

Northeast Michigan Community Mental Health Authority Board September 2020 Meetings



➤ Public Hearing/ Board Meeting, Thursday, September 10th @ 3:00 PM

This meeting will be available as a Conference Call Meeting

using:

1-888-627-8019 PIN # 40994

Or Zoom

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

Meeting ID: 911 168 583

Password: 013259

Due to the Governor's EO [in place at the time of this mailing], our capacity in the Board Room will be limited to 10 individuals. Please let Diane Hayka [358-7749] know if you plan to attend in person. Facemasks will be required during the meeting should you attend in person.

All meetings are held in the Board Training Room at 400 Johnson Street in Alpena.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

September 10, 2020 at 3:00 p.m.

A G E N D A

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Approval of Minutes.....(See pages 1 - 5)
- VIII. Consent Agenda.....(See page 6)
 - 1. Contracts
 - a. Partners In Prevention
- IX. FY19 - 20 Budget Amendment.....(See pages 7-13)
- X. FY20-21 Budget Hearing(See pages 14-15)
- XI. Sentric HR Contract(See page 16)
- XII. September Monitoring Reports
 - 1. Budgeting 01-004(See page 17)
- XIII. Board Policies Review and Self Evaluation
 - 1. General Executive Constraint 01-001 [Review](See page 18)
 - 2. Compensation and Benefits 01-008 [Review](See pages 19-20)
 - 3. Board Committee Structure 02-006 [Review & Self-Evaluation](See pages 21-22)
 - 4. Chief Executive Officer Search Process 03-005[Review & Self-Evaluation (See pages 23-24)
- XIV. Linkage Reports
 - 1. Northern Michigan Regional Entity
 - a. Board Meeting August 26th (Verbal Update)
 - b. Board Meeting July 22nd(See pages 25-30)
 - 2. MACMHB
 - a. Fall Board Conference – October 26 & 29 Virtual (Verbal Update)
- XV. Chair’s Report
 - 1. Setting Perpetual Calendar(See pages 31-32)
 - 2. Board Self-Evaluation Report (See Insert Booklet)
 - 3. Employee Recognition(See page 33)
- XVI. Director’s Report
 - 1. Director’s Report..... (Available at the Meeting)
 - 2. QI Council Update.....(See pages 34-44)
- XVII. Information and/or Comments from the Public
- XVIII. Information and/or Comment for the Good of the Board
- XIX. Next Meeting – Thursday, October 8 at 3:00 p.m.
 - 1. Set October Agenda(See page 45)
 - 2. Meeting Evaluation (Verbal)
- XX. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

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

August 13, 2020

- I. **Call to Order**
Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.
- II. **Roll Call and Determination of a Quorum**
Present: In Person: Lester Buza, Roger Frye, Terry Larson, Eric Lawson, Gary Wnuk
Via Zoom: Bob Adrian @ 3:05 p.m.
Via Uber Conference: Judy Jones, Pat Przeslawski

Absent: Bonnie Cornelius, Albert LaFleche, Gary Nowak

Staff & Guests: Lisa Anderson (Uber), Dennis Bannon (Zoom), Carolyn Bruning (Uber/Zoom), Connie Cadarette (Zoom), Mary Crittenden, Carol Dumsch (Uber), Ruth Hewett (Zoom), Nancy Kearly (Uber), Kay Keller (Uber), Cheryl Kobernik (Uber), Larry Patterson (Zoom), Donna Roussin (Uber), Nena Sork, Brenda Stanton (Uber), Jen Whyte (Uber)
- III. **Pledge of Allegiance**
Attendees recited the Pledge of Allegiance as a group.
- IV. **Appointment of Evaluator**
Eric Lawson appointed Terry Larson as evaluator for this meeting.
- V. **Acknowledgement of Conflict of Interest**
No conflicts were identified.
- VI. **Information and/or Comments from the Public**
No information or comments were presented.
- VII. **Approval of Minutes**
Moved by Roger Frye, supported by Terry Larson, to approve the minutes of the July 09, 2020 meeting as presented. Roll call vote: Ayes: Robert Adrian, Les Buza, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Bonnie Cornelius, Albert LaFleche, Gary Nowak. Motion carried.
- VIII. **Consent Agenda**
 1. **M-CEITA (Meaningful Use)**
Moved by Lester Buza, supported by Gary Wnuk, to approve the Consent Agenda as presented. Roll call vote: Ayes: Robert Adrian, Les Buza, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Bonnie Cornelius, Albert LaFleche, Gary Nowak. Motion carried.
- IX. **August Monitoring Reports**
 1. **Treatment of Consumers 01-002**
The monitoring report related to Treatment of Consumers was included in the mailing. Pat Przeslawski reported she chaired the meeting and it was short and precise. The Recipient Rights Committee reviewed the 3rd Quarter Report along with the semi-annual report submitted to the state. Their next meeting will be in October.
 2. **Staff Treatment 01-003**
The staff treatment monitoring report this month is related to turnover of staff. Nena Sork reported for last calendar year the turnover rate for those employees leaving the Agency was 25%; the

turnover for this six-month period is lower by 11% (14%). Compared to the national industry standard, this Agency has a much lower turnover rate.

3. Budgeting 01-004

Connie Cadarette reviewed the revenue portion of the budgeting monitoring report. She reported the budget should be at 75% of the year and this reports reflects slightly lower; however, the dollars we would have to return as of June 30th if we cost settled, are reflected in the underspending on line #44. If those dollars were included in the line items the revenues would be right on. She reports the revenues are looking pretty strong. Connie reported the General Funds are looking good and some of this is due to the elimination of spend-downs for many of the individuals receiving services. If the individual qualified for Medicaid in March by meeting their spend-down, they were qualified for Medicaid without a spend-down for the COVID period. Spend-downs are paid for by General Funds as most of the individuals we serve have a zero ability to pay so the Agency must cover the cost. Board members suggested having an educational session on spend-downs in a future meeting.

Larry Patterson reviewed the expense portion of the budget monitoring report. He reported the Employee Wellness is a timing issue and this has decreased from the previous month. Contract residential is also a variance and this is something we will need to watch. The food line item is due to a higher purchase of food items due to COVID to assure some items are available in the home. He also touched on the variances in Capital Equipment and Miscellaneous Expenses. He reports our expenses budget is at 68.3% with 75% of the year lapsed.

4. Financial Condition 01-005

The Board noted the financial monitoring report indicates there is 53 days operating expense in unrestricted funds. The endowment fund balance sheet was reviewed with notation a report in the Director's report indicates how some of the spendable funds were used.

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

X. Board Policy Review and Self Evaluation

1. Chairperson's Role 02-004

Eric Lawson reported he believes the Board reviews the policies pretty good; however, the self-evaluation of the policy is sometimes vague. Eric Lawson noted he reviewed the policy and believes he as Chair the policy is followed. Roger Frye, Lester Buza and Terry Larson also believe the Board is following this policy as written. Bob Adrian reported there is a sentence in the #3., in which the Chair has the right to limit the number of persons wishing to address the Board on the same subject. He notes in reviewing a similar element for the County, under open meetings act this cannot be limited to a restricted number of individuals. He also notes responses are not generally provided during these question sessions. It might say the Chair may or may not answer questions to the Board. This policy will be reviewed and brought back to the Board with future recommendations.

2. Board Member Per Diem 02-009

Board members reviewed this policy and the various elements of per diems were discussed along with mileage and meal reimbursement. Diane Hayka provided explanation of the hotel rate noting as long as the Agency makes the reservation, it is able to get government rates and tax exemption. No changes were recommended.

3. Board Self-Evaluation 02-012

Pat Przeslawski reports this policy seems to cover all aspects of what the Board is to do for self-evaluation. She believes the policy is written clearly. Eric Lawson concurs it is well written. The Board will begin the self-evaluation process later in this meeting as well.

XI. MDHHS FY21 Contract and FY20 Contract Amendment

Eric Lawson noted there is good news related to the FY21 General Fund Contract. Nena Sork reported it was anticipated there would be a cut in funding and the Agency then received the renewal indicating the funding would be the same as last fiscal year. After the Board mailing went out, the State pulled back the contract due to an error in funding. When the final contract came back out it is \$101,000 more than the current fiscal year. She notes the Medicaid budget is not yet been released. There could be level funding, reduction or increase in Medicaid. She notes under federal guidelines, the State has to fund based on actuarial data. The State hired Milliman to develop actuarial rates and a report was published prior to COVID and so they may need to at least fund at the current year level if not more.

Nena Sork noted the accounting error discovered in our transition has been corrected and all previous years will have funding paid back to cover the error. She reports this was discussed at the NMRE Board meeting and Eric Kurtz will have to report the data to the OIG. The glitch has been corrected and this is being monitored with the other community mental health boards to assure they are not interpreting it in the same manner as our previous Finance Director.

Nena Sork noted during COVID our Agency continued to provide face-to-face services where some Agencies closed the door to face-to-face services.

She reports she will be executing the agreements before the State can make more changes.

XII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting July 22, 2020

Eric Lawson noted this meeting was conducted in part in person. The minutes were not available. Nena Sork noted the July minutes will include discussion related to the corrections Northeast made in the financial reporting for fiscal years 2017-2019.

b. Board Meeting June 24, 2020

The minutes of this meeting were included in the mailing.

2. Community Mental Health Association of Michigan (CMHAM)

a. Virtual Summer Conference

Eric Lawson reported this conference was postponed from June and rescheduled to August; however, it has now been cancelled. The registrations were down significantly and hosting the virtual conference had costs that would not be covered by registration fees.

Earlier today, Eric Lawson, Gary Wnuk and Nena Sork attended the Member Assembly meeting of the CMHAM and are in the process of voting on some by-law changes.

3. Advisory Council

Lester Buza reported the Council met on Monday at 5:00 p.m. and held their election of officers. He noted there was discussion about the confinement in the group homes and how the individuals are getting through this crisis time.

XIII. Operation's Report

Mary Crittenden reviewed the services provided during June and July. She reported there is an increase in the older adult service provision. She notes there are slight increases in prescreens and inpatient. In July some services are revving up more and there are more services provided in employment services and peer delivered services.

XIV. Chair's Report

1. Begin Board Self-Evaluation

Eric Lawson requested Board members send in their evaluations to Diane Hayka if they have not already done so. The responses will be reviewed at the next meeting. The discussion of the self-

evaluation of the policies were included for Board members review so comments made in the self-evaluation portion of each meeting could be looked at for content.

2. Director's Evaluation

The Director's evaluation is based on monitoring reports provided to the Board throughout the year. Diane Hayka reported Board members had no inquiries as to the monitoring reports. Based on the response, the Director received a positive evaluation.

Gary Wnuk noted Nena Sork is operating above average as a Director. Other Board members concurred.

Moved by Gary Wnuk, supported by Lester Buza, the Director has performed satisfactorily during the past year. Nena Sork noted she has a very good staff to help her with the running of this organization. The Board has been very supportive. Roll call vote: Ayes: Robert Adrian, Les Buza, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Bonnie Cornelius, Albert LaFleche, Gary Nowak. Motion carried, enthusiastically.

XV. Director's Report

1. Endowment Fund Grant Awards

Nena Sork noted there has not been a big request for grant funds due to COVID-19 limitations during this period. There was one request for bicycle repair during this time.

2. Director Report

Nena Sork reports this continues to be a busy time. She has attended the HSCC meetings in Alcona and Presque Isle counties. Nena Sork reported on recruiting efforts for a new psychiatrist who will be graduating in 2022 looking to return to the area. She noted she attended a webinar on the new National Suicide Prevention Hotline. She notes September focuses on suicide and we are working with Partners in Prevention on various items.

Management Team met on Monday and approved several items to purchase in this year. She noted the Board had authorized the purchase of many items before the end of the fiscal year. She reports we plan to spend about \$205,000 for new servers, which will allow for a back up of our data in the Hillman office to ensure if we had a crash or disaster in Alpena we would have good back up within our organization. She reported a new HR Software package was identified and hopefully the contract will be available for the Board at the September meeting. Nena Sork reported vehicles were purchased in advance and a couple of the vehicles have all-wheel drive to allow for easier access in the winter weather.

Nena Sork reported we are requesting \$40,000 General Fund dollars through a Section 236 transfer from one of our partner Boards to assure we are in the positive at fiscal yearend. This would possible allow for a carryforward for next year if we squeeze by with our allocation. This request must be submitted by Monday, August 17th.

Nena Sork reported the door locking system will be upgraded to new software. New fax and copiers were also requisitioned. Nena Sork reported the reinvestment committee is looking to provide staff with a percentage lump sum award as there may not be dollars in the budget next year for raises, etc.

XVI. Information and/or Comments from the Public

There was no information or comments presented.

XVII. Information and/or Comments for the Good of the Board

Eric Lawson informed Board members the CMHA Board has requested their email address as a means to communicate with them directly. If you wish to allow them access to your email, please let Diane Hayka know and she will forward that information on to CMHA. Pat Przeslawski noted this meeting went relatively well considering we are split in attendance.

XVIII. Next Meeting

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

1. Set September Agenda

The September agenda items were reviewed.

XIX. Evaluation of Meeting

Terry Larson reported this meeting started on time. This is a great Board and has good staff. Board members are lucky in this respect.

XX. Adjournment

Moved by Pat Przeslawski, supported by Gary Wnuk, to adjourn the meeting. Motion carried.
This meeting adjourned at 4:05 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: August 31, 2020

1. Contract

a. Partners in Prevention

This is a continuation of an arrangement the Agency has with Partners in Prevention to provide various educational opportunities to community members and staff. The total amount of this agreement is not to exceed \$23,316. This is a \$314.00 increase over the previous agreement. Partners in Prevention will provide the following:

- i. Adult Trauma Training – this training is a four-week course for adults to learn and begin healing from their own trauma.
- ii. Mental Health First Aid Training –targeted for both Youth Mental Health First Aid and Adult Mental Health First Aid in the four-county catchment area.
- iii. Trauma Training Project and Suicide Prevention Education
- iv. Caring for Children who Experience Trauma – This is offered as a six-week curriculum consisting of 12 hours of training.

We recommend approval of this Agreement.

Public Hearing Summarized Budget Amendment #3

This amendment will see an increase in both revenues and expenses of \$305,638.

Revenue Adjustments	
1.	A \$7,565 decrease to the MC3 Grant based on actual expenses.
2.	An increase of \$106,170 in Rebates/Incentives/Other local revenue/Grants due to money received from COVID grants.
3.	An increase of \$370,406 in the Medicaid funds to be received from NMRE. This amount was adjusted to balance out with the expenses needed.
4.	A decrease of \$123,707 in the Third Party Insurance and COFR funds received. This increase is based on the actual amounts received and projected for the remaining of the fiscal year.
5.	A decrease of \$7,836 in interest income based on the actual amounts received and projected for the remaining of the fiscal year.
6.	A decrease of \$7,648 to Healthy Michigan funds to be received from NMRE based on actual amounts received and projected for the remaining of the fiscal year.
7.	A decrease of \$24,182 in Residential Clients – Room and Board mostly due to the fact that one resident is receiving COFR funds instead of SSI funds.
Expense Adjustments	
1.	Line #1 -- Salaries are increased \$44,648 to accommodate a 5% increase in staff salaries which is mostly offset by a decrease in actual salaries needed as projected for the remaining of the fiscal year. (\$540,000 approximate wage increases plus \$60,000 in benefits that are showing in their appropriate line items)
2.	Line #2 – Social Security tax is being decreased \$44,877 due not being adjusted in the previous budget adjustment and based on projections for the remaining of the fiscal year.
3.	Lines #3 to #10 – Total insurance needs are being decreased by \$134,211 based on actual amounts projected for the remaining of the fiscal year.
4.	Line #14 – Workers’ Compensation is being decreased by \$32,221 based on projections for the remaining of the fiscal year.
5.	Lines #15-19 – Office and other Human Resource expenses were decreased by \$22,160 based on projections for the remaining of the fiscal year.
6.	Lines #21-24 – Various supply accounts total is being increased by \$29,351 mostly due to the need for increased PPE for the agency.
7.	Lines #25-26 – Contracted Inpatient and Contracted Transportation are being decreased by a total of \$364,235 based on projections for the remaining of the fiscal year.

Expense Adjustments (continued)

8. Line #27 – Contracted Residential is being increased \$495,244 mostly due to a projected increase in need for contracted Autism services and also based on projections for the remaining of the fiscal year.
9. Line #28 – Contracted Employees/Services is being increased due to projections for the remaining of the fiscal year and due to a Human Resources need to purchase new software (\$90,000 projection).
10. Line # 52 – Capital Equipment is being increased a net \$105,294 for the purchase of vehicles. Actual amount needed for vehicles is approximately \$120,000 but lower needs in other areas gives a net increase of \$105,294 in this fund.
11. Line #54 – Computer Equipment over \$200 is being increased by \$246,846 due to needs of the MIS department.
12. Various other lines are being increased or decreased based on actual projections for the needs for the remaining of the fiscal year. Some expenses are being projected much lower due to COVID and lack of need for those funds (ie mileage).

Expenditures by Program

This page shows how the changes affect each program – some areas were over budgeted more than others. COVID has had a large impact on many of these departments.

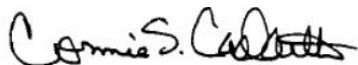
Capital Expenditures

Changes to this budget area have items identified by “New” in the Line # column.

FTEs

There are several changes in FTEs. Line #23 – Applied Behavioral Analysis (Autism) Services now has no employees due to this program is now provided by contracted services. Most of these employees filled vacancies in other program within the agency. Line #6 Clerical Support Services has decreased one due to a reduction of staff needed in that program. Line #8 Facilities, Vehicles, Equip. Maintenance has decreased one due to a reduction in staff needed in that program. Line #25 – DD Community Living Supports has decreased one due to a retirement and that position not going to be filled.

Respectively Submitted,



Connie S. Cadarette
Finance Officer

Northeast Michigan Community Mental Health Authority
2019-2020 Budget Amendment #3
Revenue Budget

Line #	Revenue Source	FY20 Budget Amendment #2	\$\$\$ Incr./((Decr.)	FY20 Budget Amendment #3	Totals	% of Total Budget
1	Rent Income	\$ 38,853	\$ -	\$ 38,853	\$ 38,853	0.12%
2	State Contracts				97,000	0.31%
3	PASARR (Nursing Home Services)	97,000	-	97,000		
4	Private Contracts				45,038	0.14%
5	Blue Horizons Management Services	18,240	-	18,240		
6	MI Child Collaborative Care Grant	34,363	(7,565)	26,798		
7	Local Funding				613,067	1.96%
8	Alcona County Allocation	35,223	-	35,223		
9	Alpena County Allocation	150,216	-	150,216		
10	Montmorency County Allocation	31,435	-	31,435		
11	Presque Isle County Allocation	49,764	-	49,764		
12	Rebates/Incentives/Other local revenue/Grants	240,259	106,170	346,429		
13	Interest Income	20,000	(7,836)	12,164	12,164	0.04%
14	Medicaid	26,439,247	370,406	26,809,653	26,809,653	85.76%
15	General Funds from MDCH				901,044	2.88%
16	Operational (Community) Funding	901,044	-	901,044		
17	Carryforward from FY19 to FY20	-	-	-		
18	Healthy Michigan Plan	1,846,144	(7,648)	1,838,496	1,838,496	5.88%
19	Third Party Insurance (incl. COFR)	499,314	(123,707)	375,607	375,607	1.20%
20	Residential Clients - Room & Board	516,351	(24,182)	492,169	492,169	1.57%
21	Club House Food Sales	-	-	-	-	0.00%
22	Donations	-	-	-	-	0.00%
23	Other Revenue				36,485	0.12%
24	Reimbursed Class Fees	6,000	-	6,000		
25	Telephone Usage Rebates	-	-	-		
26	Representative Payee Fees	17,544	-	17,544		
27	Record Copying Fees	8,000	-	8,000		
28	Michigan Rehabilitation Services	4,626	-	4,626		
29	Miscellaneous Other Income	315	-	315		
30	Total Revenues	\$ 30,953,938	\$ 305,638	\$ 31,259,576	\$ 31,259,576	100.00%

Northeast Michigan Community Mental Health Authority
2019-2020 Budget Amendment #3
 Expenditure Budget (by account)

Line #	Expenditure Type	FY20 Budget Amendment #2	\$\$\$ Incr./(Decr.)	FY20 Budget Amendment #3	% Incr./(Decr.)
1	Salaries	\$ 13,124,979	\$ 44,648	\$ 13,169,627	0.3%
2	Social Security Tax	622,521	(44,877)	577,644	-7.2%
3	Health Savings Accounts	40,002	(5,790)	34,212	-14.5%
4	Health Insurance (self insured)	1,827,905	62,952	1,890,857	3.4%
5	Prescription Insurance (self insured)	402,098	(106,157)	295,941	-26.4%
6	Dental Insurance (self insured)	103,154	(48,689)	54,465	-47.2%
7	Vision Insurance (self insured)	36,761	(16,817)	19,944	-45.7%
8	Life Insurance	30,486	(1,699)	28,787	-5.6%
9	Long Term Disability Insurance	28,829	(2,427)	26,402	-8.4%
10	Short Term Disability Insurance	167,338	(15,584)	151,754	-9.3%
11	Pension	708,797	29,416	738,213	4.2%
12	Pension (Social Security Opt Out)	319,313	19,625	338,938	6.1%
13	Unemployment	7,000	-	7,000	0.0%
14	Workers Compensation	197,167	(32,221)	164,946	-16.3%
15	Office Supplies	27,114	(2,125)	24,989	-7.8%
16	Postage	19,615	(3,133)	16,482	-16.0%
17	Advertisement/Recruitment	42,216	(4,527)	37,689	-10.7%
18	Public Relations/Community Education	27,031	(12,489)	14,542	-46.2%
19	Employee Relations/Wellness	45,873	114	45,987	0.2%
20	Computer Maintenance/Supplies	322,571	55,643	378,214	17.2%
21	Activity/Program Supplies	36,732	(19,644)	17,088	-53.5%
22	Medical Supplies & Services	55,670	46,855	102,525	84.2%
23	Household Supplies	51,854	3,090	54,944	6.0%
24	Clothing	950	(950)	-	-100.0%
25	Contracted Inpatient	1,578,228	(308,725)	1,269,503	-19.6%
26	Contracted Transportation	119,668	(55,510)	64,158	-46.4%
27	Contracted Residential (incl. Self Determination)	5,131,487	495,244	5,626,731	9.7%
28	Contracted Employees/Services	3,926,989	220,282	4,147,271	5.6%
29	Telephone / Internet (Communications)	127,973	2,434	130,407	1.9%
30	Staff Meals & Lodging	34,262	(19,541)	14,721	-57.0%
31	Staff Travel Mileage	240,360	(85,226)	155,134	-35.5%
32	Vehicle Gasoline	136,372	(54,993)	81,379	-40.3%
33	Client Travel Mileage	61,323	(30,477)	30,846	-49.7%
34	Board Travel and Expenses	11,883	(7,263)	4,620	-61.1%
35	Staff Development-Conference Fees	37,493	(20,552)	16,941	-54.8%
36	Staff Physicals/Immunizations	16,988	(7,842)	9,146	-46.2%
37	Professional Fees (Audit, Legal, CARF)	66,016	(17,740)	48,276	-26.9%
38	Professional Liability Insurance Drs.	16,244	(1,106)	15,138	-6.8%
39	Property/Staff Liability Insurance (net)	47,033	(18,872)	28,161	-40.1%
40	Heat	31,205	(5,134)	26,071	-16.5%
41	Electricity	99,578	(7,883)	91,695	-7.9%
42	Water/Sewage	30,447	(5,880)	24,567	-19.3%
43	Sanitation	11,009	(122)	10,887	-1.1%
44	Office Building/Equipment Maintenance	75,961	(17,081)	58,880	-22.5%
45	Home Maintenance (incl. Envir. Modifications)	79,624	(38,116)	41,508	-47.9%
46	Vehicle Maintenance	54,864	(19,877)	34,987	-36.2%
47	Rent-Homes and Office Buildings	259,620	(2,114)	257,506	-0.8%
48	Rent-Equipment	5,290	219	5,509	4.1%
49	Membership Dues	16,450	4,147	20,597	25.2%
50	Food	147,854	(153)	147,701	-0.1%
51	Food Stamps	(85,360)	9,341	(76,019)	-10.9%
52	Capital Equipment over \$200	230,746	105,294	336,040	45.6%
53	Consumable Equipment under \$200	13,462	(9,932)	3,530	-73.8%
54	Computer Equipment over \$200	83,000	246,846	329,846	297.4%
55	Client Adaptive Equipment	30,000	(15,172)	14,828	-50.6%
56	Depreciation Expense Adjustment	8,270	8,710	16,980	105.3%
57	General Fund Expenditures	8,873	2,687	11,560	30.3%
58	Local Fund Expenditures (10% State Hospital)	54,750	14,531	69,281	26.5%
59	Unidentified Budget Corrections (TBD)	-	-	-	100.0%
60	Total Expenditures	\$ 30,953,938	\$ 305,638	\$ 31,259,576	1.0%

