


Northeast Michigan Community Mental Health Authority Board August 2019 Meetings



 **Board Meeting—
Thursday, August 8
@ 3:00 p.m.**



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
August 8, 2019 at 3:00 p.m.
A G E N D A

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (See pages 1-5)**
- VIII. August Monitoring Reports**
 - 1. Treatment of Consumers 01-002..... (See pages 6-11)**
 - 2. Staff Treatment 01-003 (See page 12)**
 - 3. Budgeting 01-004 (Available at Meeting)**
 - 4. Financial Condition 01-005..... (Available at Meeting)**
- IX. Board Policies Review and Self-Evaluation**
 - 1. Chairperson’s Role 02-004.....[Review & Self Evaluate] (See pages 13-14)**
 - 2. Board Member Per Diem 02-009...[Review & Self Evaluate] . (See pages 15-16)**
 - 3. Board Self-Evaluation 02-012.....[Review & Self Evaluatate] (See page 17)**
- X. Educational Session – Jail Services..... Amy Pilarski/Stephen Slaght**
- XI. Linkage Reports**
 - 1. Northern Michigan Regional Entity Update**
 - a. July 24, 2019 Meeting..... (Verbal Update)**
 - 2. CMHAM (Verbal, if any updates)**
 - 3. Consumer Advisory Council (Verbal Update)**
- XII. Operations Report..... (Available at Meeting)**
- XIII. Chair’s Report**
 - 1. Begin Board Self-Evaluation (See pages 18-21)**
 - 2. Cathy Meske’s Thank You (Verbal)**
 - 3. CARF Update (Verbal)**
- XIV. Director’s Report**
 - 1. Director’s Report..... (Verbal)**
 - 2. Lakeshore PIHP Update (Verbal)**
 - 3. Rehmann Group Proposal (Verbal)**
 - 4. Endowment Fund Grant Awards (See page 22)**
- XV. Information and/or Comments from the Public**
- XVI. Next Meeting – Thursday, September 12 at 3:00 p.m.**
 - 1. Set September Agenda (See page 23)**
 - 2. Meeting Evaluation (All)**
- XVII. Adjournment**

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board/Strategic Planning Meeting

July 11, 2019

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Lester Buza, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk

Absent: Steve Dean (excused), Roger Frye (excused), Bonnie Cornelius, Mark Hunter

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Mary Crittenden, Laura Gray, Margie Hale-Manley, Ruth Hewett, Lisa Orozco, Larry Patterson, Nena Sork, Lauren Tallant, Jen Whyte, Peggy Yachasz

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Pat Przeslawski as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Pat Przeslawski, to approve the minutes of the June 13, 2019 meeting as presented with correction of year related Mental Health Code. Motion carried.

VIII. Educational Session – Compliance Update

Jen Whyte provided the Board with the annual compliance training. She reported the Northern Michigan Regional Entity (NMRE) prepares this training for all partner boards. Jen reports she attends regular compliance meetings with the member boards and Jodie Balhorn is the Compliance Officer at the NMRE. Jen reviewed the seven elements of compliance. She notes not all compliance issues are intentional as many just may be processes used and when a deficiency is identified the process is corrected and education to staff is conducted.

She reviewed the Deficit Reduction Act requirements and how it applies to the Board. She also provided details related to the Federal False Claims Act. She reported the Office of Inspector General (OIG) is increasing auditing of claims to cut down on wrongful billing, etc.

Jen reports if there is a conflict of interest in an investigation she needs to conduct, the Director would complete the investigation. If there is a complaint filed related to the Director, she may use the Board Chair to assist in the investigation. The NMRE may also assist during conflicts if needed.

The attestation form was distributed for signatures.

Strategic Plan Review

Board members reviewed a draft of the FY19-20 Strategic Plan in a PowerPoint format developed based on input at the June meeting. Diane Hayka noted some areas of the report will show "No Changes" and

some areas will have red lettering which indicates it is either an addition or revision. The Mission Statement, Vision and Core Values had no recommended revisions.

In the section entitled "Forces in the Environment Impacting Behavioral Health" the payors/payment reform Section will have 298/298 added. Nena Sork explained the Section 298 and 928 issues more thoroughly with the Board.

Under Current Goals, the first goal is "To reduce the risk of metabolic syndrome in both adults and children." It was proposed to add the two PIHPs Quality Assessment Performance Improvement Projects (QAPIPs). The first of the projects address follow-up care for children prescribed ADHD medication. The second of the projects address screening for diabetes for adults prescribed psychotropic medications for more than six months. Gary Wnuk inquired if there is a relationship between psychotropic drugs and diabetes and this was affirmed.

Diane Hayka noted the second of the current goals identifies a partnership with Thunder Bay Community Health Services to provide services for children within the local schools. It is proposed to remove Thunder Bay from the statement as they provide those services directly. We will continue to partner with Alcona Health Center and local school systems to provide children services.

The next seven goals will have no revisions from last year. Nena Sork reported the Agency will be bringing training to the area in Applied Suicide Intervention Skills Training (ASIST). This is a two-day interactive training in suicide first aid. Nena noted in all her training suicide classes are not a requirement for licensure or graduate studies. If it was felt our staff would greatly benefit from this training.

Eric Lawson inquired about the hold ups on the Michigan Health Information Network (MiHIN). Initially, there were several options available to interface with the MiHIN. Dennis Bannon reports there are still some issues in connectivity between the clearinghouse handling the various data exchanges. He reports we now are getting Admission, Discharge and Transfers (ADTs) data from the hospital on a regular basis.

The sub-ends were reviewed with proposed revisions to some. The following will be the sub-ends for FY19/20:

Sub-end #1: Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

How this will be measured..

75% of all children who complete treatment [targeted case management, outpatient counseling, Home-Based Services and Wraparound] will show a 20 point or more decrease in CAFAS scores. [This would eliminate having to count those individuals who move out of the area, drop out of services, placed in detention facilities, etc. from the equation.]

Sub-end #2: Individuals needing independent living supports will live in the least restrictive environment.

How this will be measured..

- a. Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.*
- b. Development of additional supported independent services for two individuals currently living in licensed foster care.*

Sub-end #3: Adults with co-occurring disorders will realize significant improvement in their condition.

How this will be measured..

90% of those persons prescribed Buprenorphine for opioid dependence identified as participating in a Medication Assisted Treatment program in their record will have an objective in their plan of service addressing their substance use recovery goals.

Sub-end #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)

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

How this will be measured...

- a. *Medicaid Revenue: Expenses shall not exceed 100% of revenues 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.*

Sub-end #6: The Board will provide community education. This will include the following:

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

The FY19/20 Strategic Plan will be developed into a formal document and Board approval will be sought in October.

IX. July Monitoring Reports

1. Budgeting 01-004

Larry Patterson reviewed the Statement of Revenue and Expense for month ending May 31, 2019. Mr. Patterson reviewed the line items with variances. He noted line 16 Pension – this is most likely a timing issue and might be attributed to the incentive payments made to staff. The Staff Recruiting and Development line has a slight deficit variance; Nena Sork reported we have several open positions in clinical staff and we are now advertising online again to fill those positions. The deficit is covered by lapsed salaries. Larry Patterson noted the contract residential line item is slightly over budget. Nena Sork reported contract residential and inpatient services are items which are areas of risk due to an inability to predict the utilization but they are continually monitored. The Rent line item deficit was explained by Cheryl Jaworowski last month and will require a budget amendment to correct. This is due to the arrangement we have with Touchstone Services in the running of the Clubhouse. Larry Patterson reported the Property and Liability Insurance line item (MMRMA) a timing issue. He noted the Asset Distribution is typically received around this time of year from MMRMA which will offset this deficit. Overall, the Net income for the month of May is \$172,411.

Larry Patterson provided a summary of the contract settlement funds if closeout were to occur based on the current status.

He reported General Funds surplus decreased in May as expenditures were made for the staff scholarship which was approved by the Board previously. He also reported next month this will most likely drop again as the Agency transferred some funds to the Bay View Center Drop In for services to individuals not covered by Medicaid that attend.

2. Asset Protection 01-007

Board members reviewed the monitoring report related to Asset Protection. Diane Hayka reported the vehicle numbers were decreased from 65 to 64. The Risk Plan and the Coverage with MMRMA was updated to reflect the most current documents.

3. Community Resources 01-010

Board members reviewed the monitoring report. This reports identifies the many collaborative ways the Agency participates in community needs and education.

Moved by Lester Buza, supported by Pat Przeslawski, to accept the July monitoring reports as presented. Motion carried.

X. Board Policy Review and Self Evaluation

1. Community Resources 01-010

Board members reviewed the policy. A change reflecting the director as Executive Director rather than CEO was presented.

Moved by Pat Przeslawski, supported by Albert LaFleche, to approve the revision to policy 01-010 – Community Resources. Motion carried.

2. Public Hearing 02-010

Board members reviewed the policy. This policy should have a self-evaluation element to it as well. There was no discussion related to this policy.

XI. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting June 26, 2019

Gary Nowak reported the NMRE Board will be having a Strategic Planning session later this month. He reported Dennis Priess has left the Board due to illness in his family. Gary Nowak suggested if the Board has any items they want discussed at the regional level, strategic planning time would be the time to address. Board members suggested veterans services be addressed focusing on collaboration of the entities and how we can better serve those in need. Nena Sork can discuss this at the OPS meeting on July 16th. Gary Nowak suggested a letter be sent to the NMRE Board as an item to be discussed and doing it in letter form would be beneficial. We have three Board member participating in the Strategic Planning to address this subject as well. No action was taken to address method to relay this information.

b. Board Meeting May 22, 2019

The minutes of the May 22nd meeting were included with the meeting materials for this meeting.

2. Community Mental Health Association of Michigan (CMHAM)

a. CMH PAC Update

A memo recapping the CMH PAC campaign was distributed. Ten individuals contributed to the campaign with a total of \$530.00. Northeast did not win the prized Tiger suite tickets.

XII. Operation's Report

Nena Sork reviewed the Operation's Report for month ending June 30, 2019. She notes prescreens are being monitored closely. She reports the numbers dropped by 20. She also informed Board members of the increase of the Clubhouse census to 75. The numbers are pretty consistent with the averages for this year.

XIII. Chair's Report

1. Employee Recognition Luncheon/Lunch for a Cause

Eric Lawson noted he attended the employee recognition luncheon on June 27, and there was a strong board member presence at the event. A memo was distributed detailing the years of service by the employees of this agency, totaling 1,015 years. He also addressed the Lunch for a Cause event held on June 24, noting \$835.00 was raised during this event. Eric Lawson also reported several board members showed up in support of Cathy Meske and Nena Sork attending the Alpena County Board of Commissioners meeting on June 25.

XIV. Director's Report

1. Director Report

Nena Sork reported the last week of June was very busy with many scheduled events. She noted the Alpena County Commissioners were the last of the circuit in commissioners' meetings. She reported Cheryl Jaworowski's last day was Tuesday July 9th. Cheryl has agreed to come back in a contractual arrangement to assist in transition. On Monday, Eric Kurtz and other Finance Directors and NMRE staff will be here to review the current accounting system and we may be working with other vendors to automate some of the accounting tasks and make the system integrated.

2. CARF Update

Nena Sork reported CARF finished their survey the day after the June Board meeting and there will be some recommendations. The reviewers were very complimentary of the programs and board during the exit conference. The final report will arrive in approximately six weeks. Nena Sork reported Lynne Fredlund was phenomenal in the organization of the survey process.

3. QI Council Update

The minutes of the most recent QI Council meeting were distributed. Board members had no concerns related to the minutes.

XV. Information and/or Comments from the Public

There was no information or comments presented.

XVI. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, August 8, 2019 at 3:00 p.m.

1. Set August Agenda

The August agenda items were reviewed. Eric Lawson request input as to future educational sessions so they can be planned. Suggestions include Dr. Hoffman, Touchstone Services, and Jail Diversion/Training.

XVII. Evaluation of Meeting

Pat Przeslawski reported the educational session was well presented and the strategic plan review was well done and understandable. She notes there was good participation. The Board covered much of the landscape of what CMH is.

Terry Larson noted this month was a reminder of how dedicated our staff are with years of service and the hard work on CARF. Nena Sork reported she participated in a leadership series for board development over the past year. She reported this board was scored at the highest level #4. She noted it really validated what a great board this board is.

Moved by Gary Nowak, supported by Albert LaFleche, to thank all the staff for their valued work and dedication. Motion carried.

XVIII. Adjournment

Moved by Pat Przeslawsk, supported by Judy Jones, to adjourn the meeting. Motion carried. This meeting adjourned at 4:20 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder



Recipient Rights Advisory Committee Minutes July 17, 2019

The meeting was called to order at 3:15 p.m. in the Administrative Conference Room, NEMCMH, 400 Johnson Street, Alpena, MI on July 17, 2019 by Chair Pat Przeslawski.

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

I. Old Business. None.

II. New Business.

COMMITTEE COMPOSITION SURVEY RESULTS: The Mental Health Code requires the committee to have at least 6 members, of which 1/3 (or 2-we have 5) should be primary consumers or family members, and of that 1/3, at least 1/2 (or 1-we have 2) should be primary consumers. Committee composition is in compliance with the requirement. Other areas of advocacy represented by the committee members include: AMA-ESD employee working with people with disabilities, NEMROC board member, retired deputy sheriff, guardian of a primary consumer, and an active participant in the faith-based community.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the third quarter of FY 18-19, 4/1/19 – 6/30/19. Complaints totaled 20 of which 19 were opened for investigation, and 1 contained no Code protected right. There were 10 substantiations. All remedial actions were taken with the exception of one. Renee moved to review the report, supported by Lorell, motion carried.

III. Educational Session. It was decided to forego the educational session this meeting.

IV. Other Business.

The next meeting will be October 16, 2019 in the Admin Conference Room immediately following the Mid-Michigan Alpena-Pointe East RRAC meeting beginning at 3:15 p.m.

V. Adjournment.

Lorell moved to adjourn the meeting, supported by Barb. The meeting adjourned at 3:30 p.m.

