

# Northeast Michigan Community Mental Health Authority

## Board Meetings - November 2020



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

\* Meeting held in the Administrative Conference Room.



Due to the most recent order of the Michigan Department of Health and Human Services, our capacity in the Board Room will be limited to 15 individuals. Please let Diane Hayka [358-7749] know if you plan to attend in person. Facemasks will be required during the meeting should you attend in person.



*Nomination's Committee Meeting\* – Thursday, November 12 @ 2:30 p.m.*

**The Nomination's meeting will be available as a Conference Call Meeting using:  
855-886-0297 PIN # 41093**



*Board Meeting – Thursday, November 12 @ 3:00 p.m.*

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

**<https://zoom.us/j/911168583?pwd=SEc3bDZhUW5FY1ISU1R1NFdXTmNLZz09>  
Meeting ID: 911 168 583  
Password: 013259**

**Northeast Michigan Community Mental Health Authority  
Nomination's Committee  
November 12, 2020 @ 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

Pat Przeslawski

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	3-31-2023
Alcona	Gary R. Wnuk Home: 4969 Wildwood Trl/Barton City MI 48705 Mailing: PO Box 327 Lincoln MI 48742		(989) 848-5318	3-31-2021
Alpena	Robert Adrian 227 Dawson St Alpena MI 49707		(989) 255-0208	3-31-2022
Alpena	Vacant			3-31-2023
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	3-31-2023
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	3-31-2023



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November 12, 2020

Bob Adrian, Chairman  
Alpena County Board of Commissioners  
720 W. Chisholm Street, Suite 7  
Alpena, Michigan 49707

Dear Mr. Adrian:

Periodically, the Alpena County Board of Commissioners appoints a new representative to the Board of Directors of Northeast Michigan Community Mental Health. This appointment takes effect at our first meeting in April and each appointment extends for three years. The current members of the Northeast Michigan Community Mental Health Board from Alpena County are Judy Jones, Eric Lawson, Pat Przeslawski and yourself. Mr. Lawson's and Pat Przeslawski's term expires on March 31, 2021 and we would encourage the Board to consider renewing the appointment of Mr. Lawson and Ms. Przeslawski. In addition, the vacancy created when Steve Dean's term expired on March 31, 2020 remains unfilled. We recommend an appointment of an individual with strong interest in the field of mental health and/or intellectual/developmental disabilities services. A bonus would be to have an individual appointed to the Board with lived experience.\*

For the benefit of the Northeast Michigan Community Mental Health Board, we are requesting you to make future appointments at your January organizational meeting or as early in 2021 as possible. If you have a candidate for the current vacancy, please make that appointment as soon as possible. That candidate's term would expire March 31, 2023. Knowing who is appointed in advance of our April meeting will help us in considering candidates for possible election to the Executive Committee and appointments to the Northern Michigan Regional Entity Board.

Thank you in advance for your consideration of our request.

Sincerely,

Terry Larson, Chair

cc: NeMCMHA Board Members  
Tammy Bates, Alpena County Executive Manager

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

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

A G E N D A

MISSION STATEMENT

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

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Educational Session –Compliance Report ..... Jen Whyte
- VIII. Approval of Minutes.....(See pages 1-6)
- IX. Consent Agenda.....(See page 7)
  - 1. Contracts
    - a. Hospital Contracts
      - (i) BCA Stone Crest (vi) Healthsource of Saginaw
      - (ii) Cedar Creek Hospital (vii) Marquette General
      - (iii) Pine Rest Christian Mental Health Svcs (viii) Mercy Health St. Mary’s
      - (iv) Forest View Hospital (ix) War Memorial
      - (v) Havenwyck
    - b. Bay View Center
- X. FY20-21 Budget Amendment #1.....(See pages 8-12)
- XI. November Monitoring Reports
  - 1. Treatment of Individuals Served 01-002.....(See pages 13-29)
  - 2. Budgeting 01-004 .....(See page 30)
  - 3. Financial Condition 01-005 .....(See pages 31-33)
  - 4. Ends 04-001 .....(See pages 34-39)
- XII. Board Policies Review and Self Evaluation
  - 1. Treatment of Individuals Served 01-002 [Review Only] .....(See pages 40-41)
  - 2. Staff Treatment 01-003 ..... [Review Only] .....(See page 42)
  - 3. Ends 04-001 .....(See pages 43-44)
- XIII. Linkage Reports
  - 1. Northern Michigan Regional Entity
    - a. NMRE Contract Extension .....(See page 45)
    - b. NMRE Clubhouse Amendment .....(See page 46)
    - c. Board Meetings
      - a. October 28, 2020..... (Verbal)
      - b. September 23, 2020 .....(See pages 47-52)
  - 2. CMHAM
    - a. Fall Conference Report..... (Verbal)
- XIV. Operation’s Report.....(See pages 53-54)
- XV. Nomination’s Committee Report ..... (Verbal)
- XVI. Chair’s Report ..... (Verbal)
  - a. FY 20/21 Membership Dues .....(See page 55)
- XVII. Director’s Report
  - 1. Director’s Summary Report ..... (Verbal)
  - 2. QI Council Update ..... (Available at meeting)
- XVIII. Information and/or Comments from the Public
- XIX. Information and/or Comments for the Good of the Board
- XX. Next Meeting – Thursday, December 10 at 3:00 p.m.
  - 1. Set December Agenda.....(See page 56)
  - 2. Meeting Evaluation ..... (Verbal)
- XXI. Adjournment

# Northeast Michigan Community Mental Health Authority Board

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

October 8, 2020

### I. Call to Order

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

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

Present: In Person: Lester Buza, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk  
Via Zoom: Bob Adrian,  
Via Uber Conference: Bonnie Cornelius, Pat Przeslawski

Absent: Albert LaFleche

Staff & Guests: Lisa Anderson (Zoom), Dennis Bannon (Zoom), Carolyn Bruning (Uber), Connie Cadarette (Zoom), Richard Carpenter (Zoom), Mary Crittenden (Zoom and in-person), Erin Fletcher, Lynne Fredlund (Zoom), Cheryl Kobernik (Uber), Chelsea Paad (Zoom), Larry Patterson (Zoom), Cassandra Shaw (Zoom), Nena Sork, Brenda Stanton (Zoom), Peggy Yachasz (Uber), Jen Whyte (Uber)

### III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

### IV. Appointment of Evaluator

Eric Lawson appointed Gary Nowak as evaluator for this meeting.

### V. Acknowledgement of Conflict of Interest

Bob Adrian noted he has a conflict with an item on the Consent Agenda related to NEMROC. He noted his wife is an employee of NEMROC.

*Moved by Gary Nowak supported by Roger Frye, to allow Bob Adrian to abstain from the vote on the NEMROC contract.* Motion carried.

Pat Przeslawski noted in the past she had a conflict of interest with the Thunder Bay Transportation contract on the Consent Agenda but is no longer a concern.

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

No information or comments were presented.

### VII. Approval of Minutes

*Moved by Gary Wnuk, supported by Lester Buza, to approve the minutes of the September 10, 2020 meeting as presented.* Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski Gary Wnuk; Nays: Gary Nowak; Absent: Albert LaFleche. Motion carried.

### VIII. Educational Session

Richard Carpenter was introduced to the Board. Mr. Carpenter is the consultant who has worked with our Agency in the financial conversion after the retirement of Cheryl Jaworowski. He currently consults with many of the community mental health centers across the state. He reported he has been working with this Agency over the past year to integrate the financial program the Agency used previously to the PCE software. It was anticipated this conversion would be complete by the end of FY19-20. There is a stall in the transition as the state has indicated new codes will be released this fiscal year which will impact much of the reporting in this fiscal year. Mr. Carpenter reported he was part of the group working to develop a

standardized model of reporting with training to occur in the middle of December 2020. This transition would continue throughout the remainder of the fiscal year. By completing the current project, it would mean we would need to again revise our structure to meet the new reporting requirements. He indicated moving forward, once the training is done in December, there will again be a push to finalize the project. There most likely will be a redesign in the Chart of Accounts along with how the medical records are set up and how they fill into the financial portion of the system. The reports will be submitted to the State three times a year. He noted of the \$70,000 allocated to this project, the majority of that funding is still at large as the development was stalled.

Mr. Carpenter fielded questions from the Board members. Gary Wnuk questioned if the electronic health records from a facility such as District Health Department would be something this Agency should explore. Nena Sork reported this Agency has an electronic health record already and we have capacity to use Great Lakes Health Connect to link to other electronic records from hospitals, etc. for admissions, discharges and transfers.

Roger Frye inquired as to how this will impact this Agency's budget. Mr. Carpenter noted there will be different variances based on location, time travel, etc. in service provision. The Department would like to see what value the community mental health brings to the area thought offering of targeted services based on the community's needs. This could allow for some regions to put more dollars towards the needed services versus a cookie cutter service array, which may not benefit communities equally.

## **IX. Consent Agenda**

- A. Rite Aid Flu Shot Agreement**
- B. Catholic Human Services**
- C. ~~NEMROC~~**
- D. MidMichigan Health Center**
- E. Straley Lamp & Kraenzlein PC**
- F. Thunder Bay Transportation**
- G. Autism of America**
- H. Touchstone Services**
- I. Bay View Center**

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

### **NEMROC**

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

*Moved by Gary Nowak, supported by Roger Frye, to approve the Consent Agenda with the removal of NEMROC due to above action.* Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche; Muted or Inaudible: Robert Adrian. Motion carried.

## **X. Autism Contracts/Agreements**

Nena Sork explained to the Board the difficulties in providing autism services in-house with training staff only to have the staff be lured away by other providers. She noted ABA Pathways currently works with AuSable Valley. Autism Centers of Michigan, recently bought out by Acorn Health Company, also provides autism services. She reported we will be using one of these agencies to provide the testing and the other to provide the on-going services so they are not approving services for their own benefit.

- A. ABA Pathways**
- B. Acorn Health Company – Autism Centers of Michigan**

*Moved by Gary Nowak, supported by Lester Buza, to approve the contracts for ABA Pathways and Acorn Health Company - Autism Centers of Michigan as presented.* Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche; Muted or Inaudible: Robert Adrian. Motion carried.

## **XI. October Monitoring Reports**

### **1. Budgeting 01-004**

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending August 31, 2020. She notes at this point in the year 91.67% of the year has elapsed with our budget at 85% of revenues. She noted we are actually at 103% revenues of our budget due to extra COVID funding by the State. The numbers reflected in this report are as if we have paid back the NMRE the excess (\$2,037,334) in Medicaid. She notes General Funds have also had a turnaround and there will now be an excess in General Funds. She reported the underspending is actually overall \$3M to the good. Connie reported there will be a lot of expenses in September which will take care of some of the excess funds. Gary Wnuk requested reassurance that this accounting is a true picture due to past discoveries and was assured the Agency had worked very hard to get everything corrected. Nena Sork reported ethically she has spent what she can for staff and has purchased some equipment in advance which would be needed. Any Medicaid dollars that cannot be spent will be returned to the NMRE, which will go in their internal service funds. She notes the NMRE's Internal Service Fund had been almost depleted so the excess funds will replenish the internal service fund.

Larry Patterson reviewed the expenses noting there were many purchases made. He reports in the depreciation expense line there was about \$17,000 added during the last budget adjustment. He notes with the additional purchases we made in August this line will be adjusted and with September purchases this number will grow slightly. Gary Wnuk questioned the Property & Liability Insurance variance. Larry Patterson noted this is a timing issue related to the Asset Distribution.

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

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

### **1. Annual Board Planning Cycle 02-007**

Board members indicated they have met their own expectations related to this policy and requested no revisions to this policy.

### **2. Executive Director Job Description 03-003**

Board members reviewed the policy and had no recommended changes. Eric Lawson noted this policy is very clear and he likes the statement "the Executive Director's performance will be considered to be synonymous with organizational performance as a total."

### **3. Monitoring Executive Performance 03-004**

Eric Lawson reported the last revision changed the CEO references to Executive Director. He notes the monitoring reports directly evaluate the performance of the Director and he believes the Board does a good job on this.

### **4. Chairperson's Role 02-004**

Eric Lawson reviewed the proposed changes to this policy after a review of the Open Meetings Handbook recently published by Dana Nessel, Attorney General for Michigan. Gary Nowak inquired with the proposed revisions, what the process would be for an allowance of an extension of time for someone to address the Board. Gary Wnuk noted if there are issues requiring addition time, a person could request to be on the agenda for a presentation. A suggestion was whether the last sentence that was suggested to be deleted remain in the policy..."The presiding officer may also extend the period of time with approval of the Board." After discussion, this sentence will remain in the policy.



*Moved by Gary Nowak, supported by Roger Frye, to revise Policy 02-004 – Chairperson’s Role with the sentence “The presiding officer may also extend the period of time with approval of the Board” remaining in the policy.* Gary Wnuk is concerned as to whether this could constitute favoritism. He notes under public comment, the Board does not comment or respond. Roll call vote: Ayes: Robert Adrian, Bonnie Cornelius, Roger Frye, Judy Jones, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: Lester Buza, Terry Larson, Gary Wnuk ; Absent: Albert LaFleche. Motion carried.

**XIII. Linkage Reports**

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

**a. Board Meeting September 23, 2020**

The last Board meeting minutes were not yet available. Gary Nowak reported the NMRE approved many of the liquor tax disbursements. He reported the NMRE Director’s contract was approved with a 5% increase. Bob Adrian questioned about the liquor tax noting the District Health Department had submitted a request. Terry Larson noted the request would need to flow through a licensed provider such as Catholic Human Services to be approved.

**b. Board Meeting August 26, 2020**

The minutes of this meeting were included in the mailing.

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

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

This is to be a virtual conference and a room has been set aside should we have Board members interested in attending. Pat Przeslawski suggested this be avoided this year. Board members were requested to contact Diane Hayka if they wish to participate by the 15<sup>th</sup> of October so she can get them registered prior to her vacation, which begins on October 19<sup>th</sup>.

**3. Advisory Council Update**

The Advisory Council met Monday, October 5<sup>th</sup>. Lester Buza reported there was a new member joining the Council. The draft of the Strategic Plan was reviewed by Council members. Lester Buza noted there was a discussion about the isolation in the group homes during COVID. He notes the homes were creative to get the individuals out with some activities during this pandemic.

**XIV. Operations Report**

Mary Crittenden provided an overview of the services provided during the month of August. She highlighted programs with increases noting there were 1,092 unduplicated services provided. This is slightly down due to COVID but services are increasing as we go through the year.

**XV. Chair’s Report**

**1. Setting Perpetual Calendar**

The perpetual calendar was reviewed at the September meeting and there have been no requests for revisions.

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

**2. Strategic Plan FY20-21**

Gary Wnuk questioned the deletion of the Alcona Health Center under “Goals” with Nena Sork noting the Agency works with several providers in the area. In addition, several of the sub-ends are revised to address new goals. The children’s services will focus on providing more home-based services versus targeted case management. The adult services will have sub-ends focused on the new Behavioral Health Home goals. The remainder of the sub-ends focusing on financial and community education will remain the same.

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

**3. Schedule Nomination's Committee Meeting**

Eric Lawson canvassed the members of the previous Nomination's Committee to determine if they were willing to continue with that assignment. Gary Wnuk indicated he may not be able to fulfill the entire timespan the Nomination's Committee will need to meet as he is up for election in November. It was noted his current term would go through March 31, 2021 even if he chose to not seek reappointment to the Board. He indicated he would be able to commit to the Nomination's Committee. Board members with terms expiring in March are Eric Lawson, Pat Przeslawski, Gary Wnuk and Albert LaFleche. Albert LaFleche has expressed his intent not to seek another term on this Board.

Nominations Committee members will be Terry Larson, Albert LaFleche, Pat Przeslawski and Gary Wnuk. The Committee will meet at 2:30 p.m., just prior to the November Board meeting on November 12.

**XVI. Director's Report**

**1. Director Report**

Nena Sork introduced Erin Fletcher, newly hired Clinical Director. She reported Erin lives in Hillman and had worked for this Agency in the past. She left to work at Thunder Bay Community Health Services and Catholic Human Services. She has done outreach outpatient services, some substance use services and other clinical services.

Nena Sork reported the Behavioral Health Home kickoff training was held in Gaylord and the program began October 1, 2020 for this Agency.

The annual staff luncheon was held in an outdoor picnic setting. The following day a staff appreciation picnic was held. Because group home staff could not leave the home setting to attend the picnic, she and Diane Hayka went to Knaebe's and picked up cider, doughnuts and apples which were dropped off at each home. Staff all received a token of appreciation as well.

She reported she participated in the Emergency Management meeting. The employment program, which had been affected by COVID, is in the process of being overhauled. Some staffing changes have been incorporated into the new budget. She notes her goal was to get all salaries to the average based on the salary survey. The past year she has focused achieving this goal. She is hoping to continue in the next fiscal year. She reported the salary scales have been reorganized and condensed. The Management Team and Advisory Council both met earlier this week.

The Agency is getting more involved in community events. Alpena County had their first suicide prevention walk and the Agency supported all staff who participated in the walk. There were 125 individuals participating and 36 were from community mental health. Staff participating were given a yellow t-shirt to wear during the walk to distinguish them as part of our agency. She notes this Agency is getting more visible in the community. The next event scheduled is "The Take Back Event," which is scheduled for later October.

Nena Sork informed the Board of needed approval for legal counsel changes. An attorney the Agency frequently used, Chris Cooke, moved from one firm to Secret Wardle. This firm traditionally has a retainer fee established for their clients. She would like approval for a \$20,000 retainer fee for Secret Wardle to continue our relationship with this particular attorney. Gary Nowak questioned if the Agency had a local attorney they traditionally use. Nena Sork reported the Agency has used Chris Cooke for several years.

***Moved by Gary Wnuk, supported by Pat Przeslawski, to authorize the establishment of a retainer for legal services by Secrest and Wardell not to exceed \$20,000.*** Roll call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Gary Wnuk; Nays: Gary Nowak; Absent: Albert LaFleche. Motion carried.

Another item requiring Board action is an Agreement between the Agency and HUB. HUB coordinates all the healthcare benefits for our employees. Due to an oversight, the consulting fee was inadvertently not billed to the Agency in the fiscal year. This agreement will allow for the payment of the fee in a lump sum, taking care of the outstanding fees the Agency was not billed for. The amount of this payment is \$20,000.

***Moved by Pat Przeslawski, supported by Gary Wnuk, to authorize the Director to sign a revised agreement for HUB due to an oversight of consulting fees in the amount of \$20,000.*** Roll call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion called.

Nena Sork distributed water bottles to Board members as a token of the Agency's appreciation for the Board. Eric Lawson thanked her for not getting a coffee cup.

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

Lynne Fredlund reported Dave Szydowski, NEMROC's CEO, had intended to come to the Board and to thank the Board for their support of NEMROC in their employment services.

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

Pat Przeslawski noted the Director is doing a good job and the staff appreciate the leadership. The Board is a good Board and Gary Nowak noted this board is also a good one with much participation.

Gary Wnuk reported he has enjoyed sitting on this Board as a commissioner and feels it is very important to have that connection. He believes it is really important to have a commissioner remain on the Board.

**XIX. Next Meeting**

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

**1. Set November Agenda**

The November agenda items were reviewed.

**XX. Evaluation of Meeting**

Gary Nowak noted the meeting began on time. Board members received good information and all participated. This was a good meeting and all Board meeting lately have been good meetings.

**XXI. Adjournment**

***Moved by Gary Wnuk, supported by Lester Buza, to adjourn the meeting.*** Motion carried. This meeting adjourned at 4:35 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

## INTEROFFICE MEMORANDUM

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

### 1. Contract

#### a. Hospital Contracts

Last month, the Board approved the contract for Mid-Michigan Health Center for FY21. We now have the contracts for the remainder of the hospitals the Agency uses in the state. The NMRE negotiates the contracts for each of their member Boards; however, our Agency is responsible for the final execution of the contracts. Below is a table with the details of this year's negotiations:

Hospital Name	Location	FY20	FY21	Adult/Children/ Adolescent Unit
BCA Stone Crest	Detroit	NA (\$718.00)	\$718.00	Adult
Cedar Creek	Saint Johns	\$775.00	\$775.00	Adult/Child/Adolescent (same cost for all)
Forest View	Grand Rapids	\$940.00	\$968.00	Adult
Havenwyck	Auburn Hills	\$800.00	\$800.00	Adult / Adolescent (same cost for all)
Healthsource of Saginaw	Saginaw	\$850.00	\$875.00	Adult / Adolescent (same cost for all)
Marquette General Hospital (Marquette – UP Health Systems)	Marquette	\$662.00	\$662.22	Adult
Pine Rest (Adult)	Grand Rapids	\$1,071.00	\$1,098.00	Adult
Pine Rest (child/adol)	Grand Rapids	\$1,112.00	\$1,140.00	Adolescent / Child
Mercy Health St. Mary's	Grand Rapids	\$1,121.00	\$1,121.00	Adult
War Memorial	Kincheloe	\$834.00	\$925.00	Adult

We recommend approval of the hospital contracts as depicted based on the NMRE's negotiations as a region.