Northeast Michigan Community Mental Health Authority
2019-2020 Budget Amendment #3
 Expenditure Budget (by program)

Line #	Program	FY20 Budget Amendment #2	\$\$\$ Incr./Decr.)	FY20 Budget Amendment #3	% Incr./Decr.)
1	Board Administration	\$ 637,641	\$ 15,854	\$ 653,495	2.5%
2	DD Administration	118,395	26,182	144,577	22.1%
3	Managed Information Systems (MIS)	1,108,337	342,086	1,450,423	30.9%
4	Staff Development	38,435	(19,831)	18,604	-51.6%
5	Budget & Finance	1,225,931	(286,837)	939,094	-23.4%
6	Clerical Support Services	479,133	(39,626)	439,507	-8.3%
7	Human Resources	403,323	159,574	562,897	39.6%
8	Facilities, Vehicles, Equip. Maintenance	840,310	79,133	919,443	9.4%
9	Quality Improvement	213,696	22,384	236,080	10.5%
10	MI Outpatient	977,581	54,152	1,031,733	5.5%
11	MI Administration	59,609	(23,747)	35,862	-39.8%
12	Physician Services	1,719,874	1,916	1,721,790	0.1%
13	Housekeeping	103,623	4,855	108,478	4.7%
14	Customer Service	94,327	(32,259)	62,068	-34.2%
15	Older Adult Services - PASARR	110,742	(28,938)	81,804	-26.1%
16	Older Adult Case Management	568,948	18,944	587,892	3.3%
17	MI Case Management	677,035	(14,692)	662,343	-2.2%
18	Assertive Community Treatment (ACT)	496,365	(63,234)	433,131	-12.7%
19	Children's Home Based and Comm. Services	693,040	(82,622)	610,418	-11.9%
20	MI Child Collaborative Care Grant	33,347	-	33,347	0.0%
21	Children's Wraparound	119,847	(11,987)	107,860	-10.0%
22	DD Case Management	831,815	(89,373)	742,442	-10.7%
23	DD Clinical Support	300,678	(71,339)	229,339	-23.7%
24	Applied Behavioral Analysis (Autism) Services	1,691,278	575,558	2,266,836	34.0%
25	Private Hospitalization (all populations)	1,578,228	(308,725)	1,269,503	-19.6%
26	State Hospitalization (County 10% Share only)	54,750	14,531	69,281	26.5%
27	DD Community Employment	1,181,947	(402,849)	779,098	-34.1%
28	DD Community Support	1,505,879	(413,920)	1,091,959	-27.5%
29	MI Adult Clubhouse (Touchstone Inc. 1/1/2020)	521,448	-	521,448	0.0%
30	Bay View Center	100,713	(3,813)	96,900	-3.8%
31	Peer Directed Activities	30,425	(15,158)	15,267	-49.8%
32	MI Peer Support Services	126,106	(9,279)	116,827	-7.4%
33	MI Community Employment	203,257	(98,656)	104,601	-48.5%
34	Contracted Residential	3,571,951	737,027	4,308,978	20.6%
35	Respite (DD & MI)	149,443	(11,479)	137,964	-7.7%
36	DD SIP Monitoring	507,099	56,461	563,560	11.1%
37	DD Supported Independent Living (SIP)	1,504,025	32,114	1,536,139	2.1%
38	Self Determination (DD & MI)	1,960,916	(240,679)	1,720,237	-12.3%
39	Hospital Transportation	26,844	(2,536)	24,308	-9.4%
40	Cambridge Residential DD	495,280	65,113	560,393	13.1%
41	Princeton Residential DD	559,660	47,827	607,487	8.5%
42	Walnut Residential DD	587,641	58,531	646,172	10.0%
43	Thunder Bay Heights Residential DD	583,182	71,141	654,323	12.2%
44	Pinepark Residential DD	544,892	18,732	563,624	3.4%
45	Brege Residential DD	550,002	43,608	593,610	7.9%
46	Harrisville Residential DD	525,916	58,463	584,379	11.1%
47	Millcreek Residential DD	541,024	73,031	614,057	13.5%
48	Budget Corrections to be spread to programs	-	-	-	100.0%
49	Total Expenditures	\$ 30,953,938	\$ 305,638	\$ 31,259,578	1.0%

Northeast Michigan Community Mental Health Authority
2019-2020 Budget Amendment #3

Capital Purchases

Line #	Program	Description	\$\$\$
Equipment, Furniture, Building Improvements			
	Staff Development	First Aid Equipment	662
	Human Resources	Stand-up Desk for GD (per LA)	400
	Human Resources	New/Updated Camera	600
	Facilities	2 SUV's 4x4	56,000
	Facilities	3 Mini Vans	72,000
	Facilities	2 Sedans	38,000
	Facilities	2 HVAC Units - Alpena Office	18,000
	Facilities	1 Snowblower	1,500
	Facilities	2 Access Control Door Locks - Hillman Office	2,000
	Facilities	Arjo Maxi Twin Patient Lift	5,000
	Facilities	Alpena Office Heating system Controler	4,000
	Facilities	Conference Room Chairs for Hillman Office	2,640
	Cambridge	Phoenix Reclining Shower Chair	4,000
	Cambridge	One Major Appliance	1,000
	Cambridge	Flooring for the Living Room and Hallway	8,000
	Princeton	One Major Appliance	1,000
	Princeton	Recliner	500
	Walnut	One Major Appliance	1,000
	Walnut	2 - Recliners	1,400
	Walnut	Gass Grill	400
	Thunder Bay	One Major Appliance	1,000
	Thunder Bay	3 Drawer Lateral File Cabinet	710
	Pine Park	One Major Appliance	1,000
	Pine Park	Install New Flooring	11,000
	Brege	One Major Appliance	1,000
	Harrisville	One Major Appliance	1,000
	Harrisville	Counter Top for Kitchen	6,000
	Harrisville	OTC Microwave	500
	Millcreek	One Major Appliance	1,000
	Millcreek	Flooring	4,074
New	Facilities	New Automobiles	120,000
Total Equipment, Furniture, Building Improvements			\$ 365,386

Computer Equipment

	Information Systems	Notebooks/Laptops/Desktops	36,000
	Information Systems	Servers	30,000
	Information Systems	Copiers (Alpena, Rogers City, Hillman)	12,000
	Information Systems	Printers	2,000
	Information Systems	IP Phones	10,000
	Information Systems	Switch/Router	5,000
	Information Systems	Switch/Router	8,000
New	Information Systems	Servers/Misc	45,000
Total Computer Equipment			\$ 148,000

Vehicle Replacement Policy:

Agency owned vehicles will be reviewed for replacement when:

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

Northeast Michigan Community Mental Health Authority
2019-2020 Budget Amendment #3
Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY20 Budget Amendment #2	FTE Incr./((Decr.))	FY20 Budget Amendment #3	% Incr./((Decr.))
1	Board Administration	6.10	-	6.10	0.0%
2	DD Administration	1.20	-	1.20	0.0%
3	Managed Information Systems (MIS)	6.00	-	6.00	0.0%
4	Staff Development	0.37	-	0.37	0.0%
5	Budget & Finance	10.50	-	10.50	0.0%
6	Clerical Support Services	8.50	(1.00)	7.50	-11.8%
7	Human Resources	4.15	-	4.15	0.0%
8	Facilities, Vehicles, Equip. Maintenance	3.01	(1.00)	2.01	-33.2%
9	Quality Improvement	2.00	-	2.00	0.0%
10	MI Outpatient	9.50	-	9.50	0.0%
11	MI Administration	0.50	-	0.50	0.0%
12	Physician Services	11.15	-	11.15	0.0%
13	Housekeeping	2.43	-	2.43	0.0%
14	Customer Service	2.13	-	2.13	0.0%
15	Geriatric Services - PASARR	1.38	-	1.38	0.0%
16	Geriatric Case Management	9.67	-	9.67	0.0%
17	MI Case Management (see DD Case Manage)	11.13	-	11.13	0.0%
18	Assertive Community Treatment (ACT)	7.84	-	7.84	0.0%
19	Children's Home Based and Comm. Services	9.95	-	9.95	0.0%
20	MI Child Collaborative Care Grant	0.50	-	0.50	0.0%
21	DD Case Management (see MI Case Manage)	11.69	-	11.69	0.0%
22	DD Clinical Support	1.75	-	1.75	0.0%
23	Applied Behavioral Analysis (Autism) Services	13.80	(13.80)	-	-100.0%
24	DD Community Employment	12.60	-	12.60	0.0%
25	DD Community Living Supports	28.40	(1.00)	27.40	-3.5%
26	MI Adult Clubhouse	-	-	-	100.0%
27	Peer Directed Activities	0.78	-	0.78	0.0%
28	MI Peer Support Services	2.63	-	2.63	0.0%
29	MI Community Employment	4.00	-	4.00	0.0%
30	SIP Monitoring	11.85	-	11.85	0.0%
31	DD Supported Independent Living (SIP)	38.70	-	38.70	0.0%
32	Self Determination (MI & DD)	3.63	-	3.63	0.0%
33	Hospital Transportation (new)	0.58	-	0.58	0.0%
34	Cambridge Residential DD	12.14	-	12.14	0.0%
35	Princeton Residential DD	14.09	-	14.09	0.0%
36	Walnut Residential DD	13.54	-	13.54	0.0%
37	Thunder Bay Residential DD	12.08	-	12.08	0.0%
38	Pinepark Residential DD	12.67	-	12.67	0.0%
39	Brege Residential DD	13.46	-	13.46	0.0%
40	Harrisville Residential DD	12.62	-	12.62	0.0%
41	Millcreek Residential DD	12.43	-	12.43	0.0%
42	Total FTE's	341.45	(16.80)	324.65	-4.9%

Northeast Michigan Community Mental Health Authority
2020-2021 Preliminary Budget
Revenue Budget

Line #	Revenue Source	FY20 Budget	\$\$\$ Incr./(Decr.)	FY21 Continuation Budget	Totals	% of Total Budget
1	Rent Income	\$ 38,853	\$ -	\$ 38,853	\$ 38,853	0.12%
2	State Contracts				97,000	0.31%
3	PASARR (Nursing Home Services)	97,000	-	97,000		
4	Private Contracts				45,038	0.14%
5	Blue Horizons Management Services	18,240	-	18,240		
6	MI Child Collaborative Care Grant	26,798	-	26,798		
7	Local Funding				613,067	1.96%
8	Alcona County Allocation	35,223	-	35,223		
9	Alpena County Allocation	150,216	-	150,216		
10	Montmorency County Allocation	31,435	-	31,435		
11	Presque Isle County Allocation	49,764	-	49,764		
12	Rebates/Incentives/Other local revenue	346,429	-	346,429		
13	Interest Income	12,164	-	12,164	12,164	0.04%
14	Medicaid	26,809,653	-	26,809,653	26,809,653	85.76%
15	General Funds from MDCH				901,044	2.88%
16	Operational (Community) Funding	901,044	-	901,044		
17	Carryforward from FY19 to FY20	-	-	-		
18	Healthy Michigan Plan	1,838,496	-	1,838,496	1,838,496	5.88%
19	Third Party Insurance (incl. COFR & Child Waiver)	375,607	-	375,607	375,607	1.20%
20	Residential Clients - Room & Board	492,169	-	492,169	492,169	1.57%
21	Club House Food Sales	-	-	-	-	0.00%
22	Donations	-	-	-	-	0.00%
23	Other Revenue				36,485	0.12%
24	Reimbursed Class Fees	6,000	-	6,000		
25	Telephone Usage Rebates	-	-	-		
26	Representative Payee Fees	17,544	-	17,544		
27	Record Copying Fees	8,000	-	8,000		
28	Michigan Rehabilitation Services	4,626	-	4,626		
29	Miscellaneous Other Income	315	-	315		
30	Total Revenues	\$ 31,259,576	\$ -	\$ 31,259,576	\$ 31,259,576	100.00%

Northeast Michigan Community Mental Health Authority
2010-2021 Preliminary Budget
Expenditure Budget (by account)

Line #	Expenditure Type	FY20 Budget	\$\$\$ Incr./(Decr.)	FY21 Continuation Budget	% Incr./(Decr.)
1	Salaries	\$ 13,169,627	\$ -	\$ 13,169,627	0.0%
2	Social Security Tax	577,644	-	577,644	0.0%
3	Health Savings Accounts	34,212	-	34,212	0.0%
4	Health Insurance (self insured)	1,890,857	-	1,890,857	0.0%
5	Prescription Insurance (self insured)	295,941	-	295,941	0.0%
6	Dental Insurance (self insured)	54,465	-	54,465	0.0%
7	Vision Insurance (self insured)	19,944	-	19,944	0.0%
8	Life Insurance	28,787	-	28,787	0.0%
9	Long Term Disability Insurance	26,402	-	26,402	0.0%
10	Short Term Disability Insurance	151,754	-	151,754	0.0%
11	Pension	738,213	-	738,213	0.0%
12	Pension (Social Security Opt Out)	338,938	-	338,938	0.0%
13	Unemployment	7,000	-	7,000	0.0%
14	Workers Compensation	164,946	-	164,946	0.0%
15	Office Supplies	24,989	-	24,989	0.0%
16	Postage	16,482	-	16,482	0.0%
17	Advertisement/Recruitment	37,689	-	37,689	0.0%
18	Public Relations/Community Education	14,542	-	14,542	0.0%
19	Employee Relations/Wellness	45,987	-	45,987	0.0%
20	Computer Maintenance/Supplies	378,214	-	378,214	0.0%
21	Activity/Program Supplies	17,088	-	17,088	0.0%
22	Medical Supplies & Services	102,525	-	102,525	0.0%
23	Household Supplies	54,944	-	54,944	0.0%
24	Clothing	-	-	-	100.0%
25	Contracted Inpatient	1,269,503	-	1,269,503	0.0%
26	Contracted Transportation	64,158	-	64,158	0.0%
27	Contracted Residential (incl. Self Determination)	5,626,731	-	5,626,731	0.0%
28	Contracted Employees/Services	4,147,271	-	4,147,271	0.0%
29	Telephone / Internet (Communications)	130,407	-	130,407	0.0%
30	Staff Meals & Lodging	14,721	-	14,721	0.0%
31	Staff Travel Mileage	155,134	-	155,134	0.0%
32	Vehicle Gasoline	81,379	-	81,379	0.0%
33	Client Travel Mileage	30,846	-	30,846	0.0%
34	Board Travel and Expenses	4,620	-	4,620	0.0%
35	Staff Development-Conference Fees	16,941	-	16,941	0.0%
36	Staff Physicals/Immunizations	9,146	-	9,146	0.0%
37	Professional Fees (Audit, Legal, CARF)	48,276	-	48,276	0.0%
38	Professional Liability Insurance Drs.	15,138	-	15,138	0.0%
39	Property/Staff Liability Insurance (net)	28,161	-	28,161	0.0%
40	Heat	26,071	-	26,071	0.0%
41	Electricity	91,695	-	91,695	0.0%
42	Water/Sewage	24,567	-	24,567	0.0%
43	Sanitation	10,887	-	10,887	0.0%
44	Office Building/Equipment Maintenance	58,880	-	58,880	0.0%
45	Home Maintenance (incl. Envir. Modifications)	41,508	-	41,508	0.0%
46	Vehicle Maintenance	34,987	-	34,987	0.0%
47	Rent-Homes and Office Buildings	257,506	-	257,506	0.0%
48	Rent-Equipment	5,509	-	5,509	0.0%
49	Membership Dues	20,597	-	20,597	0.0%
50	Food	147,701	-	147,701	0.0%
51	Food Stamps	(76,019)	-	(76,019)	0.0%
52	Capital Equipment over \$200	336,040	-	336,040	0.0%
53	Consumable Equipment under \$200	3,530	-	3,530	0.0%
54	Computer Equipment over \$200	329,846	-	329,846	0.0%
55	Client Adaptive Equipment	14,828	-	14,828	0.0%
56	Depreciation Expense Adjustment	16,980	-	16,980	0.0%
57	General Fund Expenditures	11,560	-	11,560	0.0%
58	Local Fund Expenditures (10% State Hospital)	69,281	-	69,281	0.0%
59	Unidentified Budget Corrections (TBD)	-	-	-	100.0%
60	Total Expenditures	\$ 31,259,576	\$ -	\$ 31,259,576	0.0%

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: SentricHR Contract
DATE: August 31, 2020

As you may remember, I informed the Board at the July meeting of a new software system the Agency was exploring for our Human Resource / Payroll needs. Management Team has reviewed and is supporting the implementation of the SentricHR system.

SentricHR is a comprehensive and robust Human Resources and Payroll Processing software vendor that will lend significant efficiencies in the following critical areas:

- Payroll processing – moving to an electronic format
- Applicant Tracking-Recruitment – this will allow us to reach applicants faster and more efficiently
- Performance Evaluation Tool – CARF has recommended that performance evaluations formally set goals and objectives for employees; the goal setting tool is built in to this software
- Salary Planning Tool – this feature will allow management to use data analytics for future salary planning and cost analysis
- Organizational Structure – our employees service four counties making it difficult to connect with other departments or know who new employees report to.

Approximately \$45,000 is currently spent on other software programs that do not interface or collaboratively collect data. These programs will be terminated and those dollars will be utilized toward the cost of this software. The overall cost associated with SentricHR per employee per month is \$9.50 for the Human Resource function and \$4.30 per employee per month for the Payroll Processing function. The pricing is based on 400 employees. It is projected the first year cost will be \$90,250 and the second year cost will be \$73,450.

Our current budget situation is well situated to upgrade to this software this fiscal year. We recommend approval of this contract.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Ten Months Ending July 31, 2020
83.3% of year elapsed

	Actual July Year to Date	Budget July Year to Date	Variance July Year to Date	Budget FY20	% of Budget Earned or Used
Revenue					
1 State Grants	84,385.37	80,833.30	\$ 3,552	\$ 97,000	87.0%
2 Private Contracts	37,531.50	43,835.80	(6,304)	52,603	71.3%
3 Grants from Local Units	549,782.55	266,638.00	283,145	506,897	108.5%
4 Interest Income	10,136.78	15,000.55	(4,864)	20,000	50.7%
5 Medicaid Revenue	21,202,231.40	22,184,491.42	(982,260)	26,439,247	80.2%
6 General Fund Revenue	696,473.55	757,538.70	(61,065)	901,044	77.3%
7 Healthy Michigan Revenue	1,254,797.06	1,538,453.40	(283,656)	1,846,144	68.0%
8 3rd Party Revenue	312,194.15	373,875.20	(61,681)	499,314	62.5%
9 SSI/SSA Revenue	410,141.46	430,293.60	(20,152)	516,351	79.4%
10 Other Revenue	71,528.63	62,782.20	8,746	75,338	94.9%
11 Total Revenue	24,629,202	25,753,742	(1,124,540)	30,953,938	79.2%
Expense					
12 Salaries	10,567,775	10,914,146.64	346,371	13,121,533	80.5%
13 Social Security Tax	475,153	518,767.30	43,615	622,521	76.3%
14 Self Insured Benefits	1,911,737	2,039,409.14	127,672	2,409,918	79.3%
15 Life and Disability Insurances	174,369	188,877.70	14,509	226,653	76.9%
16 Pension	859,207	856,758.30	(2,449)	1,028,110	83.6%
17 Unemployment & Workers Comp.	138,566	175,017.48	36,452	204,167	67.9%
18 Office Supplies & Postage	33,792	38,941.10	5,149	46,729	72.3%
19 Staff Recruiting & Development	53,989	80,580.61	26,591	96,697	55.8%
20 Community Relations/Education	12,118	18,692.52	6,574	27,031	44.8%
21 Employee Relations/Wellness	38,323	37,977.50	(345)	45,873	83.5%
22 Program Supplies	380,360	401,032.40	20,672	481,239	79.0%
23 Contract Inpatient	1,057,919	1,248,523.38	190,604	1,578,228	67.0%
24 Contract Transportation	55,785	99,723.30	43,938	119,668	46.6%
25 Contract Residential	4,678,739	4,280,066.42	(398,673)	5,137,228	91.1%
26 Contract Employees & Services	2,488,127	3,286,329.06	798,202	3,926,989	63.4%
27 Telephone & Connectivity	108,355	106,644.20	(1,711)	127,973	84.7%
28 Staff Meals & Lodging	11,636	28,551.40	16,915	34,262	34.0%
29 Mileage and Gasoline	221,925	364,352.38	142,427	438,055	50.7%
30 Board Travel/Education	3,850	9,902.50	6,052	11,883	32.4%
31 Professional Fees	40,230	55,013.30	14,783	66,016	60.9%
32 Property & Liability Insurance	36,083	52,730.90	16,648	63,277	57.0%
33 Utilities	127,733	143,532.60	15,800	172,239	74.2%
34 Maintenance	112,816	175,374.10	62,559	210,449	53.6%
35 Rent	214,589	220,758.30	6,170	264,910	81.0%
36 Food (net of food stamps)	59,735	52,078.30	(7,657)	62,494	95.6%
37 Capital Equipment	133,668	71,454.90	(62,213)	85,746	155.9%
38 Client Equipment	12,356	25,000.00	12,644	30,000	41.2%
39 Miscellaneous Expense	86,198	68,074.20	(18,124)	80,073	107.6%
40 Depreciation Expense	208,811	195,432.36	(13,378)	233,977	89.2%
41 Total Expense	24,303,945	25,753,742	1,449,797	30,953,938	78.9%
42 Change in Net Position	\$ 325,257	\$ (0)	\$ 325,258	\$ 0	0.3%
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 1,760,051				
45 Healthy Michigan Funds (Over) / Under Spent	277,283				
46 Total NMRE (Over) / Under Spent	\$ 2,037,334				
47 General Funds to Carry Forward to FY20	\$ 37,629				
48 General Funds Lapsing to MDHHS	18,474				
49 General Funds (Over) / Under Spent	\$ 56,103				

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

EXECUTIVE LIMITATIONS

(Manual Section)

GENERAL EXECUTIVE CONSTRAINT

(Subject)

Board Approval of Policy |
Last Revision of Policy Approved

August 8, 2002
September 12, 2019

●1 **POLICY:**

The Executive Director shall not allow any practice, activity, decision or organizational circumstance which is illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

EXECUTIVE LIMITATIONS

(Manual Section)

COMPENSATION AND BENEFITS

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
September 12, 2019

●1 POLICY:

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

Accordingly, he or she may not:

1. Change his or her own compensation and benefits.
2. Promise or imply permanent or guaranteed employment.
3. Establish current compensation and benefits which:
 - A. Deviate materially from the geographic or professional market for the skills employed.
 - B. Create obligations over a longer term than revenues can be safely projected and, in all events subject to losses of revenue, in no event longer than one year with the exception of labor.
4. Establish or change pension benefits so the pension provisions:
 - A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
 - B. Provide less than some basic level of benefits to all full time employees, though differential benefits to encourage longevity in key employees are not prohibited.
 - C. Allow any employee to lose benefits already accrued from any foregoing plan.
 - D. Treat the Executive Director differently from other comparable key employees.

E. Are instituted without prior monitoring of these provisions.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

COMMITTEE STRUCTURE

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
September 13, 2018

●1 POLICY:

A committee is a board committee only if its existence and charge come from the board, regardless of whether board members sit on the committee. Unless otherwise stated, a committee ceases to exist as soon as its task is complete.

1. Executive Committee
 - A. Product: any proposed, pending and current legislation pertaining to mental health services in order to recommend a Board position.

Product: all matters acted upon between Board meetings due to emergency situations.
 - B. Authority: the Board of Directors.
2. Board Officers Nominating Committee
 - A. Product: recommendations to the county's board of commissioners for appointment or re-appointment.

Product: a slate of candidates to fill the positions of the Board's offices.

Product: candidates for consumer or consumer representative appointments who meet the requirements of Section 222 (1) of the Mental Health Code.
 - B. Authority: the Board of Directors
3. Recipient Rights Committee
 - A. Product: advises the Board concerning implementation of policy as it relates to the Recipient Rights System and a review of the operations of the Recipients Rights office.
 - B. Authority: required under Mental Health code.

4. Consumer Advisory Council
 - A. Product: advises the Board to help assure services are designed and offered in ways that reflect the individuals served wellbeing and interest. Areas of advice include Person-Centered Planning, Family-Centered Planning, consumer-run programs, individual choice and self-directed services, accommodations, etc.

Product: a review of policies that relate to consumer services

Product: a review and recommendation of any satisfaction surveys conducted for mental health services.

- B. Authority: 8-10 member council appointed through an application process. A stipend of \$25 per meeting and mileage reimbursement at the current Board-approved rate.

●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**

BOARD STAFF RELATIONSHIP

(Manual Section)

EXECUTIVE DIRECTOR SEARCH PROCESS

(Subject)

Policy Inception Date:

September 11, 2014

Board Approval of **Policy** Revision

September 12, 2019

●1 **POLICY:**

The purpose of this policy is to establish the conceptual framework for the Agency's succession planning efforts related to the Agency's Executive Director position.