Patricia Przeslawski, Chairperson

Ruth Hewett, Recorder

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: April, May & June 2019:

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

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	2	2		0
Abuse III	2	2		1*
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	2	2		2
Neglect III	0	0		0
Rights Protection System	1	1	0	0
Admiss/Dischrg-2 ND Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	6	6	0	6
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	0	0	0	0
Suitable Services	6	6	0	1
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	19	19	0	10

*The investigation pending from last quarter was changed to Dignity & Respect and substantiated

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from prev qtr:		
*Dignity & Respect	Angie's AFC	Consumer moved
Neglect III	Beacon Residential	Contract action
Serv Suited to Cond	Wiacek AFC	Other
Actions this qtr:		
Abuse III	NEMCMH	Suspension
Neglect II	NEMCMH	Employee left bef completed
Neglect II	Centria	Pending
Confidentiality	NEMCMH	Other
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Employee left bef completed
Dignity & Respect	NEMCMH	Documented Counseling

d. Summary of Incident Reports: April, May & June 2019

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

D. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	22.00	72.00
Hours Used in Training Received	10.50	62.00
Hours Used in Site Visits	38.00	44.00
E. Monitoring Activity	Quarter	YTD
Incident Report Received	345	960
F. Source of All Complaints:	Quarter	YTD
Recipient:	06	10
Staff:	10	27
ORR:	04	13
Gdn/Family:	-0-	02
Anonymous:	-0-	05
Comm/Gen Pub:	<u>-0-</u>	<u>-0-</u>
Total	20	57

Ruth M. Hewett, Recipient Rights Officer

Date

Recipient Rights Committee Members
And Appeal Committee Members
2018 - 2019

Tom Fredlund

Judith Jones

Patricia Przeslawski, Chairperson

Renee Smart-Sheppler

Barb Murphy

Lorell Whitscell

Steven Dean, (Alternate Board Member)

Categories Represented

On the Rights Committee

2018-2019

6 members

2 primary consumers

5 family members of primary consumers

2 CMH board members

Other areas of advocacy represented:

AMA-ESD employee working with people with disabilities

NEMROC Board Member

Retired Deputy Sheriff

Guardian of a primary consumer

Active participant in the faith-based community

Turnover by Department

Division/Department Name	# at 1/1/2019	Number Hires/Transfers	Total		# at 6/30/2019	Total Turnover Rate
			Employees Separated/Trnsfr'd			
Administration/Support Services	48	1	4		45	8%
MI Programs						
MI Program Management	4				4	0%
Psychiatry & Nursing Support	11	1	3		9	27%
Geriatric Services	12				12	0%
MI Adult Outpatient	9		1		8	11%
MI Adult Casemanagement	12	1	3		10	25%
MI Integrated Employment	3		1		2	33%
MI Adult A.C.T.	7	1	1		7	14%
Home Based Child	11		3		8	27%
MI Peer Support Services	3		1		2	33%
DD Programs						
DD Program Management	5	3			8	0%
DD Casemanagement	10	4	3		11	30%
DD Clinical Support	4				4	0%
DD App. Behav. Analysis Program	11	4	3		12	27%
DD Integrated Employment	12	2	1		13	8%
DD SIP Residential	47	2	6		43	13%
DD Community Support	31	2	4		29	13%
Blue Horizons	10	2	2		10	20%
Brege	10	2	1		11	10%
Cambridge	11	3	3		11	27%
Harrisville	10	3	2		11	20%
Mill Creek	11	3	4		10	36%
Pine Park	12		2		10	17%
Princeton	12	4	4		12	33%
Thunder Bay Heights	12	1	1		12	8%
Walnut	<u>12</u>	3	3		<u>12</u>	25%
Totals	340	42	56		326	16%

Agency-Wide Turnover

Division/Department Name	# at 1/1/2019	Number Hires	Total		# at 6/30/2019	Total Turnover Rate
			Employees Separated			
All Employees	<u>340</u>	<u>29</u>	<u>43</u>		<u>326</u>	13%

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eight Months Ending June 30, 2019
75.0% of year elapsed

	Actual June Year to Date	Budget June Year to Date	Variance June Year to Date	Budget FY19	% of Budget Earned or Used
Revenue					
1 State Grants	\$ 74,784	\$ 72,750	\$ 2,034	\$ 97,000	77.1%
2 Private Contracts	35,817	42,998	(7,181)	57,331	62.5%
3 Grants from Local Units	440,801	380,923	59,879	507,897	86.8%
4 Interest Income	10,405	7,500	2,905	10,000	104.1%
5 Medicaid Revenue	19,035,366	18,714,475	320,891	24,952,633	76.3%
6 General Fund Revenue	533,357	600,350	(66,993)	800,467	66.6%
7 Healthy Michigan Revenue	955,033	1,172,852	(217,819)	1,563,803	61.1%
8 3rd Party Revenue	242,792	399,099	(156,307)	532,132	45.6%
9 SSI/SSA Revenue	376,610	378,647	(2,037)	504,863	74.6%
10 Other Revenue	64,814	65,319	(505)	87,092	74.4%
11 Total Revenue	21,769,780	21,834,913	(65,134)	29,113,218	74.8%
Expense					
12 Salaries	9,329,964	9,382,788	52,824	12,510,384	74.6%
13 Social Security Tax	416,587	440,541	23,954	587,387	70.9%
14 Self Insured Benefits	1,582,331	1,628,035	45,704	2,170,713	72.9%
15 Life and Disability Insurances	162,653	174,276	11,623	232,368	70.0%
16 Pension	761,880	718,713	(43,167)	958,284	79.5%
17 Unemployment & Workers Comp.	139,089	143,190	4,101	190,919	72.9%
18 Office Supplies & Postage	28,370	33,807	5,436	45,076	62.9%
19 Staff Recruiting & Development	86,978	92,558	5,581	123,411	70.5%
20 Community Relations/Education	1,977	2,903	926	3,871	51.1%
21 Employee Relations/Wellness	37,020	39,054	2,034	52,072	71.1%
22 Program Supplies	332,770	345,781	13,011	461,042	72.2%
23 Contract Inpatient	823,812	814,132	(9,680)	1,085,509	75.9%
24 Contract Transportation	83,100	93,115	10,015	124,153	66.9%
25 Contract Residential	3,848,517	3,839,333	(9,183)	5,119,111	75.2%
26 Contract Employees & Services	2,629,665	2,667,372	37,707	3,556,496	73.9%
27 Telephone & Connectivity	84,906	84,182	(725)	112,242	75.6%
28 Staff Meals & Lodging	20,316	28,646	8,329	38,194	53.2%
29 Mileage and Gasoline	319,561	340,256	20,694	453,674	70.4%
30 Board Travel/Education	9,703	10,248	545	13,664	71.0%
31 Professional Fees	49,167	48,936	(231)	65,248	75.4%
32 Property & Liability Insurance	83,227	45,533	(37,694)	60,711	137.1%
33 Utilities	126,975	129,454	2,479	172,605	73.6%
34 Maintenance	119,298	143,338	24,040	191,117	62.4%
35 Rent	198,185	175,025	(23,160)	233,367	84.9%
36 Food (net of food stamps)	44,285	43,261	(1,024)	57,681	76.8%
37 Capital Equipment	21,639	89,546	67,907	119,395	18.1%
38 Client Equipment	8,803	21,352	12,548	28,469	30.9%
39 Miscellaneous Expense	41,109	66,247	25,139	88,330	46.5%
40 Depreciation Expense	187,616	193,293	5,677	257,723	72.8%
41 Total Expense	21,579,504	21,834,913	255,410	29,113,218	74.1%
42 Change in Net Position	\$ 190,276	\$ -	\$ 190,276	\$ -	0.7%
Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ (293,655)				
45 Healthy Michigan Funds (Over) / Under Spent	222,375				
46 Total NMRE (Over) / Under Spent	\$ (71,280)				
General Funds to Carry Forward to FY20					
47 General Funds to Carry Forward to FY20	\$ 30,017				
48 General Funds Lapsing to MDHHS	36,975				
49 General Funds (Over) / Under Spent	\$ 66,992				

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

	Total Business- Type Activities <u>June 30, 2019</u>	Total Business- Type Activities <u>Sept. 30, 2018</u>	<u>% Change</u>
Assets			
Current Assets:			
Cash and cash equivalents	\$ 3,251,324	\$ 4,482,901	-27.5%
Restricted cash and cash equivalents	879,107	830,103	5.9%
Investments	750,000	750,000	0.0%
Accounts receivable	2,550,707	963,495	164.7%
Inventory	15,885	15,885	0.0%
Prepaid items	257,408	341,099	-24.5%
Total current assets	<u>7,704,430</u>	<u>7,383,484</u>	<u>4.3%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,342,772	1,512,881	-11.2%
Total non-current assets	<u>1,422,772</u>	<u>1,592,881</u>	<u>-10.7%</u>
Total assets	<u>9,127,202</u>	<u>8,976,365</u>	<u>1.7%</u>
Liabilities			
Current liabilities:			
Accounts payable	1,605,955	1,881,100	-14.6%
Accrued payroll and payroll taxes	779,937	623,667	25.1%
Deferred revenue	34,285	3,852	790.0%
Current portion of long-term debt (Accrued Leave)	73,230	69,148	5.9%
Total current liabilities	<u>2,493,406</u>	<u>2,577,767</u>	<u>-3.3%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	805,877	760,955	5.9%
Total liabilities	<u>3,299,284</u>	<u>3,338,722</u>	<u>-1.2%</u>
Net Position			
Invested in capital assets, net of related debt	1,422,772	1,592,881	-10.7%
Unrestricted	4,405,146	4,044,762	8.9%
Total net position	<u>\$ 5,827,918</u>	<u>\$ 5,637,642</u>	<u>3.4%</u>
Net Position Beginning of Year			
Revenue	5,637,642		
Expense	21,769,780		
	(21,579,504)		
Change in net position	<u>190,276</u>		
Net Position June 30, 2019	<u>\$ 5,827,918</u>		

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

15.1% or 55 days
8% - 25%

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

Page 1

10/1/18 - 6/30/19

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	66,189.80

Revenue:	
Contributions	3,120.97

Increase(Decrease)	3,120.97

Ending Balance	69,310.77
=====	
RESERVE	
Beginning Balance	17,618.08

Revenue:	
Interest and Dividends	1,405.47
Realized Gain(Loss)	1,697.03
Unrealized Gain(Loss)	(2,047.74)

Total Revenue	1,054.76

Expense:	
Transfer To Spendable This FY	3,528.96
Administrative Fees	798.64

Total Expense	4,327.60

Increase(Decrease)	(3,272.84)

Ending Balance	14,345.24
=====	
SPENDABLE	
Beginning Balance	5,974.24

Revenue:	
Transfer From Reserve	3,528.96

Total Revenue	3,528.96

Expense:	

Total Expense	0.00

Increase(Decrease)	3,528.96

Ending Balance	9,503.20
=====	

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

Page 2

10/1/18 - 6/30/19

BALANCE SHEET		YTD
Assets:		
Investment Pool		93,159.21

Total Assets		93,159.21
		=====
Current Liabilities:		

Liability\Fund Balances:		
Endowment		69,310.77
Reserve		14,345.24
Spendable		9,503.20

Total Liability\Fund Balances		93,159.21

Total Liabilities and Equity		93,159.21
		=====

GOVERNANCE PROCESS

(Manual Section)

CHAIRPERSON'S ROLE

(Subject)

Board Approval of **Policy**

August 8, 2002

Last Revision Approved by the Board:
2019

~~August 13, 2015~~ August 8,

●1 **POLICY:**

The Chairperson assures the integrity of the board's process and, secondarily, occasionally represents the board to outside parties. The Chairperson is the only board member authorized to speak for the board (beyond simply reporting board decisions), other than in rare and specifically authorized instances.

1. The job result of the Chairperson is that the board behaves consistent with its own rules and those legitimately imposed upon it from outside the organization.
 - A. Meeting discussion content will only be those issues which, according to board policy, clearly belong to the board to decide, not the ~~CEO~~ Executive Director.
 - B. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and kept to the point.
2. The authority of the Chairperson consists in making decisions that fall within the topics covered by board policies on Governance Process and Board-~~CEO~~ Executive Director Relationship, except where the board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.
 - A. The Chairperson is empowered to chair board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Chairperson may invoke Roberts Rules of Order.
 - B. The Chairperson has no authority to make decisions about policies created by the board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the ~~CEO~~ Executive Director.
 - C. The Chairperson will represent the board to outside parties in announcing board-stated positions and in stating Chair decisions and interpretations within the area delegated to him or her.

D. The Chairperson may delegate this authority, but remains accountable for its use.

3. Any person desiring to address the Board, either as an individual or on behalf of a group, shall be requested to identify themselves by name and residence address and their group if they represents one. They shall then state their reason for addressing the Board and may be limited in their remarks to five minutes on matters within jurisdiction of the Board at which time a brief supporting the points may be submitted to the Board for its consideration; provided, however, that individual employees of the Board shall have exhausted administrative procedures before making the request to address the Board on specific matters which shall have had administrative review. The presiding officer of the Board shall have the right to limit the number of persons wishing to address the Board on the same subject. The presiding officer may also extend the period of time with approval of the Board. All questions presented by any person to either the Board or any member of the staff shall be answered in a manner as determined by the presiding officer.

●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**

GOVERNANCE PROCESS

(Manual Section)

BOARD MEMBERS PER DIEM

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision Approved by the Board:

August 11, 2016

●1 **POLICY:**

1. Board Members shall be paid a per diem of \$40 per meeting within the service area, \$60 per meeting outside the service area and \$75 per day for conference attendance. In order to be eligible for these payments, these meetings must be approved by the Board or by the Board Chair if time constraints would not permit a delay until the next meeting of the Board.
2. Reimbursement of Board Members' expenditures for travel, lodging, meals, registration fees, tolls, parking fees and similar expenses related to Board business shall be at current rates established by the Board and consistent with applicable guidelines.
3. For purposes of reimbursement of expenses of travel to Board and Committee meetings held in a city other than a Board Member's city or township of residence, each Board Member shall have established a standard round-trip distance between home and Board Meeting site; reimbursement of such travel expenses shall be made monthly. For other Board-business-related travel, a record of actual mileage (via the shortest route between home and destination) shall be required, unless standard-map-mileage is utilized as a default. Wherever practical, Board Members traveling to the same destination should coordinate transportation to minimize expense. Reimbursement of all other expenses shall require documentation in the form of receipts. No reimbursement shall be made for purchases of alcoholic beverages.
4. Current reimbursement rates are:

Mileage: Mileage reimbursement equal to employee reimbursement rates

Lodging: **\$75.00** per night, unless lodging is at the site of a conference, in which case that facility's rate shall be honored. Hotel accommodations should be made by the Executive Secretary or designee so tax exemption occurs. Board members are encouraged to utilize double occupancy when appropriate.

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

Meals: **\$65.00** per day maximum, or individually by meal. Please note
the allowance includes a gratuity to a maximum of 15%.
 \$ 15.00 for Breakfast
 \$ 20.00 for Lunch
 \$ 30.00 for Dinner

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

BOARD SELF-EVALUATION

(Subject)

Board Approval of Policy
Last Revision Approved by Board:
2019

November 7, 2002
~~August 13, 2015~~ August 8,

●1 **POLICY:**

In cooperation with the ~~CEO~~ Executive Director, the board will establish a set of measurable standards in which the function and process of the board and performance of the individual board members can be evaluated.

Under the leadership of the chairperson, on an annual basis, the board will conduct a self-evaluation in conjunction with the appraisal of the executive director.

The board will evaluate itself in the areas outlined in the Board Job Description policy.

The Chairperson will distribute a report to the board outlining the results of the self-evaluation.

The board will discuss and interpret the outcomes of the self-evaluation.

The board will formulate a work plan that will highlight specific goals and objectives for improvement of identified areas.

The board will monitor its adherence to its own Governance Process policies on a regular basis. Upon the choice of the board, any policy can be monitored at any time. However, at minimum, the board will both review the policies and monitor its own adherence to them, according to the perpetual calendar schedule.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, JULY 31, 2019
UNIVERSITY CENTER, GAYLORD**

BOARD MEMBERS IN ATTENDANCE:	Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora
BOARD MEMBERS ABSENT:	Gary Klacking, Terry Larson, Joe Stone
CEOs IN ATTENDANCE:	Christine Gebhard, Carrie Gray (for Karl Kovacs), Chip Johnston, Diane Pelts, Nena Sork
NMRE STAFF IN ATTENDANCE:	Jodie Balhorn, Eric Kurtz, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek
PUBLIC IN ATTENDANCE:	Chip Cieslinski, Susan Latuszek, Tory Werth

CALL TO ORDER

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

ROLL CALL

Let the record show that Gary Klacking, Terry Larson, and Joe Stone were excused from the meeting on this date; all other NMRE Board Members were in attendance.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no conflicts of interest were expressed with any of the meeting agenda items.

APPROVAL OF PAST MINUTES

The minutes of the June meeting of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE JUNE 26, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY GARY NOWAK. MOTION CARRIED.

APPROVAL OF AGENDA

Mr. Kamps called for approval of the meeting agenda. Mr. Kurtz added the results of the SUD Prevention Request for Proposals under "New Business."

MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE JULY 31, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS AS AMENDED; SECOND BY KARLA SHERMAN. MOTION CARRIED.

CORRESPONDENCE

1) The minutes from the July 11th PIHP CEO meeting.

- 2) A letter dated June 28, 2019 to Greg Hoffman, CEO, and Stan Stek, Board Chair, from Jeffery Wieferrich giving formal notice the MDHHS-PIHP Contract with Lakeshore Regional Entity effective September 30, 2019.
- 3) Email correspondence dated July 23rd to CMHSP and PIHP CEOs from Robert Sheehan and Alan Bolter outlining a request from Michigan Protection and Advocacy Service for assistance in supporting the voting rights of persons with disabilities.
- 4) Email correspondence dated July 19th from Robert Sheehan in response to PA 602 (2018) which restricts the Michigan's ability to impose rules that are more stringent than federal rules.
- 5) A letter dated July 17th to Eric Kurtz from Michigan Protection and Advocacy Services, Inc. with a request under the Freedom of Information Act for "any and all documents submitted or provided to MDHHS November 2018 to present in response to Bulletin MSA 18—49 and MDHHS Network Adequacy Standards for the Prepaid Inpatient Health Plan system of care."
- 6) Regional Performance Indicators for Quarter 2 FY19.
- 7) Milliman's SFY 2020 Behavioral Health Capitation Rate Development Update dated July 24th.
- 8) The NMRE's Quality Improvement and Performance Improvement Program (QAPIP) for FY19.