#### b. Bay View Center

Last month, the Agency requested to extend the terms of the FY20 contract with Bay View Center for an additional month so the terms for the FY21 contract could be finalized. The FY21 contract is a renewal of an existing contract. The contract for FY21 includes both Medicaid dollars (up to \$87,570.64) and General Fund dollars (up to \$26,000). The Medicaid funding is 12% lower than last fiscal year. This contract will be reviewed twice over the next six months to ensure funding is appropriate. We recommend approval of this contract.

Northeast Michigan Community Mental Health Authority  
**2020-2021 Budget Amendment #1**  
Revenue Budget

Line #	Revenue Source	FY20 Budget	\$\$\$ Incr./ (Decr.)	FY21 Budget	Totals	% of Total Budget
1	<b>Rent Income</b>	\$ 38,853	\$ (25,902)	\$ 12,951	\$ 12,951	0.04%
2	<b>State Contracts</b>				<b>103,587</b>	0.32%
3	PASARR (Nursing Home Services)	97,000	6,587	103,587		
4	<b>Private Contracts</b>				<b>58,912</b>	0.18%
5	Blue Horizons Management Services	18,240	10	18,250		
6	MI Child Collaborative Care Grant	26,798	13,864	40,662		
7	<b>Local Funding</b>				<b>565,950</b>	1.77%
8	Alcona County Allocation	35,223	-	35,223		
9	Alpena County Allocation	150,216	-	150,216		
10	Montmorency County Allocation	31,435	-	31,435		
11	Presque Isle County Allocation	49,764	-	49,764		
12	Rebates/Incentives/Other local revenue/Grants	346,429	(47,117)	299,312		
13	<b>Interest Income</b>	12,164	1	12,165	12,165	0.04%
14	<b>Medicaid</b>	26,809,653	536,194	27,345,847	27,345,847	85.56%
15	<b>General Funds from MDCH</b>				<b>1,046,679</b>	3.27%
16	Operational (Community) Funding	901,044	145,635	1,046,679		
17	Carryforward from FY19 to FY20	-	-	-		
18	<b>Healthy Michigan Plan</b>	1,838,496	36,771	1,875,267	1,875,267	5.87%
19	<b>Third Party Insurance (incl. COFR)</b>	375,607	11,739	387,346	387,346	1.21%
20	<b>Residential Clients - Room &amp; Board</b>	492,169	29,382	521,551	521,551	1.63%
21	<b>Club House Food Sales</b>	-	-	-	-	0.00%
22	<b>Donations</b>	-	-	-	-	0.00%
23	<b>Other Revenue</b>				<b>31,450</b>	0.10%
24	Reimbursed Class Fees	6,000	(1,750)	4,250		
25	Telephone Usage Rebates	-	-	-		
26	Representative Payee Fees	17,544	6	17,550		
27	Record Copying Fees	8,000	(750)	7,250		
28	Michigan Rehabilitation Services	4,626	(4,626)	-		
29	Miscellaneous Other Income	315	2,085	2,400		
30	<b>Total Revenues</b>	\$ 31,259,576	\$ 702,129	\$ 31,961,705	\$ 31,961,705	100.00%

Northeast Michigan Community Mental Health Authority  
**2020-2021 Budget Amendment #1**  
 Expenditure Budget (by account)

Line #	Expenditure Type	FY20 Budget	\$\$\$ Incr./ (Decr.)	FY21 Budget	% Incr./ (Decr.)
1	Salaries	\$ 13,169,627	\$ 442,637	\$ 13,612,264	3.4%
2	Social Security Tax	577,644	108,707	686,351	18.8%
3	Health Savings Accounts	34,212	12,788	47,000	37.4%
4	Health Insurance (self insured)	1,890,857	451,415	2,342,272	23.9%
5	Prescription Insurance (self insured)	295,941	127,728	423,669	43.2%
6	Dental Insurance (self insured)	54,465	61,902	116,367	113.7%
7	Vision Insurance (self insured)	19,944	16,684	36,628	83.7%
8	Life Insurance	28,787	2,204	30,991	7.7%
9	Long Term Disability Insurance	26,402	2,905	29,307	11.0%
10	Short Term Disability Insurance	151,754	13,215	164,969	8.7%
11	Pension	738,213	20,481	758,694	2.8%
12	Pension (Social Security Opt Out)	338,938	(32,713)	306,225	-9.7%
13	Unemployment	7,000	1,000	8,000	14.3%
14	Workers Compensation	164,946	11,300	176,246	6.9%
15	Office Supplies	24,989	4,136	29,125	16.6%
16	Postage	16,482	2,114	18,596	12.8%
17	Advertisement/Recruitment	37,689	7,628	45,317	20.2%
18	Public Relations/Community Education	14,542	-	14,542	0.0%
19	Employee Relations/Wellness	45,987	6,085	52,072	13.2%
20	Computer Maintenance/Supplies	378,214	-	378,214	0.0%
21	Activity/Program Supplies	17,088	13,424	30,512	78.6%
22	Medical Supplies & Services	102,525	41,207	143,732	40.2%
23	Household Supplies	54,944	1,086	56,030	2.0%
24	Clothing	-	-	-	100.0%
25	Contracted Inpatient	1,269,503	(11,257)	1,258,246	-0.9%
26	Contracted Transportation	64,158	2,340	66,498	3.6%
27	Contracted Residential (incl. Self Determination)	5,626,731	(294,214)	5,332,517	-5.2%
28	Contracted Employees/Services	4,147,271	(188,942)	3,958,329	-4.6%
29	Telephone / Internet (Communications)	130,407	3,548	133,955	2.7%
30	Staff Meals & Lodging	14,721	15,504	30,225	105.3%
31	Staff Travel Mileage	155,134	7,501	162,635	4.8%
32	Vehicle Gasoline	81,379	27,278	108,657	33.5%
33	Client Travel Mileage	30,846	7,047	37,893	22.8%
34	Board Travel and Expenses	4,620	9,044	13,664	195.8%
35	Staff Development-Conference Fees	16,941	14,854	31,795	87.7%
36	Staff Physicals/Immunizations	9,146	4,247	13,393	46.4%
37	Professional Fees (Audit, Legal, CARF)	48,276	18,298	66,574	37.9%
38	Professional Liability Insurance Drs.	15,138	6,157	21,295	40.7%
39	Property/Staff Liability Insurance (net)	28,161	15,861	44,022	56.3%
40	Heat	26,071	142	26,213	0.5%
41	Electricity	91,695	4,008	95,703	4.4%
42	Water/Sewage	24,567	1,661	26,228	6.8%
43	Sanitation	10,887	215	11,102	2.0%
44	Office Building/Equipment Maintenance	58,880	11,158	70,038	19.0%
45	Home Maintenance (incl. Envir. Modifications)	41,508	(693)	40,815	-1.7%
46	Vehicle Maintenance	34,987	11,633	46,620	33.2%
47	Rent-Homes and Office Buildings	257,506	(31,483)	226,023	-12.2%
48	Rent-Equipment	5,509	495	6,004	9.0%
49	Membership Dues	20,597	8,721	29,318	42.3%
50	Food	147,701	1,608	149,309	1.1%
51	Food Stamps	(76,019)	(7,727)	(83,746)	10.2%
52	Capital Equipment over \$200	336,040	(5,605)	330,435	-1.7%
53	Consumable Equipment under \$200	3,530	3,040	6,570	86.1%
54	Computer Equipment over \$200	329,846	(264,446)	65,400	-80.2%
55	Client Adaptive Equipment	14,828	-	14,828	0.0%
56	Depreciation Expense Adjustment	16,980	17,404	34,384	102.5%
57	General Fund Expenditures	11,560	(1,920)	9,640	-16.6%
58	Local Fund Expenditures (10% State Hospital)	69,281	719	70,000	1.0%
59	Unidentified Budget Corrections (TBD)	-	-	-	100.0%
60	<b>Total Expenditures</b>	<b>\$ 31,259,576</b>	<b>\$ 702,129</b>	<b>\$ 31,961,705</b>	<b>2.2%</b>

Northeast Michigan Community Mental Health Authority  
**2020-2021 Budget Amendment #1**  
 Expenditure Budget (by program)

Line #	Program	FY20 Budget	\$\$\$ Incr./.(Decr.)	FY21 Budget	% Incr./.(Decr.)
1	Board Administration	\$ 653,495	\$ 89,366	\$ 742,861	13.7%
2	DD Administration	144,577	35,546	180,123	24.6%
3	Managed Information Systems (MIS)	1,450,423	(253,216)	1,197,207	-17.5%
4	Staff Development	18,604	17,643	36,247	94.8%
5	Budget & Finance	939,094	74,232	1,013,326	7.9%
6	Clerical Support Services	439,507	71,989	511,496	16.4%
7	Human Resources	562,897	(48,353)	514,544	-8.6%
8	Facilities, Vehicles, Equip. Maintenance	919,443	(22,522)	896,921	-2.4%
9	Quality Improvement	236,080	(14,882)	221,198	-6.3%
10	MI Outpatient	1,031,733	232,458	1,264,191	22.5%
11	MI Administration	35,862	24,585	60,447	68.6%
12	Physician Services	1,721,790	(95,243)	1,626,547	-5.5%
13	Housekeeping	108,478	25,868	134,346	23.8%
14	Customer Service	62,068	14,990	77,058	24.2%
15	Older Adult Services - PASARR	81,804	(8,912)	72,892	-10.9%
16	Older Adult Case Management	587,892	59,559	647,451	10.1%
17	MI Case Management	662,343	74,442	736,785	11.2%
18	Assertive Community Treatment (ACT)	433,131	39,759	472,890	9.2%
19	Children's Home Based and Comm. Services	610,418	63,885	674,303	10.5%
20	MI Child Collaborative Care Grant	33,347	16,869	50,216	50.6%
21	Children's Wraparound	107,860	470	108,330	0.4%
22	DD Case Management	742,442	61,621	804,063	8.3%
23	DD Clinical Support	229,339	40,777	270,116	17.8%
24	Applied Behavioral Analysis (Autism) Services	2,266,836	(930,921)	1,335,915	-41.1%
25	Behavior Helath Home	-	-	209,820	
26	Private Hospitalization (all populations)	1,269,503	(11,257)	1,258,246	-0.9%
27	State Hospitalization (County 10% Share only)	69,281	719	70,000	1.0%
28	DD Community Employment	779,098	462,902	1,242,000	59.4%
29	DD Community Support	1,091,959	(75,932)	1,016,027	-7.0%
30	MI Adult Clubhouse (Touchstone Inc. 1/1/2020)	521,448	(31,718)	489,730	-6.1%
31	Bay View Center	96,900	-	96,900	0.0%
32	Peer Directed Activities	15,267	13,183	28,450	86.3%
33	MI Peer Support Services	116,827	46,473	163,300	39.8%
34	MI Community Employment	104,601	80,957	185,558	77.4%
35	Contracted Residential	4,308,978	57,448	4,366,426	1.3%
36	Respite (DD & MI)	137,964	7,301	145,265	5.3%
37	DD SIP Monitoring	563,560	(66,007)	497,553	-11.7%
38	DD Supported Independent Living (SIP)	1,536,139	249,629	1,785,768	16.3%
39	Self Determination (DD & MI)	1,720,237	(107,922)	1,612,315	-6.3%
40	Hospital Transportation	24,308	2,089	26,397	8.6%
41	Cambridge Residential DD	560,393	46,948	607,341	8.4%
42	Princeton Residential DD	607,487	38,708	646,195	6.4%
43	Walnut Residential DD	646,172	71,702	717,874	11.1%
44	Thunder Bay Heights Residential DD	654,323	19,963	674,286	3.1%
45	Pinepark Residential DD	563,624	17,793	581,417	3.2%
46	Brege Residential DD	593,610	66,276	659,886	11.2%
47	Harrisville Residential DD	584,379	21,063	605,442	3.6%
48	Millcreek Residential DD	614,055	11,981	626,036	2.0%
49	<b>Budget Corrections to be spread to programs</b>		-		100.0%
50	<b>Total Expenditures</b>	<b>\$ 31,259,576</b>	<b>\$ 492,309</b>	<b>\$ 31,961,705</b>	<b>1.6%</b>

Northeast Michigan Community Mental Health Authority  
**2020-2021 Budget Amendment #1**

**Capital Purchases**

Line #	Program	Description	\$\$\$
<b>Equipment, Furniture, Building Improvements</b>			
	Staff Development	Training Item	1,000
	Facilities	4 x 4 SUV (1)	26,000
	Facilities	Mini Van (1)	28,000
	Facilities	Mini Van w/Ramp (2)	76,000
	Facilities	Extended Hi-Top Van (3)	156,000
	Facilities	Alpena Office - HVAC Replaced	9,000
	Facilities	Seal/Repair Alpena Office Parking Lot	10,000
	Housekeeping	New Vacuum Cleaners	1,635
	Cambridge	One Major Appliance	1,000
	Princeton	One Major Appliance	1,000
	Walnut	One Major Appliance	1,000
	Thunder Bay	One Major Appliance	1,000
	Pine Park	One Major Appliance	1,000
	Brege	One Major Appliance	1,000
	Brege	TV	800
	Brege	Love Seat	1,000
	Harrisville	One Major Appliance	1,000
	Millcreek	One Major Appliance	1,000
	<b>Total Equipment, Furniture, Building Improvements</b>		<b>\$ 317,435</b>
<b>Computer Equipment</b>			
	MIS	Laptops 10 @ \$1,800.00 each	18,000
	MIS	Cisco Switch	8,000
	MIS	Cisco Switch for the internet	8,000
	MIS	Cisco Router 7800	12,400
	MIS	Desktop Computers 5 @ \$1,200.00 each	6,000
	MIS	iPads (Verison Connection) s/cases and keyboards \$1,300.00 each	13,000
	MIS	10-15 Cisco Phones @ \$500.00 each	7,500
	MIS	Fax/Server	5,000
	<b>Total Computer Equipment</b>		<b>\$ 77,900</b>

Vehicle Replacement Policy:

*Agency owned vehicles will be reviewed for replacement when:*

- a. they have reached a service life of five years and/or they have accumulated 120,000 miles,*
- b. excessive wear or costs dictates that the vehicle be removed from service, or*
- c. safety conditions require that they be removed from service.*



Northeast Michigan Community Mental Health Authority  
**2020-2021 Budget Amendment #1**  
Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY20 Budget	FTE Incr./Decr.)	FY21 Budget	% Incr./Decr.)
1	Board Administration	6.10	0.29	6.39	4.8%
2	DD Administration	1.20	0.80	2.00	66.7%
3	Managed Information Systems (MIS)	6.00	-	6.00	0.0%
4	Staff Development	0.37	-	0.37	0.0%
5	Budget & Finance	10.50	(0.52)	9.98	-5.0%
6	Clerical Support Services	7.50	0.35	7.85	4.7%
7	Human Resources	4.15	-	4.15	0.0%
8	Facilities, Vehicles, Equip. Maintenance	2.01	0.84	2.85	41.8%
9	Quality Improvement	2.00	-	2.00	0.0%
10	MI Outpatient	9.50	2.00	11.50	21.1%
11	MI Administration	0.50	-	0.50	0.0%
12	Physician Services	11.15	(1.05)	10.10	-9.4%
13	Housekeeping	2.43	1.17	3.60	48.1%
14	Customer Service	2.13	(0.88)	1.25	-41.3%
15	Geriatric Services - PASARR	1.38	(0.47)	0.91	-34.1%
16	Geriatric Case Management	9.67	1.04	10.71	10.8%
17	MI Case Management (see DD Case Manage)	11.13	0.65	11.78	5.8%
18	Assertive Community Treatment (ACT)	7.84	(1.84)	6.00	-23.5%
19	Children's Home Based and Comm. Services	9.95	(1.15)	8.80	-11.6%
20	MI Child Collaborative Care Grant	0.50	-	0.50	0.0%
21	DD Case Management (see MI Case Manage)	11.69	(1.69)	10.00	-14.5%
22	DD Clinical Support	1.75	0.05	1.80	2.9%
23	Applied Behavioral Analysis (Autism) Services	-	2.00	2.00	100.0%
24	Behavior Health Home	-	2.35	2.35	
25	DD Community Employment	12.60	0.10	12.70	0.8%
26	DD Community Living Supports	27.40	(9.99)	17.41	-36.5%
27	Peer Directed Activities	0.78	-	0.78	0.0%
28	MI Peer Support Services	2.63	1.00	3.63	38.0%
29	MI Community Employment	4.00	(0.45)	3.55	-11.3%
30	SIP Monitoring	11.85	(1.88)	9.97	-15.9%
31	DD Supported Independent Living (SIP)	38.70	(0.85)	37.85	-2.2%
32	Self Determination (MI & DD)	3.63	0.68	4.31	18.7%
33	Hospital Transportation (new)	0.58	0.09	0.67	15.5%
34	Cambridge Residential DD	12.14	0.29	12.43	2.4%
35	Princeton Residential DD	14.09	(0.12)	13.97	-0.9%
36	Walnut Residential DD	13.54	0.11	13.65	0.8%
37	Thunder Bay Residential DD	12.08	0.05	12.13	0.4%
38	Pinepark Residential DD	12.67	(0.06)	12.61	-0.5%
39	Brege Residential DD	13.46	(0.04)	13.42	-0.3%
40	Harrisville Residential DD	12.62	(0.05)	12.57	-0.4%
41	Millcreek Residential DD	12.43	(0.20)	12.23	-1.6%
42	<b>Total FTE's</b>	324.65	(7.38)	317.27	-2.3%



**Recipient Rights Advisory Committee Minutes  
October 21, 2020**

The meeting was called to order at 3:16 p.m. October 21, 2020 by Chair Patricia Przeslawski in the Board Room of Northeast Michigan Community Mental Health.

**Present:** Barb Murphy, Tom Fredlund, Judy Jones, Barb Murphy, Pat Przeslawski, Renee Smart-Shepler and Lorell Whitscell  
**Absent:** None.  
**Staff:** Ruth Hewett  
**Guests:** None.

**DRAFT MINUTES**

**I. Old Business.** None.

**II. Approval of Minutes.** The minutes from 7-15-2020 were approved as written. Lorell moved to approve, Judy supported, motion carried.

**III. New Business.**

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the fourth quarter of FY 19-20, 7/1/2020 – 9/30/2020. Complaints totaled 31 of which 24 were opened for investigation, 2 as interventions, and 5 contained no Code protected right. There were 21 substantiations with 1 investigation pending. Two remedial actions were pending at the time of the report and will be available on next meeting's report. Ruth reported Jolie was able to complete the local site visits during the month of September using alternate means due to the restrictions of visitors per the Governor's Executive Orders. Lorell moved to review the report, supported by Renee, motion carried.

ANNUAL RIGHTS REPORT: The committee reviewed the Annual Rights Report for FY 19-20 and it is a culmination of the four quarterly rights activity reports that the committee reviews. Ruth noted the pending investigation and 2 remedial actions will be completed prior to submitting the report to the state by 12-30-2020. The committee did not have any recommendations for the Board of Directors. Renee moved to review the report, supported by Lorell, motion carried.

**IV. Educational Session.** No education session was presented at this meeting.

**V. Other Business.**

The next meeting will be January 20, 2021. Room to be determined as needed, or via teleconference if unable to meet in person.

**VI. Adjournment.**

Renee moved to adjourn the meeting, supported by Lorell. The meeting adjourned at 3:40 pm.

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: July, August & September 2020:**

I. COMPLAINT DATA SUMMARY		<u>FY 19-20</u>					<u>FY 18-19</u>			
A. Totals	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
Complaints Received:	39	38	26	31		14	23	20	32	
Investigated:	32	30	25	24		13	20	19	27	
Interventions:	01	02	01	02		-0-	01	-0-	-0-	
Substantiated:	14	18	17	21+1 pdg		06	16	10	21	
Outside Jurisdiction:	05	02	-0-	-0-		-0-	01	-0-	-0-	
No Code Protected Right:	01	04	-0-	05		01	01	01	05	

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	1	1		0 + 1 pdg
Abuse III	3	3		2
Sexual Abuse	1	1		1
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	10	10		10
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 <sup>ND</sup> Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	5	3	2	4
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	1	1	0	1
Suitable Services	5	5	0	3*
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>26</b>	<b>24</b>	<b>2</b>	<b>21 + 1 pdg</b>

Pending from last quarter:

\*The 2 Services Suited to Condition pending from last quarter were not substantiated.

c. Remediation of substantiated rights violations.