1. **Board as sole decision maker:** The Agency's Executive Director succession planning effort recognizes the primacy of the Board of Directors as the decision makers who select the Agency's successor Executive Director. While they may draw on the views of others, as outlined below, the decision rests with the Board.
2. **Succession planning is a process not an event:** The Agency will take a number of steps, before the announcement of the departure of the incumbent Executive Director, to ensure succession planning is a deliberative process and not a reactive one, precipitated by this departure.
3. **Purpose of succession planning:** The Agency recognizes sound, early-on succession planning is needed when an organization's leadership changes to:
 - Ensure organizational **stability** by strengthening the Agency's culture around mission, values, capabilities, performance and partnerships. This approach reinforces two concepts:
 - a. An Agency of the size, complexity and influence of this CMH succeeds by adhering to a rarely changing mission and set of values and not by frequent changes in direction or values.
 - b. If dramatic changes in the Agency's direction are sought by the leadership of an organization, those changes should take place while the current leadership is in place.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

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

●3 **DEFINITIONS:**

●4 **REFERENCES:**

Executive Director Search Process – Timeline, Budget
Job Description - Director

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JULY 22, 2020
UNIVERSITY CENTER & VIA TELECONFERENCE**

BOARD MEMBERS IN ATTENDANCE:	Roger Frye, Ed Ginop, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Joe Stone
BOARD MEMBERS IN VIRTUAL ATTENDANCE:	Randy Kamps, Terry Larson, Don Smeltzer, Don Tanner, Nina Zamora
BOARD MEMBERS ABSENT:	Gary Klacking, Karla Sherman
CEOs IN ATTENDANCE:	Joanie Blamer (for Karl Kovacs). Christine Gebhard, Karl Kovacs, Nena Sork, Teresa Tokarczyk (for Diane Pelts)
STAFF IN ATTENDANCE:	Eric Kurtz, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek
GUESTS IN ATTENDANCE:	Sue Winter

CALL TO ORDER

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

ROLL CALL

Let the record show that Gary Klacking and Karla Sherman were excused from the meeting on this date; all other NMRE Board Members were in attendance either in person or via teleconference/Microsoft Teams.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

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

MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE JUNE 24, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY ROGER FRYE. MOTION APPROVED BY CONSENSUS

APPROVAL OF AGENDA

Let the record show that no items were added to the Agenda for the meeting on this date.

CORRESPONDENCE

- 1) The minutes of the PIIHP CEO meeting for June 4, 2020.
- 2) A document from the Community Mental Health Association of Michigan titled “Accountability, Performance and Michigan’s Public Mental Health System” dated July 2020.

- 3) A Memorandum dated July 6, 2020 from Jeffrey Wiefelich providing information about Financing Resources.
- 4) Behavioral Health and Developmental Disabilities Association Communication #20-11 dated July 8, 2020, "Essential Behavioral Health Services in the COVID-19 Context: Updated Guidance."
- 5) Behavioral Health and Developmental Disabilities Association Communication #20-12 dated July 8, 2020, "Infection Control Issued During Patient Close Contact Face-to-Face Assessment in Behavioral Health Clinic Settings in the COVID-19 Context: Updated Guidance."
- 6) A Press Release from Attorney General Dana Nessel's office regarding Medicaid Fraud Allegations at Psychiatric and Behavioral Health Care Facilities operated by Universal Health Services (UHS) of Delaware (including Forest View, Havenwyck, and Cedar Creek facilities in Michigan).
- 7) A summary of Opioid Health Home Enrollment Data per Site for FY19.
- 8) The draft minutes of the July 8th NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to "Attachment A" of the document from the Community Mental Health Association (correspondence item no.2) that lists the large number of reporting requirements designed to ensure the accountability of the public mental health system.

Mr. Stone asked whether the NMRE's Network Stability Plan was submitted. It was noted that the Plan was updated June 4, 2020 to respond to network adequacy during the coronavirus pandemic and included in the June Board meeting materials; approval was granted by the Department on June 16, 2020. The Operations Committee discussed the process of supplying stability payments to Providers as needed on July 21st.

Mr. Kurtz noted the Press Release from the Attorney General regarding allegations of Medicaid fraud at UHS psychiatric facilities; this reinforces the need to self-audit Providers.

ANNOUNCEMENTS

Let the record show that Chairman Nowak called for any announcements; none were brought forward during the meeting on this date.

PUBLIC COMMENT

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

REPORTS

Executive Committee Report

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

CEO's Report

The NMRE CEO Monthly Report for July 2020 was included in the materials for the meeting on this date. Mr. Kurtz has been meeting individually with NMRE staff to consider efficiencies and determine whether additional staff is needed.

SUD Board Report

Let the record show that the NMRE Substance Use Disorder Oversight Board met on July 6, 2020. Liquor Tax requests will be presented during a later Agenda item.

Financial Report

The monthly financial report for May 2020 was included in the materials for the meeting on this date.

- Traditional Medicaid showed \$115,249,907 in revenue, and \$107,863,438 in expenses, resulting in a net surplus of \$7,386,469. Medicaid ISF was reported as \$1,460,876 based on the Interim FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$16,263,046 in revenue, and \$14,032,463 in expenses, resulting in a net surplus of \$2,230,583. HMP ISF was reported as \$3,573,592 based on the Interim FSR. HMP savings was reported as \$0.
- Net Position* showed Medicaid and HMP ISF combined net surplus of \$5,034,468. The Total Medicaid and HMP Net surplus, including carry forward and ISF was reported as \$14,651,521.
- Behavioral Health Home showed \$83,960 in revenue, and \$65,908 in expenses, resulting in a net surplus of \$18,052.
- SUD showed all funding source revenue of \$12,013,424, and \$10,036,520 in expenses, resulting in a net surplus of \$1,976,904. Total PA2 funds were reported as \$6,147,118. Several requests for PA2 for FY21 were approved by the NMRE SUD Oversight Board on July 6th and are not yet reflected on the report.

It was noted that the surplus is increasing; Ms. Yockey cautioned that as year-end approaches, close out may absorb some of the balances.

MOTION MADE BY ROGER FRYE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MAY 2020; SECOND BY MARY MAROIS. ROLL CALL VOTE.

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

“Nay” Votes: Null

MOTION CARRIED.

Operations Committee Report

The draft minutes of the July 21st Operations Committee meeting were distributed to Board Members during the meeting on this date. Mr. Kurtz reported that the \$2/hour premium pay increase for direct care workers during the coronavirus pandemic is being implemented as claims are submitted by Providers. Northeast Michigan identified Medicaid and HMP overpayments for fiscal years 2017-2020 that resulted in additional expense of general funds; this is being corrected.

NEW BUSINESS

Liquor Tax Requests

Ms. Sircely provided a brief overview of the numerous requests reviewed by the SUD Oversight Board on July 6th. Mr. Marcus asked how requests that cover multiple counties are addressed; Ms. Sircely responded that the actual use based on population are reviewed and funding is allocated accordingly. Ms. Sircely and Ms. Yockey will work on a proposal to address minimum fund balances for each county; this will be presented to the SUD Board in September.

The question regarding whether liquor tax requests brought to the Board for approval have the support of the associated counties. It was noted that the SUD Oversight Board Members are appointed by the counties and are meant to report back to the Boards of Commissioners. Ms.

Gebhard asked whether any reporting metrics are required to which Ms. Sircely responded that quarterly reports are a condition of the funding.

Mr. Tanner requested that total amount approved be reflected in the meeting minutes.

MOTION MADE BY DON TANNER TO APPROVE THE LIQUOR TAX RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON JULY 6, 202 AND DENY THE LIQUOR TAX REQUESTS NOT RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON JULY 6, 202; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.

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

“Nay” Votes: Null

MOTION CARRIED.

The total dollar amount of PA2 funding approved on this date was \$1,129,625.00.

SUD Prevention Contracts

The results of the Request for Proposals for the seven counties of Alcona, Alpena, Iosco, Ogemaw, Oscoda, Montmorency, and Presque Isle Counties were included in the materials for the meeting on this date. The NMRE supports awarding prevention contracts to Catholic Human Services for the following amounts:

- Alcona – \$18,453
- Alpena – \$40,258
- Iosco – \$41,435
- Ogemaw – 34,830
- Oscoda - \$16,623
- Montmorency - \$16,701
- Presque Isle - \$20,497

Mr. Marcus asked to see the proposal details which Ms. Sircely agreed to send.

MOTION MADE BY JOE STONE TO APPROVE THE CONTRACT WITH CATHOLIC HUMAN SERVICES FOR PREVENTION SERVICES FOR THE COUNTIES OF ALCONA, ALPENA, IOSCO, OGEMAW, OSCODA, MONTMORENCY, AND PRESQUE ISLE COUNTIES FOR A TOTAL AMOUNT OF ONE HUNDRED EIGHTY-EIGHT THOUSAND SEVEN HUNDRED NINETY-SEVEN DOLLARS (\$188,797.00); SUPPORT BY JAY O’FARRELL. ROLL CALL VOTE.

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

“Nay” Votes: Null

MOTION CARRIED.

OLD BUSINESS

Board Survey

The Board Survey discussed during the June 24th meeting was included in the materials for the meeting on this date. Responses will be tabulated and shared with the Board in August.

PRESENTATION

NMRE Three-Year Strategic Plan for Substance Use Disorder Services

Ms. Sircely informed the Board that a three-Year Strategic Plan for SUD services was required by Section 274(a) of Act No.500 of the Public Acts of 2012. Guidelines provided by the Department mandated that the Plan include:

- The establishment of a recovery-oriented system of care
- The expansion and enhancement of an array of services within the recovery-oriented system of care
- Reduction in health disparities among high-risk populations receiving prevention, treatment and recovery services
- A reduction in underage drinking
- A reduction in opioid prescription abuse, including a reduction in the misuse and abuse of opioids for non-medical purposes
- A reduction in marijuana use among youth and young adults
- The expansion of behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders
- A reduction in underage youth tobacco access and tobacco use including electronic nicotine devices and vape products
- Increase in access to treatment for persons living with Opioid Use Disorder
- Increase in access to prevention and treatment services for older adults (55 and older)
- Increase in access to treatment for criminal justice involved population returning to communities
- Increase in access to trauma responsive services
- Additional substance abuse issues impacting communities, including the prevention of stimulant use, provided that the selections are based on sound epidemiological evidence

Mr. Kamps asked about benchmarking and how to assess whether progress is being made. Ms. Sircely responded that prevention services generally rely on Michigan Profile for Health Youth* (MiPHY) data; she noted that any decrease is good.

*MiPHY is an online, anonymous student survey developed by the Michigan Department of Education (MDE) in collaboration with the Michigan Department of Community Health (MDCH). MiPHY is available to all Michigan schools to assess risk behaviors, risk factors, and protective factors associated with alcohol, tobacco, and other drug use (ATOD), violence, sexual behavior, physical activity, and nutrition in Grade 7, 9, and 11.

Methods of engaging the community and stakeholders were discussed. Mr. Schmidt advocated on behalf using telemedicine when feasible which has received very positive feedback from individuals served with its expanded use during the COVID crisis.

MOTION MADE BY ROGER FRYE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY THREE-YEAR STRATEGIC PLAN FOR SUBSTANCE USE DISORDER SERVICES; SUPPORT BY CHRISTIAN MARCUS. ROLL CALL VOTE.

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

“Nay” Votes: Null

MOTION CARRIED.

COMMENTS

Board Members

Mr. Stone commented that it was good to meet (partially) face-to-face for the first time since February.

NEXT MEETING

The next meeting of the NMRE Board of Directors will take place at 10:00AM on August 26, 2020. Communication will be sent regarding whether the meeting will take place at the University Center, the NMRE office, or another location.

ADJOURN

MOTION MADE BY MARY MAROIS TO ADJOURN THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING FOR JULY 22, 2020; SECOND BY ROGER FRYE. MOTION APPROVED BY CONSENSUS.

Let the record show that Mr. Nowak adjourned the meeting at 11:38AM.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~1920~~)**

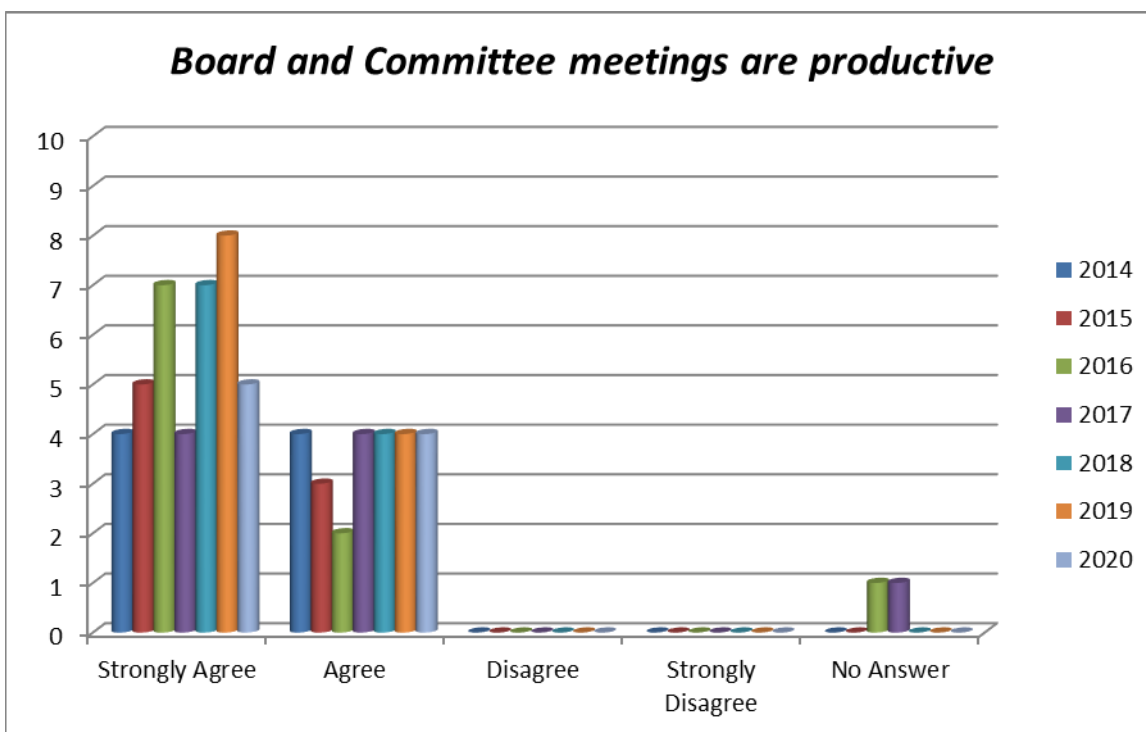
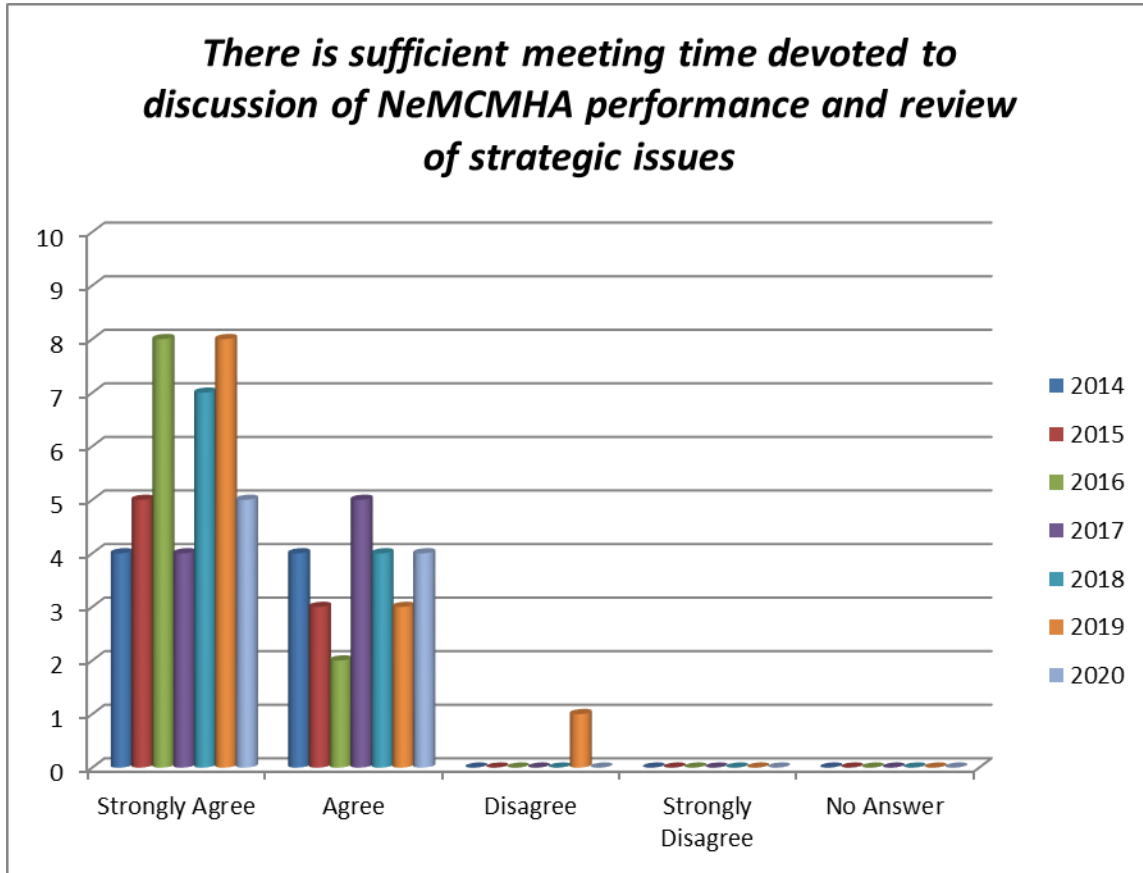
Date	Item	Action
January	Emergency Exec. Succession 01-006	Policy Review
	Executive Director Role 03-001	Policy Review & Board Self-Evaluation
	Emergency Exec. Succession 01-006 (Exec. Director Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report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

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~1920~~)**

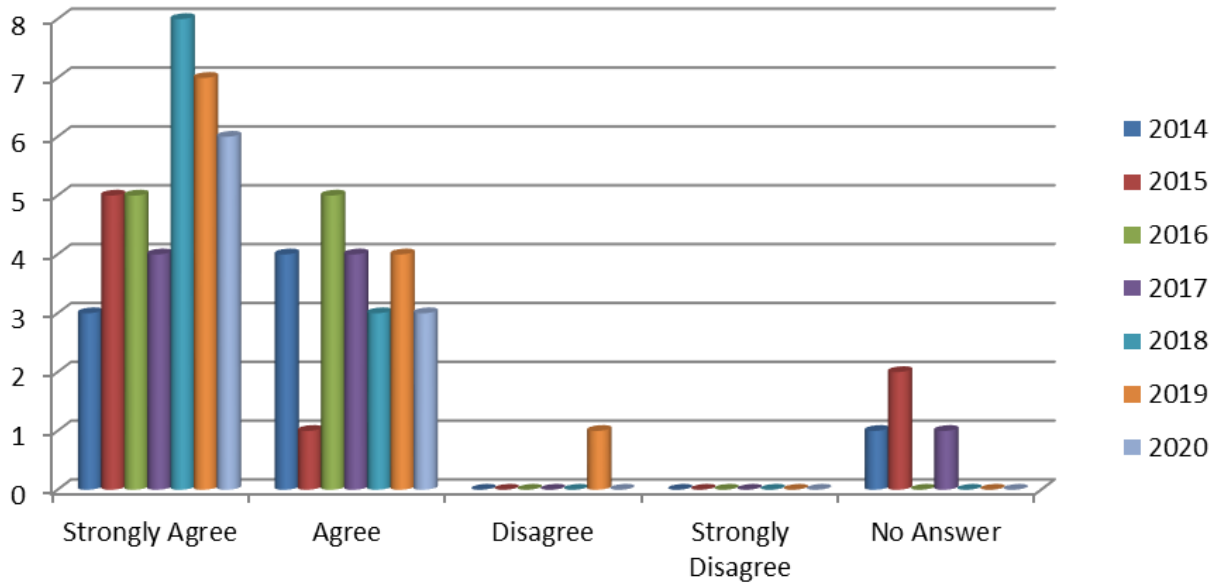
Date	Item	Action
August	Chairperson's Role 02-004	Policy Review & Board Self-Evaluation
	Board Member Per Diem 02-009	Policy Review & Board Self-Evaluation
	Board Self-Evaluation 02-012	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment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

Board Self-Evaluation Summary

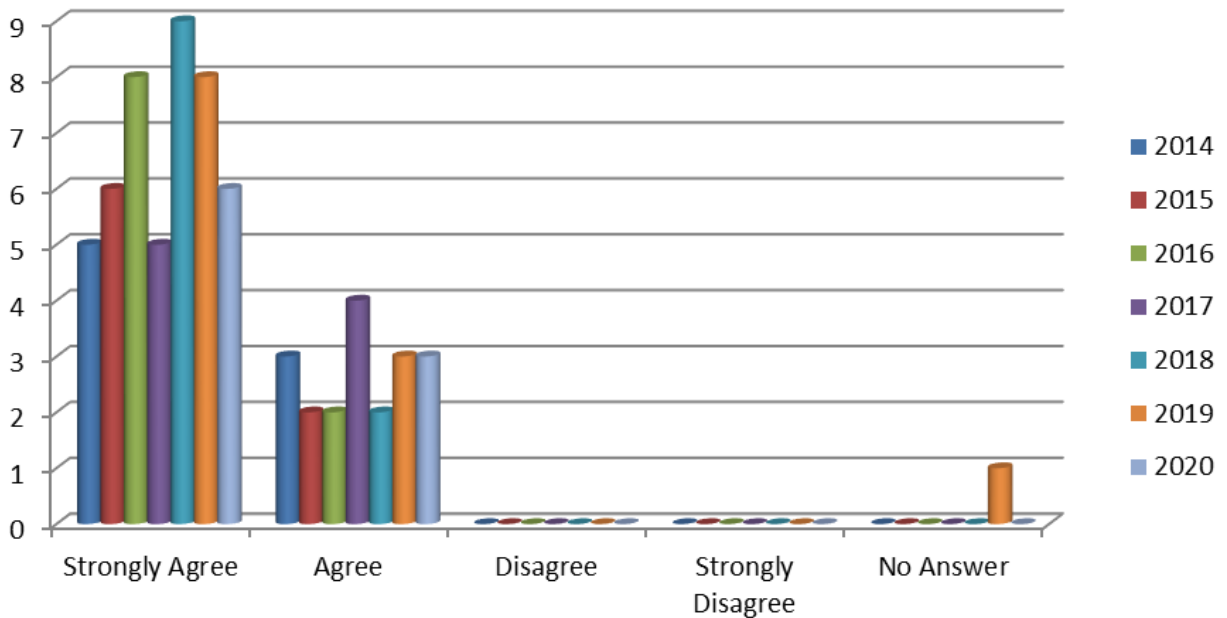
(8 of 12 returned in 2014 & 2015; 10 returned in 2016; 9 returned in 2017; 11 returned in 2018; 12 returned in 2019, 9 of 11 returned in 2020)



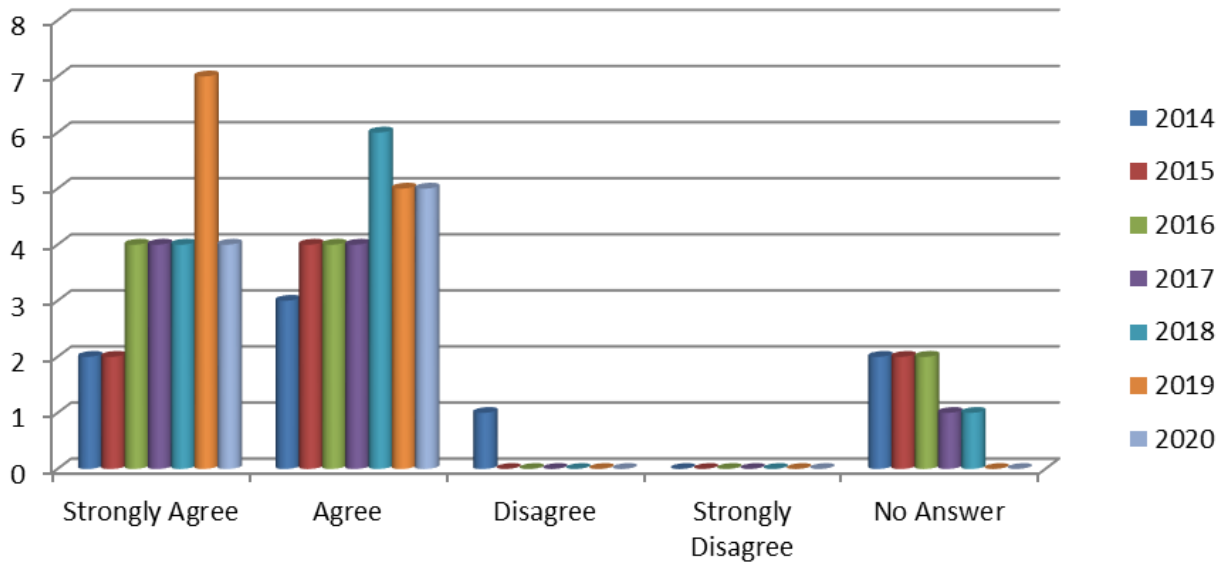
The free and open exchange of views is encouraged



