialist

Peer Support Specialist

Customer Service-Peer Support

MNA Co-Coordinator

MNA Co-Coordinator

I/DD/MI INTEGRATED EMPLOYMENT

Hale-Manley, Margaret

Garlanger, Sherry

Collins, Kimberly

Keetch, Brandinn

Stawowy, Angela

Miller, Zackeria

Mulka, Marisol

Vacancy

Kowalski, Teresa

Prevost, Cheyenne

Spencer, Melinda

Thomas, Kayla

Bevan, Brianna (PT)

Gohl, Shelby (PT)

Grulke, Kelli (PT)

Rygwelski, Brandi (PT)

Srebnik, Cindy (PT)

Vacancy (PT)

Community Employment Coordinator

Employment Department Supervisor

CE Assistant-Lead

CE Assistant

CE Assistant

Employment Specialist

Employment Specialist

Employment Specialist

CE Supervisor

Job Coach

Job Coach-PI/MON

Job Coach

Job Coach

Job Coach

Job Coach - PI

Job Coach-PI

Job Coach

Job Coach

SIP RESIDENTIAL

Grochowski, Karen

Campbell, Linda

Danielson, Jolie

Miller, Kayla

Schuelke, Amanda

Ballard, Renee

Bohlen, Cameron

Boyle, Laura

Bristow, Josh

Freitas, David

Hamlin, Michelle

Kline, Lori

Pernie, Debra

Rider, Kathy

Schillerstrom, Norman

Skiba, Melissa

Welch, Carol

Wozniak, Corinne

Zygaj, Sandra

Vacancy

Vacancy

Badgero, Alisha (PT)

Bowers, Samantha (PT)

Cphoon, Patrick (PT)

Gapske, Laurie (PT)

Hall, Keli (PT)

Hill, Randall (PT)

Hirschenberger, Mary (PT)

Hochrein, Hailey (PT)

Kazyaka, Kelly (PT)

Koppenol, Marla (PT)

Simpson, Bill (PT)

Smalley, Caitlin (PT)

Vacancy (PT)

Vacancy (PT)

Vacancy (PT)

Vacancy (PT)

Werda, Monica

Sutkay, Sara (PT)

Wenzel, Kim (PT)

Brun, Wendy

Clay, Kaydee

Richardson, Tamara

Williams, Christine

Gambrel, Beatrice (PT)

Grant, Tracy (PT)

Paad, Chelsea (PT)

Roznowski, Amanda (PT)

Vacancy (PT)

Lead SIP Supervisor

SIP Supervisor

SIP Supervisor

SIP Supervisor

SIP Supervisor

SIP Worker

SIP Worker

SIP Worker

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SIP Worker

SIP Worker

SIP Worker

SIP Worker

SIP Worker

MR Supervisor

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

SIP Tech

COMMUNITY SUPPORT

Barbeau, Jessica

Spaulding, Daniel (Cas)

Pickard, Phil

St John, Patti

Abbert, Lance

Dziesinski, Steve

Grulke, Bonnie

Hampson, Sandy

Vacancy

Lamble, Kristine

Mills, Cindy

Snedden, Brenda

Twite, Susan

Baumgarten, Lisa (PT)

Chojnacki, Amy (PT)

Collins, Douglas (PT)

Cook, Tamara (PT)

Creekmore, Krista (PT)

Daniel, Jessica (PT)

Fras, Monica (PT)

Jakey, Lisa (PT)

Krajniak, Amanda (PT)

Kuznicki, Melissa (PT)

LaPere, John (PT)

Moldenhauer, Dennis (PT)

Vacancy (PT)

Vacancy (PT)

Vacancy (PT)

Rasche, Rick (PT)

Shepherd, Crystal (PT)

Soldenski, Konnie (PT)

Tracey, Karena (PT)

Wojan, Leah (PT)

CSS Supervisor

Peer Mentor

CSS Supervisor

CSS Supervisor

CS Worker

CS Worker

CS Worker - PI

CS Worker

CS Worker - PI

CS Worker

CS Worker

CS Worker

CS Worker

CS Worker – MON

CS Worker

CS Worker

CS Worker

CS Worker - MON

CS Worker – PI

CS Worker

CS Worker - MON

CS Worker - PI

CS Worker

CS Worker

CS Worker - MON

CS Worker

CS Worker - PI

CS Worker

CS Worker - MON

CS Worker

CS Worker

CS Worker – MON

CS Worker - PI

DD GROUP HOMES

Hale-Manley, Margaret

CE Coordinator/Homes Supervisor

BLUE HORIZONS (5 FT/5 PT)

Thompson, Amy

Barkley, Carrie

Bruski, Christie

Filipiak, Kathy

Parsell, Kayla

Bellenir, Roseann (PT) Night Worker

Brown, Kayla (PT)

Jones, Linda (PT) Night Worker

Kingsbury-Szumila, Ruth (PT)

Vacancy (PT)

Home Supervisor

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

PINE PARK (7 FT/5 PT)

Safford, Denise

Buckingham, Linda

Parent, Amy

Penn, David

Ridgeway, Kathleen

Sewell, Linda

Tinker, Rebecca

Graber, Dana (PT)

Jordan, Lynn (PT)

Knowlton, Denise (PT)

Ploe, Linda (PT)

Wilderman, Allyssa (PT)

Home Supervisor

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

PRINCETON (8 FT/4 PT)

Iwema, Angela

Delaney, Jennifer

Hundiak, Kaylyn

Lefebvre, Rose

Ranger, Patti

Rinard, Cathy

Smith, Andrea

Smith, Judy

Barbric-Benton, Chayla (PT)

Vacancy (PT)

Luebben, Sarah (PT)

Stoinski, Anna (PT)

Home Supervisor

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

THUNDER BAY HEIGHTS (7 FT/5 PT)

Fletcher, Rhonda

Behring, Jan

Bunch, Lora

Cordes, Valerie

Greene, Debra

Holland, Onnalee

Standen, Angela

Cuzzort, Treva (PT)

Gilbert, Cindy (PT)

Hawley, Michelle (PT)

Saddler, Nancy (PT)

Tucker, Katelyn (PT)

Home Supervisor

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

WALNUT (8 FT/4 PT)

Kissane, Heidi

Brado, Gail

Brank, Sarah

Donajkowski, Tamara

Dorr, Judy

Longpre, Melissa

Peters, Paula

Brank, Sarah (PT)

Cohoon, Kendra (PT)

DeVault, James (PT)

Gutzman, Star (PT)

Waligora, Melissa (PT)

Home Supervisor

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

Residential Training Worker

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