<b>Category/Specific Allegation</b>	<b>Specific Provider</b>	<b>Specific Remedial Action</b>
Pending from prev qtr:		
Neglect III	NEMCMH	Verbal Reprimand
Suitable Services	CJ's AFC	Other
Suitable Services	Beacon Specialized	Verbal Reprimand & Traing
Actions this qtr:		
Abuse I-Sexual Abuse	Beacon Specialized	Termination
Abuse III	Beacon Specialized	Termination
Abuse III	NEMCMH	Written Reprimand
Neglect III	Beacon Specialized	Written Reprimand
Neglect III	NEMCMH	Verbal Rep & Written Rep
Neglect III	NEMCMH	Verbal Reprimand
Neglect III	NEMCMH	Verbal Reprimand
Neglect III	NEMCMH	Written Reprimand
Neglect III	NEMCMH	Written Reprimand
Neglect III	NEMCMH	Verbal Reprimand
Neglect III	NEMCMH	Suspension
Neglect III	NEMCMH	Suspension
Neglect III	NEMCMH	Pending
Confidentiality	NEMCMH	Termination
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	Self Determination	Pending
Personal Property	NEMCMH	Verbal Reprimand
Suitable Services	NEMCMH	Documented Counseling
Suitable Services	NEMCMH	Documented Counseling
Suit Serv-Dign & Resp	NEMCMH	Verbal Reprimand

d. Summary of Incident Reports: July, August & September 2020

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'20	'19	'20	'19	'20	'19	'20	'19
01.0 Absent without leave (AWOL)	02	02	03	02	06	03	03	-0-
02.0 Accident – No injury	06	03	06	06	01	02	02	04
02.1 Accident – With injury	14	23	10	11	16	19	12	32
03.0 Aggressive Acts – No injury	30	24	25	06	24	14	40	38
03.1 Aggressive Acts – w/ injury	06	04	10	03	-0-	03	05	13
03.3 Aggressive Acts – Property Destruc	01	-0-	04	01	01	04	03	08
04.0 Death	05	04	05	06	02	07	05	06
05.0 Fall – No injury	12	10	20	22	09	08	07	10
06.0 Medical Problem	60	44	78	54	91	87	109	53
07.0 Medication Delay	06	10	05	08	06	04	04	05
07.1 Medication Error	19	32	19	27	22	32	21	37
07.2 Medication Other	49	57	52	44	41	42	51	57
07.3 Medication Refusal	47	20	77	05	63	02	73	14
08.0 Non-Serious Injury – Unknwn cause	03	04	06	03	07	08	04	09
09.0 Other	41	49	65	44	50	51	87	62
10.0 Self Injurious Acts – No injury	12	-0-	03	03	01	01	08	26
10.1 Self Injurious Acts – w/injury	06	07	02	02	04	03	02	21
Challenging Behavior	35	25	25	13	12	35	12	30
Fall – with injury	11	10	16	12	17	14	14	22
Arrests	05	08	08	07	03	06	03	04
Total	370	336	439	279	376	345	465	451

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	15.0	64.75
Hours Used in Training Received	36.5	46.50
Hours Used in Site Visits	46.5	54.50

F. Monitoring Activity	Quarter	YTD
Incident Report Received	465	1,650

G. Source of All Complaints:	Quarter	YTD
Recipient:	06	30
Staff:	17	59
ORR:	05	28
Gdn/Family:	01	10
Anonymous:	02	06
Comm/Gen Pub:	<u>-0-</u>	<u>01</u>
Total	31	134

Ruth M. Hewett, Recipient Rights Officer

Date

## Annual Appeals Data for: Northeast Michigan CMH Authority

### APPEALS INFORMATION (if agency has local appeals committee)

Number of Appeal Requests Received	2
Number of Appeals Accepted	2
Number Number of Appeals Upheld	2
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	2

**Complaint Data for: Northeast Michigan CMH Authority**

Rights Office Director: **Ruth M. Hewett**

Reporting Period: **10/1/2019** to **9/30/2020**

**CMH** **2,273** # of Consumers Served (unduplicated count) **CMH** **2** Rights Office FTEs  
**LPH**  Number of Admissions **LPH**  Hours/40

**Section I: Complaint Data Summary**

**Part A: Agency Totals**

Allegations	134
Interventions	6
Investigations	111
Interventions Substantiated	5
Investigations Substantiated	65

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**COMPLAINT SOURCE**

Recipient	30
Staff	59
ORR	28
Guardian/Family	10
Anonymous	6
Community/General Public	1
Total Complaints Received	134

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**TIMEFRAMES OF COMPLETED INVESTIGATIONS**

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	46	39	6	0	1
All others	63	47	13	3	0

**Part B: Detailed Summary**

**1. Freedom from Abuse**

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	Abuse class I	0	0	0	0	0	0
72221	Abuse class II - nonaccidental act	0	0	0	0	0	0
72222	Abuse class II - unreasonable force	7	7	2	0	7	0
72223	Abuse class II - emotional harm	0	0	0	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0	0	0	0
72225	Abuse class II - exploitation	1	1	1	0	1	0
7223	Abuse - class III	11	11	6	3	8	0
7224	Abuse class I - sexual abuse	2	2	1	0	2	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	2	2	1	0	2	0
72262	Neglect class II - failure to report	1	1	1	0	1	0
72271	Neglect class III	19	19	15	17	46	0
72272	Neglect class III - failure to report	4	4	4	0	4	0

### 3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	Notice/explanation of rights	0	0	0	0	0	0	0	0
7520	Failure to report	0	0	0	0	0	0	0	0
7545	Retaliation/harassment	0	0	0	0	0	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	
4190	Termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	
4510	Involuntary admission process	1	0	0	1	0	1	0	
4630	Independent clinical examination	0	0	0	0	0	0	0	
4980	Objection to hospitalization (minor)	0	0	0	0	0	0	0	
7050	Second opinion - denial of services	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	
7044	Religious practice	0	0	0	0	0	0	0	
7045	Voting	0	0	0	0	0	0	0	
7047	Presumption of competency	0	0	0	0	0	0	0	
7284	Search/seizure	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	
7112	Receipt of general education information	0	0	0	0	0	0	0	
7113	Opportunity to provide information	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	1	0	0	1	0	1	0	
7262	Contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	
7263	Access to telephone, mail	0	0	0	0	0	0	0	
7264	Funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	
7265	Written and posted limitations, if established	0	0	0	0	0	0	0	
7266	Uncensored mail	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	18	6	5	12	7	8	13	
7485	Withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	
7486	Correction of record	0	0	0	0	0	0	0	
7487	Access by p & a to records	0	0	0	0	0	0	0	
7501	Privileged communication	0	0	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	2	0	0	2	0	1	1	0
7082	Sanitary/humane environment	0	0	0	0	0	0	0	
7086	Least restrictive setting	1	0	0	1	0	1	0	

### 10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	2	0	0	2	1	1	1	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	2	0	0	2	2	1	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	25	0	0	25	16	8	36	0
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	Mental health services suited to condition	17	0	0	17	8	10	11	0
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	1	0	0	1	0	1	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
<b>TOTALS</b>		<b>117</b>	<b>6</b>	<b>5</b>	<b>111</b>	<b>65</b>	<b>34</b>	<b>84</b>	<b>0</b>

**17. No Right Involved**

---

Code	Category	Received
0000	No right involved	10

**18. Outside Provider Jurisdiction**

---

Code	Category	Received
0001	Outside provider jurisdiction	7



Section II: intervention & investigation substantiation data for: **drop down on Complaint Data tab**

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED- W	DD- CWP	HSW

REMIEDIATION TOTALS

**Northeast Michigan CMH Authority**

**SECTION II: ANNUAL TRAINING ACTIVITY**

**Part A: Training Received by Office Staff** (Please only list trainings related to rights protection)

LIST THE NAMES OF ALL STAFF HERE	Staff Name (drop down: you have to scroll up to see the names)	MDHHS-ORR Course Number	Topic of Training Received	CEU Type (drop down)	# Hours
Ruth Hewett	Ruth Hewett		RROAM-MPAS Voting	II - Legal Foundations	2.00
Jolie Danielson	Ruth Hewett		RROAM-MPAS Serv/Systemic Goals	II - Legal Foundations	1.00
	Ruth Hewett		RROAM-Mindfulness/Psych Tx	IV -Augmented Training	1.50
	Ruth Hewett		RROAM-Legislature Update	I - Operations	0.50
	Ruth Hewett	RCA20-08	RROAM-Engaging Survivors of Trauma	IV -Augmented Training	3.00
	Ruth Hewett	RCA20-09	RROAM-Roundtable-Hot Topics	I - Operations	2.00
	Ruth Hewett	RCA20-34	RROAM-Virtual Meeting	I - Operations	1.00
	Ruth Hewett		RR-Deceptive Analysis	I - Operations	1.50
	Ruth Hewett		RR-Detecting the Truth	I - Operations	1.50
	Ruth Hewett		RR-Guardianship & RR	II - Legal Foundations	1.50
	Ruth Hewett		RR-Ethics: Decisions/MH	I - Operations	1.50
	Ruth Hewett		RR-Understanding Moral Injury	IV -Augmented Training	1.50
	Ruth Hewett		RR-Interviewing Skills	I - Operations	1.50
	Ruth Hewett		RR-Leadership-Not 1 size fits all	III - Leadership	1.50
	Ruth Hewett		RR-Legislative Update-Lansing	I - Operations	1.50
	Ruth Hewett		RR-Dispute Resolution	II - Legal Foundations	1.50
	Ruth Hewett		RR-Updates from Beh Hlth & DDA	IV -Augmented Training	1.50
	Ruth Hewett		RR-Closing-History of MH Code	IV -Augmented Training	1.50
	Jolie Danielson		Basic Skills, Part I	I - Operations	
	Jolie Danielson		Basic Skills, Part II	I - Operations	
	Jolie Danielson		RR-Deceptive Analysis	I - Operations	1.50
	Jolie Danielson		RR-Detecting the Truth	I - Operations	1.50
	Jolie Danielson		RR-Guardianship & RR	II - Legal Foundations	1.50
	Jolie Danielson		RR-Ethics: Decisions/MH	I - Operations	1.50
	Jolie Danielson		RR-Children's Forensic Interviewing	I - Operations	1.50
	Jolie Danielson		RR-Interviewing skills	I - Operations	1.50
	Jolie Danielson		RR-Leadership-Not 1 size fits all	III - Leadership	1.50
	Jolie Danielson		RR-Legislative Update-Lansing	I - Operations	1.50
	Jolie Danielson		RR-Intvg cons w/personal disorders	I - Operations	3.00
	Jolie Danielson	RCA20-53	Workplace Violence	IV -Augmented Training	2.00

CATEGORY TOTALS	
I - Operations	23.00
II - Legal Foundations	7.50
III - Leadership	3.00
IV -Augmented Training	11.00
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL





**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. Pick from the drop-down in Outcome and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY19/20 goal section below.

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

Outcome:

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

Outcome:

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

Outcome:

4 **[Redacted]**

Outcome:

5 **[Redacted]**

Outcome:

**Outcomes established by the office for FY 20/21:**

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

2 **[Redacted]**

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

4 **[Redacted]**

5 **[Redacted]**

## Northeast Michigan CMH Authority

### SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR & Advisory Committee recommends the following:

1.

None.

2.

3.

4.

5.



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	This is a 1915(c) waiver (Home and Community-Based Services 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.

Accomplished  
Discontinued  
Ongoing

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Twelve Months Ending September 30, 2020 Preliminary**  
**100% of year elapsed**

	Actual September Year to Date	Budget September Year to Date	Variance September Year to Date	Budget FY20	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	101,105.25	88,916.63	\$ 12,189	97,000.00	104.2%
2 Private Contracts	40,732.50	44,436.88	(3,704)	45,038.00	90.4%
3 Grants from Local Units	594,222.38	439,852.50	154,370	613,067.00	96.9%
4 Interest Income	10,437.06	13,582.00	(3,145)	12,164.00	85.8%
5 Medicaid Revenue	25,850,997.58	24,417,835.66	1,433,162	26,809,653.00	96.4%
6 General Fund Revenue	818,192.07	829,289.97	(11,098)	901,044.00	90.8%
7 Healthy Michigan Revenue	1,569,568.89	1,688,474.74	(118,906)	1,838,496.00	85.4%
8 3rd Party Revenue	380,689.79	374,741.06	5,949	375,607.00	101.4%
9 SSI/SSA Revenue	495,014.24	461,761.97	33,252	492,169.00	100.6%
10 Other Revenue	87,364.48	69,060.62	18,304	75,338.00	116.0%
<b>11 Total Revenue</b>	<b>29,948,324</b>	<b>28,427,952</b>	<b>1,520,372</b>	<b>31,259,576</b>	<b>95.4%</b>
<b>Expense</b>					
12 Salaries	13,031,801.36	11,966,885.15	(1,064,916)	13,169,624.00	99.0%
13 Social Security Tax	580,774.36	548,206.55	(32,568)	577,645.97	100.5%
14 Self Insured Benefits	2,088,548.72	2,167,417.22	78,869	2,295,426.06	91.0%
15 Life and Disability Insurances	207,937.58	197,910.47	(10,027)	206,943.00	100.5%
16 Pension	1,065,068.27	966,955.17	(98,113)	1,077,152.00	98.9%
17 Unemployment & Workers Comp.	165,781.71	173,480.01	7,698	171,943.00	96.4%
18 Office Supplies & Postage	39,756.66	40,172.74	416	41,474.78	95.9%
19 Staff Recruiting & Development	64,855.08	72,176.52	7,321	63,773.00	101.7%
20 Community Relations/Education	48,407.12	16,617.25	(31,790)	14,542.00	332.9%
21 Employee Relations/Wellness	47,162.38	41,982.25	(5,180)	45,987.00	102.6%
22 Program Supplies	479,302.37	478,666.72	(636)	556,301.00	86.2%
23 Contract Inpatient	1,278,371.57	1,259,013.22	(19,358)	1,269,503.00	100.7%
24 Contract Transportation	61,536.16	81,941.13	20,405	64,159.00	95.9%
25 Contract Residential	5,649,098.16	4,953,398.66	(695,700)	5,626,731.00	100.4%
26 Contract Employees & Services	3,084,140.79	3,713,123.00	628,982	4,147,270.00	74.4%
27 Telephone & Connectivity	132,912.47	118,525.62	(14,387)	130,407.00	101.9%
28 Staff Meals & Lodging	12,169.30	21,636.06	9,467	14,721.00	82.7%
29 Mileage and Gasoline	268,503.12	315,854.82	47,352	267,357.00	100.4%
30 Board Travel/Education	4,209.18	7,261.25	3,052	4,620.00	91.1%
31 Professional Fees	67,044.16	51,644.63	(15,400)	48,276.00	138.9%
32 Property & Liability Insurance	57,899.48	48,014.99	(9,884)	43,287.00	133.8%
33 Utilities	153,675.88	148,376.86	(5,299)	153,221.00	100.3%
34 Maintenance	154,264.09	155,377.51	1,113	135,381.00	113.9%
35 Rent	257,889.64	239,132.63	(18,757)	257,507.00	100.1%
36 Food (net of food stamps)	67,832.07	61,879.59	(5,952)	71,681.00	94.6%
37 Capital Equipment	186,530.11	254,671.39	68,141	437,888.00	42.6%
38 Client Equipment	12,964.78	19,914.00	6,949	14,828.00	87.4%
39 Miscellaneous Expense	109,270.88	84,756.12	(24,515)	101,438.00	107.7%
40 Depreciation Expense	261,268.98	222,960.60	(38,308)	250,489.00	104.3%
<b>41 Total Expense</b>	<b>29,638,976</b>	<b>28,427,952</b>	<b>(1,211,024)</b>	<b>31,259,576</b>	<b>95.2%</b>
<b>42 Change in Net Position</b>	<b>\$ 309,348</b>	<b>\$ (0)</b>	<b>\$ 309,348</b>	<b>\$ 0</b>	<b>0.2%</b>
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 2,196,243				
45 Healthy Michigan Funds (Over) / Under Spent	294,125				
<b>46 Total NMRE (Over) / Under Spent</b>	<b>\$ 2,490,369</b>				
47 General Funds to Carry Forward to FY20					
48 General Funds Lapsing to MDHHS	\$ 45,052				
<b>49 General Funds (Over) / Under Spent</b>	<b>\$ 37,803</b>				
	<b>\$ 82,855</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**September 30, 2020**

	<b>Total Business- Type Activities September, 2020</b>	<b>Total Business- Type Activities Sept. 30, 2019</b>	<b>% Change</b>
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 7,910,272	\$ 3,015,510	162.3%
Restricted cash and cash equivalents	866,778	783,000	10.7%
Investments	750,000	750,000	0.0%
Accounts receivable	965,826	2,169,072	-55.5%
Inventory	12,476	12,476	0.0%
Prepaid items	395,587	452,183	-12.5%
Total current assets	<u>10,900,939</u>	<u>7,182,241</u>	<u>51.8%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,654,866	1,424,514	16.2%
Total non-current assets	<u>1,734,866</u>	<u>1,504,514</u>	<u>15.3%</u>
Total assets	<u>12,635,805</u>	<u>8,686,755</u>	<u>45.5%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	4,360,500	1,771,819	146.1%
Accrued payroll and payroll taxes	1,499,759	588,369	154.9%
Deferred revenue	63,290	18,267	246.5%
Current portion of long-term debt (Accrued Leave)	72,203	65,224	10.7%
Total current liabilities	<u>5,995,751</u>	<u>2,443,679</u>	<u>145.4%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	794,575	717,776	10.7%
Total liabilities	<u>6,790,326</u>	<u>3,161,454</u>	<u>114.8%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt Unrestricted	1,692,575	1,343,485	26.0%
	<u>4,175,708</u>	<u>4,518,752</u>	<u>-7.6%</u>
Total net position	<u>\$ 5,868,283</u>	<u>\$ 5,862,237</u>	<u>0.1%</u>
<b>Net Position Beginning of Year</b>			
Revenue	29,948,324		
Expense	<u>(29,638,976)</u>		
Change in net position	<u>309,348</u>		
<b>Net Position September 30, 2020</b>	<u>\$ 6,171,584</u>		

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

13.4% or 49 days  
8% - 25%

10/01/2019 - 9/30/2020

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	70,020.48
-----	
Revenue:	
Contributions	2,931.78
-----	
Increase(Decrease)	2,931.78
-----	
Ending Balance	72,952.26
=====	
RESERVE	
Beginning Balance	15,399.38
-----	
Revenue:	
Interest and Dividends	2,580.34
Realized Gain(Loss)	3,628.61
Unrealized Gain(Loss)	917.43
-----	
Total Revenue	7,126.38
-----	
Expense:	
Transfer To Spendable This FY	3,844.44
Administrative Fees	1,180.03
-----	
Total Expense	5,024.47
-----	
Increase(Decrease)	2,101.91
-----	
Ending Balance	17,501.29
=====	
SPENDABLE	
Beginning Balance	9,503.20
-----	
Revenue:	
Transfer From Reserve	3,844.44
-----	
Total Revenue	3,844.44
-----	
Expense:	
-----	
Total Expense	0.00
-----	
Increase(Decrease)	3,844.44
-----	
Ending Balance	13,347.64
=====	

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

10/01/2019 - 9/30/2020

BALANCE SHEET		YTD
Assets:		
Investment Pool		103,801.19
		-----
Total Assets		103,801.19
		=====
Current Liabilities:		
		-----
Liability\Fund Balances:		
Endowment		72,952.26
Reserve		17,501.29
Spendable		13,347.64
		-----
Total Liability\Fund Balances		103,801.19
		-----
Total Liabilities and Equity		103,801.19
		=====



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

Ends  
Board Ends Statement, Policy # 04-001  
Annual: November 2020

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. 75% of all children who complete treatment (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 2020 ended with a total of 19 out of 77 children/adolescents completing services as planned. Fifteen of the 19 cases showed significant improvement in their CAFAS/PECFAS scores and met their goal of at least a 20 point reduction. A total of 79% of children/adolescents met the sub-ends goal for the year. There were 51 cases closed prior to completing services due to moving out of the area or dropping out 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.

***Status:***

*The Agency assisted in the development of four local Adult Foster Care Homes in this fiscal year. They are Victoria's AFC in Lachine, Country Sunshine in Lachine, CJ's AFC in Rogers City and Changes AFC in Alpena.*

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

**Status:**

*This Sub-End has been met as written, the Agency has assisted individuals with the following moves to less restrictive settings:*

- *October 2019 – an individual transitioned from the family home to independent living*
- *July 2020 – an individual moved from a local group home to independent living*
- *August 2020 – Two individuals moved from local group homes to independent living.*
- *September 2020 – One individual moved from a group home to independent living.*

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

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

- A. 90% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing their substance use recovery goals.