ANNOUNCEMENTS

Let the record show that new Board Member Christian Marcus was introduced. Nena Sork announced that Northeast Michigan received a three-year CARF accreditation.

PUBLIC COMMENTS

Let the record show that no comments were offered from the public during the meeting on this date.

REPORTS

Board Chair Report/Executive Committee

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

CEO's Report

The NMRE CEO Monthly Report for July 2019 was included in the materials for the meeting on this date. Mr. Kurtz stated that he will discuss the July 24th Rate Setting Meeting in greater detail during the afternoon's Board Planning Session.

SUD Board Report

The minutes of the July 1, 2019 meeting of the NMRE SUD Oversight Board were included in the materials for the meeting on this date. Roger Frye noted that a decision was made to allocate liquor tax funds for region-wide projects by county population.

Financial Report

The NMRE Monthly Financial Report for May 2019 was included in the meeting materials.

- Traditional Medicaid showed \$105,535,575 in revenue, and \$108,229,172 in expenses, resulting in a net deficit of \$2,693,597. Medicaid ISF was reported as \$6,611,541. Medicaid Savings was reported as \$1,408,261.
- Healthy Michigan Plan showed \$12,432,078 in revenue, and \$12,968,491 in expenses, resulting in a net deficit of \$536,413. Healthy Michigan ISF was reported as \$5,408,357. HMP carry forward \$0.
- Behavioral Health Home showed \$76,964 in revenue and \$59,153 in expenses, resulting in a surplus of \$17,811.
- SUD showed all funding source revenue of \$9,294,471 and \$9,698,591 in expenses, resulting in a net deficit of \$404,120. Total PA2 funds were reported as \$5,251,566.
- The Total Medicaid and Healthy Michigan Net Surplus including Carry forward (\$1,408,261) and Medicaid and HMP ISF (\$12,019,898) less the current deficit (\$3,230,010) was reported as \$10,198,149.

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

NEW BUSINESS

PA2 Funds Use Requests

- 1) Request from NMSAS Recovery Center for \$196,000 liquor tax dollars to be split among the region's 21-counties to continue the Peer Recovery Support Services Program through FY20.
- 2) Request from AuSable Valley CMH for \$71,427.45 Ogemaw County liquor tax dollars and \$71,427.45 Iosco County liquor tax dollars to develop and sustain SUD/co-occurring treatment and prevention services located within the Ogemaw and Iosco County Correctional Facilities in FY20.
- 3) Request from BASES for \$24,000 Charlevoix County liquor tax dollars to provide services/materials in the County Jail in FY20.
- 4) Request from The Health Department of Northwest Michigan, District Health Department No.2, and District Health Department #4 for \$5,000 Antrim County liquor tax dollars, \$5,000 Ogemaw County liquor tax dollars, \$3,000 Oscoda County liquor tax dollars, \$5,000 Iosco County liquor tax dollars, and \$5,000 Alpena County liquor tax dollars to implement a syringe exchange program.
- 5) Request from Centra Wellness Network for \$46,198 Benzie County liquor tax dollars to support the Benzie Area Youth (BAY) prevention initiative.
- 6) Request from Centra Wellness Network for \$62,244 Manistee County liquor tax dollars to support the Substance Education and Awareness Manistee (SEA Manistee) prevention initiative.
- 7) A change to a liquor tax approved in March was requested by Catholic Human Services. The amount approved for the Drug Free Coalition was \$27,797; the amount should have been for \$59,170. A request for the additional \$31,373 was made on this date.
- 8) MiPHY Incentives – All 21 Counties
An Incentive payment of \$500 per grade/up to \$1500 per school (7th, 9th, 11th) is being requested for schools that participated in the Michigan Profile for Healthy Youth (MiPHY) drug and alcohol use survey.

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

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

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

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

SUD Prevention Contracts

Seven counties were open for the procurement of prevention services. Proposals were due to the NMRE by the end of business, June 3rd. A Scoring Committee made up of NMRE and SUD provider staff met on June 17th and made the following recommendations which were supported by the NMRE SUD Oversight Board:

- 1) Benzie County – Centra Wellness Network - \$19,077
- 2) Grand Traverse County – Catholic Human Services – \$74,238
- 3) Kalkaska County – Catholic Human Services – \$21,479
- 4) Leelanau County – Catholic Human Services – \$18,801
- 5) Manistee County – Centra Wellness Network – \$20,854
- 6) Missaukee County – District Health Department 10 – \$20,854
- 7) Wexford County – District Health Department 10 – \$43,472

Christine Gebhard referenced that the Northern Michigan CHIR is conducting a community needs assessment which may produce useful data and recommendations.

MOTION MADE BY DON TANNER TO AWARD PREVENTION CONTRACTS FOR THE COUNTIES OF BENZIE, GRAND TRAVERSE, KALKASKA, LEELANAU, MANISTEE, MISSAUKEE, AND WEXFORD TO THE ENTITIES AND FOR THE AMOUNTS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD FOR A TOTAL OF TWO HUNDRED TWENTY-NINE THOUSAND FIVE HUNDRED SIXTY DOLLARS (\$229,560.00); SECOND BY MARY MAROIS. MOTION CARRIED.

MDHHS-PIHP FY20 Contract

Mr. Kurtz explained that the FY20 Contract includes the FY19 contract including the four FY19 Amendments (nothing new). Amendment No.1 to FY20 will be issued in the coming months.

MOTION MADE BY MARY MAROIS TO APPROVE THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR THE MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES 1115 DEMONSTRATION WAIVER, 1915 (C)/(I) WAIVER PROGRAM(S), THE HEALTHY MICHIGAN PROGRAM, THE FLINT 1115 WAIVER AND SUBSTANCE USE DISORDER COMMUNITY GRANT PROGRAMS FOR FISCAL YEAR 2020; SECOND BY GARY NOWAK. MOTION CARRIED.

COMMENTS

Let the record show that no comments were recorded at the close of the meeting on this date.

MEETING DATES

The next meeting of the NMRE Board of Directors will August 28, 2019 at 10:00Am at the NMRE office in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 10:35AM.



Consumer Advisory Council

Regular Meeting
08-05-19

4:55 PM to 6:08 PM
Board Room

Meeting called by: Diane Hayka

Type of meeting: Regular

Facilitator: Laura Gray

Attendees: Les Buza, Roger Engle, Janet Freeman, Laura Gray, Anne Ryan, Eileen Tank

Absent: Roger Boston, Alan Fischer, Dave Schaedig

Guests: Craig Phillips

Staff: Nena Sork, Diane Hayka

----- Agenda Topics -----

Welcome

Laura Gray welcomed attendees. Introductions were made.

Targeted Agenda Items:

Approval of Minutes

Discussion:

DRAFT
The minutes of the April 8, 2019 Consumer Advisory Council meeting were approved by consensus. The June meeting was part of the Board's Strategic Planning process and the Board approved those minutes at their July meeting.

Action items:

Person responsible:

Diane Hayka

Deadline:

Targeted Agenda Items:

Educational Session – Strategic Planning Recap

Discussion:

Nena Sork noted the Strategic Planning session this year was broken down into three separate meetings. The first meeting in May included an environmental scan provided by the PIHP Director, Eric Kurtz. Mr. Kurtz provided the Board with the national and state overview of the future of behavioral health services provided by the Community Mental Health Boards and potential upcoming challenges. The June meeting included the local scan of the community concerns. This meeting also included the Board reviewing the Mission, Vision and Core Values. It also addressed the input received from the stakeholders during the public hearing for the program which was held in February. The Goals, barriers and challenges were reviewed to determine appropriateness. The monitoring report for the Ends for the first six months of this fiscal year was also received at the Board's June meeting. Nena Sork noted one barrier addressed recruitment efforts as being difficult as we cannot offer the same perks other competing agencies such as the hospital, health centers and VA can provide. She notes the Agency is looking to upgrade our application process to enable individuals to apply directly online versus paper submissions.

The July meeting focused on defining the sub-ends for the next fiscal year. Nena reviewed the sub-ends developed by the Board with Council members. She reviewed the revisions made to the children's sub-end related to CAFAS scores. She reviewed the goal of getting additional individuals transitioned to a

lessor restrictive placements, such as going from a foster care to independent living arrangements. There was discussion about the services provided by the Agency related to provision of co-occurring services.

Nena Sork noted as far as community education, the Agency purchased the rights to show "Suicide: The Ripple Effect." This video will be used with our partner Agency Partners in Prevention to use this in the four-county area, the first being in Presque Isle County.

Laura Gray addressed the JED program noting they will be including a segment in the back to school bash for the college. This program is a partnership between NAMI and The Jed Foundation. The booklet entitled "Starting the Conversation: College and Your Mental Health" will be the basis of the presentation. She noted she applied for a Thrivent grant to assist in sponsoring this event.

Nena Sork informed Council members of Senator Stabenow's Office reaching out to her shortly after she took over as Director. She noted the representative spent a fair amount of time with her and covered many talking points.

Craig Phillips suggested collaborating with the local sheriff to get some of the trainings out to the schools for topics appropriate to school age children would be beneficial. Partners in Prevention will be coordinating the presentations related to the suicide video. The DVD needs to be only shown by a staff person or contractual provider and a discussion needs to be conducted after the viewing.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items:

NMRE Updates

Discussion:

Regional Entity Partners (REP) Update

Roger Engle reported he attended the meeting on the wrong date so he did go over a couple of items but this is not reflected in the minutes. October 18 is the next day of recovery at Treetops Resort. The minutes from the REP meetings were included in the mailing for this meeting.

NMRE Board Meetings

Nena Sork noted the minutes were included in the mailing and she did attend the meetings.

Lester Buza inquired as to how the Autism Program is coming. Nena Sork reported there is no waiting list currently. She noted the older children are provided services through a contractual arrangement and the children under six are handled in-house. She notes recruitment in this area is also difficult. The services are still unfunded. Nena Sork provided an example of one Board going in the red for \$4 million due to this unfunded mandate. Rates were based on statistics of children receiving autism services prior to the opening of the additional age range, etc.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items:

June Operational Report

Discussion:

Nena Sork reviewed the Operational Report for month ending June 30, 2019. She reports there are a couple of items we watch closely. She notes one item is the hospital prescreens. She notes as of January 1, 2019 the Agency switched to a different after hours call system. She informed Council members the staff of the new provider are masters' level clinicians and they can solve some of the issues

by talking with the individual. This has decreased the amount of inpatient prescreens needed. She reported there are detailed notes received from the contacts ProtoCall makes.

Nena Sork noted this report also includes the number of individuals receiving services by county.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: Board Agenda Review

Discussion:

The draft of the Board agenda was reviewed. Nena Sork invited members to come to the Board meeting to hear the Jail Services educational session. She also reported we just received the CARF Accreditation letter. There were a couple of items not included on the Agenda as the Board mailing went out after the Council's mailing. One was CARF and the other was the Rehmann group contract. Nena Sork reported on the plans to transition the accounting records to integrate between the current systems used. At this point, there are many manual calculations needed to complete reports. Once the two systems are linked, the reports will be automated. It is hopeful this transition can be completed by the beginning of the fiscal year; however, it may take a bit longer.

Action items:

Person responsible:

Deadline:

DRAFT

Targeted Agenda Items: Other

Discussion:

There was no other information presented. Laura Gray reported the date for the JED event is September 4th 11 a.m. to 2 p.m. at ACC.

Action items:

Person responsible:

Deadline:

Next Regular Meeting Date:

The next regular meeting is scheduled for October 7, 2019 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 6:08 p.m.

	Program	Consumers served July 2019 (7/1/19 - 7/31/19)	Consumers served in the Past Year (8/1/18 - 7/31/19)	Yearly Average (8/1/18 - 7/31/19)
1	Access / Crisis / Prescreens	61 - Routine 1 - Emergent 0 - Urgent 80 - Crisis 32 - Prescreens	741 - Routine 2 - Emergent 5 - Urgent 1000 - Crisis 556 - Prescreens	62 - Routine 0 - Emergent 0 - Urgent 83 - Crisis 45 -Prescreens
2	Doctors' Services	1124	1508	1122
3	Case Management			
	Older Adult (OBRA)	138	175	132
	MI Adult	203	335	221
	MI ACT	34	44	31
	Home Based Children	16	32	14
	MI Children's Services	111	217	129
	DD	327	367	333
4	Outpatient Counseling	199 (27/172)	485	200
5	Hospital Prescreens	32	556	45
6	Private Hospital Admissions	17	263	22
7	State Hospital Admissions	0	0	0
8	Employment Services			
	DD	76	86	76
	MI	40	80	48
	Touchstone Clubhouse	74	80	65
9	Peer Support	61	77	63
10	Community Living Support Services			
	DD	138	152	145
	MI	170	246	193
11	CMH Operated Residential Services			
	DD Only	57	60	59
12	Other Contracted Resid. Services			
	DD	31	35	32
	MI	29	33	28
13	Total Unduplicated Served	1095	2433	1136

County	Unduplicated Consumers Served Since August 2018
Alcona	276
Alpena	1515
Montmorency	254
Presque Isle	287
Other	78
No County Listed	23

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Eric Lawson
SUBJECT: Self-Evaluation
DATE: July 29, 2019

During the August meeting, we traditionally review the policy self-evaluation that we have conducted during our monthly board meetings related to Board compliance with the policies. Included here are excerpts from the last year's minutes highlighting those discussions.

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-002 Governing Style	Board members reviewed the policy and there were no revisions recommended.	04-11-19
02-003 Board Job Description	Board members reviewed the policy. Pat Przeslawski stated the policy is written well and no adjustments are needed.	05-09-19
02-004 Chairperson's Role	Board members reviewed this policy and had no recommendations for revision.	08-09-18
02-005 Board Committee Principles	Board members reviewed the policy. Eric Lawson inquired as to whether there should be any reference to the Executive Committee. The By-Laws provide the role of the Executive Committee. This policy addresses the general principles of any committee.	02-14-19
02-006 Board Committee Structure	Board members reviewed the policy. Alan Fischer suggested revision to add another "Product" under the Nomination's Committee. He notes one responsibility of the committee is to provide recommendations to the Board of Commissioners at the counties to appoint or reappoint a member.	09-13-18
02-007 Annual Board Planning Cycle	Board members reviewed the policy and had no concerns and requested no revisions.	10-11-18
02-008 Code of Conduct	This policy was reviewed and revised last month during the Director's Report and CARF preparation. Board members were requested to sign the Code of Conduct and turn their signed copy in to Diane Hayka today.	03-14-19
02-009 Board Member Per Diem	Board members reviewed this policy and had no recommendations for revision. Steve Dean inquired about the mileage reimbursement and how it equates with the allowable amount. Cheryl Jaworowski reported this agency allows for a 50¢ per mile reimbursement, which is under the allowable amount at this time.	08-09-18

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-010 Public Hearing	Board members reviewed the policy. This policy should have a self-evaluation element to it as well. There was no discussion related to this policy.	07-11-19
02-011 Board Member Recognition	Board members had no suggestion revisions to this policy. One Board member did comment about providing a monetary award for the various milestones. This policy mirrors that of the staff recognition policy.	12-13-18
02-012 Board Self-Evaluation	<p>This policy will be addressed in the Chair’s report as part of the annual self-evaluation.</p> <p>A memo compiling the comments made during the self-evaluation process of each policy during the past year was included in the materials for this meeting. In addition, a Board member survey on self-assessment was sent. Board members were requested to turn their surveys in to Diane Hayka so the responses can be included for the September meeting.</p>	08-09-18
02-013 Cost of Governance	The budget numbers have been adjusted for the current fiscal year.	04-11-19
02-014 Board Core Values	Board members reviewed the policy and there were no revisions recommended.	05-09-19
02-015 Board Member Orientation		12-08-16
02-016 Disclosure of Ownership	Board members reviewed the policy. There were no recommended changes. The forms were completed last month.	06-13-19
03-001 Executive Director Role	Board members reviewed the policy. There were no recommendations for revisions.	01-10-19
03-002 Delegation to the Executive Director	Board members reviewed the policy and noted the policy needs no revision.	02-14-19
03-003 Executive Job Description	Board members had no comments regarding this policy.	10-11-18
03-004 Monitoring Executive Performance	This policy required an adjustment made to the monitoring schedule attachment to include monitoring of the recent “Disclosure of Ownership” Policy 02-016.	10-11-18
03-005 Chief Executive Officer Search Process	Board members reviewed the policy and recommended no changes.	09-13-18

In addition to the review above, the Board also completes an additional form as a self-evaluation tool which has been used by other Boards seeking CARF Accreditation under Board Governance. We have attached this form again for completion. We believe this was a useful tool in achieving our accreditation under Board Governance. Please complete this form and return it to Diane Hayka. She will compile the results and present them at the September meeting.