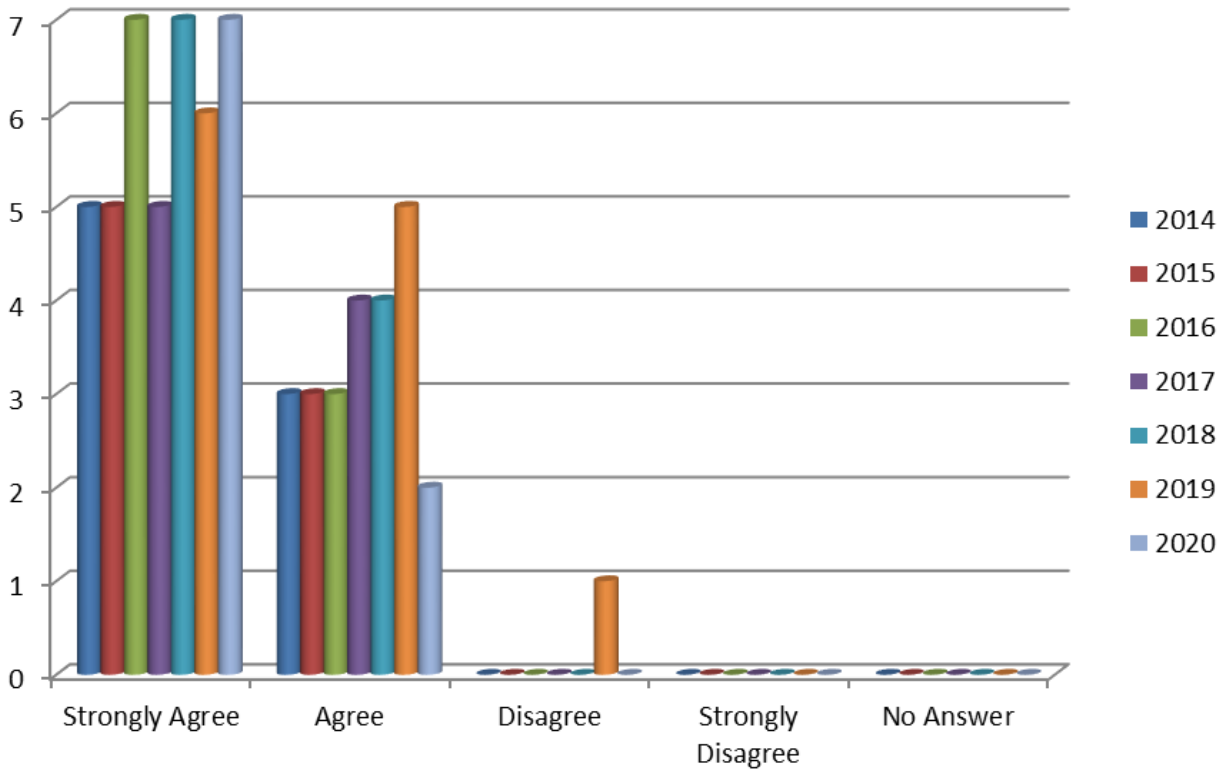
The Board provides clearly written expectations and qualifications for the Executive Director position



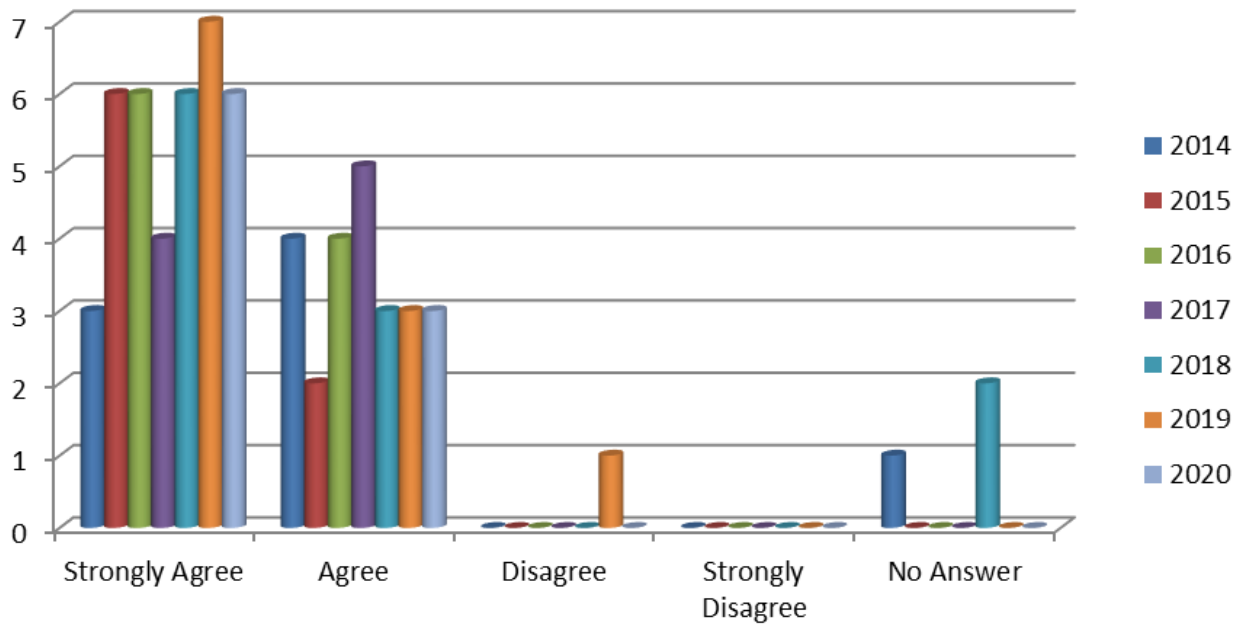
Board members are involved and interested in the Board's work



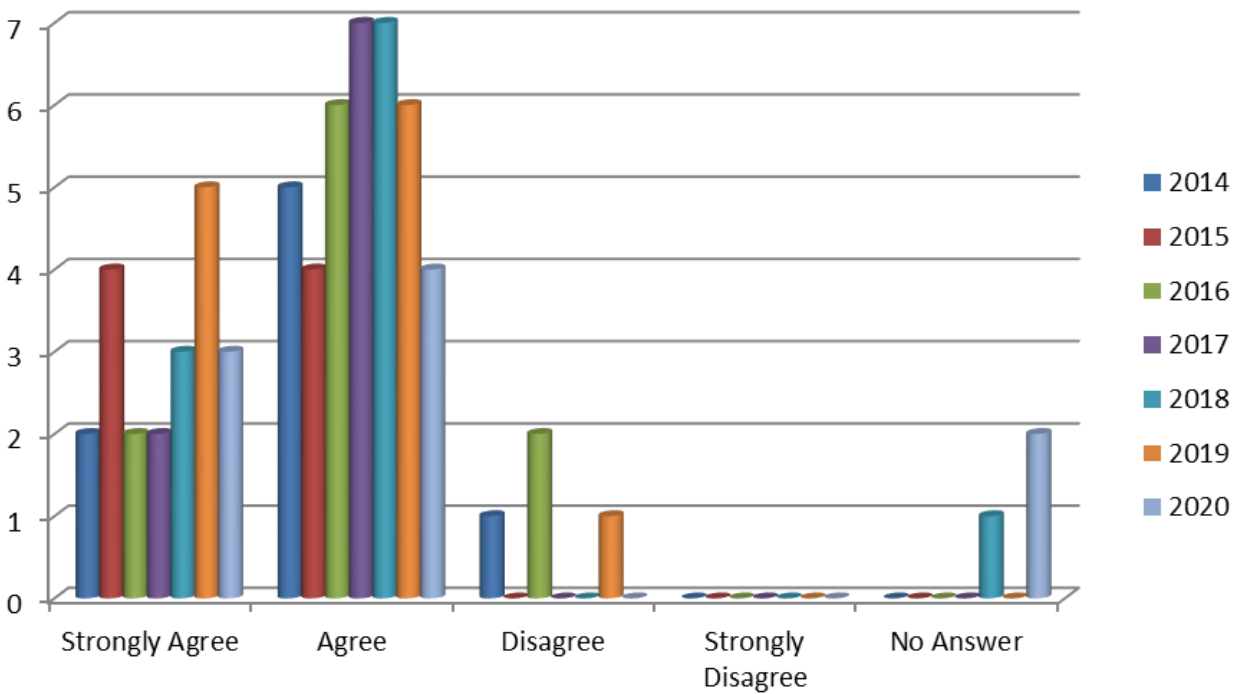
The Board of Directors has a written process for handling urgent matters between meetings



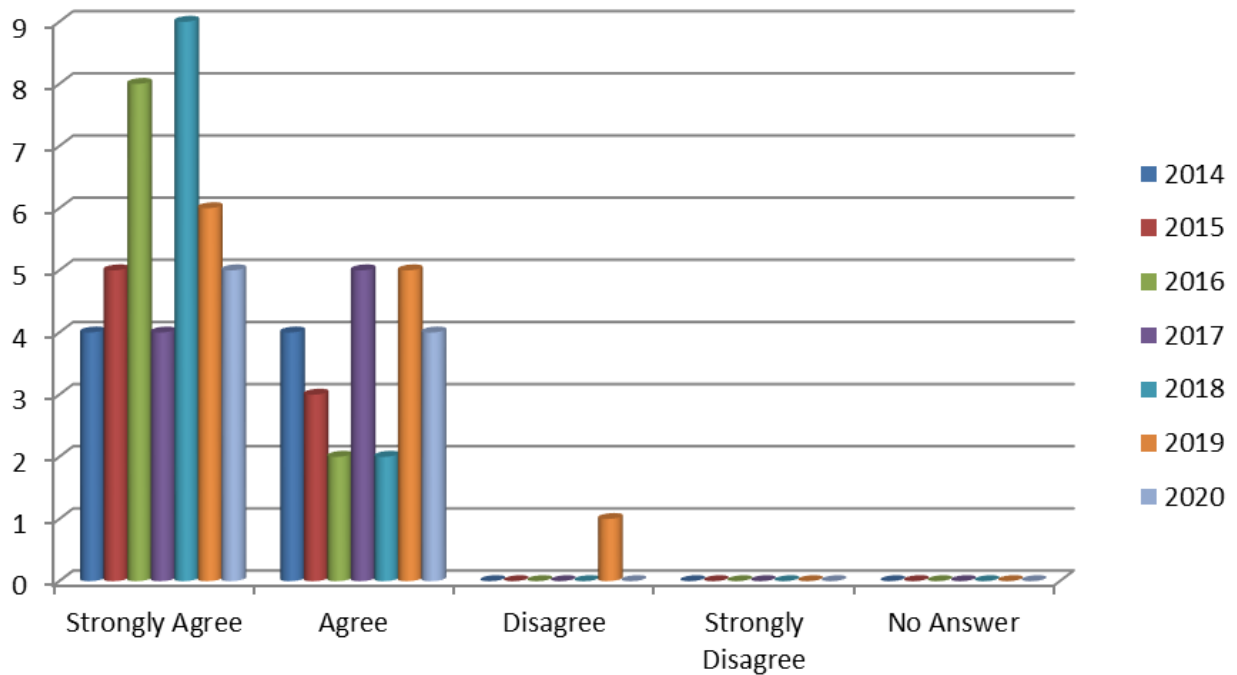
Board members understand the Agency's mission and its programs



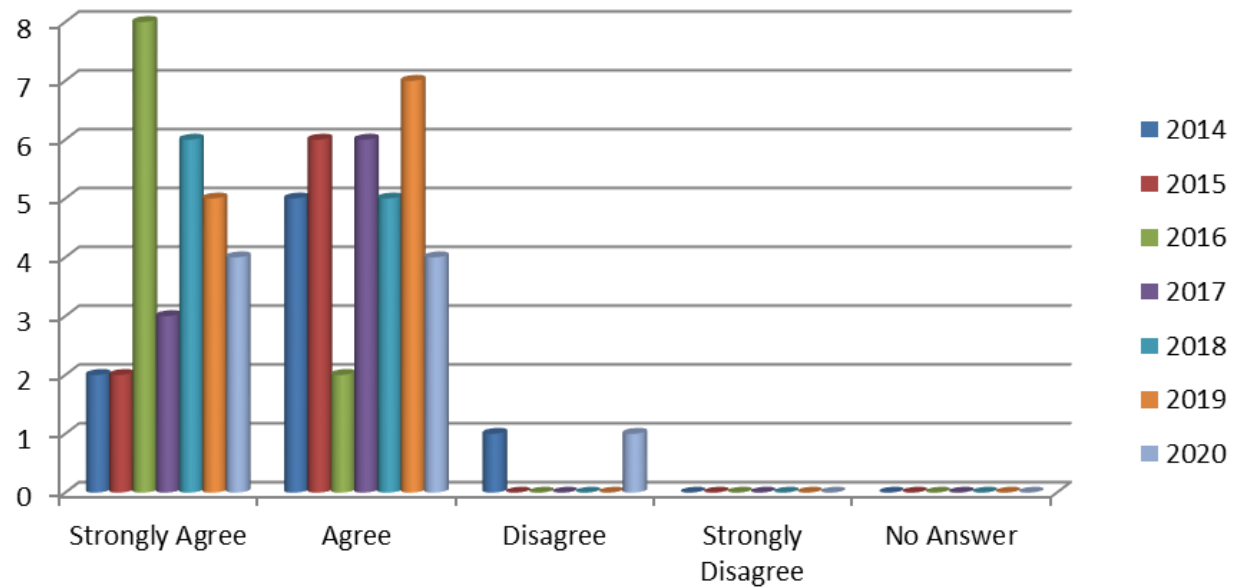
Board members participate in the organization in ways other than attending monthly meetings



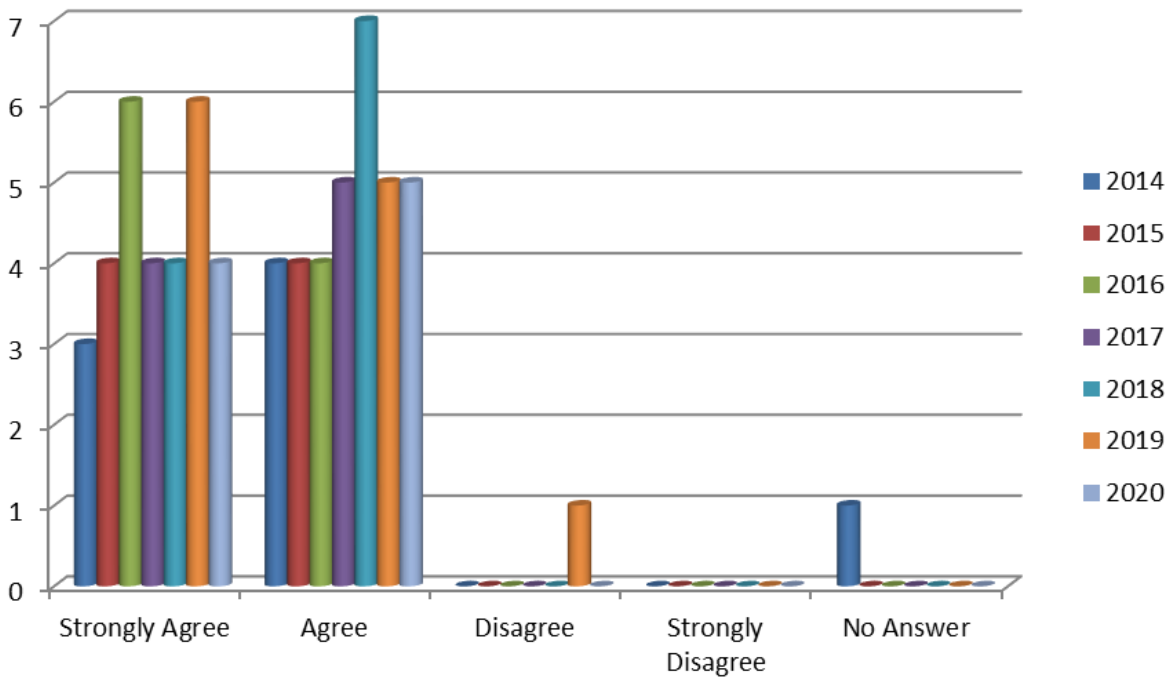
The Board has defined its role, responsibilities, and the scope of its authority



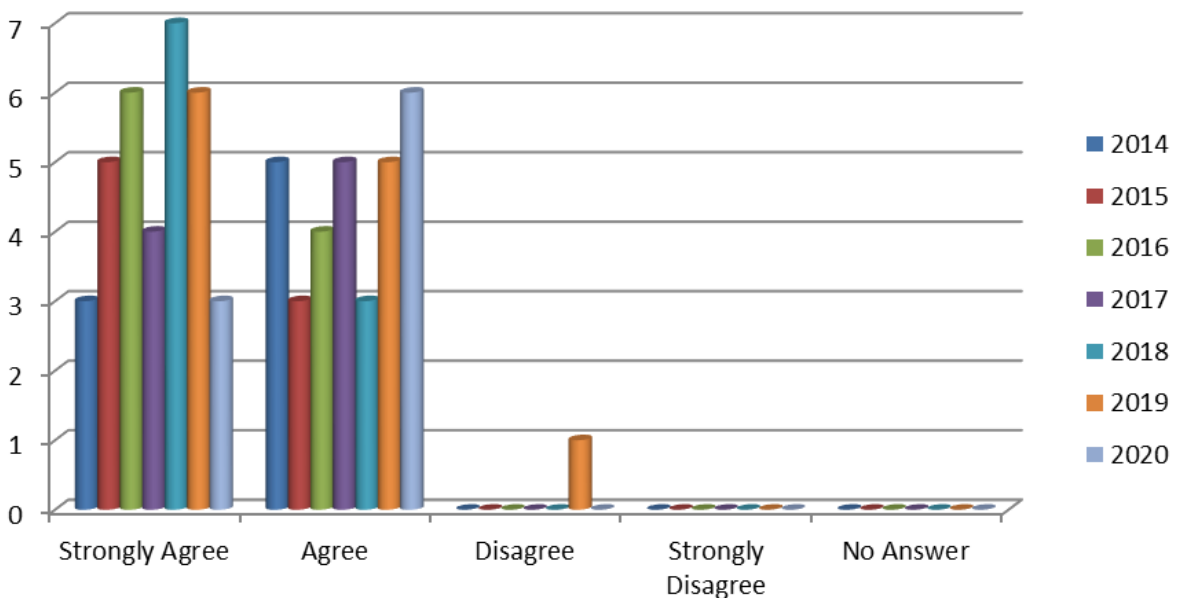
Board members understand the financial structure of the organization and their fiduciary responsibilities



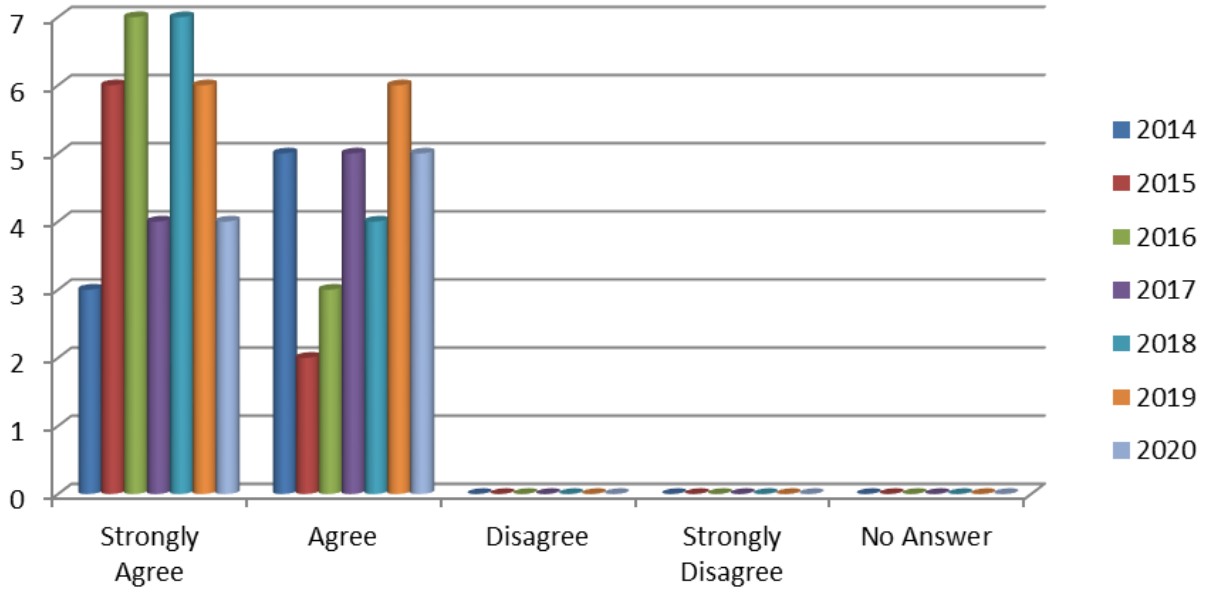
New Board members are oriented to NeMCMHA's mission, vision, bylaws, policies, Board structure, and their roles and responsibilities as members



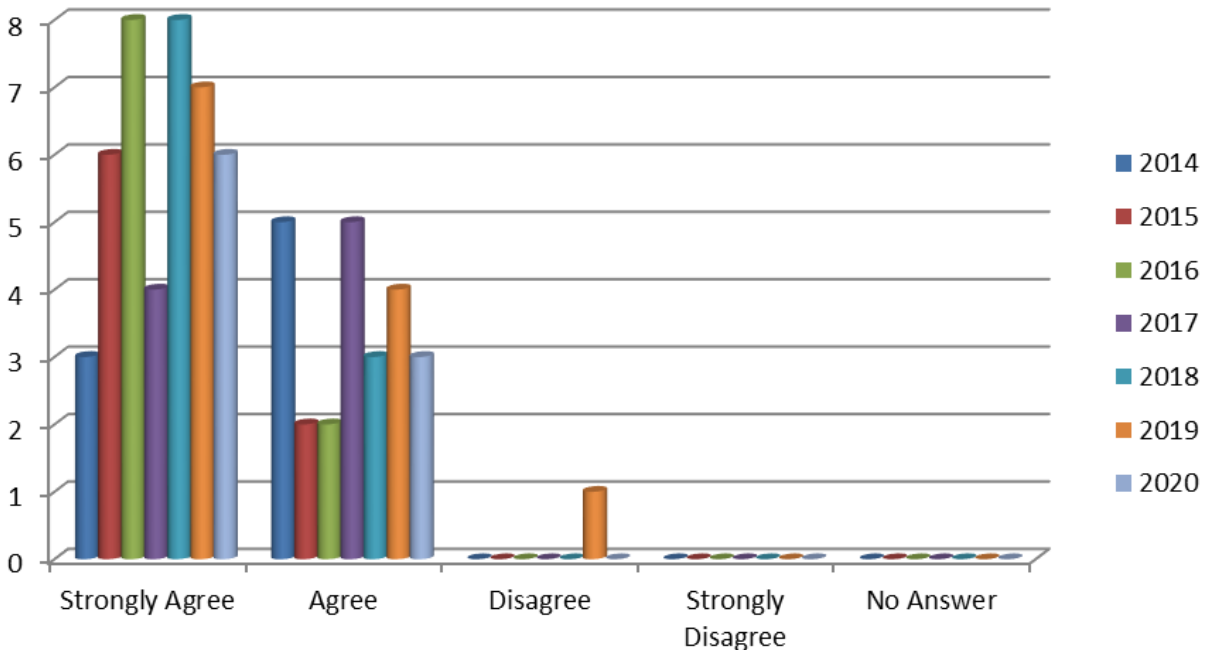
The Board is familiar with NeMCMHA programs and kept informed of critical changes as they occur