**Status:**

*During FY20, 16 individuals reported participating in a Medication Assisted Treatment (MAT) program and being prescribed medication for opioid dependence. Of these 16 individuals, two did not qualify for services through this Agency, one was discharged prior to completing treatment and one individual requested to address SUD with an external provider. Of the 12 qualifying cases, 8 individuals, equating to 67%, have objectives addressing SUD/MAT within their Plan of Service (POS). Factors contributing to this unmet goal are recent case holder changes due to staff resignation and an ongoing need for IPOS education.*

**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, 2020, agency-wide revenues exceeded agency-wide expenses by \$309,348.*

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

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

**Status:**

*As of September 30, 2020, Medicaid funds were underspent by \$2,196,243 and Healthy Michigan funds were underspent by \$294,125. This produced a net amount due to the NMRE of \$2,490,369. These amounts are based upon actual funds received and actual expenses incurred. This underspending of funds was due largely to the COVID pandemic. During the first few months of the pandemic, guardians and individuals receiving services requested to have some services put on hold as they did not want to go out in the community which caused for a great reduction in expenses for the year.*

*The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of over- and under-spending of Medicaid and Healthy Michigan funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods. The NMRE is kept apprised of the Agency's managed care spending on a monthly basis and have clearly communicated the Agency limit spending to approve per member per month and carryforward net amounts.*

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

**Status:**

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

*Once again, the underspending in General Funds was due largely to the COVID pandemic. The use of General Funds is to cover costs and services not covered by any other source. When in excess, the Agency uses these funds to provide services to the community. Several of these were done within the safe guidelines established during the COVID pandemic. Many individuals receiving services and/or their guardians requested some services to be put on hold as they did not want to go out in the community.*

*The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of over- and under-spending 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 2020 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**

*Mental Health First Aid was scheduled for March and rescheduled to April due to COVID; however, this course has not been able to be provided with the Stay Home restrictions. The Youth Mental Health First Aid was scheduled for May 18-19 and another reschedule of the Adult Mental Health First Aid to May 27-28. Both of these trainings had to be cancelled.*

**Trauma and Suicide Prevention Trainings**

*Trauma: Partners in Prevention, a provider we contract with to provide community education events, participated in an interview on WBKB-TV on October 10 on building trauma and suicide prevention awareness. A six-week "Caring for Children Who Have Experienced Trauma" course was held September 25 through October 30 with 20 participants and 17 completions. An Applied Suicide Intervention Skills Training (ASIST) was delivered October 15-16 in Alpena. In January of this year, a four-week workshop "The Effects of Trauma – How Trauma in Developmental Years Can Impact Adulthood" was held with 16 participants overall with 9 attending all four weeks. On January 20, 2020 Partner in Prevention held a "Becoming Trauma-Informed, Piece by Piece" three-hour professional development in-service for the AMA-ESD staff with 50 attending. On January 25, a 70-minute "Early Childhood Trauma – What It Is and Why We Must Care" training was held at the Early Childhood Conference with 22 attending. On February 14, a three-hour trauma basics and strategies was held in Rogers City for staff and administration of St. John Lutheran School. A six-week "Caring for Children Who Have Experienced Trauma" course was held August 26 – September 30, 2020 at two locations utilizing technology to link the locations together – First Presbyterian Church in Alpena and United Methodist Church in Harrisville..*

*Suicide Prevention: On November 21, the Alpena News ran an article about suicide prevention and promoted the showing of "Suicide: The Ripple Effect." This video was shown at three different events; two in Alpena and one in Presque Isle counties. Mary Crittenden provided the Alpena Combat Readiness Training Center with a*

*presentation on suicide prevention. On January 17, a four-hour safeTALK training for Superior-Sunrise Dental Hygiene Association was held with 21 participants. On February 26, a four-hour safeTalk training for the Alpena Combat Readiness Training Center which was also open to the community was held with 22 community participants and 9 military participants.*

### **Other Offerings**

*At the October 16, 2019 Human Services Coordinating Council meeting Mary Crittenden provided members an overview of Access Services provided by the Agency and Lisa Orozco RN presented on the Agency's psychiatric services. In October 2019, staff also participated in the community "Take Back Event" held at the Alpena Senior Citizens Center. On November 5, two Home-Based Service interns did a presentation on Early Childhood Mental Health at the local MOPS group. Nicole Herman, Home Based clinician continues to coordinate within area schools (Alpena and Posen) the TRAILS program which focuses on depression and anxiety for adolescents in the school system. Erin Smith and Amanda Sola provided the NEMSCA Head Start staff with an overview of the Autism services provided by the Agency. On March 31, 2020, clinician Lindsey Daoust interviewed with HITS FM and WKJC related to services the Agency is providing during COVID. This interview aired April 1, 2020.*

*On August 20, 2020 approximately 35 NeMCMHA staff participated in the Pop-Up Pantry held at Northern Lights Arena. This is a free food distribution set up most months with an Agency sponsoring the event. NeMCMHA sponsored the August event. This was a very successful event.*

*On September 3, 2020 LeeAnn Bushey and staff participated in the Alpena Project Connect event.*

*On September 26, 2020 many Northeast staff participated in the Alpena Suicide Prevention Walk – It's OK to not be OK. A sea of yellow shirts were among those walking. There were 123 adults registered, six children and six dogs for this event. This was the first suicide prevention walk held in Alpena. A total of \$2,050 was raised during the event after expenses.*

*On September 29, 2020, Carolyn Bruning assisted with the Project Connect – Presque Isle County event. This event was a drive through event held at Peace Lutheran Church in Rogers City.*

*Due to COVID, many activities had to be rescheduled or cancelled.*

C. Support community advocacy.

***Status:***

*Amy Pilarski has been working with the local NAMI Formation group in attempting to establish a local NAMI Chapter in Alpena. Due to issues at the national level, this formation group has been stalled for a time.*

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

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EXECUTIVE LIMITATIONS  
(Manual Section)

**TREATMENT OF INDIVIDUALS SERVED**  
(Subject)

Board Approval of Policy |  
Last Revision of Policy Approved by Board:

August 8, 2002  
November 14, 2019

**•1 POLICY:**

With respect to interactions with individuals served, or those individuals applying for services, the 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 individuals 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**

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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**

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EXECUTIVE LIMITATIONS

(Manual Section)

**STAFF TREATMENT**

(Subject)

Board Approval of **Policy**

August 8, 2002

Last Revision of Policy Approved by Board:

November 14, 2019

**●1 POLICY:**

With respect to treatment of paid and volunteer staff, the Executive Director may not cause or allow conditions which are unfair, undignified, 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**

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ENDS

(Manual Section)

**BOARD ENDS STATEMENT**

(Subject)

Board Approval of Policy  
Revision to Board Policy

August 8, 2002

November ~~14, 2019~~ 12, 2020

●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 e~~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. ~~75% of all children who complete treatment (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point decrease in CAFAS scores at completion of services. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. Current percentage in each program is 33% in home-based services and 67% in targeted case management. Goal is to reach 80% in home-based 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~~ one additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.
- B. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

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

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

- A. ~~90% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing their substance use recovery~~

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

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goals-10% of individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be offered enrollment in the Behavioral Health Home.

B. 95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.

A.C. 100% of individuals served enrolled in the Behavioral Health Home will have a base-line A1C.

### **Financial Outcomes**

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

### **Community Education**

6. The Board will provide community education. This 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:**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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**INTEROFFICE MEMORANDUM**

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** NMRE Contract Amendment A  
**DATE:** October 28 2020

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The Northern Michigan Regional Entity (NMRE) issued an Amendment A to our existing FY20 contract extending the date to December 31, 2020. This Amendment also included language related to the Behavioral Health Home. As this agreement was necessary to implement the Behavioral Health Home program, the agreement was signed on October 28 and returned to the NMRE. We recommend Board approval of this action.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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**INTEROFFICE MEMORANDUM**

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** NMRE Contract – Clubhouse Grant  
**DATE:** October 28 2020

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The Northern Michigan Regional Entity (NMRE) received a Clubhouse Federal Grant Award in the amount of \$100,000, which covered the period of October 1, 2019 through September 30, 2020. Clubhouse grants must be applied for by the Regional Entities and then are funneled through the local community mental health agencies to pass on to their Clubhouse programs. NeMCMHA contracts with Touchstone to provide Clubhouse services for our Agency. As this grant was for last fiscal year, the NMRE required this to be signed prior to our regularly scheduled Board meeting. We recommend the Board approve the Director's signing of this Agreement.

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – SEPTEMBER 23, 2020  
TREETOPS RESORT, GAYLORD**

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

**CALL TO ORDER**

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

**ROLL CALL**

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

**PLEDGE OF ALLEGIANCE**

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

**ACKNOWLEDGEMENT OF CONFLICT OF INTEREST**

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

**APPROVAL OF PAST MINUTES**

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

**MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE AUGUST 26, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY JOE STONE. MOTION APPROVED BY CONSENSUS**

**CORRESPONDENCE**

- 1) PIHP CEO Meeting notes dated September 3, 2020.
- 2) Data comparison for COVID-19 February 2020 – July 2020 in draft form.
- 3) An invitation to PIHPs from the Michigan Department of Health and Human Services and the Institute of Healthcare Policy & Innovation at the University of Michigan to participate in discussions to improve the Substance Use Disorder services system.
- 4) Email correspondence from Robert Sheehan and Alan Bolter of the Community Mental Health Association of Michigan updating PIHPs and CMHSPs on advocacy efforts in response to Michigan Department of Health and Human Services’ Plan to Redesign Michigan’s Public Behavioral Health System.

- 5) Milliman Presentation on State Fiscal Year 2021 Behavioral Health Capitation Rates – Update from Draft to Final dated September 2, 2020.
- 6) Regional Finance Committee meeting minutes for September 9, 2020 in draft form.

Mr. Kurtz spoke about the University of Michigan project to increase substance use disorder provider capacity as part of Section 103 of the “Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities” (SUPPORT) Act.

#### ANNOUNCEMENTS

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

#### PUBLIC COMMENTS

Let the record show that Chip Cieslinski and Sue Winter were virtual attendees of the meeting on this date.

#### REPORTS

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

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

##### **CEOs Report**

The NMRE CEO Monthly Report for September 2020 was included in the materials for the meeting on this date. Mr. Kurtz commented on the Regional Behavioral Health Home Kickoff on September 11<sup>th</sup>; a full report will be provided under the “Presentation” portion of the Agenda.

##### **SUD Oversight Board Report**

The minutes of the NMRE Substance Use Disorder Oversight Board meeting from September 14, 2020 were included in the materials for the meeting on this date.

##### **July 2020 Financial Report**

- Traditional Medicaid showed \$148,119,726 in revenue, and \$137,314,700 in expenses, resulting in a net surplus of \$10,805,026. Medicaid ISF was reported as \$1,460,876 based on Final FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$20,809,456 in revenue, and \$17,939,658 in expenses, resulting in a net surplus of \$2,869,798. HMP ISF was reported as \$3,573,592 based on the Final FSR. HMP savings was reported as \$0.
- Net Position\* showed Medicaid and HMP ISF combined net surplus of \$5,034,468. The Total Medicaid and HMP Net surplus, including carry forward and ISF was reported as \$18,709,292.
- Behavioral Health Home showed \$93,838 in revenue, and \$89,932 in expenses, resulting in a net surplus of \$3,906.
- SUD showed all funding source revenue of \$15,251,981, and \$12,574,394 in expenses, resulting in a net surplus of \$2,677,587. Total PA2 funds were reported as \$5,861,658.

Considerable focus was placed on the Net Surplus total.

Mr. Kamps responded to the change in rates from draft to final for DAB (6.6% to 5.9%) and TANF (7.6% to 6.6%) as referenced the Milliman rate presentation; it was noted that overall the composite rate increase shifted from 3.8% to 3.5%.

Mr. Kurtz reported that he learned recently that the State is over-obligated to the sum of \$15M on SUD Block Grant funds. The NMRE was tasked with reviewing Block Grant use and, where possible, move the funding source to State Targeted Response (STR) and State Opioid Response (SOR) grant funds. A similar pullback in fiscal years 2021 and 2022 would be cause for concern and could necessitate the use of liquor tax dollars.

Mr. Kamps inquired about the uptick in eligibles reflected on the Regional Eligible Trending Graphs included in the monthly financial report; he stressed the need for the region to “hang on to every dime.” Mr. Kurtz noted that a decline in eligibility is likely next year.

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

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

**“Nay” Votes:** Null

**MOTION CARRIED.**

**Operations Committee**

The minutes from September 15, 2020 were included in the meeting materials in draft form. Ms. Pelts requested clarification regarding how PA2 would be pulled to supplement the \$15M block grant shortage. Mr. Kurtz responded that we would try to pull directly by county where block grant funds are used for indigent services but given the amount of homeless or the use of the provider location as the persons address this cannot always be accomplished. Mr. Kamps expressed that he would not be opposed to a disproportionate share pulled from Grand Traverse county given the fund balance. Mr. Stone expressed concern with rate increase respects of 8% - 10% (inpatient). Mr. Kurtz stressed that NMRE aims to negotiate per diem rates that are consistent with other inpatient hospitals.

**NEW BUSINESS**

**NMRE CEO Contract**

Ms. Yockey explained that a 5% increase for the NMRE CEO was included in the FY21 budget passed in August 2020. A 5% increase to the NMRE CEO’s salary was request as both cost of living and merit increases. It was noted that the CEO receives the same fringe benefits as all other NMRE staff. Mr. Kamps asked whether the NMRE has any provisions in place in the event of a leave of absence by the CEO. A document from 2014 was referenced but there is nothing in writing currently. Succession Planning will be added to the Agenda for October. Ms. Gebhard commented that Operations Committee would be able to fulfill interim needs should the NMRE Board make the request.

**MOTION MADE BY ROGER FRYE TO APPROVE A FIVE PERCENT INCREASE TO THE NORTHERN MICHIGAN REGIONAL ENTITY’S CHIEF EXECUTIVE OFFICER’S SALARY EFFECTIVE OCTOBER 1, 2020; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.**

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

**“Nay” Votes:** Null



**MOTION CARRIED.**

**Proposed FY21 NMRE Board Meeting Schedule**

The proposed NMRE Governing Board Meeting Schedule for FY21 was included in the materials for the meeting on this date.

**MOTION MADE BY DON TANNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY GOVERNING BOARD MEETING SCHEDULE FOR FISCAL YEAR 2021 AS PRESENTED; SUPPORT BY CHRISTIAN MARCUS. MOTION APPROVED BY CONSENSUS.**

**MDHHS-PIHP FY21 Contract**

Mr. Kurtz explained that the State completely revamped the MDHHS-PIHP Master Contract for FY21; it now emanates from the State's Procurement Office and follows standard boilerplate language. As such, the Contract fails to recognize the PIHP as a governmental entity. Mr. Kurtz, in consultation with legal counsel, notified the State regarding his concerns with a couple items contained in the Contract.

Mr. Kamps asked whether it is possible to sign the Contract with qualifiers. Mr. Kurtz offered to reference his concerns and those of the NMRE Board when submitting the signed Contract. It was noted that CMHSP General Fund Contracts will be following the same format. Clarification was made that if the Contract was left unsigned, the NMRE would not receive funding.

**MOTION MADE BY MARY MAROIS TO AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER TO SIGN THE CONTRACT WITH THE STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICE FOR FISCAL YEAR 2021 WITH THE ADDITION OF A POSTSCRIPT ENUMERATING THE CONCERNS OF THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER, GOVERNING BOARD, AND LEGAL COUNSEL; SUPPORT BY JAY O'FARRELL.**

Mr. Marcus suggested that the Board's action should give Mr. Kurtz the ability to sign but also the option to not sign if backed by consensus of the ten PIHPs.

Mr. Kurtz indicated that he felt that Ms. Marois's motion was appropriate, adding that it is likely that most of the PIHPs may have already signed. Mr. Tanner thanked the Board for its thoughtful consideration.

**ROLL CALL VOTE.**

**"Yea" Votes:** Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora

**"Nay" Votes:** Null

**MOTION CARRIED.**

**Liquor Tax Requests**

The liquor tax requests recommended by the NMRE Substance Use Disorder Oversight Board on September 14, 2020 were reviewed.

- 1) AuSable Valley CMHA – Ogemaw County: \$53,076 and Iosco County: \$46,742
- 2) Catholic Human Services – Kalkaska County: \$52,404

The total amount of liquor tax dollars brought forward for approval was stated as \$155,222. Mr. Stone asked why Oscoda included in the request from AuSable Valley for jail services. Ms. Sircely responded that although the services would be provided in the Ogemaw and Iosco county jails, funding may be pulled from Oscoda if it is determined to be the inmate's county of residence.

Mr. Marcus referred to the request to carry forward FY20 liquor tax dollars to continue the anti-vaping campaign in Region 2 schools; he asked who is implementing the program. Ms. Sircely responded that it is monitored by the Health Department of Northwest Michigan.

Mr. Tanner asked for a status update on the request for the NMRE to determine minimum liquor tax fund balances for the 21 counties. Mr. Frye noted that it was discussed during the September 14<sup>th</sup> meeting, but no recommendation has been made to date.

**MOTION MADE BY JOE STONE TO APPROVE THE LIQUOR TAX FUND REQUESTS RECOMMEND BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON SEPTEMBER 14, 2020; SUPPORT BY JAY O'FARRELL. ROLL CALL VOTE.**

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

**“Nay” Votes:** Null

**MOTION CARRIED.**

**Direct Care Wage Increase**

Mr. Kurtz expressed his wish to continue the \$2/hour premium pay increase to direct care workers through December 31<sup>st</sup>. It was noted that the increase received the support of the Operations Committee. Mr. Stone commented that he'd received an email indicating that the increase through the calendar year is covered in State budget. The recommendation was made that premium pay should remain a focus of targeted spending in FY21.

**MOTION MADE BY RANDY KAMPS TO APPROVE THE CONTINUATION OF THE TWO DOLLAR PER HOUR (\$2.00/HOUR) PREMIUM PAY INCREASE TO DIRECT CARE WORKERS THROUGH DECEMBER 31, 2020 REGARDLESS OF WHETHER THE INCREASE IS DIRECTED BY THE STATE; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.**

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

**“Nay” Votes:** Null

**MOTION CARRIED.**

## OLD BUSINESS

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

## PRESENTATION

### **Behavioral Health Home Summit Recap**

Mr. Kurtz provided a brief overview of the Regional Behavioral Health Home summit held on September 11<sup>th</sup>. He acknowledged Centra Wellness and Northern Lakes for doing an excellent job reviewing their experiences and lessons learned since they each began the program in 2014. Trainings by the State on the Waiver Support Application (WSA) are scheduled later this month. The “Go-live” date for the expansion (first initiated in 2017) is October 1, 2020. Mr. Kurtz noted that it will begin slowly and ramp up over time. The Summit presentations will be forward to the Board for interest.

Ms. Marois asked about BHH eligibility. Mr. Kurtz responded that the State identifies individuals based on diagnostic criteria (and other) criteria. Currently 27,000 individuals have been identified as being eligible in the NMRE’s twenty-one counties.

## COMMENTS

### **Board**

Mr. Kamps mentioned recent communication to the CMHSPs from Disability Rights of Michigan concerning Medicaid Bulletin 20-58, “COVID-19 Response: Specialty Behavioral Supports and Services.” Mr. Kamps inquired about how the Region intends to respond. Mr. Kurtz indicated that he was aware of the letter but had not received or reviewed it. The CMHSPs acknowledged that the specific timeframes stated in the letter will be tight, but they intend to fulfill the request.

## MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on October 28, 2020.

## ADJOURN

Let the record show that Chairman Nowak adjourned the September 23, 2020 meeting of the NMRE Board at 11:22AM.