Attachment

**NEMCMHA BOARD SELF-EVALUATION
2019**

	ITEM	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	There is sufficient meeting time devoted to discussion of NeMCMHA performance and review of strategic issues.				
2	Board and Committee meetings are productive.				
3	The free and open exchange of views is encouraged.				
4	The Board provides clearly written expectations and qualifications for the Executive Director position.				
5	Board members are involved and interested in the Board's work.				
6	The Board of Directors has a written process for handling urgent matters between meetings.				
7	Board members understand the Agency's mission and its programs.				
8	Board members participate in the organization in ways other than attending monthly meetings.				
9	The Board has defined its role, responsibilities, and the scope of its authority.				
10	Board members understand the financial structure of the organization and their fiduciary responsibilities.				
11	New Board members are oriented to NeMCMHA's mission, vision, bylaws, policies, Board structure, and their roles and responsibilities as members.				
12	The Board is familiar with NeMCMHA programs and kept informed of critical changes as they occur.				
13	Board members have complete information about financial issues which pertain to Board decisions and responsibilities.				
14	Board members are appropriately involved in the strategic planning of the organization.				
15	NeMCMHA effectively attempts to address identified gaps and deficits in service.				
16	The mission/vision reflects issues important to our service populations.				
17	The Board has identified, prioritized, and scheduled those issues that it believes should be discussed and reviewed by the Board on a regular basis.				
18	I have sufficient opportunity for input into policy development and decision-making.				
19	I am an active participant in committees and meetings.				
20	I understand NeMCMHA's financial position, funding sources, and resources.				
21	I understand the mission and values of NeMCMHA.				

A. WHAT ISSUES HAVE MOST OCCUPIED THE BOARD'S TIME AND ATTENTION DURING THE PAST YEAR?

B. WHAT IS THE MOST IMPORTANT PRIORITY FOR NEMCMHA TO ADDRESS OVER THE NEXT 12 MONTHS?

C. IN WHAT WAYS SHOULD THE BOARD'S ROLE BE EXPANDED OR REDUCED?

D. WHAT WERE THE ONE OR TWO SUCCESSES DURING THE PAST YEAR FOR WHICH THE BOARD TAKES SOME SATISFACTION?

E. WHAT OPPORTUNITIES FOR IMPROVEMENT DO YOU SEE IN THE BOARD'S ORGANIZATION OR PERFORMANCE?

F. HOW DOES THIS BOARD COMPARE TO OTHER BOARDS ON WHICH YOU SERVE?

OTHER COMMENTS:

To: Board Members
From: Margie Hale-Manley
Date: July 17, 2019
Subject: Endowment Fund Grant Awards

In continuing in providing notification to the Board for usage of the spendable dollars available in the Endowment Fund created through the Community Foundation of Northeast Michigan, this memo serves as an update of the grant awards since February 1, 2019.

No awards granted during this time

As you may recall, a committee was established to review applications for grants and make awarded while maintaining funding to assure future needs can be met. The funds awarded would not be covered by other resources.

SEPTEMBER AGENDA ITEMS

Policy Review

01-001 General Executive Constraint
01-009 Compensation & Benefits

Policy Review & Self-Evaluation

02-006 Board Committee Structure
03-005 Chief Executive Officer
Search Process

Monitoring Reports

01-004 Budgeting
01-009 Compensation & Benefits

Review

Annual Planning Cycle – Set Perpetual Calendar
Review Linkage Activities and establish schedule

Ownership Linkage

Public Hearing Budget

Educational Session

Clubhouse Update by Touchstone Services

Self-Evaluation

Finalize Annual Self-Evaluation

July 26, 2019

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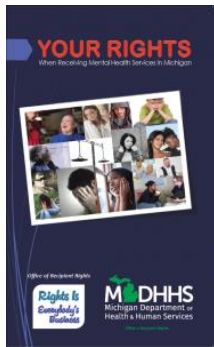
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CMH Association and Member Activities:

Recipient Rights Books and Nationally Recognized Channing Bete Books: Take Advantage of Discounted Rates Offered Through CMHA

RECIPIENT RIGHTS BOOKLETS:



Recipient Rights Booklets

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

Personalization will be available in late September.

Prices for Booklets: Cost Per Booklet: **50¢ (Plus Flat Rate Shipping)**

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

Order Booklets: To place your order, click here: [Order Your Rights Booklets Here!](#)

CHANNING BETE BOOKLETS:



Special Member Ordering Opportunity of Channing Bete Company, Inc., Booklets

Up to a 51% discount off our published price list, increasing the “purchasing power” for the Community Mental Health Association of Michigan. There is complete flexibility concerning the timing of orders and booklet selection.

How the Program Works: All members of CMHA can purchase any Price List “A” & “K” items through this purchasing opportunity. Please refer to the chart on the attached order form for pricing.

Shipping costs are not included. They will be added to your final invoice from CMHA.

All orders must be faxed, mailed or emailed to the attention of:

Dana Ferguson

CMHA

426 S. Walnut, Lansing, MI 48933

Tel. # 517-374-6848 * Fax. # 517-374-1053

Email: dferguson@cmham.org

[Download the Channing Bete Order Form Here!](#)

Job Bank CMHA Member Benefit Now Available!

CMHA Members may log on to www.cmham.org under Services to access the Job Bank and upload any Job Postings within their organization. Experience the ease and accessibility of being able to post what you want – when you want – and reach the maximum number of people in the State of Michigan!

If you would like to POST a job, please use the following link (REMEMBER... You must be a member in order to enjoy this benefit!): <https://cmham.org/services/job-bank/>

If you would like to VIEW current job postings, please use the following link (you do NOT have to be a member to view postings!): https://cmham.org/job_postings/

2019 PAC Campaign – And the Winner is...

Again, thank you to all the boards and members who participated in the 2019 CMH PAC campaign. This week we drew for the Tiger suite tickets and the winner was Saginaw County CMH. Please do not let the ticket drawing deter you or your agency from continuing your PAC efforts, the need for additional funds does not stop once we draw for the Tiger tickets. The CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Again, please **make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**. Thank you. Please feel free to contact Bob or Alan with any questions.

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

RELIAS Why Should Your Staff Stay? Invest in Their Success to Ensure Your Own

Thursday, August 8th, 2019

2:00 pm - 3:00 pm EST

Join Relias Product Managers Melissa Lewis-Stoner, M.S.W., LCSW-C and Justin Hess, M.S. for a look at how behavioral health organizations can use assessments and learning in combination to help their employees feel competent and effective in their jobs.

In this webinar, Melissa and Justin will:

Discuss how assessments can be used to evaluate job-related competency and measure soft skills critical for success to identify opportunities for continued growth.

Show how assessment results can be used to inform and develop individual training plans.

Walk through examples of using assessments at behavioral health organizations

[Register for this Relias webinar here](#)

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

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

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

[Request a Demo](#)

State and National Developments and Resources:

Lakeshore debate continues

The leaders of the Lakeshore Regional Entity, the CMH members of Lakeshore, county commissioners and other stakeholders, from across the state, and this association have voiced their opinions and concerns related to the MDHHS proposal to terminate the Medicaid contract of the Lakeshore Regional Entity. The CMH Association view of the MDHHS proposal is provided below along with the recent announcement, by MDHHS, that it is seeking persons to serve as members of the guidance board for the new PIHP that MDHHS intends to form to replace Lakeshore if and when the Lakeshore contract is terminated.

Community Mental Health Association of Michigan

Response to MDHHS proposal to terminate MDHHS contract with the Lakeshore Regional Entity

June 2019

A. SUMMARY OF MDHHS PROPOSAL: MDHHS is proposing (Note that we are using the term "proposing" to underscore that this is not a done deal) that:

- To terminate the state's contract with the Lakeshore Regional Entity. Lakeshore is the public managed care plan (a Prepaid Inpatient Health Plan (PIHP) in federal terms) that manages the Medicaid behavioral health benefit for the counties on the west side of the state.
- To contract directly with Beacon Health Options, a private managed care company currently managing the Medicaid behavioral health benefit in a partnership with Lakeshore.
- To eliminate the Lakeshore Board of Directors and replace it with an advisory board formed by the state
- To have the state hold the contract, directly with Beacon, for FY 2020, with another of the state's public managed care plans or a private behavioral healthcare plan taking on this managed care role, from the state, for FY 2021

MDHHS staff, in a discussions with CMHA, outlined three aims that they hope to accomplish with this proposal:

- Greater involvement, by the state, in the management of the Medicaid benefit in the Lakeshore region
- Changing the make-up of the Lakeshore Board of Directors
- Re-examining the role of Lakeshore staff in their partnership with Beacon, in the management of Medicaid behavioral healthcare benefit

B. CRITIQUE OF MDHHS PROPOSAL:

1. This proposal, by MDHHS, causes a great deal of unnecessary chaos and conflict when far simpler, more rapid, and more concrete options for achieving these aims are available. This wiser path is outlined later in this document.
2. This proposal eliminates local public governance of the public behavioral health system – one of the foundations of Michigan's nationally recognized behavioral health system for the past 50 years – and replaces it with a state-appointed advisory group.
3. The contention that management weakness is the cause of the fiscal distress of Lakeshore is simply untrue, as underscored by the facts.

The fiscal distress that Lakeshore has experienced for the last several years (and those of a number of other Michigan public managed care plans (PIHPs)) is the result of the systemic underfunding of those PIHPs. As underscored by a recent analysis carried out by the Community Mental Health Association of Michigan, those PIHPs, like Lakeshore, facing the most dire fiscal crises, received, over the past four years, either a revenue cut or only a modest increase even when the Healthy Michigan Plan enrollment was growing.

In the case of Lakeshore, if Lakeshore had received the same level of rate increases as those PIHPs not suffering such fiscal distress, Lakeshore's revenues, in FY 2018 would have been \$49 million greater than Lakeshore received in FY 2018. This level of revenues would have prevented the fiscal distress faced by Lakeshore. Such appropriate revenue increases would have prevented the fiscal distress experienced by the other PIHPs as well.

It is key to recognize that the revenue increases received by the appropriately funded PIHPs are not the problem. The revenue increases to the state's PIHPs, even those that are appropriately funded, in fact were

very small, given the dramatic growth in the HMP population over this period. The problem lies in the lack of revenue increases provided to the system as a whole and especially acute for those with the lowest revenue gains over the past four years.

This proposal does not get to the root cause of the fiscal distress of Lakeshore nor of the other public health plans facing such distress – inadequate funding over a sustained period. Without adequate funding, as required by the Michigan Mental Health Code and Michigan’s Medicaid Plan, the Lakeshore system and others who have been underfunded – regardless of the greater involvement of the state in the operation of the local public system - will be unable to pay providers and provide behavioral healthcare services to persons entitled to such services.

For the state to propose the termination of its contract with Lakeshore, eliminating the local publicly governed managed care body for the region’s public mental health system - as a result the state’s underfunding of that regional entity is fiscally, ethically, and politically ironic – an irony not lost on the stakeholders to this system.

C. WISER PATH: All three of these aims can be achieved sooner, simpler, and more directly without eliminating the local public control of the public behavioral healthcare system in this region. This wiser path would include:

- MDHHS joining Lakeshore and Beacon in co-managing the benefit. This could be accomplished via a three-way contract.
- Require, via this three-party partnership, changes in the make-up of the Lakeshore Board of Directors
- Require, via this three-party partnership, changes in the role of Lakeshore staff in their partnership with Beacon

The benefits of this approach, over that proposed by MDHHS, are profound and include:

- Achieves all three aims of MDHHS
- Maintains the momentum achieved by Lakeshore, Beacon, and the CMHs in the Lakeshore region (This momentum has already improved the financial condition of the region’s Medicaid system)
- Maintains the local public governance of the public behavioral health system – one of the foundations of Michigan’s nationally recognized behavioral health system for the past 50 years
- Prevents the unnecessary chaos that the MDHHS proposal would create

Press release from MDHHS seeking persons to sit on Region 3 PIHP guidance board:

MDHHS announces composition of board to oversee Region 3 PIHP; seeks individuals interested in serving

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) today announced the composition of the Prepaid Inpatient Health Plan (PIHP) Region 3 board and is seeking nominations for board members by Aug. 15.

Together with MDHHS, the new board will oversee the activities of West Michigan’s PIHP to ensure sound management and to protect individuals receiving services.

The department developed the new board proposal following the cancellation of the contract with Lakeshore Regional Entity (LRE) after several years of poor performance. In recent months, Beacon Health Options has been operating with LRE to provide managed care support to the Region 3 Community Mental Health Services Programs (CMHSPs). Based on feedback from the CMHSPs about the value of this partnership, MDHHS will seek to establish a contract with Beacon that allows this

CMHA WEEKLY UPDATE

work to continue. The new board will oversee Beacon's work. After listening to public feedback, MDHHS has added fiduciary powers to the Board.

"A board with public representation, diverse stakeholders and critical responsibilities will help achieve the goal all of us share: delivering better services to the residents of West Michigan," said Robert Gordon, MDHHS director. "By operating under FOIA and open meetings laws, the board will also make decision making more transparent and accountable."

The Region 3 PIHP Board will include the following members:

5 representatives from the CMHSPs in the region.

1 representative of county governments in the region.

1 individual or family member of an individual receiving services from the PIHP.

1 member of an advocacy group representing individuals with behavioral health needs or intellectual and developmental disabilities.

3 representatives of MDHHS.

3 individuals with expertise in behavioral health or intellectual developmental disability services and/or administration.

1 representative of the contracted PIHP.

Board members will be appointed to a one-year term that begins Oct. 1, 2019 and ends Sept. 30, 2020. Each CMHSP in the region will appoint one representative, the county boards of commissioners will appoint one representative, and the contracted PIHP will appoint one representative. MDHHS will appoint all other representatives. Additional information is available in the attached Region 3 PIHP Board details document.

Individuals interested in serving on the board should complete an online application by Aug. 15 to nominate themselves.

CMHSPs, the county boards of commissioners and the contracted PIHP shall notify MDHHS of their appointments by Sept. 1. MDHHS will announce board membership in early September

Opioid research efforts by Institute for Healthcare Policy and Research

Below is a recent summary of the research work being done, by the researchers at the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI), on the opioid epidemic.

About 44% of high school seniors who misuse prescription drugs have multiple drug sources

In the first known research to look at adolescent misuse of leftover medications, a pair of new studies uncovers trends in supply sources and risks for other substance use and substance use disorders. Roughly 11% of high school seniors reported prescription drug misuse during the past year, and of those, 44% used multiple supply sources. More than 70% of those with multiple sources had a substance use disorder within the past year. The most common sources for prescription drugs for 12-to-17 year olds were friends and relatives, physician prescriptions for opioids, and buying stimulants and tranquilizers illegally.

The research team concludes that prescribers are encouraged to check prescription drug monitoring programs and screen adolescents for substance use/misuse when prescribing controlled medications. Patients and their families should also be receiving education on how to manage and dispose of controlled medications to avoid diversion into the community. IHPI members Sean Esteban McCabe, PhD, MSW, MA, and Brady West, PhD, MA, were part of the research team.

Access the U-M press release and the two studies in the July issue of the Journal of the American Academy of Child & Adolescent Psychiatry.