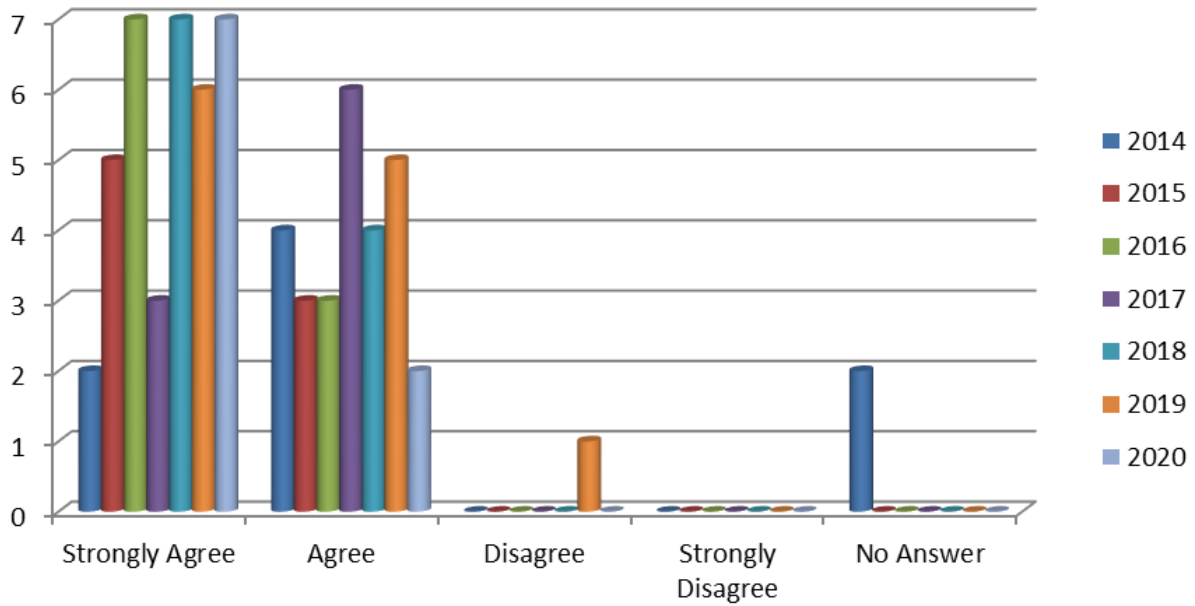
Board members have complete information about financial issues which pertain to Board decisions and responsibilities



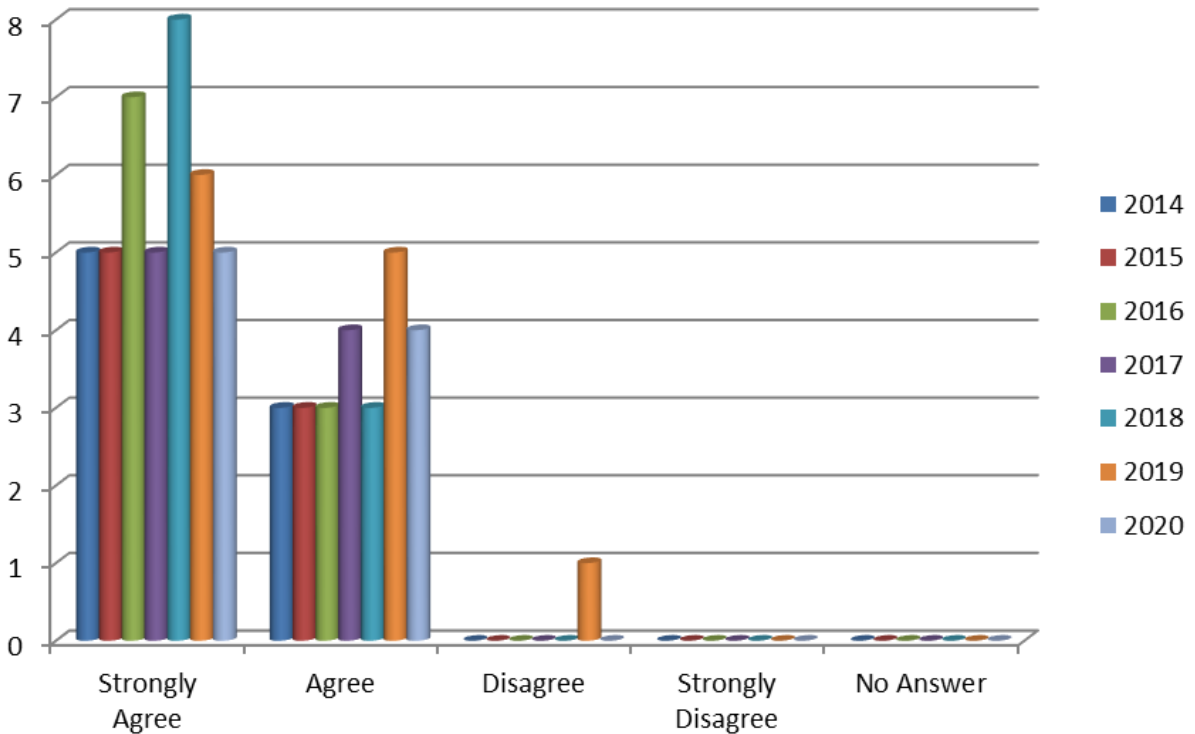
Board members are appropriately involved in the strategic planning of the organization



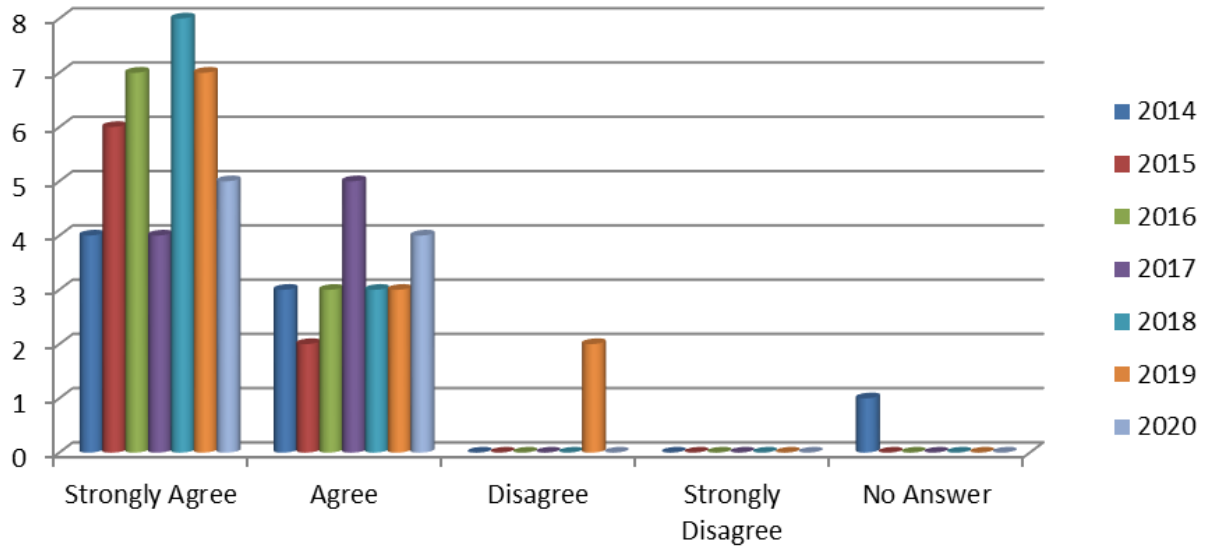
NeMCMHA effectively attempts to address identified gaps and deficits in service



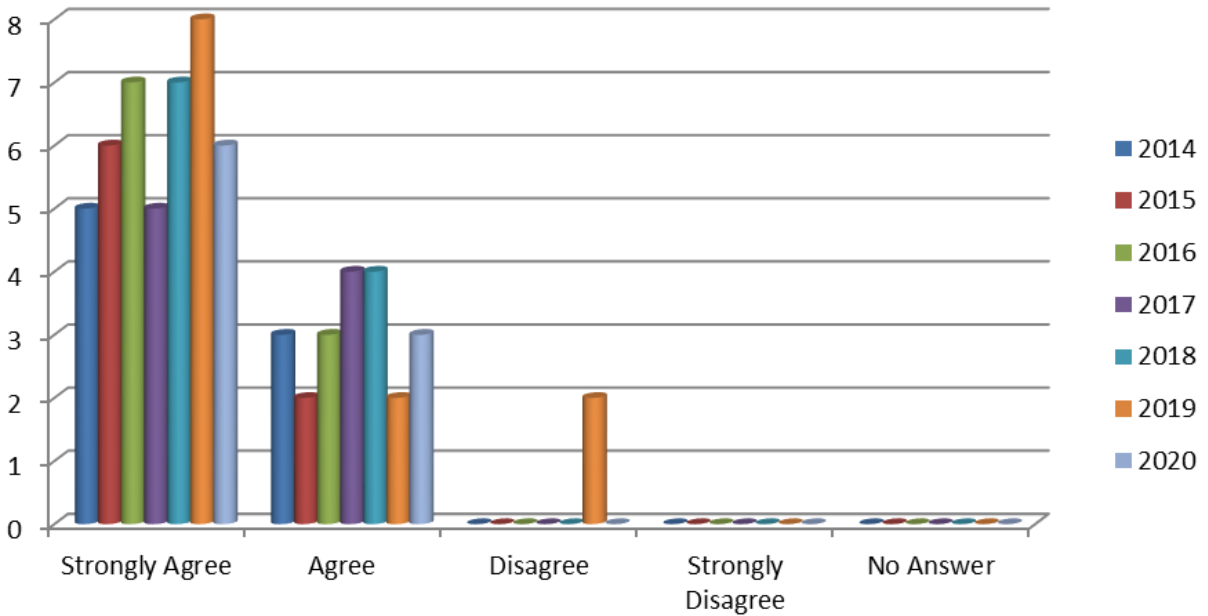
The mission/vision reflects issues important to our service populations



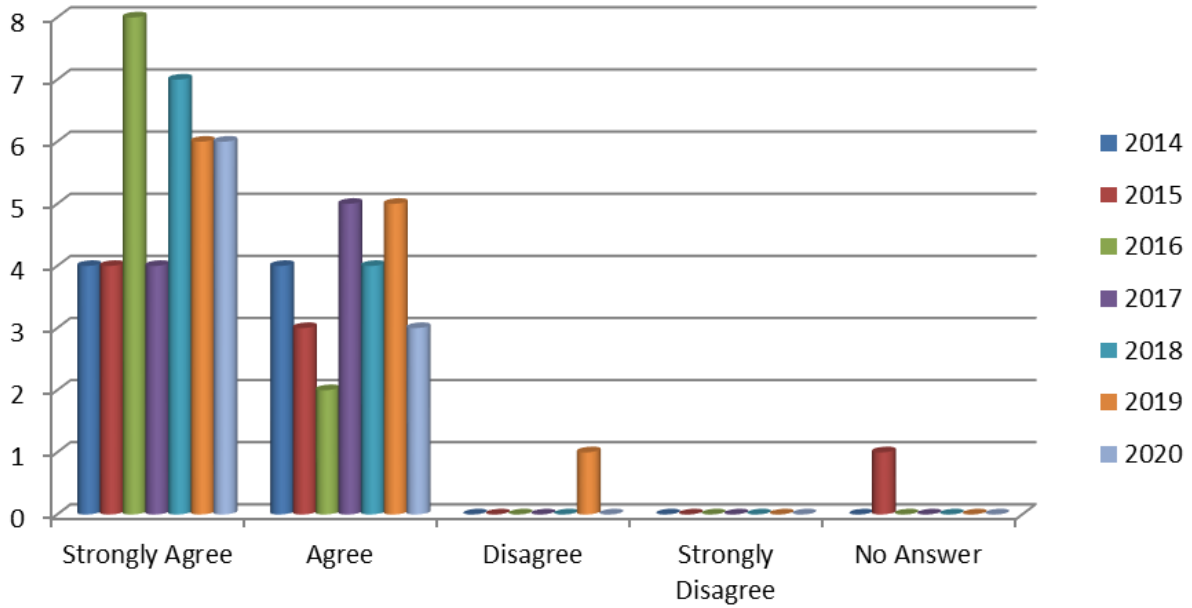
The Board has identified, prioritized and scheduled those issues that it believes should be discussed and reviewed by the Board on a regular basis



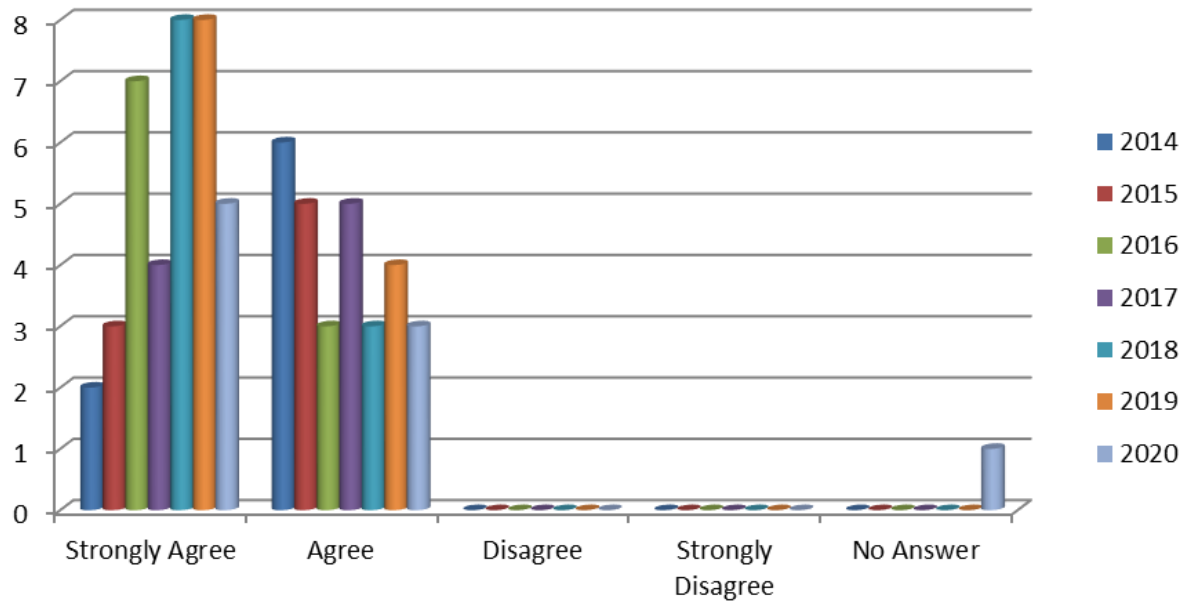
I have sufficient opportunity for input into policy development and decision-making

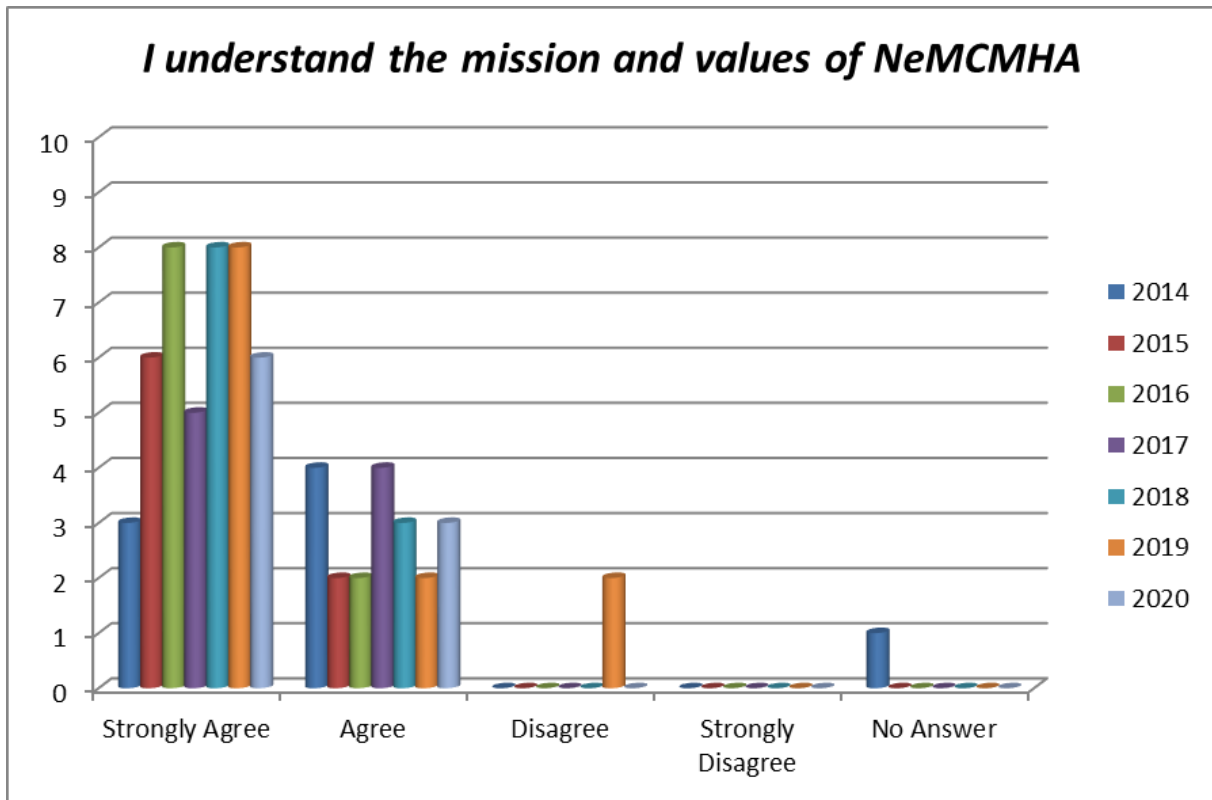


I am an active participant in committees and meetings



I understand NeMCMHA's financial position, funding sources and resources





(A.)What issues have most occupied the Board’s time and attention during the past year?

1. COVID
2. New Director
3. Funding cut
4. Transitions – New Director, New Chair, New leadership in Financial Department
5. COVID adjustments
6. Opioids – Behavioral Health
7. COVID – but the Board moves as usual in a different way
8. COVID issues
9. COVID response to mental health
10. COVID-19
11. Being able to meet
12. COVID

(B.)What is the most important priority for NeMCMHA to address over the next 12 months?

1. Manage budget
2. Remain vigilant and aware regarding potential changes to Michigan’s Mental Health System
3. Everything – we are on target and go for perfection
4. Consumers and financials
5. COVID issues
6. S.U.D.
7. Keep everyone safe & healthy
8. Getting back to normal
9. Extra case loads

(C.) In what ways should the Board's role be expanded or reduced?

1. None
2. More Board attendance at staff functions, meeting with the public and consumers as a show of support for the Agency and our goals
3. Fine as is
4. Board role should remain the same
5. We are doing fine
6. If it works, then don't change it
7. Keep as is
8. Not sure
9. Just to be diligent

(D.) What were the one or two successes during the past year for which the Board takes some satisfaction?

1. Work with the funds available
2. Successful strategic planning
3. Continuing work under COVID-19
4. The CEO is outstanding and we are doing excellent
5. The transfer of leadership (Excellent new Director)
6. We didn't have enough meeting to do much. I depend on the people to keep everything running smoothly
7. Correcting finances; getting through this
8. Addressing new issues and working things out during trying times

(E.) What opportunities for improvement do you see in the Board's organization or performance?

1. None
2. Better self-assessment
3. We need more outside advertisement
4. None
5. Looks good to me
6. Doing a great job

(F.) How does this Board compare to other Boards on which you serve?

1. We are one of the best boards to serve on
2. Very favorably – less contentious, high expectations and standards, clear goals & definitions of Board’s role
3. Can’t touch ours
4. Very good
5. The Best!!!
6. Very much a hands off Board. Given the size of the organization, it is probably the best case scenario
7. Very good
8. I believe with the new Director, this and one other Board I serve on are top notch
9. Keeps on task well and open communication

Other Comments:

- 1.

2020 EMPLOYEE RECOGNITION



40 Years

LeeAnn Bushey, Administrative Assistant

Robert (Bob) Reynolds, Harrisville Home Supervisor



15 Years

Timothy Jones, MNA Driver

David Penn, Residential Training Worker

Ricky Rasche, Community Support Worker

Courtney Schultz, Residential Training Worker

Rose Vogelheim, Clerical Support Staff

35 Years

Renee Smart-Sheppler, SIS Interviewer

30 Years

Gail Brado, Residential Training Worker

Candy Cole, Residential Training Worker

Kay Keller, Human Resources Assistant



10 Years

Genevieve (Genny) Domke, Human Resources Specialist

Danica Dumsch, A.C.E. Supervisor

Molly Hartman, Clerk Typist II

Norman Schillerstrom, SIP Technician

25 Years

Cynthia Mills, Community Support Worker

Patti Ranger, Residential Training Worker



5 Years

Ashton Carper, Residential Training worker

Donald (DJ) Dehring Jr., Psychiatric Nurse

Jessica Harbson, Case Manager

Mary Hardies, Registered Nurse

20 Years

Lisa Anderson, Residential Training Worker

Lisa Anderson, Human Resources Manager

Lynne Fredlund, Quality Improvement Coordinator

Larry Patterson, Accounting Officer

Herbert Stock, Housekeeping Trainee

Tina Wozniak, Psychiatric Nurse



18 Years

Julie Jansen, Monday Night Activities Coordinator

Linda Millard, Monday Night Activities Coordinator



2020 Employee Recognition Luncheon

Employee, a Guest & their Supervisor

Inside Tent by the Fletcher Street Office

September 16, 2020

11:00 am to 12:30 pm & 1:30 pm to 3:00 pm

WEAR YOUR MOST COLORFUL MASK



DRAFT



QI Council Minutes

For Meeting on 08/17/20

10:15 AM/11:10 AM

Board Training Room/Teams

Meeting called by: Lynne M. Fredlund
Type of meeting: Bi-Monthly
Facilitator: Angie Stawowy
Note taker: Diane Hayka via digital recorder
Timekeeper:

Attendees: Mary Crittenden, Genny Domke (Uber) @ 10:50, Lynne Fredlund, Joe Garant (Uber), Rich Greer, Angie Stawowy

Absent: Jen Whyte (excused), Nena Sork (excused), Judy Szott (excused)

QI Coordinator: Lynne Fredlund

Assistant: LeeAnn Bushey

Disclaimer: Due to COVID 19, the QI Council meeting was held via Uber Conference and in-person due to technical difficulties with Microsoft Teams.

Agenda Topics

Review of Minutes

Discussion:

By consensus, the minutes of the June 15, 2020 meeting were approved.

Action items:

Person responsible:

Diane Hayka via digital recorder

Deadline:

ASAP

Committees requesting Additional Time

Lynne Fredlund noted the Safety Committee will need to expand on the content of their minutes.

Management Team

Discussion:

Mary Crittenden reported Management Team is keeping close track of budget balances noting there is a good balance in the Medicaid and only around \$11,000 in General Funds to the positive. Mary reported an increase in General Funds for FY21 of \$101,000. As there is a surplus in Medicaid dollars this year, a Reinvestment Committee will be reviewing the award of a one-time payment yet this fiscal year to staff, which may be in lieu of a raise next fiscal year as it is anticipated there may be a Medicaid budget reduction.

Mary Crittenden informed Council members of Management Team's establishment of some focus areas for next fiscal year which include focus on communication and increasing staff morale. Mary also reported a new software

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system will be obtained for Human Resources. This will allow for electronic timesheets, include a module for performance evaluations, and several other features to address electronic signatures on needed documents. Lynne Fredlund noted the performance evaluation feature will be included on the list for improvements.

Action Items:

Report Monthly

Person Responsible:

Nena Sork/Mary Crittenden

Deadline:

Advisory Council

Discussion:

Nena Sork was not in attendance to report. The Council did meet on August 10th. Minutes will be available at the next QI meeting.

Action Items:

Report Bi-Monthly

Person Responsible:

Nena Sork

Deadline:

CARF Committee

Discussion:

Lynne Fredlund reported the CARF Committee did not meet since last report. Lynne Fredlund reported the CARF Conformance Report was submitted.

Action Items:

Report Monthly

Person Responsible:

Lynne Fredlund

Deadline:

Clinical Leadership Team

Discussion:

Mary Crittenden reported the Clinical Leadership Team is working to create a uniform training plan for the Crisis/ESU clinicians to assure all staff providing those services does it in a similar fashion. In the past, the various supervisors provided training and when a staff is hired, there is so much to complete and comprehend it is difficult to assure the assessments are done in a consistent manner. She reports there are possible five different training videos – safety videos, risk analysis, suicide assessment using the Columbia model and a couple other modules. The training should be ready for implementation in the next couple of weeks. The training also includes shadowing, crisis contact documentation review, role playing, and other elements. This training should improve the crisis service provision for the Agency. All new staff will be trained via this method. The training will be adjusted as necessary. Lynne Fredlund noted in a recent MDHHS review, there was focus on the QDIP and QMHP-A/QMHP-C certifications and requested information as to whether there would also be focus on services to the intellectual/developmental population with this training. Mary noted the initial training does not address services in this population group and recognizes there is a need to get our staff trained so they can be certified. Jen Whyte was to investigate methods to assure staff can qualify for these certifications. Mary suggested if Lynne Fredlund

DRAFT

forward any information she may find to incorporate into the training as it is difficult to secure good videos, etc. which could be used for this element of training.