	Program	Consumers served October 2020 (10/1/20 - 10/31/20)	Consumers served in the Past Year (11/1/19 - 10/31/20)	Running Monthly Average(year) (11/1/19 - 10/31/20)
1	Access / Crisis / Prescreens	61 - Routine 0 - Emergent 0 - Urgent 74 - Crisis 55 - Prescreens	621 - Routine 0 - Emergent 5 - Urgent 710 - Crisis 511 - Prescreens	52 - Routine 0 - Emergent 0 - Urgent 59 - Crisis 43 -Prescreens
2	Doctors' Services	450	1377	446
3	Case Management			
	Older Adult (OAS)	101	259	107
	MI Adult	111	398	167
	MI ACT	31	219	25
	Home Based Children	45	104	41
	MI Children's Services	140	350	114
	IDD	168	403	173
4	Outpatient Counseling	164(17/147)	363	207
5	Hospital Prescreens	55	511	43
6	Private Hospital Admissions	13	217	18
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	43	104	41
	MI	28	65	22
	Touchstone Clubhouse	83	95	83
9	Peer Support	46	67	36
10	Community Living Support Services			
	IDD	79	142	76
	MI	68	111	68
11	CMH Operated Residential Services			
	IDD Only	57	88	58
12	Other Contracted Resid. Services			
	IDD	32	33	31
	MI	36	38	37
13	Total Unduplicated Served	1104	2260	1095

County	Unduplicated Consumers Served Since November 2019
Alcona	248
Alpena	1391
Montmorency	246
Presque Isle	281
Other	76
No County Listed	18

	Program	Consumers served September 2020 (9/1/20 - 9/30/20)	Consumers served in the Past Year (10/1/19 - 9/30/20)	Running Monthly Average(year) (10/1/19 - 9/30/20)
1	Access / Crisis / Prescreens	59 - Routine 0 - Emergent 0 - Urgent 71 - Crisis 52 - Prescreens	649 - Routine 0 - Emergent 5 - Urgent 731 - Crisis 510 - Prescreens	54 - Routine 0 - Emergent 0 - Urgent 61 - Crisis 43 -Prescreens
2	Doctors' Services	440	1378	450
3	Case Management			
	Older Adult (OAS)	101	270	110
	MI Adult	150	400	174
	MI ACT	28	240	24
	Home Based Children	37	90	39
	MI Children's Services	140	342	111
	IDD	165	404	180
4	Outpatient Counseling	159(13/146)	353	211
5	Hospital Prescreens	52	510	43
6	Private Hospital Admissions	23	229	19
7	State Hospital Admissions	1	3	0
8	Employment Services			
	IDD	48	103	42
	MI	23	83	22
	Touchstone Clubhouse	83	96	83
9	Peer Support	39	65	35
10	Community Living Support Services			
	IDD	79	140	77
	MI	70	113	68
11	CMH Operated Residential Services			
	IDD Only	57	88	58
12	Other Contracted Resid. Services			
	IDD	31	32	32
	MI	36	38	37
13	Total Unduplicated Served	1111	2273	1102

County	Unduplicated Consumers Served Since October 2019
Alcona	251
Alpena	1381
Montmorency	254
Presque Isle	287
Other	83
No County Listed	17



**Community Mental Health  
Association of Michigan**

426 South Walnut Street  
Lansing, MI 48933

# Invoice

Date	Invoice No.
10/15/2020	10/20/344

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
				10/15/2020	10/15/2020
Item Code	Quantity	Description		Price Each	Amount
1001-00	1	FY 20/21 Membership Dues		13,727.00	13,727.00

**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 Community Mental Health Association of Michigan 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 Regina MacDonald at [RMacDonald@cmham.org](mailto:RMacDonald@cmham.org). Please make checks payable to CMHA and mail your check to 426 S. Walnut, Lansing, MI 48933.

<b>Current Invoice Total</b>	\$13,727.00
<b>Payments/Credits</b>	\$0.00
<b>Current Balance Due</b>	\$13,727.00
If the Current Balance Due does not match the Total Account Balance below, please contact MACMHB to discuss.	
<b>Total Acct Balance</b>	\$13,727.00

## **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**



# Advisory Council

Regular Meeting

10-05-20

5:00 PM to 5:45 PM

Board Room

**Meeting called by:** Diane Hayka

**Type of meeting:** Regular

**Facilitator:** Janet Freeman

**Attendees:** Roger Boston, Les Buza, Alan Fischer @ 5:03 p.m., Janet Freeman, Anne Ryan, Rebecca Stockford (via Uber)

**Absent:** Roger Engle (excused), Eileen Tank

**Public:**

**Staff:** Nena Sork, Diane Hayka

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

### Welcome

Janet Freeman welcomed Council members and introduced Rebecca Stockford as a new member.

### Targeted Agenda Items:

*Approval of Minutes*

### Discussion:

By consensus, the minutes of the August 10, 2020 Advisory Council meeting were approved.

### Action items:

### Person responsible:

Diane Hayka

### Deadline:

Authenticate

### Targeted Agenda Items:

*Educational Session – FY20/21 Strategic Plan & Community Involvement Activities*

### Discussion:

Council members reviewed the draft of the Strategic Plan, which will be presented to the Board at their meeting on Thursday, October 8, 2020. Nena Sork reviewed the various areas of the plan highlighting some of the proposed revisions. She noted the ABA expansion is identified and provided a history of the struggles of this Agency getting staff trained only to have them be lured away by other larger autism centers. Due to the constant struggle of keeping staff, the Agency has decided to close the in-house program. She reported there will be provider contracts executed to allow for ABA testing and referral service provision.

Nena Sork reviewed the sub-ends established during the planning process. The sub-ends address services for children, specifically for children participating in home-based services. Staffing issues have been difficult to maintain in the past; however, our staffing levels are now adequate so focus will be to get families involved in the home based service program. Per the Medicaid manual, this program should have 80% participation with families and our goal will be to attain that goal.

The sub-end related to living supports for individuals with a mental illness or intellectual/developmental disabilities. This sub-end will focus on developing local residential homes to provide this specialized care.



The Agency assists with consultation on the licensing process and training needs. She noted our initial goal was to open two homes annually and this was met previously. Due to COVID, the sub-end was reduced to one home in the current fiscal year.

Nena Sork reported the next sub-end related to co-occurring disorders addresses the new program for this Agency related to the Behavioral Health Home. A study conducted showed individuals with a mental illness/co-occurring disorder die 20 years earlier than the regular population groups. The Behavioral Health Home is a program not a "home" and individuals will be enrolled and treated as a whole person with an emphasis on their physical health. There are five co-morbid conditions which would qualify the individual to participation in this program along with their mental illness. She reported currently the Agency has 288 individuals who would qualify for this program and our pilot goal is to reach possibly 50. The individual would need to be seen monthly and depending on the seriousness of the chronic illness a determination would be made to have addition, more focused services. All individuals in the program will have an A1C and their sugar levels will be monitored.

Nena Sork reviewed the Financial Outcomes noting this was a very good year financially for the Agency and unspent dollars will be returned to the NMRE.

Lastly, Community Education will focus on becoming more involved in the community. She reported in August our staff participated in the Pop Up Food Pantry and last weekend 37 staff participated in the Suicide Prevention Walk. In October there is an event entitled "Take Back Event" which allows individuals to return drugs no longer used including narcotics. This is scheduled for October 24<sup>th</sup>. Events to be looked at for the future include any events focused on autism and intellectual/developmental disabilities.

Diane Hayka reported the Agency has joined the chamber in Alcona and Alpena. We are looking to get membership in Rogers City and Hillman.

Nena Sork reported a Facebook page has been set up and we post different items and jobs on the page. Council members were encouraged to follow the Facebook page for the Agency.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

***NMRE Updates***

**Discussion:**

Regional Entity Partners (REP) Update

The minutes from the August REP meeting were included in the mailed materials. Rebecca Stockford indicated she participated in the meeting and she likes mental health as they provide good services. The next meeting of the REP is scheduled for October 15<sup>th</sup>.

NMRE Board Meetings

The minutes from the July and August NMRE Board meeting were included in the mailed materials for this meeting. Nena Sork reported the meetings are held at the convention center as more attendees can participate indoors. Nena Sork reported as of October 9<sup>th</sup>, this Agency will be able to resume some group activities and trainings. Nena Sork reported the NMRE is in good shape financially. She reported our Board has good representation from our Board members with Gary Nowak being the Chair of the NMRE Board and Roger Frye being the Chair of the SUD Committee. Liquor tax disbursements were approved. Janet Marwede questioned how the medical marijuana facilities will be affecting the community. This will remain to be seen.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:** *August Operational Report*

**Discussion:**

Nena Sork reviewed the August Operational Report with Council members. Some services have had some small reductions which is due to COVID but then there are some programs in which provided more services.

Nena Sork noted hospital prescreens dropped drastically in the early onset of COVID and they are on the rise.

Clubhouse continues to function through utilizing telephone contacts and outdoor activities. Peer support also increased services and we have increased staff to handle the demand.

Nena Sork reviewed the individuals in residential services, both the CMH Operated and other contracted residential services. She reported those individuals with MI are all placed in contracted residential if there is a need for placement.

Janet Marwede noted she had heard that since COVID the suicide level has increased. Nena Sork noted in our area this does not seem to be the case but nationally it is. She notes we are monitoring services. She reported there are times when a contagion effect occurs.

Nena Sork noted she is very proud of the staff for continued face-to-face services during COVID. Staff are keeping good tabs on the individuals who receive services from this agency.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:** **Board Agenda Review**

**Discussion:**

Janet Freeman requested an explanation of the Consent Agenda. Diane Hayka explained the items on the consent agenda are all renewal contracts. The Board receives a small paragraph about the content of the contract and dollar amount; however, there is no discussion on each individual item. If a Board members wants to ask additional questions about an item, they have to pull the item off of the Consent Agenda and act on that item separately. If there is a new contract, it appears as a separate item on the agenda, such as the ABA Contracts on this agenda. Next year, if we continue with those providers, their renewal contracts will become a Consent Agenda item as well.

Lester Buza inquired about the individuals residing in the group homes and the confinement under COVID. Nena Sork reported the homes are very creative and developed ways to engage individuals in some outdoor activities.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:** *Other*

**Discussion:**

Nena Sork reported when we held the staff appreciation picnic staff received a token of appreciation which was a water bottle. Council members were provided this same item in appreciation.

**Action items:**

**Person responsible:**

**Deadline:**

**Next Regular Meeting Date:**

The next regular meeting is scheduled for December 7, 2020 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 5:45 p.m.

**DRAFT**



# WEEKLY Update

October 30, 2020

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

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## CMH Association and Member Activities

### **New! The Right Door receives full CARF accreditation**

The Right Door for Hope, Recovery, and Wellness, Ionia County’s CMH, recently received full accreditation from CARF, the nationally recognized accrediting body. Below are excerpts from the CARF accrediting report on The Right Door. Congratulations to the staff and leadership of The Right Door for Hope, Recovery, and Wellness.

The Right Door is a value-driven organization that works to ensure that it maintains focus on the persons served. It is client-centered, the needs of persons served come first, and there is an overall culture of doing whatever it takes to meet those needs. The board, chief executive officer, and other leadership staff members are dedicated to addressing the individual needs of the clients, personnel, and external stakeholders. Services and programs function at a consistently high level, and administrative support staff processes continue to evolve with the organization. The programs and staff members have an





excellent reputation and are respected and involved in the community. Persons served, family members, and external stakeholders have high praise for the services, which have continued through the pandemic without effecting the care of persons served.

The Right Door for Hope, Recovery, and Wellness has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement.

### **New! Request for Applications to be issued soon: CMHA to sponsor cultural and linguistic competence learning community**

If you were fortunate enough to hear the keynote presentation, by Dr. Vivian Jackson, from the National Center for Cultural Competence at Georgetown University, at the CMHA Fall 2021 Conference, you learned of the National Center at Georgetown's cultural and linguistic competence framework. This framework refined and implemented, across the country, for decades is the nationally recognized framework for moving individuals, organizations, and communities toward cultural and linguistic competence.

Dr. Jackson's keynote kicks off what will be an effort that will span years - CMHA's work to strengthen the cultural and linguistic competence of CMHA member organizations. This work will center around 8-month long Cultural and Linguistic Competence (CLC) Learning Community, centered around the Georgetown CLC framework. The first of these learning communities will run from March through October 2021.

The learning community is made up of the following components:

Participants/audience: The CLC learning community teams will be solicited from CMHA members - including the public CMHs, public Prepaid Inpatient Health Plans, and private providers - to participate in the Learning Community.

- Learning community staffing: A Michigan-based facilitator, familiar with the Georgetown Center's CLC framework, has been identified by the Michigan Development Disability Council staff involved in the Cultural and Linguistic Competence (CLC) effort of which CMHA is a partner.
- 4 to 6 virtual and face-to-face sessions over the 8 months of the Learning Community, with the first session of the Learning Community being held in March 2021
- Self-assessment to level set: The work of this community will be built around a CLC self-assessment completed by the member of each Learning Community team
- Team-defined stretch initiatives: The learning community will be structured around "stretch" cultural and linguistic competency goals as identified by each team.
- Showcasing work of learning community teams: October 2021 (F2F at CMHA conference) Wrap-up Sharing and CLC teams to showcase work in workshops at conference

Keep an eye out for that RFA. Note that because of the in-depth group learning and individual coaching provided in the learning community, participation in the 2021 learning community is **limited to 7 teams**.

## State & National Developments and Resources

### **New!** MDHHS adds testing requirements for homes for the aged and large adult foster care facilities

Recently, the Michigan Department of Health and Human Services (MDHHS) issued an epidemic order adding requirements for COVID-19 diagnostic testing in homes for the aged (HFAs) and larger adult foster care facilities and modifying requirements for skilled nursing facilities (SNFs).

This order makes modest updates to testing requirements that have been in place for skilled nursing facilities since June 15, with new requirements that homes for the aged and large adult foster care facilities conduct the same testing. Testing is part of a comprehensive prevention and infection control plan for congregate care settings. MDHHS has provided financial support to facilities for PPE, provided technical assistance and support on infection prevention measures, and put in place preventative measures like safety protocols for visitation to prevent COVID-19 spread in long-term care facilities. The testing order requires that all SNFs, all HFAs, and AFCs licensed to serve 13 or more individuals provide for the following:

- Initial testing of all residents and staff;
- Testing any resident or staff member with symptoms of COVID-19 or suspected exposure;
- Weekly testing of all residents and staff in facilities with any positive cases among residents or staff, until 14 days after the last new positive;
- Weekly testing of all staff in counties of risk levels A through E on the MI Safe Start Map;
- Testing of all new or returning residents during intake unless tested in the 72 hours prior to intake;
- Testing of all newly hired staff on their start date or in the 72 hours prior to start date.

This order is effective immediately and remains in effect until rescinded.

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

An infographic that explains visitation requirements in long-term care facilities is found [here](#).

### **New!** MDHHS launches media campaign promoting free mental wellness counseling

Below are excerpts from a recent press release, from MDHHS, regarding the “Be Kind to your Mind” campaign.

Michigan Department of Health and Human Services (MDHHS) is launching a statewide media campaign this week urging residents to seek relief from COVID-19-related emotional distress by talking to a trained crisis counselor and learning about other help available.

The “Be Kind to Your Mind” campaign promotes the use of Michigan’s free, confidential Stay Well counseling line, and aims to combat stigma associated with seeking help for feelings of depression, anxiety, anger or loss – all common during a disaster like COVID-19.

The Stay Well counseling line debuted on May13 and is staffed with crisis counselors 24 hours a day, seven days a week. Callers can access the line by dialing Michigan’s COVID-19 hotline at 888-535-6136 and pressing “8” at the prompt. The service is part of a federally funded grant program implemented by the MDHHS Behavioral Health and Developmental Disabilities Administration in partnership with the Michigan State Police.

Language translation is available for non-English-speaking residents who call the counseling line.

Access to mental health resources including the Stay Well contact information can be found [here](#).

### **New! MDHHS provides recommendations for Michiganders to vote safely during COVID-19**

Below are excerpts from a recent press release from MDHHS on guidance on safe voting practices during the pandemic.

To ensure Michigan voters remain healthy and reduce the spread of COVID-19 during the Nov. 3 general election, the Michigan Department of Health and Human Services (MDHHS) has released recommendations for voters, poll workers and election officials.

All registered voters may vote early by visiting their city or township clerk’s office through Nov. 2. There they can request, fill out and submit an absentee ballot all in one trip, or take their ballot home to fill out and sign the envelope before returning it to one of their jurisdiction’s ballot drop boxes by 8 p.m. on Nov 3. Election workers, who are required to wear masks, will ask voters to show photo ID.

Eligible citizens who are not yet registered may register, request and submit an absentee ballot at their local clerk’s office through 8 p.m. on Nov. 3

Guidance is based on the most current Centers for Disease Control and Prevention (CDC) and MDHHS recommendations for prevention of the spread of COVID-19. Read the [“Recommendations for Healthy Voting in Michigan”](#) for more helpful tips for voting this year.

### **New! Subscribe Now: New listserv on healthcare for rural populations**

The Centers for Medicare & Medicaid Services has a new rural health care listserv dedicated to sharing information about programs, policies and resources to help ensure rural populations have access to quality health care.

Subscribe to the rural health care listserv to receive the latest information and resources on:

- CMS Rural Health Strategy
- Maternal health care
- Payment and billing



- Policies and regulation
- Resources for partners

To subscribe to the new topic, [click here](#) and enter your email!

In order to find more information on rural health activities at CMS, please visit [go.cms.gov/ruralhealth](https://go.cms.gov/ruralhealth) or contact [RuralHealth@cms.hhs.gov](mailto:RuralHealth@cms.hhs.gov)

### **New! America is still in the middle of an opioid epidemic: why did we stop talking about it?**

Below is an excerpt from a recent USA Today opinion piece on the opioid epidemic.

Over the past few years, opioids have become a political battleground. Unfortunately, when addiction mixes with politics, we forget there are real people struggling, and that has fatal consequences. Jeff Wahlberg reflects on his personal experiences with addiction and the impact for those currently struggling during the COVID-19 pandemic.

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

### **New! Michigan hospitals turn to \$15 minimum wage to fill job openings**

Below are excerpts of a recent news story on the efforts, by some Michigan hospitals to battle the healthcare workforce shortage issue.

Thousands of Michigan’s lowest-paid hospital workers received pay increases this month when two of the state’s largest hospital systems set a new \$15 per hour minimum wage, a nod to increased competition for entry-level workers as the state faces a resurgence in COVID-19 and hospitalizations.

The move “is a strategy to become more competitive,” said Brian Peters, CEO of the Michigan Health & Hospital Association, an industry group.

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

### **New! Global failure to protect the rights of persons with disabilities highlighted in critical report**

A coalition of seven global disability rights organizations have today called for urgent action by States and the international community to halt the catastrophic failure to protect the lives, health, and rights of persons with disabilities during the COVID-19 pandemic.

“Irrespective of disabilities, persons on streets are picked up and put into shelters. These provide basic survival supports to all people housed there. This has great implications for persons with psychosocial disabilities, who have been experiencing homelessness but free and living at will on streets – to be institutionalized”

“Children (with disabilities) and their parents are still in the street with no face masks, no social distancing. Their lives are in danger” Organization of persons with disabilities.

The report entitled ‘Disability rights during the pandemic: A global report on findings of the COVID-19 Disability Rights Monitor’ presents the findings from a rapid global survey of persons with disabilities and other stakeholders which took place between April and August of this year. The organizations behind the study seek to “catalyze urgent action in the weeks and months to come,” as transmission rates continue to rise in many countries and persons with disabilities are again subjected to restrictions which have already had severe consequences.

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

### **New! Healthcare Executive Career Management in a Web 2.0 Era**



Healthcare Executive Career Management in a Web 2.0 Era and Annual Meeting Education and Networking Event

Friday, November 6, 2020  
Virtual Platform – 9:30am  
Education Session Panel Discussion

Moderator: Scott Dzurka, Vice President - Public Sector Consultants

Panelists: Bill Manns, President-CEO Bronson Health Kalamazoo; Ovell Barbee, Senior Vice President Spectrum Health’s HR & Diversity Officer; Blaire H. Miller, Partner The Hunter Group International Executive Search

Speaker: Brian Peters, Chief Executive Officer Michigan Health and Hospital Association

- \$25 – Non GLACHE Member
- No Charge -- Student

Register by reaching Kimberly McVicar at [kimberlymcvicar@ferris.edu](mailto:kimberlymcvicar@ferris.edu)

## State Legislative Update

### **New! DHHS Emergency Order on Gatherings and Capacity Limits Signed**

Yesterday afternoon, Department of Health and Human Services (DHHS) Director Robert Gordon signed an emergency order that updates a prior emergency order on gatherings and face masks.

The new emergency order limits indoor-residential gatherings to 10 people, and non-residential gatherings without fixed seating to 50 people, or 20 people per 1,000 square feet. Other changes made by the emergency order signed today include requiring bars, restaurants and venues alike to limit table

sizes to a max of six individuals. Additionally, these establishments are required to keep names and phone numbers of customers for contact tracing efforts. Masks continue to be required at all non-residential indoor and outdoor settings, and are strongly encouraged in residential indoor and outdoor gatherings. Residential outdoor gatherings still have a capacity limit of 100, while non-residential outdoor gatherings have a capacity limit of 1,000 people, or fixed seating allowing 30 percent of seating capacity, or 30 people per 1,000 square feet without fixed seating.