Access to primary care clinics in Michigan may be more limited for patients with chronic pain receiving opioids

A new “secret shopper” study of primary care clinics in Michigan reveals that 40% of the clinics contacted would not accept new patients receiving opioid therapy for pain. There was no difference based on insurance type. The findings suggest that access to primary care may be reduced for patients taking prescription opioids, which could lead to unintended consequences such as poor management of other mental and physical comorbidities and possible conversion to illicit substances.

Pooja Lagisetty, MD, MSc, an internal medicine physician and assistant professor at U-M, was the lead researcher. The team hopes to study the factors responsible for this phenomenon further and determine how much is related to recent guidelines and policies, how much is stigma against patients on opioid therapy, and how much is provider fear of legal repercussions.

Access the U-M press release and the study in JAMA Network Open.

Opioids study shows high-risk counties across the country

A new study of more than 3,000 counties in the US found that counties in the South Atlantic, Mountain, and East North Central divisions had twice the odds of being at high risk for opioid overdose mortality and lacking the capacity to deliver medications for opioid use disorder. In all, 13% of counties across the US were classified as ‘high-risk’ – having both high overdose mortality and low treatment capacity. Nationwide, 46% of counties lacked a provider of opioid use disorder medication that’s identifiable through public listings (71% of rural counties).

The availability of medications for opioid use disorder treatment has been slow to expand and is still unavailable in many cases. This study provides new information to assist in identifying opioid high-risk counties and developing strategies to target resources. Strategies are needed to augment and increase the primary care provider workforce providing opioid use disorder treatment, targeting high-risk counties. The study was led by Rebecca Haffajee, JD, PhD, MPH, assistant professor of Health Management and Policy at the U-M School of Public Health.

Access the U-M press release and map of high risk counties, and the study in JAMA Network Open.

ICYMI: Opioids: Policy to Practice Summit materials now available

U-M and Harvard University co-hosted an Opioid Summit in May 2019. The event focused on sharing results from research and community initiatives, bringing together policymakers, health professionals, community organizations and law enforcement to focus on one of the most urgent public health issues in the US. Materials from the day, including brief written summaries, videos and visual abstracts, are now available on the Opioid Summit website. Harvard will host a second summit on October 10, 2019, focused on stigma and access to treatment.

Visit <https://opioids.umich.edu/> for more information about the broad range of U-M research to address the opioid epidemic.

Concerns arise over CMS recent release of Section 1332 Waiver tools

Below is a recently issued discussion of the Section 1332 waiver tools that have been released by the federal Centers for Medicare and Medicaid Services (CMS).

CMS has offered States detailed information about how they could better go about writing and submitting Medicaid Section 1332 waiver applications. In the guise of recommendations about reducing premium costs, the guidance shows states how they can request waivers that essentially enable them to include insurance options circumvent ACA's requirements about essential benefits, pre-existing condition coverage, parity, and other key parts of the program. Specifically, the guidance addresses how states can request waivers to enable the use of short-term "junk" health insurance policies, health savings accounts and revisions to the ACA's premium tax credits.

All of these waivers, and others already sought by some states, weaken the ACA and potentially drive costs up for those with the most significant healthcare needs, among them, the people we serve. [Read the guidance.](#)

Rural Michigan needs doctors. Paying their debts may be an answer

Below is an excerpt from a recent Bridge Magazine story about the use of medical student debt repayment as a key tool in recruiting physicians to work in rural Michigan communities.

Student loans opened the door to his career in medicine, but Brett Stacer's \$700 monthly bill to repay them landed him in a town he'd never heard of: Grant, Michigan. Population: fewer than 1,000 residents.

The 29-year-old physician assistant had assumed he'd work in a large facility in Grand Rapids after graduating in December 2016 from Grand Valley State University. Saddled with a \$100,000 debt, though, his Google search on "student loan repayment" sent him to tour the little town along a rural stretch of west Michigan.

Stacer said he recognized the diversity of patient needs that would require more than the "cookie-cutter medicine" of a more specialized practice -- and signed up for a state program that repays student debt of doctors and other clinicians who agree to work in Michigan's underserved communities.

Now, a new bill in the state Legislature hopes to wipe out even more student debt to shore up a critical lack of doctors in parts of rural and urban Michigan. The [legislation](#) from Sen. Curt VanderWall, R-Ludington, would bump the ceiling in the [Michigan State Loan Repayment Program](#) to \$250,000 from \$200,000 for professionals who agree to work 10 years in underserved areas.

The bill comes as the policymakers in Michigan and nationwide scramble for solutions to a clinician shortage in some areas. Nationally, the Association of American Medical Colleges [predicts a physician shortfall](#) of up to 55,200 primary care physicians and up to 65,800 non-primary care physicians and specialists by 2032.

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

State Legislative Update:

Status Report on the State of Current Budget Negotiations

It is very simple, according to the Whitmer Administration's budget director, there are no negotiations. Republican leaders have met amongst themselves during the summer break, but not with the administration.

However, Budget Director Chris Kolb has said that he has had numerous conversations and meetings with Senate Appropriations Chair Jim Stamas (R-Midland) and Rep. Shane Hernandez (R-Port Huron), but the trio

has not made any critical budget decisions. He also indicated that their respective staffers have been in contact with each other, as well.

Kolb reported that all FY20 budget decisions remain on hold "until the road package is finished" and that date has not been etched in stone.

Gov. Gretchen Whitmer has taken to Twitter to make regular jabs at the Legislature to get moving on negotiations. Last Thursday she posted a GIF of a wagon with the message, "On average, it took the early settlers 126 days to cross the Oregon Trail. We don't need to cross a river in a wagon, but we do need to pass a budget that sets our communities up for success."

Kolb is expressing confidence that a resolution will be reached before the start of the FY20 budget year, Oct. 1. He remains upbeat about a resolution, but the budget countdown clock is on in Kolb's office.

It's under 75 days and ticking.

Federal Update:

CCBHC Update from Capitol Hill

Negotiations to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program stalled this week over ideological concerns related to the role of the Medicaid program. The Senate fast-tracking process (known as unanimous consent), through which the CCBHC extension must pass, can be halted by the objection of a single Senator. Congress will reconvene on Monday to continue deliberations in hopes of finding unanimous support and passing an extension of the program through to the end of September 2019.

Registration is Now Open for Hill Day 2019 – Behavioral Health's Largest Advocacy Event of the Year.

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

Education Opportunities:

Required for Licensure Renewal: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

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

Trainings offered on the following date.

August 21, 2019 – Lansing [Click Here to Register!](#)

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

\$115 CMHA Members

\$138 Non-Members

Still Time to Register: Employment First Conference: "When Everyone Who Wants A Job, Has A Job!"

Join us for the Employment First Conference! Hear from national homegrown experts about how Michigan can ensure that "everyone who wants a job, has a job!" Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Dates: July 31 & August 1, 2019

Location: Suburban Collection Showplace, Novi

Who Should Attend: Staff who are involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Registration Fee: \$50 (registration open soon)

[Click here for more information and to register!](#)

Sponsored by the Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Training Fee:

\$250 per person. Fee includes training materials (excluding book by Dr. Linehan), continental breakfast and lunch for 5 days.

Dates/Location:

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

Still Time to Register for the 2019 Co-Occurring College!

If you have not already done so, don't forget to register for the 2019 Co-Occurring College! Click [HERE](#) for all the details, CE information and registration link.

The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide conference focusing on people who have substance use disorders as well as mental health disorders. These individuals are diagnosed as having co-occurring disorders, or dual disorders. This is also sometimes called a dual diagnosis. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

Date: Tuesday, July 30, 2019

Times: Registration check-in begins at 8:00am | Education will run from 9:00am-4:15pm

Location: DoubleTree by Hilton Hotel Bay City - Riverfront (1 Wenonah Park Place, Bay City, MI 48708)

Training Fee: \$125 per person. The fee includes training materials, breakfast and lunch.

Continuing Education: Full participation in the COD College qualifies for up to 6 social work CEs as well as 6 specific SUD credits. See brochure, linked on our website, for more information.

Free ½-Day Training: Trauma-Informed Systems Leadership: Strategies, Structures, and Approaches

The CMH Association of Michigan is the Michigan partner to the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (GLMHTTC). Through this partnership, the CMH Association will be sponsoring and highlighting a variety of training opportunities. This event is sponsored by the Great Lakes Mental Health Technology Transfer Center, School-based Mental Health Supplement.

Trauma-Informed Systems Leadership: Strategies, Structures, and Approaches

Training Description: Join us for this interactive and dynamic session that explores what trauma is and how services, systems, and policies can become trauma-informed to best provide individuals the care they need. We begin with the basic theory and research to provide us with a framework for trauma-informed practices, and then examine what these practices look like across different systems, and dig into organizational level considerations for local providers, directors and managers of agencies, and mental health and education leaders. Participants receive guidance on how to create and enhance organizational practices that support healing and resilience.

Who Should Attend: This workshop is appropriate for systems, agency, and organizational leadership for the following (but not limited to) fields: education (schools and systems), faith-based, community based, mental health, behavioral health, violence prevention, youth serving, and more.

Date: Thursday, August 8, 2019

Time: 9 AM–12 PM

Where: Lansing Community College West, 5708 Cornerstone Dr., Lansing, MI 48917

Cost: Free

Registration: [Click Here to Register for August 8 Trauma-Informed Systems Leadership Training](#)

For more information, contact Sarah McMinn, School-based Mental Health Project Manager:
sarah.mcminn@wisc.edu

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

20th Annual Substance Use Disorder and Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

Pre-Conference Workshops: September 15, 2019 *(registration coming soon)*

Full Conference: September 16-17, 2019 *(registration now open!)*

Cobo Center, Detroit, MI

[Click here for more information about attending or exhibiting at the conference.](#)

Who Should Attend: This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

45th Annual National Association for Rural Mental Health Conference

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at www.narmh.org.

About Our Conference: The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

Our Conference Theme: The 2019 NARMH Annual Conference theme is "From Surviving to Thriving: Embracing Connections". NARMH "rode the winds of change" in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at www.narmh.org to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

Questions & General Information: If you need additional information after visiting the NARMH 2019 conference website at www.narmh.org, please contact Brenton Rice, NARMH Event Planner, by email at brenton@togevents.com or by phone at 651.242.6589.

Miscellaneous News and Information:

Michigan Health Endowment Fund Announces Behavioral Health Position Opening

We have a job opening! We're searching for a program manager to support our behavioral health team in Lansing, which is focused on improving access to mental health and substance use disorder services.

The Health Fund is full of energetic, compassionate, and welcoming people. Apply as soon as you can—we're reviewing applications on a rolling basis. And please share with your networks!

The job description is below, as well as on our website for more information.

Program Manager, Behavioral Health

The program manager will collaborate with the Health Fund's behavioral health team to support grant activity including proposal review; grant management; research and policy; education and technical assistance; communications; and other programmatic support.

The position will be based in Lansing, Michigan.

RESPONSIBILITIES

PROGRAMMATIC SUPPORT

- Help develop RFPs and supplemental materials such as webinars, one-pagers, etc.
- Assist with proposal review process and draft recommendations for the grantmaking committee and board of directors
- Review, analyze, and take action on grant reports to monitor progress, challenges, and emerging trends among funded projects
- Assist with grantee convenings, trainings, and other events
- Participate in cross-program meetings and activities, including Community Health Impact program
- Serve as first point of contact for programmatic inquiries

TECHNICAL ASSISTANCE

- Proactively solve problems and overcome obstacles to help grantees succeed
- Identify grantees in need of evaluation assistance and work with program and evaluation teams to manage the process
- Help plan cross-grantee technical assistance around common challenges
- Work with evaluation team to assess grantee results and identify insights
- Help solicit, retain, and manage contractors

PROGRAM COMMUNICATIONS

- Work with communications team to develop and implement program-specific communications strategies, messaging, and timelines
- Identify newsworthy or noteworthy stories and articulate links across grantees; work with evaluation and communications teams to share success stories with key audiences
- Serve as subject matter expert, help draft and edit program-specific content for various publications and channels

PROGRAM COMMUNICATIONS

- Research current trends and best practices in program areas and potential new models of care
- Identify gaps or areas in need of reform within the current systems, and work with the program, evaluation, and policy teams to develop a strategy to address those gaps and/or issues
- Research current state policies and how they impact behavioral health services, which may include researching other states' policies or contracting with outside experts
- Work with policy and communication teams to disseminate findings to target audiences

QUALIFICATIONS

- Bachelor's degree required
- Minimum of three years of program experience in healthcare, nonprofit, or philanthropy
- Knowledge of behavioral health landscape, including strategies to implement integrated care
- Excellent administrative and organizational skills with a strong attention to detail
- Excellent writing skills, both technical and for a general audience
- Strong critical thinking skills
- Ability to manage multiple priorities, projects, and timelines
- Excellent research skills, including the ability to form research questions, investigate a variety of sources, and synthesize findings
- Self-motivated problem-solving abilities

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- Demonstrated ability to work well individually and as part of a team

TO APPLY

Please send your resume and a one paragraph written narrative describing why you are interested in the position to Julie Skubik at info@mihealthfund.org.

The Health Fund encourages everyone to apply. We do not discriminate based on race, religion, color, national origin, sex, sexual orientation, gender identity, age, status as a protected veteran, status as an individual with a disability or other applicable legally protected characteristics.

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

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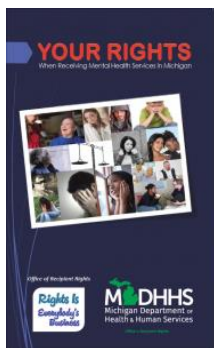
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CMH Association and Member Activities:

Recipient Rights Books and Nationally Recognized Channing Bete Books: Take Advantage of Discounted Rates Offered Through CMHA

RECIPIENT RIGHTS BOOKLETS:



Recipient Rights Booklets

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

Prices for Booklets:

Cost Per Booklet: **50¢ (Plus Flat Rate Shipping)**

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

Order Booklets: To place your order, click here: [Order Your Rights Booklets Here!](#)

CHANNING BETE BOOKLETS:



Special Member Ordering Opportunity of Channing Bete Company, Inc., Booklets

Up to a 51% discount off our published price list, increasing the “purchasing power” for the Community Mental Health Association of Michigan. There is complete flexibility concerning the timing of orders and booklet selection.

How the Program Works: All members of CMHA can purchase any Price List “A” & “K” items through this purchasing opportunity. Please refer to the chart on the attached order form for pricing.

Shipping costs are not included. They will be added to your final invoice from CMHA.

All orders must be faxed, mailed or emailed to the attention of:

Dana Ferguson
CMHA
426 S. Walnut, Lansing, MI 48933
Tel. # 517-374-6848 * Fax. # 517-374-1053
Email: dferguson@cmham.org

[Download the Channing Bete Order Form Here!](#)

Job Bank CMHA Member Benefit Now Available!

CMHA Members may log on to www.cmham.org under Services to access the Job Bank and upload any Job Postings within their organization. Experience the ease and accessibility of being able to post what you want – when you want – and reach the maximum number of people in the State of Michigan!

If you would like to POST a job, please use the following link (REMEMBER... You must be a member in order to enjoy this benefit!): <https://cmham.org/services/job-bank/>

If you would like to VIEW current job postings, please use the following link (you do NOT have to be a member to view postings!): https://cmham.org/job_postings/

2019 PAC Campaign – And the Winner is...

Again, thank you to all the boards and members who participated in the 2019 CMH PAC campaign. This week we drew for the Tiger suite tickets and the winner was Saginaw County CMH. Please do not let the ticket drawing deter you or your agency from continuing your PAC efforts, the need for additional funds does not stop once we draw for the Tiger tickets. The CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Again, please **make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**. Thank you. Please feel free to contact Bob or Alan with any questions.

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

News from Our Preferred Corporate Partners:

RELIAS Why Should Your Staff Stay? Invest in Their Success to Ensure Your Own

Thursday, August 8th, 2019
2:00 pm - 3:00 pm EST

Join Relias Product Managers Melissa Lewis-Stoner, M.S.W., LCSW-C and Justin Hess, M.S. for a look at how behavioral health organizations can use assessments and learning in combination to help their employees feel competent and effective in their jobs.