Mary Crittenden reported the CLT also are monitoring the Performance Indicator for the 14-day windows. All program managers were required to send a Plan of Correction on how their program was going to monitor to assure the objectives are met.

Mary also reported there was coordination with Human Resources to get a training related to Workplace Violence scheduled. All supervisors received information on the training. The training will occur at Alpena Community College with two separate events to be held in September.

Mary reported the LOCUS training was revamped last year and the Team is looking to provide a more thorough and consistent training. LOCUS is an assessment tool used in adults with a mental illness. She notes this course will be added to the Agency's training calendar. Attendance will be limited to 10 at this point so social distancing can be maintained. This will be a six-hour training. New clinical hires will need to attend. The LOCUS trainers are meeting on Wednesday to finalize plans.

The Clinical Leadership Team continues to monitor and review difficult cases. They also provide ongoing consultation of COVID-19 processes and policy review.

Mary Crittenden reported the Team met with a representative from the Alpena Alcona Area Credit Union (AAACU) to discuss a Union Trust program. She noted the Team would like to assure this was not just a marketing ploy and wanted to get information as to whether the services could be beneficial to individuals we serve. There were technical difficulties in the presentation and packets will be sent to Team members to provide additional information. Once the Team has reviewed the potential of this program, information will be passed on to staff if it would be a benefit.

Action Items:

Report Monthly

Person Responsible:

Mary Crittenden

Deadline:

Customer Satisfaction Committee

Discussion:

Action Items:

Report Bi-Monthly

Person Responsible:

Angie Stawowy reported the Customer Satisfaction Committee has not met since COVID. She reported the Committee does have the data from the surveys but needs to put it in formal. She notes a section of the survey was focused on MI Employment.

Lynne Fredlund noted she has a Survey Monkey she will be proposing to the Director to collect data on the Agency's response to COVID during the first six months of this pandemic. She is not sure which Committee will be tapped to oversee this survey.

Deadline:

DRAFT

Risk Management Committee

Discussion:

Lynne Fredlund reported the Risk Management Committee has not met. She notes this Committee meets quarterly. Their next meeting will be later this month.

Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

Safety Committee

Discussion:

Rich Greer reported the Safety Committee has been very active in the COVID-19 pandemic. They implemented daily screening tools for staff and visitors. He reports he is continually striving to secure additional personal protection equipment and needing to create more storage space to keep the equipment. Most of the reserves of PPE are stored at the Hillman Office. He reports the office are equipped with barriers (sneeze guards) to assure there is a level of insulation between the visitors and staff. He notes temperatures are being taken at all locations upon entry as he did secure contactless thermometers.

A new cleaning protocol was implemented for the offices. Staff receiving a training request via myLearning Pointe to assure their work stations are being sanitized twice a day as per the Executive Order. The main areas are being taken care of by the screener and the clinical offices are being sanitized after each appointment. He reports all Agency vehicles have been equipped with hand sanitizer and cleaning products to keep the vehicles sanitized between uses. Social distancing labels were placed on the floor in the front lobby. Several posters were also placed in the offices with reminders to ways to fight the COVID-19 virus.

Rich reported the Safety Committee conducted their quarterly reviews on the incident reports related to individuals receiving services noting the review indicated the reports were at 10-year low. This can be attributed to low activity due to our quarantine-like environment. Employee accident reports are also at a low rate. He notes supervisors are working on protocols for returning staff to work and safe ways of providing services.

Lynne Fredlund questioned if the site visits are being conducted and safety inspections. Rich noted once a year an external review of all sites is conducted. Twice a year internal reviews are conducted. He notes the in-house audits are continuing; however, the external one has not been done.

Action Items:

Person Responsible:

Rich Greer

Deadline:

ASAP

Utilization Management

Discussion:

Lynne Fredlund reported in Jen Whyte's absence. She noted the minutes were disbursed with the meeting materials. It was noted the Utilization Management Committee continues to meet monthly. Highlights include updating the Level of Care grid to reflect the new codes and units; Majestic has been updated as well. There will be updates after October when new codes are released by the State. LOCUS assessments continue to be monitored monthly with ongoing training as needed. Majestic will be adding an alert should a clinician identify more than a two-step override to alert the supervisor. UM continues to monitor Respite and this has been reduced.

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There has been training in case managers and there will continue to be monitoring to ensure there is some consistency with the provision of Respite.

Action Items:

Report Monthly

Person Responsible:

Jennifer Whyte

Deadline:

Quality Oversight Committee - NMRE

Discussion:

Lynne Fredlund reported QOC met last week. She reported this meeting consisted of reviewing the federal HSAG [Health Services Advisory Group] guidelines for Performance Improvement Projects. She reported our region is focusing on monitoring diabetes in individuals receiving psychotropic medications and monitoring children prescribed ADHD medications. A review of the cases HSAG requested was done.

Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

QI Member Concerns

Discussion:

Members had no concerns. Joe Garant provided a brief summary of the services provided at NEMROC during COVID. He reported slowly the employment is getting back on track. There were a few jobs lost during this time at MidMichigan and the township. They are hopeful they can get these positions back next year.

Action Items:

Person(s) Responsible:

All members

Deadline:

Project Team/Workgroup Update/Old Business

1. QI Process Reporting/Updates

Lynne Fredlund reported she had sent out a form to track performance projects for tracking any improvements during the year. A second form is to be completed by the department when the improvement has been completed.

Genny Domke joined the meeting at 10:50 a.m.

Resource Standards & Development Committee

Discussion:

Genny Domke reported the Resource Standards & Development Committee continue with Random Acts of Kindness, Trivia, Monday quotes, Friday Dance-a-thon and picture boards. The committee is focusing on staff morale in all offices, including the homes.

DRAFT

Training has been geared toward policy training recently but they are working on Annual Staff Training. This may be pushed out this fall somewhat.

Action Items:

Report Bi-Monthly

Person Responsible:

Genny Domke

Deadline:

Project Team/Workgroup Update/Old Business (continued)

1. **QI Process Reporting/Updates**

Lynne Fredlund continued to provide explanation of the form. One form will be to inform QI of an improvement process with a proposed completion date or comments. The second one is a matrix shown on a dashboard to list the various programs and projects underway. Mary Crittenden inquired as to how often the reports would be submitted. Lynne Fredlund noted this could be every other month to coincide with the QI Council meetings. If filled out monthly the Council will be able to review. Lynne Fredlund noted she will send out a reminder about a week or two prior to the QI Council's scheduled meeting.

New Business

1. **QI Officers**

Angela Stawowy reported the Council's Chair no longer works for the Agency. She, as Vice Chair, has been asked to step up to the Chair position. Lynne Fredlund noted, due to the timing, it was requested to remain Chair for the following year as well. This Council needs nominations for Vice Chair. The Vice Chair would begin October 2020 through September 2021. Lynne Fredlund suggests Jen Whyte as Vice Chair with Angela Stawowy supporting if Jen would accept this role. Consensus of the Council members was to check with Jen Whyte to see if she is agreeable to this appointment.

2. **Improvements by Department**

Genny Domke informed Council members there is much effort to identify methods to train staff remotely, virtually, etc. for staff and AFC providers. Genny Domke questioned if the new sheet should have a spot to identify barriers on improvement projects. This could be added to comments. Lynn noted she could include a prompt on the form to include this type of comment.

Lynne Fredlund reported there have been no improvement forms received. This may be due to many staff working from home and the ease of submitting forms. Angela Stawowy noted some emails were lost when staff were transitioned from one electronic device to another. She has had much difficulty with use of her tablet.

Rich Greer noted he will be the Safety representative with Kay Keller attending if he is not able to.

Adjournment

Discussion: Next Meeting is scheduled for October 19, 2020, at 10:15 a.m. in the Board Training Room and via teams for those working from home.

Action Items: By consensus, this meeting adjourned at 11:10 a.m.

DRAFT



QI Council Minutes

For Meeting on 06/15/20

10:20 AM/11:45 AM

Board Training Room

Meeting called by: Lynne M. Fredlund
Type of meeting: Bi-Monthly
Facilitator: Lynne M. Fredlund
Note taker: Lynne M. Fredlund
Timekeeper:

Attendees: Lynne Fredlund, Nena Sork, Mary Crittenden, Joe Garant, Genny Domke

Absent: Jamie McConnell (excused), Jen Whyte (excused) Angie Stawowy (excused) Judy Szott (excused) Lee Ann Bushey – Recorder, Excused.

QI Coordinator: Lynne Fredlund

Guests: None

Disclaimer: Due to COVID 19, the QI Council meeting was held via UBER Line. Notes were limited as the meeting was not recorded. Future meetings will include a recorder to provide more thorough minutes. Staff may view the various committee minutes on the Agency Intranet listed under “QI Council.”

Agenda Topics

Review of Minutes

Discussion:

By consensus, the minutes of the February 2020 meeting were approved.

Action items:

Person responsible:

Diane Hayka via digital recorder

Deadline:

ASAP

Management Team

Discussion:

Nena Sork reported Management Team's has been working on many things. Financially the agency is in good shape. NeMCMHA is following all the Governors Orders, those that can work from home, are working from home. We have had some layoffs, most voluntary, cross training, and will slowly when we can, bring people back to the office. When it is safe to do so within the orders of the Governor.

NeMCMHA continues to work face to face with some people, via telehealth for others. We are about 50/50 face to face versus tele. NeMCMHA continues to be Osha Compliant, following orders from the NMRE and following state ongoing changes. Update was given on outer offices and it is noted Rogers City Office appears most active as Dr. Hoffman is there.

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Action Items:

Report Monthly

Person Responsible:

Nena Sork

Deadline:

Advisory Council

Discussion:

No advisory Council this month.

Action Items:

Report Bi-Monthly

Person Responsible:

Nena Sork

Deadline:

CARF Committee

Discussion:

Lynne Fredlund reported the CARF Committee did not meet since last report. The team has had email interaction regarding the annual CARF Conformance submission.

Action Items:

Report Monthly

Person Responsible:

Lynne Fredlund

Deadline:

Clinical Leadership Team

Discussion:

Mary Crittenden reported.

Action Items:

Report Monthly

Person Responsible:

Mary Crittenden reported that the CLT is now meeting twice a month. Until this month, the team met weekly. CLT continues to receive / review and approve conference requests. They have approved some virtual training for staff on Evidenced Based Practices. They now have a standing "QI Standing Agenda" item.

The team has worked on multiple projects such as: Website Social Media Policy; Telecommunication Policy; Staff IT – working remotely; increasing the use of Zoom and /Teams; COVID 19 Guidelines; Cross Training between the departments; AOT Referral Process; Inpatient Grid; Remote Screening after hours; Development and monitoring of Placement Committee; Pandemic Plan; Development and implementation of Hospital Grid for Discharge Planner, etc.

Deadline:

DRAFT

Safety Committee

Discussion:

Safety Committee did not meet since the last QI Council, but Safety processes to address COVID – 19 and the Governors orders, have been developed and will be provided to the QI Council at the next meeting.

will still be housed on the intranet.

Action Items:

Person Responsible:

Jamie McConnell

Deadline:

ASAP

Customer Satisfaction Committee

Discussion:

No meeting since last QI Council.

Action Items:

Report Bi-Monthly

Person Responsible:

Angie Stawowy

Deadline:

Resource Standards & Development Committee

Discussion:

Genny Domke reported that the Committee continues to provide motivational activities such as Quote of the Week, Spirit Week, Teams of the Month, Staff of the month. The team continues to work on the newsletter and the focus for this past month was SIP and RTW services. It is noted that a staff of the month was not identified in April due to the quarantine and no meeting occurring in that month.

Action Items:

Report Bi-Monthly

Person Responsible:

Genny Domke

Deadline:

Risk Management Committee

Discussion:

Lynne Fredlund reported the Risk Management Committee did meet on 2/25/20 and 5/26/20. Minutes were reviewed. Primary focus was on the 5/26/20 meeting. Behavior Support Team met each month during both quarters. There were no Physical Interventions during both of the quarters. 18 people were presented, 11 showed Progress, 5 showed regression and 2 showed no change. There are 21 actual Behavior Plans reviewed by this team. One accommodation for safety was reviewed as well. Grievance and Appeals were not reviewed as the customer service representative reporting is not working at this time.

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Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

Utilization Management

Discussion:

Jen Whyte is excused, please see agency intranet to view minutes for the May meeting.

Action Items:

Report Monthly

Person Responsible:

Jennifer Whyte

Deadline:

Quality Oversight Committee - NMRE

Discussion:

Lynne Fredlund reported that QOC minutes are still pending. QOC discussed the missing data for BH Teds, apparently the State of Michigan is reporting that most boards are missing veteran status on the BH Teds. While this is acceptable for crisis services to omit, this is not acceptable for other programs. The team discussed the Behavior Treatment Template – apparently the Behavior Support Team has not been recording the number of minutes a person is having a behavior. This only happens sporadically when requested by the psychologist. This will need to be improved. Our Behavior Support Team is aware of this need. The QOC also reviewed the Quarter 1 Medicaid Only Performance Indicators, NeMCMHA will be receiving a plan of correction request as we did not meet indicator 3. Access to ongoing services for children or adults.

Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

QI Member Concerns

Discussion:

None reported.

Action Items:**Person(s) Responsible:**

All members

Deadline:

DRAFT

Project Team/Workgroup Update/Old Business

1. The development of Agenda was discussed and was accepted by the group.

New Business

1. **Restructuring of QI**
2. **QI Project Team – Update Agenda/Form for departments/programs to identify project improvements completed or underway.**

Lynne Fredlund spoke with the group identified some sample information that might be helpful to have on the forms. The group discussed and it was decided that Lynne would go and put something together for the group to review and provide comment at the next meeting.

Adjournment

Discussion: Next Meeting is scheduled for August 17, 2020, at 10:15 a.m. in the Board Training Room and via teams for those working from home.

Action Items: By consensus, this meeting adjourned at 11:45 a.m.

OCTOBER AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Annual Board Planning Cycle 02-007

Executive Job Description 03-003

Monitoring Executive Director 03-004

Monitoring Reports

01-004 Budgeting

01-008 Compensation and Benefits

Review

Ownership Linkage

Strategic Plan Adoption

Educational Session



WEEKLY Update

August 28, 2020

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

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CMH Association and Member Activities

New! CMHA Behavioral Telehealth Resource Center readying to bolster work with MHEF support; MDHHS and CMHA join forces

Below are excerpts from a recent notice from the Michigan Health Endowment Fund (MHEF), informing CMHA that its application for support of our Telehealth Resource Center was approved. This is a two-year contract with the Health Endowment Fund. This is very good news and is key to supporting CMHA’s work to ensure that Michigan’s behavioral telehealth system is sound and effective.

“Congratulations! I am pleased to inform you that the Board of Directors of the Michigan Health Endowment Fund approved Michigan Association of Community Mental Health Boards (dba Community Mental Health Association of Michigan)'s 2020 Behavioral Health grant request, ID number R-2004-146275, in the amount of \$257,905.00 to support the program entitled Telehealth Resource Center - Behavioral Health.”

With those dollars, the CMHA Behavioral Telehealth Resource Center will be able to add staffing capacity to move the Center forward rapidly and comprehensively.

Additionally, MDHHS appointed two liaisons to the CMHA Behavioral Telehealth Resource Center Advisory Council, with the aim of ensuring that the MDHHS telehealth and the CMHA Behavioral Telehealth Resource Center are in alignment and sharing resources with each other.

State & National Developments and Resources

New! Michigan Health Policy Forum announces fall Forum “When Racism Intersects Health”

Michigan Health Policy Forum
A Non-Partisan Venue to Discuss Health Policy
Hosted by Michigan State University

September 14 at 1:00pm
ZOOM CONFERENCE
(ZOOM info will be sent to registrants on the week of September 7)

[Register Here](#)

New! Michigan Protection & Advocacy Service, Inc. (MPAS) has changed its name to Disability Rights Michigan.

Below is the announcement that Michigan Protection and Advocacy Services (MPAS) redesigned its logo and launched a new website – www.drnich.org

We've Changed Our Name!

MICHIGAN
MPAS
PROTECTION & ADVOCACY
SERVICE, INC.
4095 Legacy Parkway
Lansing, MI 48911

Is now:


**Disability
Rights**
Michigan
4095 Legacy Parkway
Lansing, MI 48911

Visit: www.drnich.org

State Legislative Update

New! August Revenue Estimating Conference

This week, the third Consensus Revenue Estimating Conference (CREC) of the year was held to reevaluate revenue estimates for Fiscal Years (FY) 2019-20, FY 2020-21, and FY 2021-22 due to the COVID-19 pandemic. While the entire country has been upended because of the pandemic, Michigan was hit particularly hard during the spring. As such, projections in May were grim.

This week's conference however, provided some welcome news with projections revised upward from May. Federal stimulus dollars received through the CARES Act and unemployment assistance have helped cushion the blow to the economy. Estimates from Treasury and the House and Senate Fiscal Agencies today indicate the state has received \$43.3 billion in federal assistance during the COVID-19 pandemic. Unpacking that number reflects \$16 billion in Paycheck Protection Program loans to Michigan businesses; \$8.3 billion in economic impact payments and \$13.4 billion (federal) in unemployment insurance compensation.

For combined General Fund/General Purpose (GF/GP) and School Aid Fund (SAF) revenue for FY 2019-20, projections are up \$2.3 billion from the May CREC, but are still down \$926.4 million from the January CREC. For FY 2020-21, combined revenues are up \$579 million from the May CREC, but still down \$2.47 billion from January's CREC. For FY 2021-22, combined revenues are up \$376 million from the May CREC, but still down \$1.7 billion from January's estimates.

According to the economists, the improvement in outlook can be attributed to the following:

- Delayed tax filing deadline until July yielded higher payments than expected
- Manufacturing and automotive production recovered more rapidly than expected (it was observed that, overall, higher-wage industries are recovering more quickly than lower-wage industries)
- CARES Act impact on revenue was underestimated, specifically the impact of the Paycheck Protection Program, Economic Impact Payments and Pandemic Unemployment Insurance Compensation
- Consumer spending is higher than expected, shifting to home improvement projects, consumer goods, etc.

While economists noted the upward revisions were indeed positive developments, they were careful to frame these developments cautiously. They acknowledged that widespread uncertainty still exists regarding the path of the pandemic, further federal stimulus spending, and how consumers will react, among other variables.

As these forecasts provide the foundation for the construction of the upcoming (Fiscal Year 2020-2021) budget, we can now expect the budget discussions to kick into high gear in the coming weeks.

You can access the presentations and materials from the CREC at the Senate Fiscal Agency website [here](#) or the House Fiscal Agency website [here](#).

New! Executive Orders Signed

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

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

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-172** – Protecting workers who stay home, stay safe when they or their close contacts are sick, please click [here](#) to access Executive Order 172.

Federal Update

National Council Launches CCBHC Success Center

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

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

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

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders. Visit our site to:

- Kick-start your CCBHC grant or strengthen your existing CCBHC activities.
- Connect with peer CCBHCs to share ideas, innovations, and solutions.
- Get help with becoming CCBHC-ready for the next round of expansion grants.

- Explore how states can implement and tailor the CCBHC model to meet their goals for quality, scope of services and value.
- Learn how non-CCBHCs—like primary care clinics, children’s providers, and others—can partner with CCBHCs to improve clients’ access to the full spectrum of care.
- See a compilation of the latest data on CCBHCs’ activities, outcomes and geographic reach.
- Get engaged in advocacy to advance the CCBHC model.
- And more...

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

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

Education Opportunities

CMHA Takes Trainings Virtual!



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

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon.

Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

New! Fault Lines: Understanding the Impact of COVID-19 on Behavioral Health Crisis Services

Behavioral health crisis service providers are no strangers to stressful, high-impact work environments—but what happens when the world as we know it is turned upside down by a global pandemic? In this webinar, learn about the results of two national surveys administered to behavioral health crisis workers that shed light on the state of crisis services and what communities need to be prepared for to assure people experiencing a psychiatric emergency can access high-quality care.

Monday, August 31st 4:00pm - Hosted by TBD Solutions

Register at this link: <https://tinyurl.com/COVIDBHWebinar>

Fetal Alcohol Spectrum Disorder Trainings Improving Outcomes in Treatment and Other Settings by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD)

Virtual Training Dates: September 3-4, 2020 or September 24-25, 2020 (These are 2-half-day sessions)
Time: 9:00am* – 12:00pm each day (registration at 8:30am)

When an individual “fails” in treatment and other services, we often label the person as being non-compliant, unmotivated, or disruptive. However, their behavior may well be due to brain damage caused by prenatal alcohol exposure, which is much more common than most people suspect. Due to this damage, which spans the intellectual spectrum, evidence-based practices that rely on verbal interactions and reward and consequence systems are often not successful with them and set them up to fail. The majority of those with an FASD are not accurately diagnosed. As a result, interventions for them in mental health and substance use treatment, vocational services, child welfare, education, and corrections are often ineffective.

This training addresses the importance of recognizing an FASD in those with whom we work or live. The brain damage seen in FASD is examined, along with common behaviors that result from this damage and that may result in misdiagnoses such as Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder, Conduct Disorder, Borderline Personality Disorder, and Antisocial Personality Disorder in the individual and neglect and sabotaging treatment in family members. Methods to identify those with a possible FASD and strategies for modifying treatment approaches to improve outcomes for the individual, family, and service providers are highlighted. As fetal alcohol spectrum disorders are 100% preventable, methods to integrate prevention into existing services are also discussed.

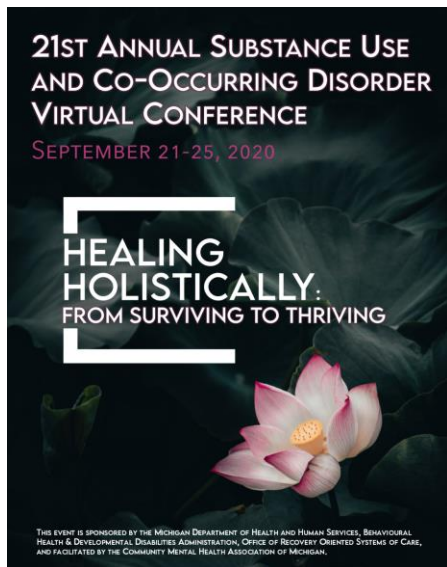
Who Should Attend?

Children’s Services Staff from CMHSP and their network providers’ (specifically Children’s Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

[To Register for FASD September 3-4, 2020 Click Here](#)

[To Register for FASD September 24-25, 2020 Click Here](#)

New! 21st Annual Substance Use and Co-Occurring Disorder Conference



“Healing Holistically: From Surviving to Thriving”

September 21-25, 2020

Location: Virtual

Can’t make it to the full conference? No problem! We have significantly reduced the rate this year to accommodate your busy schedule. If you attend a session at the live scheduled time and participate fully, (according to the guidelines listed in the brochure) you will receive credit for each session you attend.

Conference Attendees:

Please see the attached conference brochure for more information including breakout session descriptions. Deadline to register is September 14, 2020.

[CLICK HERE TO REGISTER FOR THE FULL CONFERENCE](#)

Exhibitors: [Deadline to register is September 4, 2020!](#)

[CLICK HERE TO REGISTER FOR AN EXHIBITOR BOOTH](#)

Virtual Platform Features:

- **[Click here](#) to see a video from another conference that used this platform. Please note that we will have some different features, but this gives great representation of how interactive and user-friendly the platform will be!**
- Interactive exhibitor booths, including 1:1 video networking with exhibitors.
- LIVE breakout sessions to maximize your CE potential and ability to ask questions directly to the presenters.
- More CE opportunity than ever before! See the brochure for more details.
- Networking among fellow attendees via chat.
- Automatically generated certificate at the end of the conference.
- Access to handouts and recordings of the sessions.
- And so much more!

Wondering about the Michigan Celebrate Recovery Walk & Rally that typically occurs the Saturday before the conference? The Walk & Rally is postponed this year, but that won't stop Michigan from celebrating recovery month. Monday is the kick off for a month long virtual celebration of the Michigan recovery community and you won't to miss the first video!



Michigan Celebrate Recovery
2020 Virtual Experience

Follow Michigan Celebrate Recovery on our new social media accounts:

Instagram: @micelebraterecovery

Twitter: @micelerecovery

Youtube: <https://tinyurl.com/mirecovery>

Facebook: Michigan Celebrate Recovery Walk & Rally

VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

Dates:

- October 5, 2020 *(training full)*
- November 2, 2020 *(training full)*
- November 20, 2020 *(training full)*
- December 7, 2020 [REGISTER HERE!](#) *(48 spots left)*

Agenda:

Education: 8:30am – 11:30am

Lunch Break: 11:30am – 1:00pm

Education: 1:00pm – 4:00pm

Training Fees: \$103 CMHA Members \$126 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings

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

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

Dates:

- October 15, 2020 [REGISTER HERE!](#) *(4 spots left)*
- November 5, 2020 [REGISTER HERE!](#) *(38 spots left)*

Agenda:

Log into Zoom: 8:45 am

Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members \$47 Non-Members

Registration Open: Self-Determination Conference -Registration ends Friday, 8/28/20 at Noon!