In the emergency order, DHHS highlighted that the State of Michigan presently has 172 cases per million people and positivity of tests has increased from about 2 percent to 5.5 percent, both of which have been increasing over the past four weeks. According to the state's chief medical executive, Dr. Joneigh Khaldun, the percent positivity indicates community spread of COVID-19 is occurring. The order also highlighted that hospitalizations for COVID-19 have doubled over the last three weeks, with more than 5 percent COVID-19 hospitalizations in all regions except Traverse City. On a press update call, Dr. Khaldun also highlighted that the state is investigating 446 new and ongoing outbreaks, with the top five categories including long-term care facilities, K-12 schools, manufacturing, construction and social gatherings. Dr. Khaldun and DHHS Director Gordon both expressed their concern over the current trends of COVID-19 in the state.

To view the emergency order, please click [here](#). To view a fact sheet on the emergency order, please click [here](#). To view an infographic created by DHHS on the new emergency order, please click [here](#). To view a press release from DHHS on the emergency order, please click [here](#).

### **New! DHHS Emergency Order on Testing Signed**

Department of Health and Human Services (DHHS) Director Robert Gordon signed an emergency order that adds requirements for COVID-19 diagnostic testing in homes for the aged (HFAs) and larger adult foster care facilities (AFC), and modifying requirements for skilled nursing facilities (SNFs).

According to DHHS, this emergency order updates testing requirements that have been in place for skilled nursing facilities since June 15, with new requirements that homes for the aged and large adult foster care facilities conduct the same testing. Testing is part of a comprehensive prevention and infection control plan for congregate care settings. DHHS has provided financial support to facilities for PPE, provided technical assistance and support on infection prevention measures, and put in place preventative measures, like safety protocols for visitation, to prevent COVID-19 spread in long-term care facilities. The testing order requires that all SNFs, all HFAs, and AFCs licensed to serve 13 or more individuals provide for the following:

- Initial testing of all residents and staff.
- Testing any resident or staff member with symptoms of COVID-19 or suspected exposure.
- Weekly testing of all residents and staff in facilities with any positive cases among residents or staff, until 14 days after the last new positive.
- Weekly testing of all staff in counties of risk levels A through E on the [MI Safe Start Map](#).
- Testing of all new or returning residents during intake unless tested in the 72 hours prior to intake.
- Testing of all newly hired staff on their start date or in the 72 hours prior to start date.

“COVID targets individuals who live in group care, and it’s our job as Michiganders to protect them,” said DHHS Director Gordon. “Less COVID in the community means less COVID in group homes, so each of us helps when we wear masks, watch our distance, and wash hands. But these homes also need a second line of defense, and that defense is regular testing for residents, staff, and visitors.”

To view the DHHS emergency order, please click [here](#). To view a press release from DHHS on the emergency order, please click [here](#).

### Executive Orders Signed

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

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

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

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

## Federal Update

### New! 9-8-8 Signed into Law

The National Suicide Hotline Designation Act was signed into law on Saturday, October 17. This legislation will create a new 9-8-8 dialing code for suicide prevention, helping Americans who are seeking services for mental health emergencies. The National Council thanks our advocates for tirelessly leading the charge in making this hotline a reality. The success of 9-8-8 comes at a critical time for behavioral health services, as COVID-19 has contributed to increased isolation and unemployment, among other difficulties. Implementation of 9-8-8 now moves to the Federal Communications Commission (FCC), which recently set a deadline of July 2022 for the full, national implementation of the hotline.

### National Council Launches CCBHC Success Center

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



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

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

Visit our site to:

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

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

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

## Education Opportunities

### CMHA Takes Trainings Virtual!



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

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

## **New! CMHA Fall Conference – Recorded Sessions Still Available for Registration**

The live week-long Virtual Fall Conference, “Resilience & Reinvention,” concluded today; but there’s still time to sign up for the “recorded conference sessions.” Don’t miss this opportunity to hear from national and state experts!

**View Recordings – No Continuing Education Credits:** For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 1 month to view the recordings. You can view as many sessions as you like.

CMHA Member: View Recordings After the Live Conf – No CE Credits     \$50  
Non-Member: View Recordings After the Live Conf – No CE Credits     \$60

Registration open until Friday, November 13, 2020. Register by [CLICKING HERE!](#)

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

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

### **Dates:**

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

### **Agenda:**

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

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

## **VIRTUAL Pain Management and Mindfulness Trainings – Registration Open**

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

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

**Dates:**

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

**Agenda:**

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

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

## Education & Training Resources from Great Lakes MHTTC

**MHTTC****Mental Health Technology Transfer Center Network**

Funded by Substance Abuse and Mental Health Services Administration

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

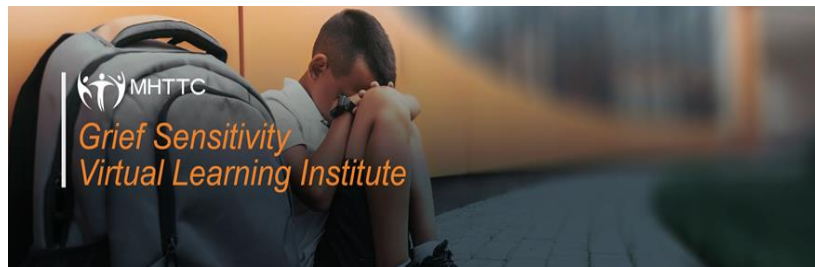
### Catalog of MHTTC resources

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

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

### Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

**Reflective Discussion-** On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

**November 12 & 13th:**

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact

[NetworkOffice@MHTTCNetwork.org](mailto:NetworkOffice@MHTTCNetwork.org)

## News from Our Preferred Corporate Partners

### **New!** Relias: state of health care and the acute and pre-acute healthcare industry

Relias has partnered with Hanover Research to assemble a comprehensive look at the educational landscape for healthcare organizations in 2020. The report provides credible, valuable, and actionable data and analysis you can use to improve your current staff development and training programs.

Register below for our industry-specific webinars to learn more about the report findings.

- [Acute and Pre-Acute Industry Deep Dive](#)  
**Tuesday, November 3, 2 PM ET**
- [Post-Acute Care Industry Deep Dive](#)  
**Wednesday, November 4, 2 PM ET**
- [Health and Human Services Industry Deep Dive](#)  
**Thursday, November 5, 2 PM ET**

Learning objectives include:

- Benchmark current practices, investments, and beliefs compared with a national sample
- Identify opportunities to improve staff development and training opportunities
- Understand the impact of COVID-19 on staff training and development

Please note: These webinars are free events, and no CEUs or certificates of participation are provided. All registrants will receive a copy of the recorded webinar and slides if you cannot attend the live event.

Can't make it to the webinar? Register anyway and we'll send you a link to the recording after the webinar.



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

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

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

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

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

# CMH Association's Officers & Staff Contact Info

## **CMHA Officers Contact Information:**

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

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

## **CMHA Staff Contact Information:**

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:  
Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)



Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Audrey Daul, Administrative Assistant, [adaul@cmham.org](mailto:adaul@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@cmham.org](mailto:awilson@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
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Dana Ferguson, Senior Accounting Specialist, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

# WEEKLY Update

October 23, 2020

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

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## CMH Association and Member Activities

### **New!** Carly Sanford, CMHA Training and Meeting Planner, Recipient of MiSGMP 2020 Zenith Award

Carly Sanford, Training and Meeting Planner at Community Mental Health Association of Michigan, was awarded the 2020 Zenith Award by the Michigan Chapter of the Society of Government Meeting Professionals (MiSGMP) on October 21, 2020. The Zenith Award recognizes a MiSGMP member's dedication and contributions to MiSGMP in a leadership role. The Zenith Award is given annually, to one planner and to one supplier. Nominations for Carly included the following information.



Carly Sanford has been an active member of MiSGMP since joining. She has been a member of, and is now chair of, the communications committee. Carly oversees all aspects of the chapter's communications and is directly responsible for the website. She has developed or improved upon needed systems including tracking documents for advertising and sponsorships and creating a seamless system of invoicing for advertising, sponsorships, and auction purchases.

Carly has willingly and enthusiastically played a role in two of the MiSGMP mock court cases. She takes initiative and goes above and beyond, helping whenever needed. Carly's work ethic and her commitment to high quality meetings and training is exemplary.

In the fall of 2019, Carly was recognized nationally by State Government Meeting Professionals when she was named one of ten Top Young Professionals Under 37. This honor recognizes emerging talent among government meeting professionals nationwide.

Carly is most deserving of the prestigious Zenith Award which recognizes leadership and dedication and contributions to MiSGMP.

### **CMHA to sponsor cultural and linguistic competence learning community**

The MDHHS Developmental Disabilities Council and the Community Mental Health Association of Michigan (CMHA) are jointly developing an 8-month-long Cultural and Linguistic Competence (CLC) Learning Community for Michigan's public mental health system – in partnership with the Georgetown University National Center for Cultural Competence may provide the facilitation for the learning sessions.

The initial information on the dates of the Learning Community will be available next week, as part of the CMHA Fall Conference.

The learning community is made up of the following components:

- **Participants/audience:** The CLC learning community teams will be solicited from CMHA members - including the public CMHs, public Prepaid Inpatient Health Plans, and private providers - to participate in the Learning Community.
- **Learning community staffing:** A Michigan-based facilitator, familiar with the Georgetown Center's CLC framework, has been identified by the Michigan Development Disability Council staff involved in the Cultural and Linguistic Competence (CLC) effort of which CMHA is a partner.
- **Kick-off keynote:** Vivian Jackson, from the National Center for Cultural Competence, will be the keynote speaker at the luncheon of the second day of the CMHA Fall 2020 Conference. Vivian will kick-off the Learning Community by introducing the National Center's cultural competence framework.
- **4 to 6 virtual and face-to-face sessions** over the 8 months of the Learning Community, with the first session of the Learning Community being held in March 2021
- **Self-assessment to level set:** The work of this community will be built around a CLC self-assessment completed by the member of each Learning Community team

- **Team-defined stretch initiatives:** The learning community will be structured around “stretch” cultural and linguistic competency goals as identified by each team.
- **Showcasing work of learning community teams:** October 2021 (F2F at CMHA conference) Wrap-up Sharing and CLC teams to showcase work in workshops at conference

### CMHA and state law enforcement organizations soon to release joint statement

As Weekly Update readers may remember, CMHA has been actively involved in raising the profile of a large number of partnerships between the public mental health system, local law enforcement professionals, prosecutors, and judges across the state. This work has involved a number of media interviews and stories regarding mobile crisis teams, crisis stabilization centers, mental health training for law enforcement professionals, in-jail programs, and mental health courts.

As an extension of this effort, CMHA and a number of state associations, representing law enforcement and prosecutors will soon be issuing a joint statement on the law enforcement and mental health partnerships that exist in Michigan – all designed to improve and refine the response of law enforcement and mental health personnel to community crises. The groups who will be signing onto this joint statement are:

- Michigan Sheriffs Association
- Michigan Association of Chiefs of Police
- Michigan Commission on Law Enforcement
- Prosecuting Attorneys Association of Michigan
- Community Mental Health Association of Michigan

## State & National Developments and Resources

### **New!** Michigan launches dozens of free COVID-19 test sites statewide

Below are excerpts from a recent press release from MDHHS on the expansion of the state’s free COVID-19 test sites.

The Michigan Department of Health and Human Services (MDHHS) is launching new partnerships with Walgreens and the Michigan Primary Care Association to offer 77 new, free COVID-19 test sites statewide, bringing the total number of state-supported, free test sites to nearly 100.

Michiganders can find the free test sites on the state’s locator. Sites operate in all regions of the state to

The new partnership with Walgreens has expanded its COVID-19 testing operations to 36 locations throughout the state. Testing at Walgreens’ sites is available by appointment only and

is provided through existing pharmacy drive-thru lanes. When patients arrive, pharmacy staff walk them through a self-administration of a COVID-19 test. To make an appointment, visit [Walgreens.com/COVID19Testing](https://Walgreens.com/COVID19Testing).

Michigan is also expanding its partnership with the Michigan Primary Care Association, the association of federally qualified health centers (FQHCs) in the state. FQHCs already offer low-cost COVID-19 testing and these newest efforts will ensure patients do not face costs for testing at 47 locations. FQHCs typically serve low-income or socially vulnerable areas, providing a vital source of quality medical care.

MDHHS already launched 20 free neighborhood test sites, which continue to operate in Albion, Benton Harbor, Detroit, Ecorse, Flint, Grayling, Lansing, Niles, Roseville, Saginaw and Wayne.

Federal law requires that private insurance, Medicare and Medicaid cover medically necessary COVID-19 tests without any out-of-pocket costs for patients. However, some tests may not be considered medically necessary by insurers, such as screening of asymptomatic individuals. Free test sites may still collect patient insurance information and attempt to bill insurance first. Costs not covered by insurance will be covered by state funding. Patients will not be responsible for these costs.

Information around this outbreak is changing rapidly. The latest information is available at [Michigan.gov/Coronavirus](https://Michigan.gov/Coronavirus) and [CDC.gov/Coronavirus](https://CDC.gov/Coronavirus).

### **New! Return to school mental health toolkit issued**

The School Based Mental Health Providers Coalition (consisting of Michigan Association of School Social Workers, Michigan Association of School Psychologists and Michigan School Counselor Association) and its partners have created a [Return to School Mental Health Toolkit](#). As we still do not know how the school year will proceed, this toolkit provides school community members and stakeholders both in-person and remote learning tools and resources. Inside the Return to School Toolkit, you will find resources to help you follow the [Governor's Return to School Roadmap](#). While much of the toolkit focuses on disease prevention, it also considers the underlying long-term effects of the pandemic, including the impact of collective trauma. Specifically, it is concerned with the trauma that some children and families historically have, or are particularly primed for, due to being part of a racial minority group hit harder by COVID-19 and inadequate access to health care

Questions about this resource should be directed to Nick Jaskiw, President, Michigan Association of School Psychologists, at [njaskiw@ncresa.org](mailto:njaskiw@ncresa.org).

### **New! MDHHS announces \$50,000 grant for direct care worker infection control training**

MDHHS recently announced a partnership with IMPART Alliance at Michigan State University's College of Osteopathic Medicine to develop infection control training for direct care workers. MDHHS has provided IMPART Alliance \$50,000 in COVID Relief Funding to develop the training and make it widely available for direct care workers (DCW) providing home and community-based services. IMPART Alliance will develop a comprehensive Infection Control curriculum for training all direct care workers



and family caregivers. MDHHS, IMPART Alliance and others will widely distribute the training to increase access and skills for the caregivers.

For more information on IMPART Alliance, visit at [Impartalliance.org](http://Impartalliance.org)

### **New! Opportunity for input into Michigan's Five-Year Health IT Roadmap**

You may remember that CMHA is supporting the work of the Michigan Department of Health and Human Services (MDHHS) as they seek the guidance of CMHA members in informing the Michigan Health IT Commission as it develops a **Statewide Five-Year Health IT Roadmap**. This Roadmap will be a guide for future planning, investments, and governance of health information technology (HIT) and health information exchange (HIE) for the state of Michigan.

**Opportunity: In partnership with MDHHS, CMHA is encouraging you participation in an electronic survey as part of this effort.** Please ensure your input is included by participating in the survey and sharing your organization's insights relevant to health information technology and health information exchange. If you or the appropriate staff member in in your organization could complete this survey by November 17, 2020, it would be greatly appreciated. This survey should take no longer than 20 minutes to complete. The survey is found at: <https://www.surveymonkey.com/r/Z6PSRPP>

More information on the Statewide Five-Year Health IT Roadmap and other opportunities to engage in the process can be found at [here](#).

### **New! NAMI blog: why everything is a mental health issue when you vote**

Below are excerpts from a recent blog by the national NAMI office on the close tie between mental health issues and the coming election.

Never have our mental health system's shortcomings been clearer. According to a [recent poll](#), 8 in 10 Americans say that COVID-19 has impacted their mental health, with many being unable to get the help they need. The same poll showed that 91% want their elected officials to focus more on mental health.

COVID-19 will be on the ballot next month — and so will mental health. In fact, mental health is always on the ballot, even if not directly. Every major political issue has an impact on mental health and the needs of the mental health community.

This is why *everyone* must vote. We must vote for us, our loved ones and our community. We must [#Vote4MentalHealth](#).

To help you assess [candidates and their platforms](#), here are some of the mental health considerations related to three of the major political issues in this election: health care, the economy and education.

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



## **New! Mental Health America: disproportionate impact of mental health concerns among BIPOC communities**

Below are excerpts from a recent report by the nationally recognized group, Mental Health America.

The COVID-19 pandemic and the secondary impacts of the pandemic such as effects on food, housing and economic security have had a disproportionate impact on black, indigenous, and other communities of color. These in turn can create larger impacts on the mental health of individuals within these communities. To better understand existing unmet needs, inequities in care, and the disproportionate impact of COVID-19 on the mental health of traditionally underserved populations, MHA conducted an analysis of the 579,793 screens for anxiety and depression where race/ethnicity was reported from January 1st to September 22, 2020.

**Anxiety:** For nearly all racial/ethnic groups, rates of moderate to severe anxiety increased during the last few days of February 2020 and into the beginning of March, as people became more aware of the pandemic and its spread into the United States. All racial/ethnic groups also experienced an increase in the rate of moderate to severe anxiety from the first weeks of May into the first weeks of June.

**Depression;** The September average for moderate to severe depression among Black or African American and Native American or American Indian screeners was higher than the monthly average for August 2020 (September averages were lower than August for every other race/ethnicity).

**Suicidal Ideation:** The September average for suicidal ideation was higher than the May-August averages, as well as the 2019 average for nearly every racial/ethnic group (excluding Asian or Pacific Islander and White screeners, whose August averages were higher).

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

## **New! CDC: increase in drug overdose deaths involving cocaine: United States, 2009–2018**

The federal Centers for Disease Control (CDC) recently released a report that concluded that “Deaths from drug overdose continue to contribute to mortality in the United States. The rate of drug overdose deaths involving cocaine has nearly tripled in recent years.” This report, in the form of a CDC Data Brief provides additional information on drug overdose deaths involving cocaine by examining trends in rates by sex, age group, race and Hispanic origin, and by concurrent involvement of opioids from 2009 through 2018. The Data Brief can be [found here](#).

## **New! MDHHS Self Determination Policy and Technical Guidance Webinar**

Please join staff from MDHHS and partner organizations (the Arc Michigan, Michigan DD Council, ISK) for a brief roll out and description of the updated Self Determination Policy and Technical Guidance.

Note: This is a free webinar.  
There are no CEs for this webinar.  
Registration is required.

Topic: MDHHS Self Determination Policy and Technical Guidance

When: Thursday, October 29, 2020

Time: 3:00 PM Eastern Time

Register in advance for this webinar:

[https://us02web.zoom.us/webinar/register/WN\\_ySNfQaW8T5uLRSYxV9TL5g](https://us02web.zoom.us/webinar/register/WN_ySNfQaW8T5uLRSYxV9TL5g)

After registering, you will receive a confirmation email containing information about joining the webinar. *For questions, please contact Marie Eagle, for The Arc Michigan, at [marie@arcmi.org](mailto:marie@arcmi.org)*

### **New! Leadership 101 series offered by CMHA partner – incompass Michigan**

Weekly Update readers may be aware of the longstanding leadership development program offered by CMHA's partner, Incompass Michigan (formerly MARO). This five-part series provides sound and concrete leadership and management training to those of us working in the non-profit, governmental, health and human services arena.

Below is the recent announcement, from incompass Michigan, of its next Leadership 101 Series.

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Leadership 101 is designed for new to mid-career managers that want to strengthen their leadership skills. The five-part virtual series will cover DEI, performance management, organizational trust, and work life balance in addition to essential leadership principles.

Each session is \$35 (\$25 for Incompass Michigan members).

When you register for Sessions 1-4 you'll get Session 5 free as a bonus! All five sessions for \$140 (\$100 for Incompass Michigan members).

Learn more and register at <https://incompassmi.silkstart.com/events/leadership-101-series>

### **New! Direct Support Workforce and COVID-19 National Survey Report 2020**

In March of 2020, many businesses and schools followed safety protocols, closed their doors, and began working and participating remotely. For the vast majority of direct support professionals (DSPs), this was not an option. In response to this need, the University of Minnesota's Institute on Community Integration quickly developed a 27-question survey and collaborated with the National Alliance for Direct Support Professionals to reach a large sample of DSPs from across the country. Almost 9,000 direct support workers from the U.S. completed the survey between April 23-May 27, 2020 with at least one survey received from every state. This survey, completed by direct support professionals, was intended to gather evidence about their experiences and lead to effective policy and practice decisions about what is needed and to better prepare for future waves of this pandemic.