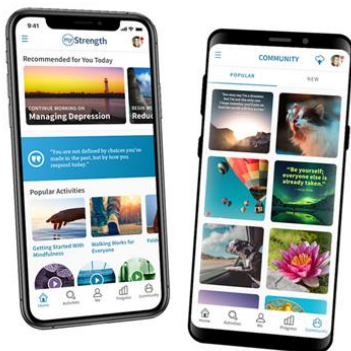
In this webinar, Melissa and Justin will:

Discuss how assessments can be used to evaluate job-related competency and measure soft skills critical for success to identify opportunities for continued growth.

Show how assessment results can be used to inform and develop individual training plans.
Walk through examples of using assessments at behavioral health organizations

[Register for this Relias webinar here](#)

myStrength Offers In-the-Moment Support for Comorbid Medical-Behavioral Conditions



Behavioral health conditions are disabling on their own, but they also complicate clinical improvement for the large percentage of people experiencing chronic medical conditions alongside comorbid behavioral health symptoms. For example, it is very challenging to stabilize diabetes or hypertension until depression or anxiety symptoms are successfully managed.

myStrength's digital behavioral health platform is available whenever and wherever a consumer needs, with a consistent, personalized user experience across web and mobile devices.

myStrength's mobile app promotes more frequent engagement by consumers and use of these evidence-based tools (grounded in mindfulness, cognitive behavioral therapy, and more) helps facilitate long-term health benefits.

In addition to various pathways to access myStrength, the platform also offers immediate access to diverse tools for depression, anxiety, stress, meditation and mindfulness, sleep, pregnancy and early parenting, balancing intense emotions, and chronic pain, as well as tools for drug, opioid or alcohol recovery.

myStrength's Mobile App Offers Real-Time Support:

- Instantly unwind with 3 short audio activities presented when app is opened
- Bookmark helpful resources for quick access when real-time support is critical
- Gain personalized, integrated support for multiple conditions
- Favorite or download inspirational images in the Community for instant access

REQUEST A DEMO

State and National Developments and Resources:

Russell, Rupp and Williams: State Funding is Needed for Mental Health Integration Pilot in Medicaid

Below is a recent editorial, carried in Crain's Detroit Business, from three members of CMHA.

For the past two years, a group of county-based Community Mental Health Service Programs, including ours, has worked closely with the state to implement an innovative new way to deliver mental health services.

The 298 Pilot Program (named for the boilerplate 298 section of 2016 legislation) is designed to encourage increased coordination of physical and mental health services to invest more resources directly to patients.

Over the last year, teams have worked to reach consensus on a model to pilot these coordinated services. We continue to define components to test and what necessary administrative changes are needed to begin the program.

With successful implementation, this program could fundamentally change the way patients receive mental health services across Michigan — an outcome desired by legislators and governors for decades. Our CMHSPs are committed to a strong pilot program that could lead to broad-scale implementation in just a few years.

The current challenge, however, is reaching an agreement on a model for the final stage of pilot integration. The following areas must be addressed before we can implement the program successfully:

- Sufficient funding to appropriately pay for services provided to consumers and communities served by the Community Mental Health Service Program participating in the pilot. Historically underfunded, CMHSPs need the resources necessary to meet the requirements of the pilot if they are expected to be successful. Inadequate funding will negatively impact the success of the pilot and could hurt citizens served by it.
- Risk-management and ownership of the specialty provider network including utilization management, claims and other managed care responsibilities, rates, payment and risk structures. To make these decisions, we need time for the state of Michigan to determine a shared-savings model and what decisions will be delegated to the pilot sites.
- After the rate and risk areas are addressed, time will be required for implementation and securing federal-waiver approval. New contracts will need to be established between the CMHSPs and our providers. Questions will need to be answered about how best to finalize

technology needs, report changes and establish new payment flows. Accreditation reviews may also be necessary.

We propose working toward an agreement by Oct. 1 that will create a more detailed model for full financial integration allowing pilot sites to effectively manage — in partnership with contracted CMHSPs and providers — the whole health of enrolled Medicaid beneficiaries who would benefit from a robust 298 Pilot Program.

With the successful resolution of a detailed model for full financial integration, we propose launching the pilots no later than Oct. 1, 2020. Work will continue as we implement a number of the proposed activities that came out of the 298-workgroup process to support system coordination and improve readiness for pilot implementation in 2020. At a minimum, new care coordination workflows and data-sharing processes will be established this next fiscal year.

The pilot CMHSPs remain committed to full financial integration and working together on this pilot. We have asked the Michigan Department of Health and Human Services and the Michigan Legislature to work with us on this phased-in approach to this pilot.

We believe this project could redefine the way local providers coordinate physical and mental health outcomes for our most vulnerable citizens and make a difference to all of Michigan.

Danis Russell is CEO of Genesee Health System. Julia Rupp is executive director of HealthWest. Lisa Williams is executive director of West Michigan Community Mental Health.

MDHHS Issue RFP for Sexual Assault Comprehensive Services

The Michigan Department of Health and Human Services has released a Request for Proposals (RFP) on the MI E-Grants system for the SACS-2020-Sexual Assault Comprehensive Services - 2020.

All proposal responses with related materials must be submitted electronically using the MI E-Grants system located at <http://egram-mi.com/mdhhs>. Agencies interested in applying for this Request for Proposal must first register both the agency and users, and process a Project Director Request in <http://egram-mi.com/mdhhs> and submit their proposal by 08/16/2019 at 15:00.

For application instructions, please visit <http://egram-mi.com/mdhhs> and click the "About EGrAMS" link. The "Competitive Application Instructions" manual will provide detailed instructions on completing an application in the MI E-Grants system. Request for Proposal documents can be found under "Current Grants."

For technical assistance when completing registration for the MI E-Grants system or entering application materials, contact the Bureau of Grants and Purchasing Helpdesk at 517-335-3359 or email MDHHS-EGRAMS-HELP@michigan.gov.

172 Students with Disabilities to Graduate from Michigan Career and Technical Institute During Organization's 75th Anniversary

Below are excerpts from a recent press story on the graduation of a large number of adults, with disabilities, from the Michigan Career and Technical Institute.

The Michigan Career and Technical Institute (MCTI) – a school that promotes the integration of adults with disabilities into the workplace and society by providing vocational training – will host a graduation ceremony for 172 students from across the state on Friday, July 19, at 12:30 p.m.

This year's ceremony will feature a distinguished guest speaker who has benefitted from MCTI's training program as well as two student graduates. The graduation speaker is state Rep. Tommy Brann of Kent County, who has been a member of the Business Advisory Council for MCTI's culinary arts program and is owner of Brann's Steakhouse & Sports Grille, which has hired several MCTI students.

MCTI is celebrating its 75th anniversary this year. Operated by Michigan Rehabilitation Services (MRS) within the Michigan Department of Health and Human Services (MDHHS), MCTI provides vocational training in 13 careers. It is the second largest rehabilitation training center in the country.

"MCTI puts Michiganders with disabilities on the road to opportunity by helping them maximize their talents," said Gov. Gretchen Whitmer. "Investing in skills training is vitally important to the state's economy and its residents."

Students can be enrolled in technical training programs in automotive technology, cabinet making/millwork, certified nurse assistant (CNA), culinary arts, custodial, electronics, graphic communications, grounds maintenance/landscaping, machine technology, office automation, pharmacy services, retail marketing and construction.

"We are proud of the achievements of these students," said MDHHS Director Robert Gordon. "MCTI students demonstrate that providing opportunities to all Michiganders brings positive results – for students who are able to pursue their career interests and for employers who benefit from the skills and work ethic that MCTI graduates bring to the table."

MCTI also offers health, psychological and social work services, sports and activities, housing, student government and much more. Learn more at www.michigan.gov/MCTI.

The graduates listed by county are:

Allegan: Elizabeth Cumberworth, Retail Marketing.

Antrim: Alaina Stevens, Certified Nursing Assistant.

Barry: Niah Smith – Certified Nursing Assistant, Makenna Kane – Custodial, Charles Perry – Grounds Maintenance and Landscaping, Benjamin Roets – Retail Marketing, Andrew Mathews – Weatherization.

Bay: Andrea Davidson – Certified Nursing Assistant.

Berrien: Darrell Carter – Custodial.

Branch: Patrick Dunn – Culinary Arts, Elizabeth Bogнар and Dyllan Steele – Custodial.

Calhoun: Nicholas Humphrey – Culinary Arts, Marcus Cruz – Custodial, Brandon Blowers – Weatherization.

Cass: Andrew Clark – Custodial.

Chippewa: Brendan Bradley – Weatherization, Donald Heyrman – Culinary Arts.

Clare: Shane Albertson – Weatherization.

Clinton: Jordan Purvis – Ground Maintenance and Landscaping.

Crawford: Denez Conley – Electronics.

Eaton: Haley Lau and Christopher Vandenberg – Culinary Arts, David Migendt – Custodial, Zachary Minnard – Weatherization.

Genesee: Trace VanKuren – Cabinetmaking/Millwork, Malik Muhammad and Makayla Sheffield – Certified Nursing Assistant, Evalyn Mathenia and Patrick Uhrig – Culinary Arts, Madalynne Romankewiz – Custodial, Joaquin Sharpe, Jr. – Retail Marketing, Brandon Nierman – Weatherization.

Gladwin: John Rummer – Custodial.

Gogebic: Nathaniel Skolasinski – Weatherization.

Grand Traverse: Hunter Bancroft – Cabinetmaking/Millwork, Logan Urso – Culinary Arts.

CMHA WEEKLY UPDATE

Hillsdale: Kaley Morgan – Culinary Arts, Cole Grasso – Machine Technology.

Ingham: Hallie Lycos – Culinary Arts, Rory Moore – Grounds Maintenance and Landscaping, Remigio Guerra – Office Automation, Adam Bennett – Weatherization

Ionia: Andrew Pline – Custodial, Kasey McNutt – Machine Technology, Matthew Harp – Weatherization.

Kalamazoo: Yarely Zamora – Certified Nursing Assistant, Emminah Fields – Culinary Arts, Jeffrey Lillard, II – Custodial.

Kent: Jayson Thompson – Culinary Arts, Isaac Sparks – Grounds Maintenance and Landscaping, Amaya Harig – Certified Nursing Assistant, Sierra Bosch – Graphics Communications.

Lapeer: Molly Laing – Culinary Arts.

Lenawee: Calvin Jedele – Electronics.

Livingston: Nicholas Kowalski – Certified Nursing Assistant, Sean Barlette – Grounds Maintenance and Landscaping, Maria Boulanger – Retail Marketing.

Luce: Travis Martyn – Grounds Maintenance and Landscaping, Jacob Tasiemski – Graphics Communications.

Macomb: Mickai Stanley – Automotive Technology, Shelby Alger – Certified Nursing Assistant, Jeremiah Harris, Dalton Shields and Abby Wilson- Marks – Culinary Arts, Peter Martin III – Custodial, Alex Chambers – Machine Technology, Deontae Nelson and Lindsey Nowakowski – Retail Marketing.

Manistee: Angel Hamilton – Certified Nursing Assistant.

Menominee: Jonah Dziekonski – Retail Marketing.

Midland: Makayla Owens – Culinary Arts.

Montcalm: Ian Tronsen – Machine Technology.

Muskegon: Jadelynn Nichols – Certified Nursing Assistant, Casey Vanderwagen – Culinary Arts.

Oakland: DeMarr Campbell, Kofi Machupa and Heather Valenti – Certified Nursing Assistant, Michael Guirguis and Kyle Statfield – Culinary Arts, Marto Hunter – Custodial, Kevin Ferus and Jamari Smith – Electronics, Kevin Lee – Grounds Maintenance and Landscaping, Matthew Hales – Machine Technology, Skylyr Drake – Pharmacy Services, Nicklas Pagen, Gaganjot Singh, Aaron Spears and Thomas Williams – Retail Marketing.

Ontonagon: Dylan Tucker – Custodial.

Ottawa: Zachary Harlos – Culinary Arts, Connor Machiela – Office Automation.

Roscommon: Steven Eggleston – Culinary Arts, Jonathan Paxson – Grounds Maintenance and Landscaping.

Shiawassee: Dawson Apsey – Culinary Arts, Aiden O'Donnell – Grounds Maintenance and Landscaping.

Van Buren: Alexander Evans – Grounds Maintenance and Landscaping.

Washtenaw: Logan Smith – Retail Marketing

Wayne: Tarik Blake and Uriah Mason – Certified Nursing Assistant, Jordan Brustad and Kendelai Garner – Culinary Arts, Royce Roberson – Custodial, Enrique Galvan – Electronics, Joseph Hibbard and Reginald Truitt II – Retail Marketing

List excludes the names of those who requested not to be listed in news release.

Nearly Two Thirds of Doctors 'Not Interested' in Opioid Treatment Training

Below is a recent news story on the reluctance of physicians to become more involved in opioid treatment.

While most doctors in Michigan believe the state's new rules for prescribing opioids will help to address the overuse epidemic, only 20% have been trained in Medication-Assisted Treatment (MAT) and nearly two-thirds said they aren't interested in getting trained.

Those were the results of a recent survey of some 600 primary care providers by the Center for Health and Research Transformation (CHRT) at the University of Michigan to gauge sentiment of the state's 2017 efforts to deter over prescribing, including mandatory use of the Michigan Automated Prescription System (MAPS).

"CHRT's physician survey shows that Michigan's new requirements for MAPS reporting are generally supported by primary care physicians in Michigan. However, physician interest in Medication-Assisted Treatment is low, and more will need to be done in order for MAT to be a viable treatment option for the many Michiganders in need of help," the report concludes.

"Between 1999 and 2016, the number of overdose deaths in Michigan increased 17 fold — from 99 to 1,699. In 2017, more deaths were due to overdose than car accidents," the report states. (See "Opioid Deaths In MI More Than Doubled In 5 Years," 10/4/17).

In 2017, state lawmakers passed several bills aimed at curbing the epidemic, notably limiting opioid prescriptions to seven days and requiring physicians to look up their patients' prescription history on the MAPS statewide database. (See "Prescriptions For Controlled Substances Down 11% Since MAPS," 3/22/19 and

"Seven Bills Battling Opioid Abuse Pass Senate, More Coming," 6/27/17).

Sixty percent of physicians surveyed agreed with the statement that the policies will "help address the opioid epidemic," while 26% disagreed. Also, 60% said the policies will be "useful to better manage opioid prescribing," while 22% disagreed.

But 70% said they also added an "unnecessary administrative burden," while 17% disagreed.

Further, 55% agreed the policies will "limit ability to treat chronic pain," 30% disagreeing. And 50% said the policies will "limit ability to treat acute pain," with 34% disagreeing.

The Michigan Department of Health and Human Services (DHHS) has also tried to encourage more MAT programs. Doctors must get eight hours of training to prescribe buprenorphine, a drug used to treat opioid addiction and prevent symptoms of withdrawal. DHHS provided more than \$7 million for MAT training, rate incentives and program expansions in rural areas. Recently, DHHS announced a tuition reimbursement program for the training, according to the report.

Still, the survey found only 20% are trained currently, and only 16% are interested in getting the training. The remaining 64% said they were not interested.

The numbers varied little depending on whether the doctor was located in an urban or rural area. Only 20% of urban doctors were already trained; 63% weren't interested. Some 23% of rural doctors were trained; 65% weren't interested.

Younger doctors were more interested.

". . . Physicians who began practicing within the last 10 years — the timeframe within which opioid-related mortality has risen to epidemic proportions — are significantly more likely to be providing or to be interested in providing MAT to treat (opioid use disorder), suggesting that the culture of medicine may be shifting in response to the fallout from the opioid epidemic," the report states.

Among those practicing less than 10 years, 24% had the training and 26% were interested. Still, 50% said they weren't. Among those practicing 20 years or more, 19% had the training and 16% were interested. Some 65% said they weren't.

There was also a difference depending on whether the doctor had a large volume of Medicaid patients. Only 18% of doctors had the training if their patient volume was less than 30% Medicaid, with 14% saying they were interested. Some 69% weren't if they had a low number of Medicaid patients.

For those with more than a 30% Medicaid patient volume, 28% already had the training and another 22% said they were interested. Still, 50% said they weren't.

Study Finds 'Mental Health Crisis' Among Michigan Prison Workers

Below are excerpts from a recent news story on the mental health issues experienced by Michigan's prison guards.