2 Sets of Virtual Concurrent Workshops Each Day

Keynote Sessions Tuesday, September 1:

Tuesday, September 1, 2020 from 9:30am – 12:30pm
Thursday, September 3, 2020 from 9:00am – 12:30pm
Thursday, September 10, 2020 from 9:00am – 12:30pm
Monday, September 14, 2020 from 9:00am – 12:30pm

Conference Series Offers Flexible Scheduling for Attendance!

You are *not required to attend the entire* conference.
You can attend 1 day or every day of the conference.
You can attend 1 conference session or attend 9 conference sessions.
You only receive credit for each session you log in and out of.

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend: This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators. *No fee to attend this conference! Registration is still required.*

Conference brochure and registration are available [BY CLICKING HERE!](#)

Recipient Rights Virtual Conference – Early Bird Deadline 9/4/20

The 27th Annual Recipient Rights Conference will be held virtually September 15-18, 2020. This year's conference will feature Lena Sisco, author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth." You won't want to miss 21 workshops for Appeals and RRAC members, as well as keynote addresses from Dr. Laura Hirschbein and Lena Sisco.

Continuing Education: Social Work and Recipient Rights CEs will be available.

Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Conference Series Offers Flexible Scheduling for Attendance!

You are *not required to attend the entire* conference.
You can attend 1 day or every day of the conference.
You can attend 1 conference session or attend 9 conference sessions.
You only receive credit for each session you log in and out of.

Registration Fee:

Earlybird Price: \$89 per person through 9/4/20

After 9/4/20: \$99 per person

Conference brochure and registration can be found [BY CLICKING HERE!](#)

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

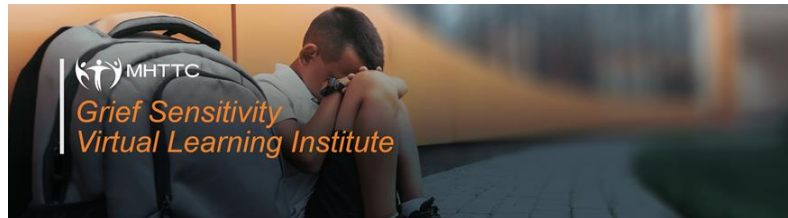
CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly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

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

New! Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.



The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

The Institute includes:

Tracked Learning- Each Institute has four sessions with three learning tracks (you are open to attend any session in any track):

Grief Sensitivity

Evidence-Based Practices for Clinicians, and
School Mental Health.

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

Opening Keynote & Closing Activity-

On Day 1 of both Institutes, we open with a keynote from [Dr. Kathy Schear, founder and director of the Center for Complicated Grief](#)

On Day 2 of both Institutes, we close with a youth listening session on grief and healing

September 10 & 11th:

[Grief Sensitivity Institute Part 1: Grounding ourselves in the basics](#) (frameworks, definitions, and foundational concepts)

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

November 12 & 13th:

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

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

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

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

NetworkOffice@MHTTCNetwork.org

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

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

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

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

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

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

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

Relias: Implement Trauma-Informed Care at Your Organization

Becoming trauma-informed doesn't happen overnight. It requires integrating knowledge about trauma into your policies, practices, and procedures, as well as buy-in from your staff and leadership.

If you want to implement trauma-informed care at your organization, there are five key elements you need to know before getting started:

Organizational self-assessment: Get a baseline for where you are now so you can reassess.

Paradigm shift: Change the way you think about the people you serve, yourself, and others.

Safety: Create a safe environment across your organization, one that impacts physical, emotional, and psychological safety.

Employee wellness and self-care: Implement an employee wellness program that promotes self-care, healthy coping techniques, and trauma-informed clinical supervision.

Everyone is included: Train all employees on the trauma-informed framework, including those who don't perform clinical work, your board of directors, and your leadership team.

Download our white paper, [5 Key Elements to Trauma-Informed Care](#), to dive into more details about implementing trauma-informed care at your organization.

[Download the White Paper](#)

Looking for solutions to support a trauma-informed approach to care? Relias offers a breadth of tools to help you implement TIC for the long term. Request a demo to learn more.

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
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 Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

WEEKLY Update

August 21, 2020

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

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CMH Association and Member Activities

New! MHEF announces grant support for CMHA Telehealth Resource Center

Below are excerpts from a recent notice from the Michigan Health Endowment Fund (MHEF), informing CMHA that its application for support of our Telehealth Resource Center was approved. This is a two-year contract with the Health Endowment Fund. This is very good news and is key to supporting CMHA’s work to ensure that Michigan’s behavioral telehealth system is sound and effective.

“Congratulations! I am pleased to inform you that the Board of Directors of the Michigan Health Endowment Fund approved Michigan Association of Community Mental Health Boards (dba Community Mental Health Association of Michigan)'s 2020 Behavioral Health grant request, ID number R-2004-146275, in the amount of \$257,905.00 to support the program entitled Telehealth Resource Center - Behavioral Health.”

State & National Developments and Resources

New! NIDA and NIH announce Helping to End Addiction Long-term (HEAL) Initiative

The National Institute on Drug Abuse and the National Institute for Health recently announced a series of virtual meetings being held as a part of the NIH Helping to End Addiction Long-term (HEAL) Initiative. For more information, please refer to the links embedded below.

August 24, 2020—[Virtual Workshop: Toward the Use of Buprenorphine in Infants: Scientific and Practical Considerations](#). NIDA Director Dr. Nora Volkow will provide introductory remarks at 10:30.

August 26, 2020—[Virtual Seminar: Engaging Patients in the Research Process](#)

August 31, 2020—[Multi-Disciplinary Working Group Meeting](#). The agenda, including details about the public session, is forthcoming.

September 16, 2020—[HEAL Workshop on Myofascial Pain](#)

New! CDC issues report on mental health, substance use, and suicidal ideation during the COVID-19 pandemic

Below are excerpts from the CDC's Morbidity and Mortality Weekly Report (MMWR) :Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

Summary

What is already known about this topic?

Communities have faced mental health challenges related to COVID-19–associated morbidity, mortality, and mitigation activities.

What is added by this report?

During June 24–30, 2020, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.

What are the implications for public health practice?

The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.

During late June, 40% of U.S. adults reported struggling with mental health or substance use^{*}

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE[†]



^{*}Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020
[†]In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping

CDC.GOV

bit.ly/MMWR81320

MMWR

State Legislative Update

New! State of Michigan Reaches Settlement Over the Flint Water Crisis

Governor Gretchen Whitmer announced today that last week the State of Michigan agreed to a \$600 million settlement of the civil lawsuits brought against the State of Michigan by Flint residents after the water supply for the City of Flint was switched to the Flint River on April 25, 2014. The majority of the money will settle claims filed on behalf of children.

The preliminary agreement specifies that about 80 percent of the net settlement fund will be spent on claims of children who were minors when first exposed to the Flint River water, with a majority of that amount to be paid for claims of children age 6 and younger. Two percent will be earmarked for special education services in Genesee County with another 18 percent of the net settlement to be spent on claims of adults and for property damage. Roughly 1 percent will go towards claims for business losses.

“Providing relief for the people of Flint and resolving these long-standing legal disputes has been a top priority for me since taking office,” Attorney General (AG) Dana Nessel said. “Flint residents have endured more than most, and to draw out the legal back-and-forth even longer would have achieved nothing but continued hardship. This settlement focuses on the children and the future of Flint, and the State will do all it can to make this a step forward in the healing process for one of Michigan’s most resilient cities. Ultimately, by reaching this agreement, I hope we can begin the process of closing one of the most difficult chapters in our State’s history and writing a new one that starts with a government that works on behalf of all of its people.”

To view a summary of the preliminary settlement, please click [here](#). The AG's office stated complete details will be made available once the formal settlement is completed, which is expected within about 45 days. Governor Whitmer released a video statement on the settlement, which can be viewed [here](#). AG Nessel also released a video statement, which can be viewed [here](#).

State Revenue Up \$655.8M Above Projections In July

State revenues steered toward the General Fund came in \$385.7 million above projected levels in July while School Aid Fund revenues came in \$270.1 million above the drastically scaled-back projections from the May Consensus Revenue Estimating Conference (CREC).

Through July 2020, year-to-date General Fund collections are \$675 million above the May collections and the School Aid Fund is \$429.1 million above, according to [the Senate Fiscal Agency](#) (SFA).

The higher revenue totals came not only from state income taxes being due July 15, but from personal income taxes and sales taxes coming in stronger than expected, the SFA reported.

No casino tax revenue is coming in, but more people are playing the state Lottery. School Aid Fund money from the Lottery is up \$42 million, 69.4% above projections. State revenues are still projected to be down 10.3% from this point in Fiscal Year '19 the SFA reported.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 130 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

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

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-170** – Temporary COVID-19 protocols for entry into Michigan Department of Corrections facilities and transfers to and from Department custody; temporary recommended COVID-19 protocols and enhanced early-release authorization for county jails, local lockups, and juvenile detention centers, please click [here](#) to access Executive Order 170.

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

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

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

Education Opportunities

CMHA Takes Trainings Virtual!



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

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon.

Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

New! Fetal Alcohol Spectrum Disorder Trainings Improving Outcomes in Treatment and Other Settings by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD)

Virtual Training Dates: September 3-4, 2020 or September 24-25, 2020 (These are 2-half-day sessions)
Time: 9:00am* – 12:00pm each day (registration at 8:30am)

When an individual “fails” in treatment and other services, we often label the person as being non-compliant, unmotivated, or disruptive. However, their behavior may well be due to brain damage caused by prenatal alcohol exposure, which is much more common than most people suspect. Due to this damage, which spans the intellectual spectrum, evidence-based practices that rely on verbal interactions and reward and consequence systems are often not successful with them and set them up to fail. The majority of those with an FASD are not accurately diagnosed. As a result, interventions for them in mental health and substance use treatment, vocational services, child welfare, education, and corrections are often ineffective.

This training addresses the importance of recognizing an FASD in those with whom we work or live. The brain damage seen in FASD is examined, along with common behaviors that result from this damage and that may result in misdiagnoses such as Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder, Conduct Disorder, Borderline Personality Disorder, and Antisocial Personality Disorder in the individual and neglect and sabotaging treatment in family members. Methods to identify those with a possible FASD and strategies for modifying treatment approaches to improve outcomes for the individual, family, and service providers are highlighted. As fetal alcohol spectrum disorders are 100% preventable, methods to integrate prevention into existing services are also discussed.

Who Should Attend?

Children's Services Staff from CMHSP and their network providers' (specifically Children's Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

[To Register for FASD September 3-4, 2020 Click Here](#)

[To Register for FASD September 24-25, 2020 Click Here](#)

Additional Dates Added - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

Dates:

- October 5, 2020 *(training full)*
- November 2, 2020 *(training full)*
- November 20, 2020 [REGISTER HERE!](#) *(10 spots left)*
- December 7, 2020 [REGISTER HERE!](#) *(54 spots left)*

Agenda:

Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees: \$103 CMHA Members \$126 Non-Members

Additional Dates Added - VIRTUAL Pain Management and Mindfulness Trainings

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

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

Dates:

- October 15, 2020 [REGISTER HERE!](#) *(12 spots left)*
- November 5, 2020 [REGISTER HERE!](#) *(43 spots left)*

Agenda:

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

Training Fees:

\$39 CMHA Members \$47 Non-Members

Registration Open: Self-Determination Conference

2 Sets of Virtual Concurrent Workshops Each Day

Keynote Sessions Tuesday, September 1:

Tuesday, September 1, 2020 from 9:30am – 12:30pm
Thursday, September 3, 2020 from 9:00am – 12:30pm
Thursday, September 10, 2020 from 9:00am – 12:30pm
Monday, September 14, 2020 from 9:00am – 12:30pm

Conference Series Offers Flexible Scheduling for Attendance!

You are *not required to attend the entire* conference.

You can attend 1 day or every day of the conference.

You can attend 1 conference session or attend 9 conference sessions.

You only receive credit for each session you log in and out of.

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend: This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators. *No fee to attend this conference! Registration is still required.*

Conference brochure and registration are available [BY CLICKING HERE!](#)

Recipient Rights Virtual Conference

The 27th Annual Recipient Rights Conference will be held virtually September 15-18, 2020. This year's conference will feature Lena Sisco, author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth." You won't want to miss 21 workshops for Appeals and RRAC members, as well as keynote addresses from Dr. Laura Hirschbein and Lena Sisco.

Continuing Education: Social Work and Recipient Rights CEs will be available.

Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Conference Series Offers Flexible Scheduling for Attendance!

You are *not required to attend the entire* conference.

You can attend 1 day or every day of the conference.

You can attend 1 conference session or attend 9 conference sessions.

You only receive credit for each session you log in and out of.

Registration Fee:

Earlybird Price: \$89 per person through 9/4/20

After 9/4/20: \$99 per person

Conference brochure and registration can be found [BY CLICKING HERE!](#)

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.



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

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

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

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

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

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

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

New! Relias: Implement Trauma-Informed Care at Your Organization

Becoming trauma-informed doesn't happen overnight. It requires integrating knowledge about trauma into your policies, practices, and procedures, as well as buy-in from your staff and leadership.

If you want to implement trauma-informed care at your organization, there are five key elements you need to know before getting started:

Organizational self-assessment: Get a baseline for where you are now so you can reassess.

Paradigm shift: Change the way you think about the people you serve, yourself, and others.

Safety: Create a safe environment across your organization, one that impacts physical, emotional, and psychological safety.

Employee wellness and self-care: Implement an employee wellness program that promotes self-care, healthy coping techniques, and trauma-informed clinical supervision.

Everyone is included: Train all employees on the trauma-informed framework, including those who don't perform clinical work, your board of directors, and your leadership team.

Download our white paper, [5 Key Elements to Trauma-Informed Care](#), to dive into more details about implementing trauma-informed care at your organization.

[Download the White Paper](#)

Looking for solutions to support a trauma-informed approach to care? Relias offers a breadth of tools to help you implement TIC for the long term. Request a demo to learn more.

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org

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

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

Audrey Daul, Administrative Assistant, adaul@cmham.org

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 Hammond, Training and Meeting Planner, jhammond@cmham.org

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

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

Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org

Robert Sheehan, CEO, rsheehan@cmham.org



WEEKLY Update

August 14, 2020

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

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CMH Association and Member Activities

New! Leadership change at Pathways

After 28 years with Pathways, CEO Mary Swift has announced that she will be retiring at the end of April. (While much could be said of Mary’s work at Pathways and her long career in public service, her humility leads her to make this brief, selfless, to-the-point announcement.)

We wish Mary the best and applaud her many years of solid leadership at Pathways.



New! Northeast Integrated Health featured on American Black Journal

Below is an announcement, from Northeast Integrated Health, on the recent featuring of its CAPPA program on American Black Journal:

I am excited to continue sharing our story about Northeast Integrated Health and the CAPPA program. Please tune in on **Sunday, August 9 at 9:30 a.m.** to *American Black Journal with Stephen Henderson* on Detroit Public TV-WTVS --- Channel 56.

In the event you cannot watch on Sunday morning, the show will repeat on Wednesday, August 12, at 7:30 p.m. on Channel 56, and it will be posted online at www.americanblackjournal.org.

New! CCBHC, CMHA, and its members highlighted in the news

Below are excerpts from a Detroit News story on the recent announcement of Michigan as a demonstration state for the federal Certified Community Behavioral Health Center (CCBHC). (See the announcement in the August 7 CMHA Weekly Update).

Michigan picked for pilot project funding community mental health services:

Michigan has been picked to partake in a federal pilot program that funds mental health and addiction services in community health clinics — an approach that's helped to keep those needing treatment out of jails, hospitals and off the streets.

The pilot is tied to legislation enacted in 2014 from Sens. Debbie Stabenow, D-Lansing, and Roy Blunt, R-Missouri, to offer reimbursement for community-based mental health treatment.

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

New! Senator Stabenow, MDHHS, CMHA hold joint CCBHC press conference

Below are excerpts from a press release describing a recent conference announcing Michigan's designation as a CCBHC state.

Senator Debbie Stabenow today announced she has secured the State of Michigan's selection for a nationwide demonstration program that is transforming the way mental health services and addiction treatment are delivered across the country. Senators Stabenow and Roy Blunt (R-MO) established this initiative in their bipartisan Excellence in Mental Health and Addiction Treatment Act. Certified Community Behavioral Health Clinics in Michigan, which provide quality, comprehensive services, will now be reimbursed through Medicaid for the full cost of providing services—the same way we fund community health centers for physical health services. This will close the gap in funding between physical and behavioral health care in communities across our state.

The full press release, featuring quotes from CMHA members, allies, and staff can be found [here](#).

New! Media coverage: law enforcement & mental health partnerships as approach to law enforcement issues in the public discussion

Below are excerpts from a recent news story on how the large number and wide range of partnerships among law enforcement and mental health systems, in communities across Michigan, are a foundational component in addressing the high profile issues related to law enforcement and community relations.

Defund police or reform? What a city in Oregon can teach Michigan: Long before the term “defund the police” became a progressive slogan, a city in Oregon found ways to divert police from thousands of calls that other professionals are better equipped to handle.

This could involve anything from a delusional man bothering restaurant customers, a woman passed out on the street, or an adolescent threatening suicide. In the college town of Eugene, Oregon, as elsewhere, a substantial portion of routine police calls involve the homeless and mentally ill.

In Eugene, instead of police, such calls often bring a white van with a team of two: a nurse or EMT and a first responder trained in behavioral health. In a program started three decades ago, these teams fielded nearly 25,000 calls in Eugene and the neighboring city of Springfield in 2019. That’s almost a fifth of the Eugene Police Department’s total call volume of about 172,000 people. Related stories:

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

State & National Developments and Resources

New! National study of impact of loss of specialized mental health system as a result of carve-in efforts

Below is a link to recently complete study of the impact of carving-in the Medicaid behavioral healthcare benefit into a physical health managed care system – conducted by the National Council for Behavioral Health. These findings mirror what CMHA, its Center for Healthcare Integration and Innovation (CHI2), and CMHA allies found in earlier studies.

The results, as this report and others, are key to guide policy makers in that it underscores the fundamental differences in the behavioral healthcare needs and best practices from those of physical healthcare – and the harm to persons with mental health needs and the systems that serve them, by carve-in approaches.

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

New! National Handle with Care conference announced

Handle with Care is a proven three-party partnership (schools, law enforcement, mental health) that assists children and youth, who have experienced recent trauma, in succeeding school.

The national 2020 Handle with Care Conference is going virtual this year with one 90 minute session at a time every week. Participants will be able to attend every session this year. No more having to choose from one out of six breakout sessions and wish you could have attended them all!

Check out the sessions on the website! <http://handlewithcarewv.org/2020-virtual-conference.php>

If you are a Law Enforcement Officer, Judge, Prosecutor, Attorney, Social Worker, Medical Professional, Treatment Provider, Educator, Counsellor, Victim Advocate, Court Appointed Special Advocate, Probation/Parole Officer, Corrections Officer, Public Health Official, CAC, or work in the field of prevention, this conference will enhance your knowledge and skill in working these very difficult child abuse and neglect cases from a trauma informed perspective.

All 45 sessions will be delivered most Wednesdays from August 2020 through June 2021 from 3:00pm to 4:30pm. You will be able to register for individual sessions at \$10 each. If you would like to purchase all 45 sessions for \$150, contact Jenny Lancaster - jenny@terzettocreative.com

State Legislative Update

New! State Revenue Up \$655.8M Above Projections In July

State revenues steered toward the General Fund came in \$385.7 million above projected levels in July while School Aid Fund revenues came in \$270.1 million above the drastically scaled-back projections from the May Consensus Revenue Estimating Conference (CREC).

Through July 2020, year-to-date General Fund collections are \$675 million above the May collections and the School Aid Fund is \$429.1 million above, according to [the Senate Fiscal Agency](#) (SFA).

The higher revenue totals came not only from state income taxes being due July 15, but from personal income taxes and sales taxes coming in stronger than expected, the SFA reported.

No casino tax revenue is coming in, but more people are playing the state Lottery. School Aid Fund money from the Lottery is up \$42 million, 69.4% above projections. State revenues are still projected to be down 10.3% from this point in Fiscal Year '19 the SFA reported.

Consensus Revenue Estimating Conference

Last week it was announced that there will be an August 2020 Consensus Revenue Estimating Conference (CREC) on Monday, August 24, 2020, at 3:00 p.m. As you may know, historically the CREC has been held in January and May to discuss independent economic and revenue forecasts that inform decisions made around the state budget. Due to the many fiscal and economic uncertainties we face as a result of the COVID-19 pandemic, state leaders deemed it necessary to have a third CREC this year. The purpose of this conference is to revisit the consensus revenue estimates for fiscal year (FY) 2019-20, FY 2020-21, and FY 2021-22.

Similar to the May 15 CREC, the conference will be held by teleconference and can be accessed via live stream on both Michigan Senate and House streaming channels (links below).

House Streaming: <https://www.house.mi.gov/htv.asp>

Senate Streaming: <https://misenate.viebit.com/?folder=ALL>

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 130 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

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

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-165** – Declaration of state of emergency and state of disaster related to the COVID-19 pandemic, please click [here](#) to access Executive Order 165.
- **Executive Order 2020-166** – Protecting workers who stay home, stay safe when they or their close contacts are sick, please click [here](#) to access Executive Order 166.
- **Executive Order 2020-168** – Temporary safety measures for food-selling establishments and pharmacies and temporary relief from requirements applicable to the renewal of licenses for the food-service industry, please click [here](#) to access Executive Order 168.
- **Executive Order 2020-169** – Enhanced protections for residents and staff of long-term care facilities during the COVID-19 pandemic, please click [here](#) to access Executive Order 169.

Federal Update

National Council Launches CCBHC Success Center

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

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

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

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders. Visit our site to:

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

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

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

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through September 30, 2020 – we’re moving to a virtual setting when possible.**

The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon.

Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

New! CANCELLED! CMHA Annual VIRTUAL Summer Conference

We have made the difficult decision to cancel the CMHA Summer Virtual Conference originally scheduled for August 17-21, 2020. Multiple competing conferences and year-end workload for many of the employees and Board members of our association’s member organizations have resulted in low attendance numbers. If you have already paid for the conference, refunds will be credited to your credit card.

Additional Dates Added - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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Dates:

- October 5, 2020 *(training full)*
- November 2, 2020 *(training full)*
- November 20, 2020 [REGISTER HERE!](#) *(24 spots left)*
- December 7, 2020 [REGISTER HERE!](#) *(58 spots left)*

Agenda:

Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
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2 Sets of Virtual Concurrent Workshops Each Day

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Thursday, September 3, 2020 from 9:00am – 12:30pm
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This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend: This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

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Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Registration Fee:

Earlybird Price: \$89 per person through 9/4/20

After 9/4/20: \$99 per person

Conference brochure and registration can be found [BY CLICKING HERE!](#)

Virtual TNT: Teaching Motivational Interviewing

There's still time to register for the 2-Day TNT: Teaching Motivational Interviewing virtual training! This is the only set of dates offered for this training this year. Featuring presenter Randall Estes LMSW, CAADC, CCS, Member of the Motivational Interviewing Network of Trainers (MINT) with Co-Presenter Michelle Boudreaux.

Teaching Motivational Interviewing is designed for individuals who are interested in teaching/training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate public speaking skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition) and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

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

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to the training.

Dates

Sept. 2-3, 2020

Training

TNT: Teaching M.I.

Registration Link

[CLICK HERE](#) to register now!

Times:

9:00am-4:15pm

Training Fee:

\$125 per person. The fee includes electronic training materials and CEs for each day.

Education & Training Resources from Great Lakes MHTTC



MHTTC

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

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

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

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

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

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

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

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

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

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

Relias: creating a trauma informed system of care

More people are experiencing trauma due to the effects of COVID-19. From being in social and physical isolation to losing their jobs (or being an essential worker), the stress and uncertainty of the unknown can strain a person's mental and physical health.

For this reason, it is crucial that every health and human service provider have a basic understanding of trauma-informed care. That's why we're excited to release our newest e-book, [Creating a Trauma-Informed System of Care: Addressing Individuals, Professionals, and Organizations](#). This e-book will share:

- What exactly is trauma and how it affects different populations
- Best practices for addressing trauma with the individuals you serve
- Best practices for addressing Trauma in your staff (both clinical and non-clinical staff)
- How to become a trauma-informed organization, including the key elements of the trauma-informed model of care

[Download the E-Book](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
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 Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org



WEEKLY Update

August 07, 2020

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

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CMH Association and Member Activities

New! Media coverage of CMHA members and Association on COVID, suicide, and the value of mobile crisis teams.

Over the past several weeks, media interest in a number of issues in which CMHA members are deeply involved has increased dramatically. Some of that coverage is highlighted below:



Calls to suicide hotlines rise during COVID-19 pandemic (WWMT story): Excerpt: The COVID-19 crisis has had a profound impact on people’s mental health and in West Michigan, the number of calls to suicide hotlines are up.