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

# State Legislative Update

## **New!** Business, Hospitals and Labor Leaders Call For Legislative Unity

A group of more than 30 business, health care, labor and education leaders from across the state and the political spectrum sent a letter to legislative leadership Wednesday, urging a unified front on fighting COVID-19 and preventing a second wave of the virus from battering Michigan.

The letter stressed the need for mandatory standards on mask usage, workplace practices and public gatherings, as outlined in recent orders from both the Department of Health and Human Services (DHHS) and the Michigan Occupational Health and Safety Administration (MIOSHA), in light of recent DHHS projections that the state could be staring down the possibility of a second wave. In the letter, the group highlighted that COVID-19-related hospitalizations are up in every Michigan Economic Recovery Council (MERC) region in the state, and some hospital systems are seeing their admittance rates for COVID-19 up more than 80 percent in the past few weeks.

In the groups letter, they highlighted that they support the use of “science-based mandatory standards across the state – standards like those we currently adhere to in our hospitals and businesses to suppress COVID-19’s spread and protect the most vulnerable.” The group went on to write, “We hold these views because of what we have learned in our hospitals and businesses: the disciplined use of COVID-19 safety practices clearly work to minimize viral spread. And we hold these views because the evidence strongly suggests – both in Michigan and the other states/countries in which many of us operate – that without such clear standards, people struggle to band together to effectively control viral spread.”

To view the letter from the group, please click [here](#).

## **New!** DHHS EMERGENCY ORDERS

Currently, there are four active DHHS emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below.

- ***Reporting of Confirmed and Probable Cases of COVID-19 at Schools*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities*** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- ***Gathering Prohibition and Mask Order*** – Signed October 9, 2020, please click [here](#) to access the emergency order.
- ***Requirements for Residential Care Facilities*** – Signed October 21, 2020, please click [here](#) to access the emergency order.

## Executive Orders Signed

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

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

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

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

## Federal Update

### National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care.

To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

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

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

Visit our site to:

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



- Get engaged in advocacy to advance the CCBHC model.
- And more...

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

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

## Education Opportunities

### CMHA Takes Trainings Virtual!



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

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

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

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

#### Dates:

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

#### Agenda:

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

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

### **VIRTUAL Pain Management and Mindfulness Trainings – Registration Open**

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

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

**Dates:**

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

**Agenda:**

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

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

## **Education & Training Resources from Great Lakes MHTTC**



**MHTTC**

**Mental Health Technology Transfer Center Network**

Funded by Substance Abuse and Mental Health Services Administration

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

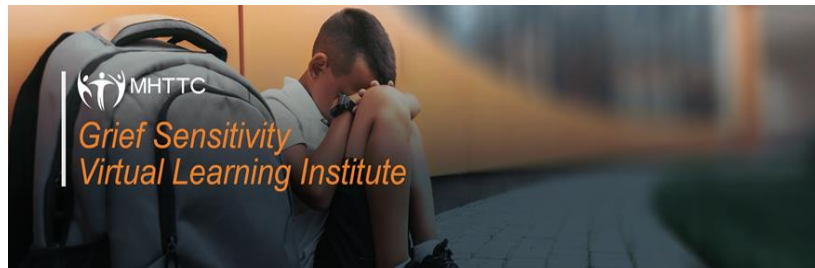
### **Catalog of MHTTC resources**

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

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

## Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

**Reflective Discussion-** On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

**November 12 & 13th:**

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact

[NetworkOffice@MHTTCNetwork.org](mailto:NetworkOffice@MHTTCNetwork.org)

## News from Our Preferred Corporate Partners

### **New!** Relias: addressing racial trauma in the clinical setting

Understanding how racial trauma can affect the mental, emotional, and physical health of your Black clients is critical. In addition to knowing the impacts, organizations and clinicians should know best practices for addressing racism and racial trauma. From the minute they enter your practice to when they go into the therapy room (whether in-person or through telehealth), understanding how racism affects your clients can greatly impact their therapeutic experience.

Jamila Holcomb, Ph.D., LMFT returns to Relias to share how you can address racial trauma in the clinical setting. Join us Thursday, October 29, 2020 at 2 PM ET to learn:

How to apply trauma-informed care best practices when addressing racism and racial trauma in the therapy room

Self-care strategies clinicians can implement to protect their own well-being

What supervisors can do within the supervisor/supervisee relationship to help clinicians leverage trauma-informed care

Ways organizations can create a safe space through their marketing materials, lobby presentation, and staff training

Information on this offering can be [found here](#).

### **Abilita: Controlling Increasing Phone Costs**

Beginning July 1st, your telecommunication costs increased by almost 7%! Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been. Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users. Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#). Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

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

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



# CMH Association's Officers & Staff Contact Info

## CMHA Officers Contact Information:

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

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

## CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Audrey Daul, Administrative Assistant, [adaul@cmham.org](mailto:adaul@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@cmham.org](mailto:awilson@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Hammond, Training and Meeting Planner, [jhammond@cmham.org](mailto:jhammond@cmham.org)  
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Dana Ferguson, Senior Accounting Specialist, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)



# WEEKLY Update

October 16, 2020

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

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## CMH Association and Member Activities

### **New!** CMHA members distribute over \$20 million to providers in stabilization effort

In an effort to mitigate the damaging financial impact of the Corona virus on the state’s public mental health provider system, MDHHS and the state’s Regional Entities/Prepaid Inpatient Health Plans (PIHP) developed Provider Stabilization Plans. Those plans, each tailored to the unique needs of each PIHP region and its provider network, ensured a robust dialogue between the providers and the PIHPs around fiscal stability and charted a path for the provision of stabilization payments from the PIHPs to their providers - without new dollars provided to the PIHPs.

To date, \$21 million in Provider Stabilization Payments have been provided by the state’s PIHPs to over 700 provider organizations. These stabilization payments are over and above the tens of millions provided to boost the wages of Direct Support Professionals/Direct Care Workers. These payments and the stabilization plans upon which they are founded are a testimony to the collective efforts and resilience that are the hallmarks of Michigan’s public mental health system.



## **New! CMHA named by RWJF as Delta Center Alumni grant recipient**



**THE DELTA CENTER FOR A THRIVING SAFETY NET**  
*Building capacity in primary care & behavioral health | [deltacenter.jsi.com](http://deltacenter.jsi.com)*

With CMHA closing up its two-year partnership with the Robert Wood Johnson Foundation (RWJF) and its Delta Center initiative – a project that further solidified the CMHA partnership with the Michigan Primary Care Association (MPCA), RWJF announced its Delta Center Alumni effort. This Alumni effort will allow a subset of the original Delta Center grantees to further develop its system reform work and serve as mentors to the next cohort of Delta Center states. In response to this opportunity, CMHA applied to be an Alumni project member. In early October, the RWJF Delta Center notified CMHA that it was selected, along with several other states to serve as alumni partners, working on issues surrounding the healthcare safety net's response to the Corona virus pandemic and racial justice. As this effort moves along, CMHA staff will keep the association's members up to date.

## **New! CMHA and state law enforcement organizations soon to release joint statement**

As Weekly Update readers may remember, CMHA has been actively involved in raising the profile of a large number of partnerships between the public mental health system, local law enforcement professionals, prosecutors, and judges across the state. This work has involved a number of media interviews and stories regarding mobile crisis teams, crisis stabilization centers, mental health training for law enforcement professionals, in-jail programs, and mental health courts.

As an extension of this effort, CMHA and a number of state associations, representing law enforcement and prosecutors will soon be issuing a joint statement on the law enforcement and mental health partnerships that exist in Michigan – all designed to improve and refine the response of law enforcement and mental health personnel to community crises. The groups who will be signing onto this joint statement are:

- Michigan Sheriffs Association
- Michigan Association of Chiefs of Police
- Michigan Commission on Law Enforcement
- Prosecuting Attorneys Association of Michigan
- Community Mental Health Association of Michigan

## **New! CMHA to sponsor cultural and linguistic competence learning community**

The MDHHS Developmental Disabilities Council and the Community Mental Health Association of Michigan (CMHA) are jointly developing an 8-month-long Cultural and Linguistic Competence (CLC) Learning Community for Michigan's public mental health system – in partnership with the Georgetown University National Center for Cultural Competence may provide the facilitation for the learning sessions.

The learning community is made up of the following components:



- **Participants/audience:** The CLC learning community teams will be solicited from CMHA members - including the public CMHs, public Prepaid Inpatient Health Plans, and private providers - to participate in the Learning Community.
- **Learning community staffing:** A Michigan-based facilitator, familiar with the Georgetown Center's CLC framework, has been identified by the Michigan Development Disability Council staff involved in the Cultural and Linguistic Competence (CLC) effort of which CMHA is a partner.
- **Kick-off keynote:** Vivian Jackson, from the National Center for Cultural Competence, will be the keynote speaker at the luncheon of the second day of the CMHA Fall 2020 Conference. Vivian will kick-off the Learning Community by introducing the National Center's cultural competence framework.
- **4 to 6 virtual and face-to-face sessions** over the 8 months of the Learning Community, with the first session of the Learning Community being held in March 2021
- **Self-assessment to level set:** The work of this community will be built around a CLC self-assessment completed by the member of each Learning Community team
- **Team-defined stretch initiatives:** The learning community will be structured around "stretch" cultural and linguistic competency goals as identified by each team.
- **Showcasing work of learning community teams:** October 2021 (F2F at CMHA conference) Wrap-up Sharing and CLC teams to showcase work in workshops at conference

## State & National Developments and Resources

### **New!** CMS extending comment period deadline for RFI on measure set for HCBS

The Centers for Medicare & Medicaid Services (CMS) recently announced that it is extending the public comment period for the Request for Information (RFI): Recommended Measure Set for Medicaid-Funded Home and Community-Based Services. The RFI seeks feedback on potential benefits of and challenges that could result from a nationally available set of recommended quality measures for voluntary use by states, managed care organizations, and other entities engaged in the administration and/or delivery of Medicaid-funded home and community-based services. The new due date for comments is November 18, 2020.

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

### **New!** Health Affairs: Establishing A Value-Based 'New Normal' For Telehealth

Below is an excerpt from a recent Health Affairs blog on the emerging policy and practice platform around telehealth.

The coronavirus (COVID-19) pandemic has necessitated an unprecedented level of innovation and redesign. One prominent manifestation is the catalyst of telehealth from fringe to mainstream. The impact of telehealth on quality and cost of care remains largely unknown. As policies facilitating this transition are set to expire with the [public health emergency declaration](#),

important decisions regarding its future role are in a state of flux. Determination of the post-pandemic role of telehealth will be complex and consequential, and should be grounded in a [value-based approach](#). This post capitalizes on the natural experiment afforded by the COVID-19 pandemic and proposes a value-driven telehealth policy and research agenda.

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

### **New! ONDCP announces SUD resources and funding opportunities**

The White House Office of National Drug Control Policy recently announced a number of resources and funding opportunities of interest to substance use disorder providers and stakeholders.

- [COVID-19 Resources for Addressing Substance Use in Rural Communities](#)
- [Dept. of Justice Bureau of Justice Assistance \(BJA\), Addressing Substance Use Disorders In America's Jails: Clinical Guidelines For Withdrawal Management](#) – DOJ-BJA in partnership with the National Institute of Corrections (NIC), seeks support in the development of evidence-based clinical guidelines and protocols that will help jail administrators, correctional officers, and jail-based clinicians identify and safely manage substance withdrawal in jail-based settings. **Closing date: October 28, 2020.**
- [Combating Opioid Overdose Through Community-level Intervention](#) - The University of Baltimore's Center for Drug Policy and Prevention (CDPP) invites sub-award applications for the Combating Opioid Overdose Through Community-level Intervention Initiative (COOCLI) Initiative, funded by the Office of National Drug Control Policy (ONDCP, CFDA=95.007). Sub-recipients must focus on opioid-involved overdoses or overdoses involving stimulants in the regions of the United States with the highest rates of fatal and non-fatal overdoses. **Closing date: November 2, 2020**

## State Legislative Update

### **New! Open Meetings Act Bill Heads to the Governor**

Late Tuesday evening, the House and Senate sent SB 1108 to the Governor for her approval. SB 1108 would allow a public body to meet electronically under certain circumstances, with protections to ensure notice and public participation, which were eliminated when the Governor Executive Orders were ruled null and void.

The bill now goes to the Governor, which she is expected to sign very soon. However, procedurally there are certain steps that must be followed while presenting a bill to the Governor for signature, so it is not an immediate process.

Once signed into law, the bill will allow local units to meet remotely the remainder of this year essentially for any reason, but starting in January there would have to be a state of emergency issued to continue to meet remotely and that will obviously take negotiations between the legislature and the governor which may or may not happen. The bill also makes the any reason virtual meeting retroactive back to the point where the Governor's executive orders were no longer in effect, so the actions during that time are consider legal.

Below is a link to the bill heading to the Governor:

<https://www.legislature.mi.gov/documents/2019-2020/billconcurrent/Senate/pdf/2020-SCB-1108.pdf>

## **New! House and Senate Session Continues Into Early Wednesday Morning**

Working through Tuesday night and into early Wednesday morning, the House and Senate struck a deal with the administration to finalize employer and employee COVID-19 liability legislation. In addition to the liability legislation, numerous other bills codifying former Executive Orders (EO) issued by Governor Whitmer passed both chambers, and now head to her desk.

The focus of negotiations yesterday was on the COVID-19 immunity for businesses and employer's package which included House Bills 6030, 6031, 6032 and 6101. The bill package prevents a business from being held liable if an employee believes they have contracted COVID-19 on a worksite, as long as a business has been in compliance with all federal, state and local laws and rules. Governor Whitmer had already vetoed similar legislation weeks ago, citing the bills as unnecessary and too broad in scope. Before yesterday's deal was finalized, HB 6030, 6031, 6032 and 6101 were tied-barred to Senate Bill 886, a bill that amends the Michigan Employment Security Act and prescribes how an individual's unemployment benefits related to COVID-19 are derived. Senate Bill 886 has been a priority of the administration. In tie-barring the issues, Republican legislators had hoped to persuade the Governor into signing the bills addressing both issues.

However, after a long day of negotiations, a deal that removed the tie-bar and placated the Governor's concerns on the COVID-19 liability bills was announced. HB 6030 and 6031 were passed largely along party lines, while SB 886 was passed unanimously. Also passing unanimously was HB 6032, which would prevent an employer from firing someone for staying home out of concerns they have COVID-19. HB 6101 passed the Senate 29-8. HB 6030, 6031, 6032, 6101 and SB 886 all head to the Governor now, where she is expected to sign the bills into law.

## **Executive Orders Signed**

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

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

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



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

## Federal Update

### National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care.

To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

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

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

Visit our site to:

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

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

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



# Education Opportunities

## CMHA Takes Trainings Virtual!



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

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

## Registration Open: Virtual CMHA Annual Fall Conference

This year’s CMH Fall Conference, “*Resilience & Reinvention,*” will be held virtually each morning from October 26-30, 2020.

### Continuing Education:

You can earn up to 12.5 Continuing Education Credits for Social Work & 13.5 Contact Hours for MCBAP.

### Registration Type:

**Live Conference:** You are NOT required to attend the entire conference – you can attend 2 sessions or 8 or more! You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions live is the only way to receive CE Credits. You also have access to session recordings for 1 month after the conference (no CEs).

**View Recordings – No Continuing Education Credits:** For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 1 month to view the recordings. You can view as many sessions as you like.

CMHA Member: Live Conference	\$140
Non-Member: Live Conference	\$160
CMHA Member: View Recordings After the Live Conf – No CE Credits	\$50
Non-Member: View Recordings After the Live Conf – No CE Credits	\$60

**Registration Deadline:** Attendee registration closes at 5:00pm on **Thursday, October 22, 2020.**

**[CLICK HERE TO REGISTER!](#)**

## **KEYNOTE ADDRESSES:**

Update from the Michigan Department of Health and Human Services

- *Allen Jansen, Deputy Director, Behavioral Health and Developmental Disabilities Administration*

Embedding Cultural and Linguistic Competence Every Day

- *Vivian Jackson, BA, MSW, PhD, Adjunct Assistant Professor, Georgetown University National Center for Cultural Competence, Center for Child and Human Development*

Racism - A Public Health Crisis

- *Grenae Dudley, PhD, LP, President and CEO, The Youth Connection*

Behavioral Health and Coronavirus: Challenges and Opportunities

- *Charles Ingoglia, MSW, President and CEO, National Council for Behavioral Health*

## **WORKSHOPS:**

- Targeting Health Disparity Populations Using the Strategic Prevention Framework
- Understanding Moral Injury
- Autism Services: Challenges and Future Directions
- Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions
- LOCUS Implementation: Understanding the Challenges, Defining the Solutions
- Treatment Foster Care Oregon (TFCO): Community-based Mental Health Treatment for Hospital Level-of-Care Children
- Creating Your Best Life in Recovery - The Continuum of Care in SUD Treatment
- Collaboration is Key: Assessing and Treating Sexual Self-Regulation with Consumers of CMH Services
- Implementing an FASD System of Care Within Michigan CMHSP System
- Applying Value-Based Purchasing to Employment and Day Services Purchased by CMH's: Stories of the Michigan Employment First Rate Restructuring Initiative
- Transforming Youth Suicide Prevention in Michigan
- Telehealth: Lessons Learned and Current Initiatives
- Complex Trauma, Addiction & Brain Injury: From Surviving to Thriving
- Recipient Rights Protection System
- Charting the Course to a Good Life
- Michigan Psychiatric Care Improvement Project: Enhancing Michigan's Publicly Funded Crisis Services System
- Opportunities for Occupational Therapy to Support Residential Behavioral Health
- Best Practice Strategies for Implementing a Full in Jail MAT Program
- Working with Children's Special Health Care Services to Maximize Benefits for Families
- Self-Management Mobile Health Apps for Bipolar Disorder: The Life Goals and *priori* Apps
- Enhancing Social-Emotional Regulation Skills Using the Accept. Identify. Move. (AIM) Curriculum
- Corrections Based Addiction Treatment and Community Re-entry
- Expanding Moral Injury
- Multiple Pathways to Recovery: How to Walk the Walk with Mutual Aid Groups
- Evidence-Based Behavioral Tools to Treat Chronic Pain
- What's Going on in Lansing
- CCBHC – What Are They?
- Improving Community Access for Individuals on the Autism Spectrum
- Motivational Interviewing for Comorbid Bi-polar and Substance Use Disorders

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

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

### Dates:

- January 11, 2021 ([Register Here](#))
- February 22, 2021 ([Register Here](#))
- March 22, 2021 ([Register Here](#))
- April 5, 2021 ([Register Here](#))
- April 26, 2021 ([Register Here](#))

### Agenda:

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

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

## VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

### Dates:

- January 21, 2021 ([Register Here](#))
- March 8, 2021 ([Register Here](#))

### Agenda:

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

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

## CCBHCs: What, How, Why Webinar

Health Management Associates offers complimentary webinar intended to present an overview of what is required to become a CCBHC. Michigan has been selected as a "CCBHC State" which provides great opportunities. While the Michigan Department of Health and Human Services develops its plans, CMHSPs and non-CMH providers have an opportunity to ensure they are well prepared to meet the requirements of CCBHCs. Specific learning objectives include:

- Participants will learn how fellow CMHSPs in Michigan have implemented CCMHC requirements and the benefits and challenges they have seen
- Participants will gain an understanding of what is required to be a CCBHC
- Participants will gain an understanding of the role and importance of Designated Collaborating Organizations (DCO)

- Participants will have greater familiarity with CCBHC reporting requirements and payment options.

**Date: Tuesday, October 20, 2020**

**Time: 11:00 AM to 12:30 PM EDT**

**Cost: Free!**

**Registration is Required: [CLICK HERE TO REGISTER!](#)**

#### **HMA Speakers**

Dave Schneider, Principal  
Rich VandenHeuvel, Principal  
Kristan McIntosh, Senior Consultant  
Kara Suter, Principal – Burns & Associates

#### **Special Guest Speakers**

Rebecca David Farley, National Council for Behavioral Health  
Jeff Patton, Integrated Services of Kalamazoo  
Lisa Williams, West Michigan Community Mental Health

## Education & Training Resources from Great Lakes MHTTC



**MHTTC**

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

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

### **Catalog of MHTTC resources**

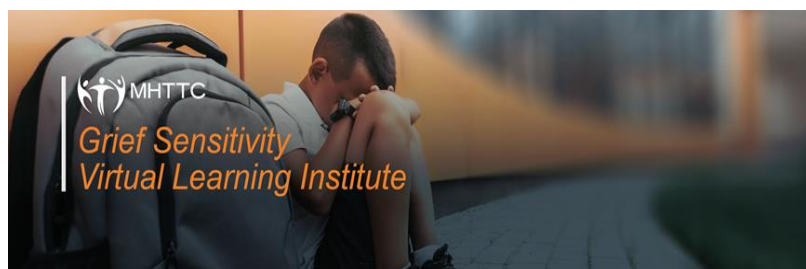
The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

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



## Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

**Reflective Discussion-** On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

### November 12 & 13th:

#### [Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact [NetworkOffice@MHTTCNetwork.org](mailto:NetworkOffice@MHTTCNetwork.org)

## News from Our Preferred Corporate Partners

### Abilita: Controlling Increasing Phone Costs

Beginning July 1st, your telecommunication costs increased by almost 7%! Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been. Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be "high cost".