A new survey points to a "mental health crisis" among Michigan Department of Corrections workers, who suffer from levels of PTSD, anxiety, depression, suicide and alcohol abuse far higher than those in the general population, officials said Monday.

The survey also points to rates of post-traumatic stress disorder and depression among Michigan prison workers that are significantly higher than first responders such as police and firefighters, though the study's authors say they may not be far out of line with rates among prison workers in other states.

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

Chasing Dollar Bills: Medicaid Cost-Share Payments Fail to Materialize

Below is a recent article that discusses the findings of recent analyses of the cost-share requirements of Michigan's Medicaid expansion program, the Healthy Michigan Plan.

When Michigan's Legislature authorized expansion of the state's Medicaid insurance program in 2013, the conservative Republican majority required working low-income adults enrolled in the welfare program to make small contributions toward the cost of their taxpayer-funded health care coverage.

Depending on income levels, the fee schedule prescribed by lawmakers called for \$2 or \$4 copays for seeing a doctor or going to an urgent care facility, \$3 or \$8 charges for visiting a hospital emergency room for a non-emergency medical need and \$50 or \$100 charges for hospitalizations.

But the so-called "skin in the game" contributions have largely failed to materialize as the authors of the law intended.

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

State Legislative Update:

Status Report on the State of Current Budget Negotiations

It is very simple, according to the Whitmer Administration's budget director, there are no negotiations. Republican leaders have met amongst themselves during the summer break, but not with the administration.

However, Budget Director Chris Kolb has said that he has had numerous conversations and meetings with Senate Appropriations Chair Jim Stamas (R-Midland) and Rep. Shane Hernandez (R-Port Huron), but the trio has not made any critical budget decisions. He also indicated that their respective staffers have been in contact with each other, as well.

Kolb reported that all FY20 budget decisions remain on hold "until the road package is finished" and that date has not been etched in stone.

Gov. Gretchen Whitmer has taken to Twitter to make regular jabs at the Legislature to get moving on negotiations. Last Thursday she posted a GIF of a wagon with the message, "On average, it took the early settlers 126 days to cross the Oregon Trail. We don't need to cross a river in a wagon, but we do need to pass a budget that sets our communities up for success."

Kolb is expressing confidence that a resolution will be reached before the start of the FY20 budget year, Oct. 1. He remains upbeat about a resolution, but the budget countdown clock is on in Kolb's office.

It's under 75 days and ticking.

Federal Update:

CCBHC Update from Capitol Hill

Negotiations to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program stalled this week over ideological concerns related to the role of the Medicaid program. The Senate fast-tracking process (known as unanimous consent), through which the CCBHC extension must pass, can be halted by the objection of a single Senator. Congress will reconvene on Monday to continue deliberations in hopes of finding unanimous support and passing an extension of the program through to the end of September 2019.

Registration is Now Open for Hill Day 2019 – Behavioral Health's Largest Advocacy Event of the Year.

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

CMHA WEEKLY UPDATE

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

Education Opportunities:

Required for Licensure Renewal: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

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

Trainings offered on the following date.

August 21, 2019 – Lansing [Click Here to Register!](#)

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

\$115 CMHA Members

\$138 Non-Members

Employment First Conference: “When Everyone Who Wants A Job, Has A Job!”

Join us for the Employment First Conference! Hear from national homegrown experts about how Michigan can ensure that “everyone who wants a job, has a job!” Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Dates: July 31 & August 1, 2019

Location: Suburban Collection Showplace, Novi

Who Should Attend: Staff who are involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Registration Fee: \$50 (registration open soon)

[Click here for more information and to register!](#)

Sponsored by the Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

11th Annual Anti-Stigma Event Day – July 25, 2019 at LCC Downtown

The 11th Annual Anti-Stigma Event Day will be held Thursday, July 25, 2019 at the Lansing Community College - Downtown Lansing Campus in the Gannon Building. The event will be held from 9:00am to 4:00pm. Do you have anti-stigma initiatives at your CMHSP? Please contact Colleen Jasper jasperc@michigan.gov or 517-373-1255 to present your anti-stigma program. Or just come, and we will have time for CMHSPs initiative updates that very day. Registration is open online at <https://cmham.org/events/?EventId=5302>

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Training Fee:

\$250 per person. Fee includes training materials (excluding book by Dr. Linehan), continental breakfast and lunch for 5 days.

Dates/Location:

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

Co-Occurring College Registration Now Open!

Registration is now open for the 2019 Co-Occurring College! Click [HERE](#) for all the details, CE information and registration link.

The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide conference focusing on people who have substance use disorders as well as mental health disorders. These individuals are diagnosed as having co-occurring disorders, or dual

disorders. This is also sometimes called a dual diagnosis. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

Date: Tuesday, July 30, 2019

Times: Registration check-in begins at 8:00am | Education will run from 9:00am-4:15pm

Location: DoubleTree by Hilton Hotel Bay City - Riverfront (1 Wenonah Park Place, Bay City, MI 48708)

Training Fee: \$125 per person. The fee includes training materials, breakfast and lunch.

Continuing Education: Full participation in the COD College qualifies for up to 6 social work CEs as well as 6 specific SUD credits. See brochure, linked on our website, for more information.

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

20th Annual Substance Use Disorder and Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

Pre-Conference Workshops: September 15, 2019 (*registration coming soon*)

Full Conference: September 16-17, 2019 (*registration now open!*)

Cobo Center, Detroit, MI

[Click here for more information about attending or exhibiting at the conference.](#)

Who Should Attend: This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

45th Annual National Association for Rural Mental Health Conference

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at www.narmh.org.

About Our Conference: The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

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Our Conference Theme: The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at www.narmh.org to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

Questions & General Information: If you need additional information after visiting the NARMH 2019 conference website at www.narmh.org, please contact Brenton Rice, NARMH Event Planner, by email at brenton@togevents.com or by phone at 651.242.6589.

CRA Announces 2nd Annual Crisis Residential Conference Registration



Registration is now open for the 2nd **Annual Crisis Residential Conference**, October 3rd & 4th in Grand Rapids, MI!

Hosted by the Crisis Residential Association, this conference is open to providers, payers, and advocates for residential alternatives to psychiatric hospitalization for youth and adults.

Plenary Speakers include:

Dr. Debra Pinals, MD,

Medical Director of Behavioral Health and Forensic Programs
Michigan Department of Health & Human Services

Marilyn Kresky-Wolff, MSW, MPH

Executive Director (Retired)

Open Arms Housing, Inc., Washington, D.C.

Dr. William Beecroft, MD

Medical Director of Behavioral Health
Blue Cross Blue Shield of Michigan

- Register at <https://www.crisisresidentialnetwork.com/2019-cra-conference.html>. Discounts available for CRA members.
- Our Call for Presentations has been extended! Interested presenters can submit their workshop proposals <https://tinyurl.com/CrisisResConCFP>.
- Sponsorship opportunities are also available! Visit the CRA website to learn more.

About CRA

The Crisis Residential Association exists to support the operational and clinical functions of Crisis Residential programs around the world. Founded in 2018 and rooted in the values of empathy, recovery, and continuous improvement, the association seeks to connect providers with the best ideas in behavioral health treatment to transform the way people receive mental health care. Learn more at www.crisisresidentialnetwork.com.

Miscellaneous News and Information:

Michigan Health Endowment Fund Announces Behavioral Health Position Opening

We have a job opening! We're searching for a program manager to support our behavioral health team in Lansing, which is focused on improving access to mental health and substance use disorder services.

The Health Fund is full of energetic, compassionate, and welcoming people. Apply as soon as you can—we're reviewing applications on a rolling basis. And please share with your networks!

The job description is below, as well as on our website for more information.

Program Manager, Behavioral Health

The program manager will collaborate with the Health Fund's behavioral health team to support grant activity including proposal review; grant management; research and policy; education and technical assistance; communications; and other programmatic support.

The position will be based in Lansing, Michigan.

RESPONSIBILITIES

PROGRAMMATIC SUPPORT

- Help develop RFPs and supplemental materials such as webinars, one-pagers, etc.
- Assist with proposal review process and draft recommendations for the grantmaking committee and board of directors
- Review, analyze, and take action on grant reports to monitor progress, challenges, and emerging trends among funded projects
- Assist with grantee convenings, trainings, and other events

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- Participate in cross-program meetings and activities, including Community Health Impact program
- Serve as first point of contact for programmatic inquiries

TECHNICAL ASSISTANCE

- Proactively solve problems and overcome obstacles to help grantees succeed
- Identify grantees in need of evaluation assistance and work with program and evaluation teams to manage the process
- Help plan cross-grantee technical assistance around common challenges
- Work with evaluation team to assess grantee results and identify insights
- Help solicit, retain, and manage contractors

PROGRAM COMMUNICATIONS

- Work with communications team to develop and implement program-specific communications strategies, messaging, and timelines
- Identify newsworthy or noteworthy stories and articulate links across grantees; work with evaluation and communications teams to share success stories with key audiences
- Serve as subject matter expert, help draft and edit program-specific content for various publications and channels

PROGRAM COMMUNICATIONS

- Research current trends and best practices in program areas and potential new models of care
- Identify gaps or areas in need of reform within the current systems, and work with the program, evaluation, and policy teams to develop a strategy to address those gaps and/or issues
- Research current state policies and how they impact behavioral health services, which may include researching other states' policies or contracting with outside experts
- Work with policy and communication teams to disseminate findings to target audiences

QUALIFICATIONS

- Bachelor's degree required
- Minimum of three years of program experience in healthcare, nonprofit, or philanthropy
- Knowledge of behavioral health landscape, including strategies to implement integrated care
- Excellent administrative and organizational skills with a strong attention to detail
- Excellent writing skills, both technical and for a general audience
- Strong critical thinking skills
- Ability to manage multiple priorities, projects, and timelines
- Excellent research skills, including the ability to form research questions, investigate a variety of sources, and synthesize findings
- Self-motivated problem-solving abilities
- Demonstrated ability to work well individually and as part of a team

TO APPLY

Please send your resume and a one paragraph written narrative describing why you are interested in the position to Julie Skubik at info@mihealthfund.org.

The Health Fund encourages everyone to apply. We do not discriminate based on race, religion, color, national origin, sex, sexual orientation, gender identity, age, status as a protected veteran, status as an individual with a disability or other applicable legally protected characteristics.

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

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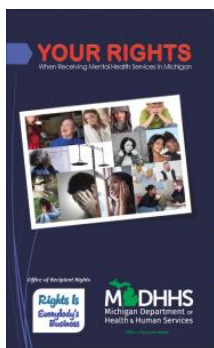
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CMH Association and Member Activities:

Recipient Rights Books and Nationally Recognized Channing Bete Books: Take Advantage of Discounted Rates Offered Through CMHA

RECIPIENT RIGHTS BOOKLETS:



Recipient Rights Booklets

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

Prices for Booklets:

Cost Per Booklet: **50¢ (Plus Flat Rate Shipping)**

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

Order Booklets: To place your order, click here: [Order Your Rights Booklets Here!](#)

CHANNING BETE BOOKLETS:



Special Member Ordering Opportunity of Channing Bete Company, Inc., Booklets

Up to a 51% discount off our published price list, increasing the “purchasing power” for the Community Mental Health Association of Michigan. There is complete flexibility concerning the timing of orders and booklet selection.

How the Program Works: All members of CMHA can purchase any Price List “A” & “K” items through this purchasing opportunity. Please refer to the chart on the attached order form for pricing.

Shipping costs are not included. They will be added to your final invoice from CMHA.

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All orders must be faxed, mailed or emailed to the attention of:

Dana Ferguson

CMHA

426 S. Walnut, Lansing, MI 48933

Tel. # 517-374-6848 * Fax. # 517-374-1053

Email: dferguson@cmham.org

[Download the Channing Bete Order Form Here!](#)

Job Bank CMHA Member Benefit Now Available!

CMHA Members may log on to www.cmham.org under Services to access the Job Bank and upload any Job Postings within their organization. Experience the ease and accessibility of being able to post what you want – when you want – and reach the maximum number of people in the State of Michigan!

If you would like to POST a job, please use the following link (REMEMBER... You must be a member in order to enjoy this benefit!): <https://cmham.org/services/job-bank/>

If you would like to VIEW current job postings, please use the following link (you do NOT have to be a member to view postings!): https://cmham.org/job_postings/

2019 PAC Campaign – and the winner is...

Again, thank you to all the boards and members who participated in the 2019 CMH PAC campaign. This week we drew for the Tiger suite tickets and the winner was Saginaw County CMH. Please do not let the ticket drawing deter you or your agency from continuing your PAC efforts, the need for additional funds does not stop once we draw for the Tiger tickets. The CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Again, please **make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**. Thank you. Please feel free to contact Bob or Alan with any questions.

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

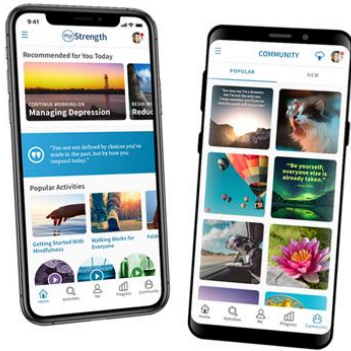
RELIAS Lessons from the Field: Stories from Accreditation Surveyors and Consultants

Wouldn't you rather learn the potential pitfalls of preparing for an accreditation survey from others' mishaps, as opposed to experiencing them yourself?

Check out this webinar to learn how organizations have successfully (and not-so-successfully) prepared for national accreditation. Real-life examples from both the behavioral healthcare and child welfare fields are shared.

[Get the Scoop](#)

myStrength Offers In-the-Moment Support for Comorbid Medical-Behavioral Conditions



Behavioral health conditions are disabling on their own, but they also complicate clinical improvement for the large percentage of people experiencing chronic medical conditions alongside comorbid behavioral health symptoms. For example, it is very challenging to stabilize diabetes or hypertension until depression or anxiety symptoms are successfully managed.

myStrength's digital behavioral health platform is available whenever and wherever a consumer needs, with a consistent, personalized user experience across web and mobile devices.

myStrength's mobile app promotes more frequent engagement by consumers, and use of these evidence-based tools (grounded in mindfulness, cognitive behavioral therapy, and more) helps facilitate long-term health benefits.

In addition to various pathways to access myStrength, the platform also offers immediate access to diverse tools for depression, anxiety, stress, meditation and mindfulness, sleep, pregnancy and early parenting, balancing intense emotions, and chronic pain, as well as tools for drug, opioid or alcohol recovery.

myStrength's Mobile App Offers Real-Time Support:

- Instantly unwind with 3 short audio activities presented when app is opened
- Bookmark helpful resources for quick access when real-time support is critical
- Gain personalized, integrated support for multiple conditions
- Favorite or download inspirational images in the Community for instant access

REQUEST A DEMO

State and National Developments and Resources:

'We Care. We Check.' MDHHS and LARA Encourage Providers to Use State Prescription System Through New Videos

Below are excerpts from a recent press release issued by MDHHS and the Michigan Department of Licensing and Regulatory Affairs (LARA) urging providers to use the MAPS system to prevent opioid abuse.

The Michigan Department of Health and Human Services (MDHHS) and the Department of Licensing and Regulatory Affairs (LARA) are encouraging providers to use the Michigan Automated Prescription System (MAPS) to help protect Michiganders from opioid abuse and ensure patients get the proper care they need.

Two new videos released this week provide an overview of MAPS, how it assesses patient risk and helps prevent drug abuse at the prescriber, pharmacy and patient levels. Titled "[We Care. We Check.](#)" and "[We Check MAPS.](#)" the videos are targeted to providers and patients.

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“An average of five people in Michigan die from an opioid overdose every day,” said Dr. Joneigh Khaldun, MDHHS chief medical executive and chief deputy director for health. “MAPS is simple for providers to use and it’s the right thing to do to ensure the safety of their patients. As physicians, it is our duty to understand what medications a patient is taking so we can best promote and protect their health.”

MAPS, which was completely replaced in April 2017, provides prescribers with a user-friendly portal, making it more efficient for practitioners to obtain information regarding Schedule 2-5 controlled substances that have been dispensed to patients. MAPS has nearly 70,000 registered users and the state saw its registration rate increase 134 percent between 2017 and 2019.