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users.

Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#). Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

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

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

### **Relias: Addressing the Growing Rate of Suicide**

Mental health disorders and suicidal ideation are topics not typically discussed in communities of color. However, research now shows that suicide rates among Black youth, adolescents, and adults are rising faster than other racial or ethnic groups. Now, with the COVID-19 pandemic and racial injustice protests further affecting Black mental health, it's critically important that clinicians and organizations learn how to identify, assess, and prevent suicide.

Join us Wednesday, September 30, 2020 at 3 PM ET to hear Ifeanyi Olele, DO, MBA, MS, share statistics on the growing rate of suicide in the Black community and what clinicians and organizations can do to improve suicide prevention and treatment. Click here to [Register Now](#). In the webinar, Dr. Olele will:

- Address the growing rate of suicide in the Black community
- Discuss stigmas associated with suicide, mental health disorders, and accessing care
- Provide risks and protective factors that can lead to suicidal ideation
- Share strategies to improve suicide prevention and treatment

# CMH Association's Officers & Staff Contact Info

## CMHA Officers Contact Information:

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

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

## CMHA Staff Contact Information:

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

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





# WEEKLY Update

October 9, 2020

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

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## CMH Association and Member Activities

### **New!** CMH of St. Joseph County receives CARF accreditation and accolades

Recently, Community Mental Health and Substance Abuse Services of St. Joseph County received full accreditation from CARF – the well-recognized accrediting body for behavioral health organizations across the country. Below are excerpts from St. Joseph’s CARF accreditation letter.

The leadership team is well connected with other service providers in the area and the team members’ outreach, collaborative approach and positive relationships have allowed the organization to provide a wraparound approach to services provision.

Over the past three years, the organization has implemented new programs and services to better meet the needs of the clients. Examples of this include significant changes to increase accessibility, safety, and comfort in the main location in Centreville; improvement to language diversity using I Speak posters and Stratus Video interpreting; a very worthwhile partnership with New Horizons Computer Learning Centers to enhance IT delivery; a community partnership to reduce stigma; a YouTube channel called Between Sessions; and a prevention program that

includes a QR code anyone can scan with a smartphone to be directed to the closest nearby recovery center.

Staff members report high satisfaction working for this organization. They all speak of how all members of management team are available to support the staff members and help manage tough decisions when needed. They speak highly of management team's commitment to the organization and to the clients.

Clients report high satisfaction with the many services provided by CMHSAS-SJC. Those interviewed reported success in recovery or managing their mental illnesses, many for the first time. The clients attributed this success to dedicated personnel who care.

Congratulations to CMHSAS of St. Joseph County.

### **New! Network 180 and partners publish paper on telehealth transition**



Below are excerpts from the description of a recent article, "Rapid Transition to Telehealth in a Community Mental Health Service Provider During the COVID-19 Pandemic" , carried in the most recent edition of *The Primary Care Companion for CNS Disorders*, outlining the telehealth work of Network 180.

Below are excerpts from the description of a recent article, "Rapid Transition to Telehealth in a Community Mental Health Service Provider During the COVID-19 Pandemic" , carried in the most recent edition of *The Primary Care Companion for CNS Disorders*, outlining the telehealth work of Network 180.

Network180 recently released a report analyzed Network180's swift pivot into telehealth from 5% to 84% of services delivered during the period of March 13 – May 28, 2020.

Dr. Eric Achtyes, Network180's Medical Director states, "The COVID-19 pandemic has presented challenges both to providers and the people we serve. Many healthcare providers moved very quickly to transition care to telehealth, including Network180. This transition was supported by regulatory changes allowing payment for telehealth services. We were grateful for these changes and hope this modality of treatment will allow improved access to care for those with transportation or other barriers to receiving in-office care post-pandemic."

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

### **New! MSHN publishes Impact Report**

Below are excerpts from the recent announcement by the Mid-State Health Network (MSHN) regarding its release of Impact Report.

The impact report is a multi-year look at MSHNs organizational and regional accomplishments. It is a small list drawn from among many important and positive impacts we have made in our six years as a Regional Entity/Pre-Paid Inpatient Health Plan (PIHP). Our intention was to be brief, but also to highlight who we are, how we do things, and the positive benefits we have been a part of achieving.

Since our inception in 2014, the Mid-State Health Network PIHP – and the MSHN region - has been at the forefront of creating a highly efficient and very effective regional entity based on

effective regional partnerships. We've had many struggles, but far more successes – and a bit of good fortune. Many tens of thousands of beneficiaries have been effectively and efficiently served – in large part due to our partnerships, collaborations, and advocacy. And in very large part, due to the partnerships with our regional CMHSP Participants, our Substance Abuse Prevention, Treatment and Recovery Providers, our Regional Entity/PIHP colleagues across the State of Michigan, and the Community Mental Health Association of Michigan. We also owe a lot to the dedication and effectiveness of our staff, the staff of our regional partners, our PIHP/RE colleagues, as well the CMHAM staff.

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

## State & National Developments and Resources

### **New!** MC3 releases parent youth engagement video

The Michigan Child Natiare Collaborative (MC3) is a nationally recognized initiative to link psychiatrists to primary care providers to improve the provision of behavioral health care, in primary care settings, to children, youth, and their families. MC3 recently released a brief video that identifies engagement strategies that primary care providers and others who serve children, youth, and families can use when discussing youth mental health concerns with youth and their caregivers.

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

### **New!** During pandemic, virtual care broke ground for counseling

Below are excerpts from a recent article in Crain's Detroit Business on the widespread and effective use of behavioral telehealth, across Michigan, as a response to the pandemic.

Growing use of telemedicine resources during the pandemic may pay dividends down the road, say mental health experts.

Online, telephone and telemedicine resources are available for people experiencing mental health or substance abuse problems, said Debra Pinals, M.D., medical director of behavioral health and forensic programs with the state Department of Health and Human Services.

People with anxiety, depression or suffering trauma can go to the Michigan Stay Well website or call a COVID-19 crisis "warmline" to find counselors and local crisis services, Pinals said. Established in April, Pinals said more than 11,000 people have used the service, which is staffed every day from 10 a.m. to 2 a.m. Call 888-PEER-753 (888-733-7753).

In June, Gov. Gretchen Whitmer signed an executive order that expanded telemedicine to mental health services. Medicare offers coverage and many private and Medicaid payers are waiving copayments this year.

John Greden, director of the University of Michigan Comprehensive Depression Center in Ann Arbor, said telemedicine is a tool that can be used to help people and identify undiagnosed depression, which has been a longstanding health care access and stigma issue.

"There is a profound shift to virtual care. We helped start it and the 26 other (depression) centers around the country have cranked it up," he said. "Some people have access for the first time, and they don't have to worry about being exposed to coronavirus."

The full article (with a Crain's subscription) can be found [here](#).

### **New! COVID-19 and racial/ethnic disparities in health risk, employment, and household composition**

Below are excerpts from a recent article in Health Affairs on the intersection of the COVID-19 pandemic and health disparities.

We (the researchers) used data from the Medical Expenditure Panel Survey to explore potential explanations for racial/ethnic disparities in coronavirus disease 2019 (COVID-19) hospitalizations and mortality. Black adults in every age group were more likely than White adults to have health risks associated with severe COVID-19 illness. However, Whites were older, on average, than Blacks. Thus, when all factors were considered, Whites tended to be at higher overall risk compared with Blacks, with Asians and Hispanics having much lower overall levels of risk compared with either Whites or Blacks. We explored additional explanations for COVID-19 disparities—namely, differences in job characteristics and how they interact with household composition. Blacks at high risk for severe illness were 1.6 times as likely as Whites to live in households containing health-sector workers. Among Hispanic adults at high risk for severe illness, 64.5 percent lived in households with at least one worker who was unable to work from home, versus 56.5 percent among Black adults and only 46.6 percent among White adults.

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

## State Legislative Update

### **New! Michigan Supreme Court Rules Against Governor Whitmer**

The Michigan Supreme Court (MSC) ruled late last Friday evening that Governor Gretchen Whitmer lacks "the authority to declare a 'state of emergency' or a 'state of disaster'" under the 1976 Emergency Management Act (EMA) after April 30, and that the 1945 Emergency Powers of Governor Act (EPGA) is in violation of the Constitution because it "purports to delegate to the executive branch the legislative powers of state government." The MSC voted 4-3 against Governor Whitmer. Governor Whitmer has been issuing Executive Orders to address the COVID-19 pandemic under the EPGA for months.



The MSC stated in their conclusion that, “We conclude that the Governor lacked the authority to declare a “state of emergency” or a “state of disaster” under the EMA after April 30, 2020, on the basis of the COVID-19 pandemic. Furthermore, we conclude that the EPGA is in violation of the Constitution of our state because it purports to delegate to the executive branch the legislative powers of state government - including its plenary police powers-- and to allow the exercise of such powers indefinitely. As a consequence, the EPGA cannot continue to provide a basis for the Governor to exercise emergency powers. To view the full opinion, with the conclusion of the opinion on page 52, please click [here](#).

### **New! Senate Takes Up Bills That Will Codify Gov Whitmer’s Executive Orders**

The Senate held session on Thursday and moved legislation that will codify several Executive Order’s (EO) Governor Whitmer issued during the peak of the COVID-19 pandemic. Friday’s State Supreme Court ruling on the 1945 Emergency Powers of the Governors Act (EPGA) has seemingly rendered all EO’s issued after August 30th as unenforceable, subsequently creating the urgent need for expeditious codification of certain orders.

Included in the Senate action yesterday was SB 1108, which would amend the Open Meetings Act (OMA) to allow a public body to meet electronically under certain circumstances, with protections to ensure notice and public participation.

Under current law, a public body can accommodate, by allowing remote participation, the absence of a member of the body due to military duty. SB 1108 would extend this provision to accommodate a member due to a medical condition or due to a state or local emergency declaration. The bill requires an electronic meeting to have notice posted at least 18 hours before the meeting begins and must explain why the public body is holding the meeting electronically and how the public may participate. For a copy of the Senate passed bill, click on the link below:

<https://www.legislature.mi.gov/documents/2019-2020/billengrossed/Senate/pdf/2020-SEBS-1108.pdf>

The House will be returning next week to discuss and debate the items the Senate passed this week.

### **Executive Orders Signed**

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

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

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

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

# Federal Update

## National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care.

To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

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

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

Visit our site to:

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

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

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

# Education Opportunities

## CMHA Takes Trainings Virtual!



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

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

## **New!** Registration Open: Virtual CMHA Annual Fall Conference

This year’s CMH Fall Conference, “*Resilience & Reinvention,*” will be held virtually each morning from October 26-30, 2020.

### **Registration Type:**

**Live Conference:** You are NOT required to attend the entire conference – you can attend 2 sessions or 8 or more! You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions live is the only way to receive CE Credits. You also have access to session recordings for 1 month after the conference (no CEs).

**View Recordings – No Continuing Education Credits:** For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 1 month to view the recordings. You can view as many sessions as you like.

CMHA Member: Live Conference	\$140
Non-Member: Live Conference	\$160
CMHA Member: View Recordings After the Live Conf – No CE Credits	\$50
Non-Member: View Recordings After the Live Conf – No CE Credits	\$60

**[CLICK HERE TO REGISTER!](#)**

### **KEYNOTE ADDRESSES:**

Update from the Michigan Department of Health and Human Services

- *Allen Jansen, Deputy Director, Behavioral Health and Developmental Disabilities Administration*

Embedding Cultural and Linguistic Competence Every Day

- *Vivian Jackson, BA, MSW, PhD, Adjunct Assistant Professor, Georgetown University National Center for Cultural Competence, Center for Child and Human Development*

## Racism - A Public Health Crisis

- *Grenae Dudley, PhD, LP, President and CEO, The Youth Connection*

## Behavioral Health and Coronavirus: Challenges and Opportunities

- *Charles Ingoglia, MSW, President and CEO, National Council for Behavioral Health*

### **WORKSHOPS:**

- Targeting Health Disparity Populations Using the Strategic Prevention Framework
- Understanding Moral Injury
- Autism Services: Challenges and Future Directions
- Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions
- LOCUS Implementation: Understanding the Challenges, Defining the Solutions
- Treatment Foster Care Oregon (TFCO): Community-based Mental Health Treatment for Hospital Level-of-Care Children
- Creating Your Best Life in Recovery - The Continuum of Care in SUD Treatment
- Collaboration is Key: Assessing and Treating Sexual Self-Regulation with Consumers of CMH Services
- Implementing an FASD System of Care Within Michigan CMHSP System
- Applying Value-Based Purchasing to Employment and Day Services Purchased by CMH's: Stories of the Michigan Employment First Rate Restructuring Initiative
- Transforming Youth Suicide Prevention in Michigan
- Telehealth: Lessons Learned and Current Initiatives
- Complex Trauma, Addiction & Brain Injury: From Surviving to Thriving
- Recipient Rights Protection System
- Charting the Course to a Good Life
- Michigan Psychiatric Care Improvement Project: Enhancing Michigan's Publicly Funded Crisis Services System
- Opportunities for Occupational Therapy to Support Residential Behavioral Health
- Best Practice Strategies for Implementing a Full in Jail MAT Program
- Working with Children's Special Health Care Services to Maximize Benefits for Families
- Self-Management Mobile Health Apps for Bipolar Disorder: The Life Goals and *priori* Apps
- Enhancing Social-Emotional Regulation Skills Using the Accept. Identify. Move. (AIM) Curriculum
- Corrections Based Addiction Treatment and Community Re-entry
- Expanding Moral Injury
- Multiple Pathways to Recovery: How to Walk the Walk with Mutual Aid Groups
- Evidence-Based Behavioral Tools to Treat Chronic Pain
- What's Going on in Lansing
- CCBHC – What Are They?
- Improving Community Access for Individuals on the Autism Spectrum
- Motivational Interviewing for Comorbid Bi-polar and Substance Use Disorders

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE



credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

**Dates:**

- January 11, 2021 ([Register Here](#))
- February 22, 2021 ([Register Here](#))
- March 22, 2021 ([Register Here](#))
- April 5, 2021 ([Register Here](#))
- April 26, 2021 ([Register Here](#))

**Agenda:**

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

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

**New! VIRTUAL Pain Management and Mindfulness Trainings – Registration Open**

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

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

**Dates:**

- January 21, 2021 ([Register Here](#))
- March 8, 2021 ([Register Here](#))

**Agenda:**

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

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

**New! CCBHCs: What, How, Why Webinar**

Health Management Associates offers complimentary webinar intended to present an overview of what is required to become a CCBHC. Michigan has been selected as a "CCBHC State" which provides great opportunities. While the Michigan Department of Health and Human Services develops its plans, CMHSPs and non-CMH providers have an opportunity to ensure they are well prepared to meet the requirements of CCBHCs. Specific learning objectives include:

- Participants will learn how fellow CMHSPs in Michigan have implemented CCMHC requirements and the benefits and challenges they have seen
- Participants will gain an understanding of what is required to be a CCBHC
- Participants will gain an understanding of the role and importance of Designated Collaborating Organizations (DCO)
- Participants will have greater familiarity with CCBHC reporting requirements and payment options.

**Date: Tuesday, October 20, 2020**

**Time: 11:00 AM to 12:30 PM EDT**

**Cost: Free!**

**Registration is Required: [CLICK HERE TO REGISTER!](#)**

### HMA Speakers

Dave Schneider, Principal  
Rich VandenHeuvel, Principal  
Kristan McIntosh, Senior Consultant  
Kara Suter, Principal – Burns & Associates

### Special Guest Speakers

Rebecca David Farley, National Council for Behavioral Health  
Jeff Patton, Integrated Services of Kalamazoo  
Lisa Williams, West Michigan Community Mental Health

## Education & Training Resources from Great Lakes MHTTC



MHTTC

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

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

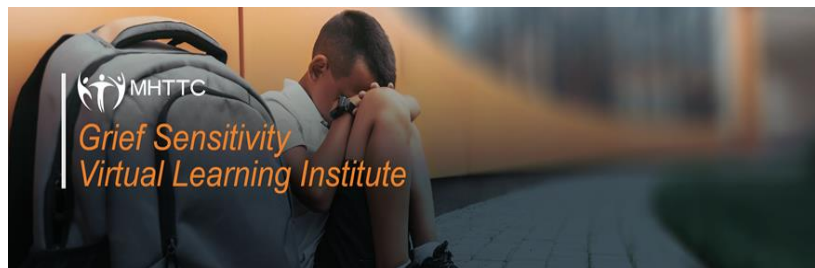
### Catalog of MHTTC resources

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

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

### Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.)

with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

**Reflective Discussion-** On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

**November 12 & 13th:**

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact [NetworkOffice@MHTTCNetwork.org](mailto:NetworkOffice@MHTTCNetwork.org)

## News from Our Preferred Corporate Partners

### **Genoa Healthcare: Staying Connected to Consumers in a Virtual World: How an Integrated Pharmacy Can Help**

Access to mental health care is more important than ever, but the COVID-19 pandemic has forced many mental health centers to focus on providing critical services only, delivering much of that care via telehealth. As centers settle into the telehealth world, many may be searching for new ways to connect with consumers and maintain and improve consumer outcomes.

An integrated pharmacy can help by providing:

**A crucial touchpoint for consumers:** An integrated pharmacy can act as a bridge between providers and their patients, providing additional consumer touchpoints in a virtual world.

**A resource for center staff:** When center staff and providers have any medication-related needs or questions, an integrated pharmacy is there, on-site to answer them.

**A dedicated team:** Focused on serving one center, an on-site pharmacy can get to know each consumer, providing personal, customized services.

**Services to keep consumers on their treatment plans:** Reduced face time with consumers can make it hard to keep them on their medications. An integrated pharmacy builds relationships with each person, understanding their needs and providing personalized services like packaging and free medication mailing to make sure they get and stay on their medications.

Genoa Healthcare offers on-site pharmacy services dedicated to those in the behavioral health and addiction communities. Genoa also provides telepharmacy services and consumer medication coordinators, depending on each center's needs. All Genoa Healthcare pharmacy models can:

- Fill and synchronize all medications (behavioral and primary care)
- Mail prescriptions at no additional cost
- Conduct outreach calls to keep consumers on track
- Help with prior authorizations, medication and insurance questions
- Provide customized pill organizers to consumers with medications sorted by date and time

All of this results in industry-leading medication adherence and satisfaction ratings:

- People who use Genoa have medication adherence rates over 90%, compared to 50% at traditional retail pharmacy
- Consumers report over 90% satisfaction when using Genoa's pharmacy
- Partner centers report over 80% satisfaction with their partnerships with Genoa

To learn more about how an integrated pharmacy can help your center maximize your telehealth program, [CLICK HERE](#) to check out our webinar.

For more information about Genoa Healthcare [click here](#) or please reach out to Katrina Miller at **(608) 345-4078** or [kmiller@genoahealthcare.com](mailto:kmiller@genoahealthcare.com).

### **Abilita: Controlling Increasing Phone Costs**

Beginning July 1st, your telecommunication costs increased by almost 7%! Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been. Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be "high cost".

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users.

Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#). Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.



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

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

## Relias: Addressing the Growing Rate of Suicide

Mental health disorders and suicidal ideation are topics not typically discussed in communities of color. However, research now shows that suicide rates among Black youth, adolescents, and adults are rising faster than other racial or ethnic groups. Now, with the COVID-19 pandemic and racial injustice protests further affecting Black mental health, it's critically important that clinicians and organizations learn how to identify, assess, and prevent suicide.

Join us Wednesday, September 30, 2020 at 3 PM ET to hear Ifeanyi Olele, DO, MBA, MS, share statistics on the growing rate of suicide in the Black community and what clinicians and organizations can do to improve suicide prevention and treatment. Click here to [Register Now](#). In the webinar, Dr. Olele will:

- Address the growing rate of suicide in the Black community
- Discuss stigmas associated with suicide, mental health disorders, and accessing care
- Provide risks and protective factors that can lead to suicidal ideation
- Share strategies to improve suicide prevention and treatment

## CMH Association's Officers & Staff Contact Info

### CMHA Officers Contact Information:

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

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

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



Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### **CMHA Staff Contact Information:**

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

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