“MAPS has become an invaluable tool and has revolutionized drug monitoring in Michigan,” said LARA Director Orlene Hawks. “It provides insights for the clinician regarding their patients and through continued use and education, MAPS helps prescribers and dispensers to make informed decisions while ensuring the proper care and access to appropriate treatment and medication for Michigan patients.”

MAPS users include dentists, physicians (M.D. and D.O.), podiatrists, optometrists, veterinarians, physician’s assistants with practice agreements, advanced practice registered nurses under delegation and pharmacists. The MAPS system provides users with state-of-the-art tools, including:

- NarxCare patient risk information.
- Fast response time where record lookups are completed in seconds.
- A dashboard that provides patient alerts, recent request history and the ability to maintain delegate user activity within the prescriber’s main account.
- Integration into clinical workflow for ease of access and use.

For more information about MAPS and to register, visit [Michigan.gov/MiMapsInfo](https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_55478---,00.html) at: https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_55478---,00.html

The state is using every available tool to combat the opioid epidemic. The collaborative efforts of state agencies amplify Michigan’s efforts related to prevention and treatment of patients, education of health professionals, and enforcement of overprescribers and over dispensers. Efforts include:

- A new one-stop shop website ([Michigan.gov/opioids](https://www.michigan.gov/opioids)) provides helpful information and resources on the epidemic.
- Providing online resources for patients, health professionals, and communities about prevention and treatment of opioid abuse.
- Ensuring the life-saving overdose reversal drug, Naloxone, is available to residents statewide through a standing order.
- [Michigan.gov/MiMapsInfo](https://www.michigan.gov/MiMapsInfo), which provides real-time prescription data and resources to better assess a patient’s risk for substance use disorder.
- Assistance with proper drug disposal of unwanted medications.
- Michigan State Police posts serving as drug take-back sites and providing the Angel Program for individuals struggling with addiction.

For more information about opioids and the additional steps residents can take to protect themselves and loved ones, visit [Michigan.gov/opioids](https://www.michigan.gov/opioids) at: <https://www.michigan.gov/opioids>

CMS and SAMHSA Issue Guidance to States on Use of Medicaid for Mental Health Services in School Settings

Today (July 1, 2019) the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) are issuing a joint Informational Bulletin that describes Medicaid mandatory and optional state plan benefits and other Medicaid authorities that states may use to



cover mental illness and substance use related treatment services delivered to eligible children in school-based settings. The Informational Bulletin also provides states and school systems with best practices and information about resources that will facilitate implementation of quality, evidence-based, comprehensive mental illness and substance use related services for students.

The joint Informational Bulletin includes tools and resources to help states, educational agencies, and providers work together to identify and adequately treat students' mental illness or substance related challenges in school-based settings

The bulletin can be found at: <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB20190701.pdf>

CHCS' 2019 Summer Reading List

Kick off this summer by reading up on the latest innovations that are helping to advance high-quality, cost-effective health care.

While packing for your beach trip, don't forget to bring these popular CHCS publications — which make perfect reading (or listening in one case) while you're lying in the sand!

Resources:

Opportunities for Complex Care Programs to Address the Social Determinants of Health – Brief explores opportunities to address non-medical needs via screening, non-traditional workers, partnerships, and technology.

Strengthening Medicaid Long-Term Services and Supports in an Evolving Policy Environment: A Toolkit for States – Toolkit provides policy, operational, and authority options that states have used to advance long-term services and supports reforms.

Addressing Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations – Report examines state approaches to incentivizing and requiring social needs-related activities.

What Makes an Early Childhood Medicaid Partnership Work? – Brief outlines the activities of participants in CHCS' *Medicaid Early Childhood Innovation Lab* to inform cross-sector partnerships supporting young children and their families.

Screening for Adverse Childhood Experiences and Trauma – Brief offers various approaches and considerations for screening adults and children for adverse childhood experiences and trauma.

Medicaid Leadership Exchange: A Podcast by CHCS and NAMD – Podcast series features candid conversations with Medicaid directors on priority topics related to leading state agencies.

Exploring the Impact of Integrated Medicaid Managed Care on Practice-Level Integration of Physical and Behavioral Health – Brief shares recommendations for states seeking to integrate physical and behavioral health care in Medicaid.

Blog Posts:

Advancing Health Equity in Medicaid: Emerging Value-Based Payment Innovations – Explores promising efforts to use Medicaid value-based payment reform to address the needs of diverse populations.

Opportunities for States to Support Family Caregivers – Identifies priorities for states seeking to better support family caregivers.

A Marriage between Medicaid and Public Health: A Q&A on Partnering for Prevention – Demystifies the distinct roles of Medicaid and public health, and how these state agencies can align efforts around prevention strategies.

It's Not Just Risk: Why the Shift to Value-Based Payment is also about Provider Flexibility – Highlights the value of using alternative payment models that allow for provider flexibility to improve outcomes and reduce avoidable costs.

State Legislative Update:

Opioid Assistance Bills Signed into Law

More individuals could be trained to assist those suffering from an opioid overdose under a package of bills signed into law on Wednesday, June 26.

Governor Gretchen Whitmer gave her final approval of Senate Bills 200, 282 and 283 and House Bill 4367, with the bills allowing most state and local entities to purchase, possess and distribute opioid antagonists such as Naloxone and Narcan. The legislation included libraries and universities as well and provides immunity for the properly and specially trained employees from civil and criminal liability for administering the antagonists.

Commenting on the bills and what they mean for Michigan residents, Governor Whitmer stated, "This legislation will be useful in combating the public health crisis of opioid overdoses and deaths affecting families across the state. With this bill package, Michigan is demonstrating our bipartisan commitment to reducing opioid deaths and abuse here in Michigan."

Federal Update:

Registration is Now Open for Hill Day 2019 – Behavioral Health's Largest Advocacy Event of the Year.

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (October 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

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- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

Education Opportunities:

Required for Licensure Renewal: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

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

Trainings offered on the following date.

July 17, 2019 – Lansing [Click Here to Register!](#)

August 21, 2019 – Lansing [Click Here to Register!](#)

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

\$115 CMHA Members

\$138 Non-Members

Employment First Conference: “When Everyone Who Wants A Job, Has A Job!”

Join us for the Employment First Conference! Hear from national homegrown experts about how Michigan can ensure that “everyone who wants a job, has a job!” Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Dates: July 31 & August 1, 2019

Location: Suburban Collection Showplace, Novi

Who Should Attend: Staff who are involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Registration Fee: \$50 (registration open soon)

[Click here for more information and to register!](#)

Sponsored by the Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

11th Annual Anti-Stigma Event Day – July 25, 2019 at LCC Downtown

The 11th Annual Anti-Stigma Event Day will be held Thursday, July 25, 2019 at the Lansing Community College - Downtown Lansing Campus in the Gannon Building. The event will be held from 9:00am to 4:00pm. Do you have anti-stigma initiatives at your CMHSP? Please contact Colleen Jasper jasperc@michigan.gov or 517-373-1255 to present your anti-stigma program. Or just come, and we will have time for CMHSPs initiative updates that very day. Registration is open online at <https://cmham.org/events/?EventId=5302>

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Training Fee:

\$250 per person. Fee includes training materials (excluding book by Dr. Linehan), continental breakfast and lunch for 5 days.

Dates/Location:

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

Co-Occurring College Registration Now Open!

Registration is now open for the 2019 Co-Occurring College! Click [HERE](#) for all the details, CE information and registration link.

The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide conference focusing on people who have substance use disorders as well as mental health disorders. These individuals are diagnosed as having co-occurring disorders, or dual disorders. This is also sometimes called a dual diagnosis. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

Date: Tuesday, July 30, 2019

Times: Registration check-in begins at 8:00am | Education will run from 9:00am-4:15pm

Location: DoubleTree by Hilton Hotel Bay City - Riverfront (1 Wenonah Park Place, Bay City, MI 48708)

Training Fee: \$125 per person. The fee includes training materials, breakfast and lunch.

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

20th Annual Substance Use Disorder and Co-Occurring Disorder Conference Save-the-Date!

“Innovative Strategies for Today’s Challenges”

Pre-Conference Workshops: September 15, 2019

Full Conference: September 16-17, 2019

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

45th Annual National Association for Rural Mental Health Conference

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at www.narmh.org.

About Our Conference: The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

Our Conference Theme: The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The

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conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at www.narmh.org to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

Questions & General Information: If you need additional information after visiting the NARMH 2019 conference website at www.narmh.org, please contact Brenton Rice, NARMH Event Planner, by email at brenton@togeevents.com or by phone at 651.242.6589.

CRA Announces 2nd Annual Crisis Residential Conference Registration



Registration is now open for the 2nd **Annual Crisis Residential Conference**, October 3rd & 4th in Grand Rapids, MI!

Hosted by the Crisis Residential Association, this conference is open to providers, payers, and advocates for residential alternatives to psychiatric hospitalization for youth and adults.

Plenary Speakers include:

Dr. Debra Pinals, MD,

Medical Director of Behavioral Health and Forensic Programs
Michigan Department of Health & Human Services

Marilyn Kresky-Wolff, MSW, MPH

Executive Director (Retired)
Open Arms Housing, Inc., Washington, D.C.

Dr. William Beecroft, MD

Medical Director of Behavioral Health
Blue Cross Blue Shield of Michigan

- Register at <https://www.crisisresidentialnetwork.com/2019-cra-conference.html>. Discounts available for CRA members.
- Our Call for Presentations has been extended! Interested presenters can submit their workshop proposals <https://tinyurl.com/CrisisResConCFP>.
- Sponsorship opportunities are also available! Visit the CRA website to learn more.

About CRA

The Crisis Residential Association exists to support the operational and clinical functions of Crisis Residential programs around the world. Founded in 2018 and rooted in the values of empathy, recovery, and continuous improvement, the association seeks to connect providers with the best ideas in behavioral health treatment to transform the way people receive mental health care. Learn more at www.crisisresidentialnetwork.com.

Miscellaneous News and Information:

Michigan Health Endowment Fund Announces Behavioral Health Position Opening

We have a job opening! We're searching for a program manager to support our behavioral health team in Lansing, which is focused on improving access to mental health and substance use disorder services.

The Health Fund is full of energetic, compassionate, and welcoming people. Apply as soon as you can—we're reviewing applications on a rolling basis. And please share with your networks!

The job description is below, as well as on our website for more information.

Program Manager, Behavioral Health

The program manager will collaborate with the Health Fund's behavioral health team to support grant activity including proposal review; grant management; research and policy; education and technical assistance; communications; and other programmatic support.

The position will be based in Lansing, Michigan.

RESPONSIBILITIES

PROGRAMMATIC SUPPORT

- Help develop RFPs and supplemental materials such as webinars, one-pagers, etc.
- Assist with proposal review process and draft recommendations for the grantmaking committee and board of directors
- Review, analyze, and take action on grant reports to monitor progress, challenges, and emerging trends among funded projects
- Assist with grantee convenings, trainings, and other events
- Participate in cross-program meetings and activities, including Community Health Impact program
- Serve as first point of contact for programmatic inquiries

TECHNICAL ASSISTANCE

- Proactively solve problems and overcome obstacles to help grantees succeed
- Identify grantees in need of evaluation assistance and work with program and evaluation teams to manage the process
- Help plan cross-grantee technical assistance around common challenges
- Work with evaluation team to assess grantee results and identify insights
- Help solicit, retain, and manage contractors

PROGRAM COMMUNICATIONS

- Work with communications team to develop and implement program-specific communications strategies, messaging, and timelines

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- Identify newsworthy or noteworthy stories and articulate links across grantees; work with evaluation and communications teams to share success stories with key audiences
- Serve as subject matter expert, help draft and edit program-specific content for various publications and channels

PROGRAM COMMUNICATIONS

- Research current trends and best practices in program areas and potential new models of care
- Identify gaps or areas in need of reform within the current systems, and work with the program, evaluation, and policy teams to develop a strategy to address those gaps and/or issues
- Research current state policies and how they impact behavioral health services, which may include researching other states' policies or contracting with outside experts
- Work with policy and communication teams to disseminate findings to target audiences

QUALIFICATIONS

- Bachelor's degree required
- Minimum of three years of program experience in healthcare, nonprofit, or philanthropy
- Knowledge of behavioral health landscape, including strategies to implement integrated care
- Excellent administrative and organizational skills with a strong attention to detail
- Excellent writing skills, both technical and for a general audience
- Strong critical thinking skills
- Ability to manage multiple priorities, projects, and timelines
- Excellent research skills, including the ability to form research questions, investigate a variety of sources, and synthesize findings
- Self-motivated problem-solving abilities
- Demonstrated ability to work well individually and as part of a team

TO APPLY

Please send your resume and a one paragraph written narrative describing why you are interested in the position to Julie Skubik at info@mihealthfund.org.

The Health Fund encourages everyone to apply. We do not discriminate based on race, religion, color, national origin, sex, sexual orientation, gender identity, age, status as a protected veteran, status as an individual with a disability or other applicable legally protected characteristics.

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org

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

Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org

Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org

Dana Ferguson, Accounting Clerk, dferguson@cmham.org

Michelle Dee, Accounting Assistant, acctassistant@cmham.org

Anne Wilson, Training and Meeting Planner, awilson@mham.org

Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org

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

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

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

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

Robert Sheehan, CEO, rsheehan@cmham.org

Caring for Children Who Have Experienced Trauma

This is a **FREE*** 6-session course for parents, foster and adoptive parents, grandparents, other caregivers, and childcare providers, as well as those who work with children and families. The course will explore the biological and behavioral impact of trauma on children and suggest how to use a trauma-informed perspective to care for or work with children affected by trauma.



The course is offered in the following two parts on Wednesdays

Trauma Basics

Understanding ACEs & Trauma-Informed Caregiving • Trauma 101 • Understanding Trauma's Effects

6 - 8 p.m. September 25, and October 2, 9, 2019

Attend all three classes and earn a certificate for 6 contact hours of training

Putting Trauma Knowledge Into Action**

** Trauma Basics is a prerequisite

6 - 8 p.m. October 16, 23, 30, 2019

Attend all three classes and earn a certificate for 6 contact hours of training

Building A Safe Place • Dealing With Feelings and Behaviors • Connections, Healing, Advocacy

Classes will be in the **Social Hall at First Presbyterian Church**

Corner of Long Rapids Road and US-23-N, Alpena, MI

Enter Gilchrist Street from Long Rapids Rd., and take the first driveway on the right around to the north side of the church building. Use center door.

Register not later than Friday, September 20, 2019

by calling 989-356-2880 or 1-800-354-2880

Facilitators Meg Nisbet, Carlene Przykucki, and Mary Schalk are members of the Statewide Children's Trauma Initiative

NCTSN

The National Child
Traumatic Stress Network

*Funding provided by
Northeast Michigan Community Mental Health Authority

September is Suicide Prevention Month

Take action by completing

Mental Health First Aid

Become prepared to assist someone who is thinking about suicide or is experiencing a mental health or substance use related crisis

Choose **Adult** or **Youth Mental Health First Aid**
(or both!)



MENTAL
HEALTH
FIRST AID®



YOUTH
MENTAL
HEALTH
FIRST AID®

These **FREE** 8-hour courses are in **Alpena**
at **First Presbyterian Church Social Hall**

Youth Mental Health First Aid will be 5:30 p.m. to 9:45 p.m.
Wednesday, **September 18** AND Thursday **September 19**

Adult Mental Health First Aid will be 5:30 p.m. to 9:45 p.m.
Monday, **September 23** AND Tuesday **September 24**



In the **adult** course, you'll learn risk factors and warning signs for suicide and mental health concerns in adults. The **youth** course is for anyone who lives with, works with, or cares about youth age 12-18. You'll learn the unique risk factors and warning signs for suicide and mental health problems in adolescents.



Both courses include a **5-step Mental Health First Aid Action Plan** you can use to help adults and young people in both crisis and non-crisis situations. Mental Health First Aid teaches about *recovery* and *resilience* – the belief that individuals can and do get better.

Both eight-hour courses are for persons ages 18 and are **FREE** to participants, thanks to funding from **Northeast Michigan Community Mental Health Authority**

Certified Trainers are Carlene Przykucki and Mary Schalk of Partners In Prevention

Space is limited. Register by calling 989-356-2880