Doctors have been tackling COVID-19’s physical risks and symptoms for months, and researchers are studying the invisible effects on mental health.

Records showed in the last 30 days Kalamazoo Public Safety officers responded to 64 calls for suicide or suicide attempts, which is an average of two calls per day.

A study released by Pine Rest Christian Mental Health Services in June 2020 showed calls to suicide hotlines are up 47% nationwide during the COVID-19 pandemic with some crisis lines experiencing a 300% increase.

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

Mobile crisis teams (WGVU radio interview): Excerpt: Community Mental Health Association CEO Robert Sheehan talks about the mobile crisis response teams across Michigan, how they often work with police departments and local behavioral health providers to ensure optimal outcomes for those facing mental health challenges and more.

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

Michigan mobile crisis teams help law enforcement de-escalate mental health emergencies (WWMT television interview): Excerpt: Michigan health experts said more mental health teams were working with law enforcement in the field as an extra resource.

Mobile crisis teams are able to help police officers with a wide range of behavioral health challenges, anything from a domestic violence call to a case involving a mentally ill person.

Community Mental Health Association of Michigan CEO Robert Sheehan said the Black Lives Matter movement had people questioning what law enforcement and behavioral health experts’ roles should be in the field.

He said in certain situations it could be beneficial to call in the experts to de-escalate a situation.

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

State & National Developments and Resources

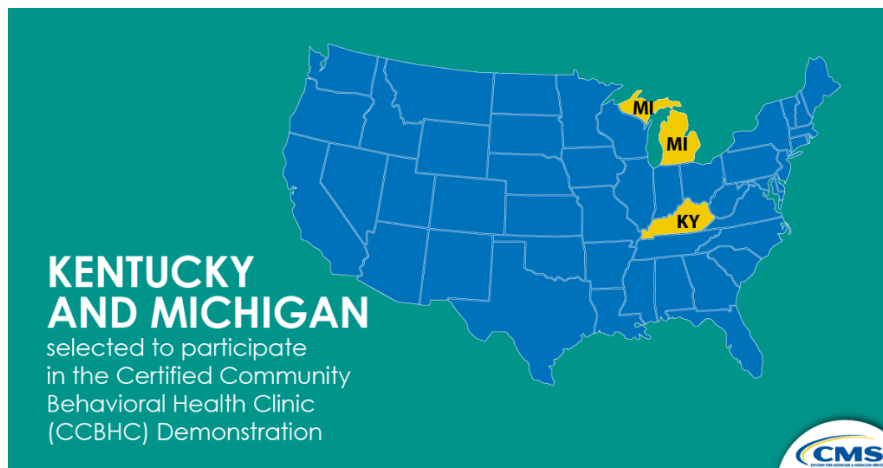
New! Michigan named CCBHC demonstration state

Below is the recent announcement that CMS and SAMHSA have selected Michigan and Kentucky as the next demonstration states, as contained in a CMS announcement:

“Today, the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse & Mental Health Services Administration (SAMHSA) are announcing that the states of Kentucky and Michigan have been selected as additional participants in the Certified Community Behavioral Health Clinic (CCBHC) Demonstration as required by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

This demonstration is part of a comprehensive effort to integrate behavioral health with physical health care, increase consistent use of evidence-based practices, and improve access to high quality care for people with mental health and substance use disorders. While this demonstration was initially created for a two year period under section 223 of the [Protecting Access to Medicare Act of 2014](#), the demonstration was extended several times.

Kentucky and Michigan join the original [participants](#) selected in 2016.”



The CMS announcement is available [here](#). See, left, the SAMHSA/CMS graphic highlighting the announcement.

“The recent announcement of Michigan as a participating state in the federal Certified Community Behavioral Health Clinic (CCBHC) Demonstration initiative is welcome news and is a testimony to the commitment, vision, and grit of the senior senator from Michigan, Senator Debbie Stabenow, the co-sponsor of the bill upon which the CCBHC initiative is founded,” said Robert Sheehan, CEO of the Community Mental Health Association of Michigan.

Mr. Sheehan went onto say, “While the federal grant funding provided to Michigan’s nine current CCBHC sites has powerfully and dramatically improved access to mental health care in those communities – with nine more sites coming on board later this year – the designation of Michigan as a CCBHC Demonstration State now moves this comprehensive community-based approach to mental health services and supports from one temporarily funded with federal grants to one with permanent funding built on a federal-state partnership. This signals a new day for Michigan’s public mental health system and the hundreds of thousands of Michiganders who are served by that system every year.”

New! AAoM back to school in the time of COVID | virtual town hall discussion - August 13, 2020

Below is a recent announcement from the Autism Alliance of Michigan on its upcoming Virtual Town Hall:

Join us for a FREE virtual Town Hall discussion!

The Autism Alliance of Michigan (AAoM) understands that going back to school this year will be a stressful and confusing time. Parents and caregivers likely have many concerns and questions about returning to school. That is why AAoM is here to help! We will be hosting a dynamic panel discussion on heading back to school this Fall.

Moderator: Colleen Allen | Ph.D., President and CEO, AAoM Panel Participants: Jill Matson | MSN, RN, CPNP, Pediatric Nurse Practitioner, AAoM Clinical Specialist & Navigator Manager Heather Eckner | M.A.Ed. Special Education Advocate and AAoM Educational Consultant William Bloom | Ph.D, Neuropsychologist Michelle Driscoll | Michigan Alliance for Families Policy Coordinator Justin Michalak | Macomb Intermediate School District Assistant Superintendent for Special Education & Student Services, Return to Learning Advisory Council Member

Register [here](#).

New! NIMH funding opportunity announcement (FOA) aimed at evaluating mental health practices in low-resource settings

Evidence-based mental health services are often not used, or not used effectively, in low-resource settings and in settings with clients from traditionally underserved populations. NIMH supports a research agenda aimed at understanding and reducing these mental health disparities to achieve greater equity in mental health care. NIMH has released two funding opportunity announcements (FOAs) to support research to evaluate evidence-based mental health practices in these disadvantaged populations, including:



Implementing and Sustaining Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Equity in Outcomes (R34 Clinical Trial Required)

This FOA supports pilot work for subsequent studies testing the effectiveness of strategies to deliver evidence-based mental health services, treatment interventions, and/or preventive interventions in low-resource mental health specialty and non-specialty settings within the United States.

The application deadline is August 25, 2020 by 5:00 PM local time of applicant organization. No late applications will be accepted for this FOA. Learn more [here](#).

Effectiveness of Implementing Sustainable Evidence-Based Mental Health Practices in Low-Resource Settings to Achieve Mental Health Equity for Traditionally Underserved Populations (R01 Clinical Trial Optional)

This FOA encourages studies that develop and test the effectiveness of strategies for implementation and sustainable delivery of evidence-based mental health treatments and services to improve mental health outcomes for underserved populations in under-resourced settings in the United States.

This FOA is published in parallel to a companion R34 (RFA-MH-20-401) that supports pilot studies in preparation for the larger-scale studies described here.

The application deadline is August 25, 2020 by 5:00 PM local time of applicant organization. No late applications will be accepted for this FOA. Learn more [here](#).

New! Insights on racial and ethnic health inequity in the context of COVID-19

Below are excerpts from a recent article from McKinsey on racial and ethnic health equity: The disproportionate impact that the COVID-19 pandemic has had on communities of color and vulnerable populations is well documented, and has put a necessary spotlight on longstanding racial and ethnic inequity in health and healthcare. In this infographic, we bring attention to factors that contribute to health inequity in COVID-19 outcomes and beyond. These include socioeconomic factors and racism, which in turn affect clinical health, access to care, and quality and experience for Black and Hispanic/Latinx Americans, among other racial and ethnic groups.

Insights are drawn from the McKinsey Center for Societal Benefit through Healthcare Vulnerable Populations Dashboard, McKinsey COVID-19 Consumer Insights Surveys, and publicly available data and academic research on COVID-19 and health equity. This publication builds on prior publications: COVID-19: Investing in black lives and livelihoods and Insights on physical health and behavioral health vulnerability.

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

New! CHCS: Celebrating 55 Years of Medicaid at a Time When it is Needed Most

Below are excerpts from a recent Center for Health Care Strategies blog on the history and value of Medicaid:



Navigating a pandemic and its impact on policy, operations, and service delivery is new territory for everyone in health care, including the Medicaid world. Among the many challenges that state Medicaid programs are navigating, the most substantial include managing budget shortfalls, transitioning to more robust telehealth systems, and supporting safety-net providers.

Because individuals with low incomes and communities of color are at the highest risk of serious illness from COVID-19, Medicaid will continue to play a central role in the pandemic response. Therefore, it seems fitting to acknowledge that the program passed a milestone last week: its 55th birthday. Signed into law on July 30, 1965 by President Lyndon B. Johnson, Medicaid has evolved over the decades, supporting millions of individuals over its 55-year history.

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

New! Michigan report reveals shifting impact of COVID-19 on behavioral health crisis services

Below are excerpts from a press release on a recently released report, conducted by TBD Solutions, a CMHA member, examining the impact of the COVID pandemic on Michigan's mental health crisis services:

A recent survey of behavioral health crisis service providers reveals that the demand for crisis services is increasing during COVID-19, while workers continue to be overwhelmed by fewer available resources for the people they serve. This survey included behavioral health workers such as mobile crisis providers, crisis residential programs, and crisis calls centers.

A supplemental report released by TBD Solutions analyzed the responses of Michigan mental health crisis service providers, revealing a crisis system being used more frequently by individuals with more complex challenges aggravated by COVID-19.

While the initial survey revealed the greatest concerns around health care and a lack of critical supplies, this survey found issues with care coordination and supervisor concerns about the health and safety of their staff as the most pressing matters

MOBILE CRISIS RESULTS: Mobile Crisis providers reported staff safety considerations (64%) and care coordination issues with community partners (57%). More than 40% reported increased turnover due to staff relocation, often to take care of other family members. 35% of mobile crisis teams reported an increase in referrals. Over 40 mobile crisis teams exist in Michigan, most of which are referred to as Intensive Crisis Stabilization Services (ICSS). ICSS teams serve youth in each of Michigan's 46 Community Mental Health Service Provider (CMHSP) areas.

CRISIS RESIDENTIAL RESULTS: 70% of crisis residential programs reported care coordination issues as a major challenge. Half of the Crisis Residential providers reported an increase in the number of referrals in the previous two weeks. This is a shift since April when less than 15% reported an increase in referrals to their programs. Over 20 Crisis Residential Units exist in Michigan, serving adults and youth as both a diversion and stepdown from inpatient psychiatric hospitalization.

CRISIS CALL CENTER RESULTS: Crisis call centers identified staff safety considerations (53%), feeling overwhelmed by clinical intensity (47%), and care coordination issues (47%) as major challenges. 60% of respondents reported an increase in call volume in the previous two weeks, a significant change from the April 2020 survey. Over 40 crisis call centers exist in Michigan, often referred to as Access Centers and operated by Community Mental Health Services Programs (CMHSPs).

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

New! Health Affairs: Comparison of SDOH-Related Investments By Texas And California Medicaid Health Plans

Below are excerpts from a recent Health Affairs journal article contrasting the work of health care

systems in addressing social determinants of health (SDOH) in two states with distinctly different Medicaid programs:

Given the important role of Medicaid health plans in California and Texas in addressing the health and social needs of large enrollee populations and the plans' interest in advancing the social determinants of health (SDOH) agenda in both states, two foundations sought to better understand the plans' investments in improving SDOHs. The authors compare results from surveys in California and Texas—the two most populous states in the US.

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

State Legislative Update

New! Consensus Revenue Estimating Conference

This week it was announced that there will be an August 2020 Consensus Revenue Estimating Conference (CREC) on Monday, August 24, 2020, at 3:00 p.m. As you may know, historically the CREC has been held in January and May to discuss independent economic and revenue forecasts that inform decisions made around the state budget. Due to the many fiscal and economic uncertainties we face as a result of the COVID-19 pandemic, state leaders deemed it necessary to have a third CREC this year. The purpose of this conference is to revisit the consensus revenue estimates for fiscal year (FY) 2019-20, FY 2020-21, and FY 2021-22.

Similar to the May 15 CREC, the conference will be held by teleconference and can be accessed via live stream on both Michigan Senate and House streaming channels (links below).

House Streaming: <https://www.house.mi.gov/htv.asp>

Senate Streaming: <https://misenate.viebit.com/?folder=ALL>

New! Primary Election

As of Tuesday evening, more than 1.6 million Michiganders, a record, had mailed in ballots. Below is a highlight of some of the more competitive races throughout the state.

Congressional

- **3rd Congressional** – With incumbent republican ***Congressman Justin Amash*** not on the ballot, ***Peter Meijer***, an Iraq War veteran and grandson of yes, that Meijer Grand Rapids grocery store family won a decisive victory over current ***State Representative Lynn Afendoulis***. ***Ms. Afendoulis*** trailed behind ***Meijer*** for most of the evening. She also trailed in finances being outmatched almost 2-1 with ***Meijer*** investing more than \$500,000 of his personal wealth into the race. ***Hillary***

Scholten, a civil rights attorney and democrat from Grand Rapids will face **Mr. Meijer** in the general in November.

- **6th Congressional** – This southwest Michigan seat that includes Kalamazoo County was a nail-biter throughout the evening with democratic **State Representative Jon Hoadley** largely trailing political newcomer and part-time teacher **Jen Richardson**. However, **Representative Hoadley** was able to narrowly win the seat after a bevy of AV ballots were tabulated from his home base of Kalamazoo County. **Mr. Hoadley** will take on 17 term republican juggernaut, **Congressman Fred Upton** in the general in November. **Mr. Hoadley**, known for his political organizational prowess will likely be **Congressman Upton's** most competitive challenge to date.
- **10th Congressional** – Current **Chair of the House Appropriations Committee**, republican, **Shane Hernandez** lost his primary bid to political newcomer and heavily self-funded and self-dubbed “conservative outsider” **Lisa McClain**. With incumbent **Congressman Paul Mitchell** not seeking another term, **McClain** was able to best **Hernandez** in the heavily populated county of Macomb. She also poured over \$1 million of her own personal wealth into the race.

State House

- **2nd House** – Current **Representative Joe Tate** won re-election against **Taylor Harrell** in a district that includes parts of Detroit and the “Grosse Pointes”. This race was rumored to be close with some existing **House** members supporting the incumbent’s opponent. In the end, **Tate** pulled it out with 69 percent and now moves onto the November general election, where he will be a heavy favorite to win a second term.
- **3rd House** – Former **Democratic Gubernatorial candidate Shri Thanedar** captured 35 percent of the 3rd **House** district. **Thanedar** invested \$440,000 of his own wealth into this race to win the eight-person primary. **Thanedar** is a heavy favorite going into the November general election, where he faces off against Republican candidate **Anita Vinson** in the Detroit **House** district.
- **9th House** – Incumbent **Karen Whitsett** fended off challenger **Roslyn Ogburn** by a margin of 45 percent to 30 percent. **Representative Whitsett** received less votes cast physically on Election Day but received significant support once absentee ballots were tallied to win by a near 2-1 margin.
- **70th House** – **Pat Outman**, the son of **Senator Rick Outman (R-Six Lakes)**, will likely be serving in the legislature along with his father after he defeated four other primary opponents in the 70th **House** District primary. **Outman** defeated opponent **Martin Ross** with 56 percent of the vote. This district leans heavily republican as it includes Gratiot (part) and Montcalm counties.
- **73rd House** – **Bryan Posthumus**, the son of **former Lt. Governor Dick Posthumus**, won his competitive three-way primary in the Kent County-based 73rd **House District**. **Posthumus** faces democrat **Bill Saxton**, of Grand Rapids, in the General election in November.

Local Elections

- **Oakland County Executive** – *Current Oakland County Executive Dave Coulter* defeated **County Treasurer Andy Meisner** to win the Democratic Party nomination for the unexpired term of the county executive. This high-profile primary election was tight with results trickling in throughout the night and early morning hours. **Mr. Coulter** was declared the victor earlier this morning.
- **Saginaw County Clerk** – *Representative Vanessa Guerra (D-Saginaw)* defeated incumbent **Saginaw County Clerk Michael Hanley**, where she received 65 percent of the vote. As of now, **Representative Guerra** does not have a republican competitor in the November general election.
- **Antrim County Sheriff** – *House Majority Floor Leader Triston Cole* lost his race for **Antrim County Sheriff** against current **County Sheriff Daniel Bean**. **Representative Cole** garnered only 35 percent of the vote, while incumbent **Sheriff Bean** received 65 percent.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 130 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

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

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-164** – Requiring masks at child-care centers and camps, please click [here](#) to access Executive Order 164.

Federal Update

New! National Council Launches CCBHC Success Center

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

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

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

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders. Visit our site to:

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

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

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

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through September 30, 2020 – we’re moving to a virtual setting when possible.**

The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon.

Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

Registration Now Open! CMHA Annual VIRTUAL Summer Conference



While we lose the collaborative and social nature of an in-person conference, we believe the virtual format will provide an excellent and much-needed opportunity to keep current with best practices (clinical, administrative, governance), allow attendees to obtain continued education credits, and offer exhibitors and sponsors opportunities to highlight and promote their companies.

***We want this to work for YOU –
let's embrace technology and keep learning!***

2020 Annual Summer Virtual Conference Series
August 17 – 21, 2020
Virtual Education & Networking
Each day from 9:00am – 12:30pm

Earn up to 14 Continuing Education Credits!

Registration Fees:
\$175 (member)
\$210 (non-member)

[CLICK HERE TO REGISTER FOR THE VIRTUAL CONFERENCE!](#)

Educational Sessions:

- Opening Keynote: Behavioral Health and Coronavirus: Challenges and Opportunities
 - Charles Ingoglia, MSW, President and CEO, National Council for Behavioral Health
- Closing Keynote: Racism - A Public Health Crisis
 - Grenae Dudley, PhD, LP, President and CEO, The Youth Connection

Educational Workshops:

- Understanding Moral Injury
- Expanding Moral Injury
- What's Going on in Lansing
- Targeting Health Disparity Populations Using the Strategic Prevention Framework
- Autism Centers of Michigan: Using Quality Differentiators to Challenge the Status Quo in Applied Behavior Analysis (ABA) Services
- Treatment Foster Care Oregon (TFCO): Community-Based Mental Health Treatment for Hospital Level-of-Care Children
- Evidence-Based Behavioral Tools to Treat Chronic Pain

- Family Coaching and the Family Disease
- Multiple Pathways to Recovery: How to Walk the Walk with Mutual Aid Groups
- A Model Policy for Michigan Public Libraries to Address Homelessness and Mental Health
- Recipient Rights Protection System
- Best Practice Strategies for Implementing a Full In-Jail MAT Program
- Collaboration is Key: Assessing and Treating Sexual Self-Regulation with Consumers of CMH Services
- Charting the Course to a Good Life
- Creating Your Best Life in Recovery - The Continuum of Care in SUD Treatment
- Complex Trauma, Addiction & Brain Injury: From Surviving to Thriving
- Implementing an FASD System of Care Within Michigan CMHSP System
- Improving Community Access for Individuals on the Autism Spectrum
- Michigan Psychiatric Care Improvement Project: Enhancing Michigan's Publicly Funded Crisis Services System
- Opportunities for Occupational Therapy to Support Residential Behavioral Health
- Working with Children's Special Health Care Services to Maximize Benefits for Families
- Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions

[CLICK HERE TO REGISTER FOR THE VIRTUAL CONFERENCE!](#)

Additional Dates Added - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

- August 17, 2020 *(training full)*
- October 5, 2020 *(training full)*
- November 2, 2020 *(training full)*
- November 20, 2020 [REGISTER HERE!](#) *(46 spots left)*
- December 7, 2020 [REGISTER HERE!](#) *(65 spots left)*

Agenda:

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

Training Fees:

\$103 CMHA Members \$126 Non-Members

Additional Dates Added - VIRTUAL Pain Management and Mindfulness Trainings

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

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

Dates:

- October 15, 2020 [REGISTER HERE!](#) (28 spots left)
- November 5, 2020 [REGISTER HERE!](#) (52 spots left)

Agenda:

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

Training Fees:

\$39 CMHA Members \$47 Non-Members

Self-Determination Conference Moving Virtual September 2020!

3 Virtual Concurrent Workshops Each Day:

Tuesday, September 1, 2020 from 9:30am – 12:30pm
Thursday, September 3, 2020 from 9:00am – 12:30pm
Thursday, September 10, 2020 from 9:00am – 12:30pm
Monday, September 14, 2020 from 9:00am – 12:30pm

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend: This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

No fee to attend this conference! Registration available soon, check [CMHA website](#) for more information and updates.

Recipient Rights Virtual Conference

The 27th Annual Recipient Rights Conference will be held virtually September 15-18, 2020. This year's conference will feature Lena Sisco, author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth." You won't want to miss 21 workshops for Appeals and RRAC members, as well as keynote addresses from Dr. Laura Hirschbein and Lena Sisco.

Continuing Education: Social Work and Recipient Rights CE's will be available.

Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Registration Fee:

Earlybird Price: \$89 per person through 9/4/20

After 9/4/20: \$99 per person

Conference brochure and registration opens this week!

Virtual TNT: Teaching Motivational Interviewing

There's still time to register for the 2-Day TNT: Teaching Motivational Interviewing virtual training! This is the only set of dates offered for this training this year. Featuring presenter Randall Estes LMSW, CAADC, CCS, Member of the Motivational Interviewing Network of Trainers (MINT) with Co-Presenter Michelle Boudreaux.

Teaching Motivational Interviewing is designed for individuals who are interested in teaching/training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate public speaking skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition) and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

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

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to the training.

Dates

Sept. 2-3, 2020

Training

TNT: Teaching M.I.

Registration Link

CLICK HERE to register now!

Times:

9:00am-4:15pm

Training Fee:

\$125 per person. The fee includes electronic training materials and CEs for each day.

Education & Training Resources from Great Lakes MHTTC



MHTTC

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

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

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Announcing New Learning Opportunities from the MHTTC Network

Below is a description of the last session in a webinar series that center around school based mental health services and sound approaches to helping families deal with conflict during the Corona Virus pandemic.

Supporting families in addressing family conflict during the pandemic: The webinars in this series will use case examples and dialogue between experts from the National Child Traumatic Stress Network (NCTSN) to address critical questions that mental health providers are facing during the COVID-19 pandemic. Via telehealth, providers are getting a glimpse into clients' home lives and they are encountering complex family interactions all during a time of stress and danger, with community supports challenged to respond. **NCTSN presenters help providers, even those not accustomed to working with children or families, with practical answers to questions such as:**

- How to normalize stress and concerns about safety during this time?
- How to identify risk factors and signs of violence?
- How to identify intervention points and work in partnership with families?
- How to support conversations with parents and children about violence?

When the Monsters Live with Us: Structural Inequities, COVID-19, and Intimate Partner Violence in Latin American Families (in Spanish) August 11, 12 – 1:00 pm CT [REGISTER](#)

<https://bit.ly/family-violence-series>

Certificates of attendance are available to viewers of 50% (30 minutes) or more of the live webinar.

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

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

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

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

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

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

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one

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

New! Relias: creating a trauma informed system of care

More people are experiencing trauma due to the effects of COVID-19. From being in social and physical isolation to losing their jobs (or being an essential worker), the stress and uncertainty of the unknown can strain a person's mental and physical health.

For this reason, it is crucial that every health and human service provider have a basic understanding of trauma-informed care. That's why we're excited to release our newest e-book, [Creating a Trauma-Informed System of Care: Addressing Individuals, Professionals, and Organizations](#). This e-book will share:

- What exactly is trauma and how it affects different populations
- Best practices for addressing trauma with the individuals you serve
- Best practices for addressing Trauma in your staff (both clinical and non-clinical staff)
- How to become a trauma-informed organization, including the key elements of the trauma-informed model of care

[Download the E-Book](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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



Advisory Council

Regular Meeting
08-10-20
5:00 PM to 5:32 PM
Board Room

Meeting called by: Diane Hayka

Type of meeting: Regular

Facilitator: Janet Freeman

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

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

Public:

Staff: Nena Sork, Diane Hayka

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

Welcome

Janet Freeman welcomed meeting participants in the absence of Vice Chair, Roger Boston.

Targeted Agenda Items:

Approval of Minutes

Discussion:

DRAFT

By Consensus, the minutes of the February 10, 2020 Advisory Council meeting were approved by consensus with a revision to Janet's name correcting her last name from "Marwede" to "Freeman." The June 11, 2020 combination Board /Advisory Council Strategic Planning minutes were approved by the Board at the Board's July meeting.

Action items:

Person responsible:

Diane Hayka

Deadline:

Authenticate

Targeted Agenda Items:

Election of Officers

Discussion:

Past Chair Laura Gray's term expired March 31, 2020 and she elected to resign from the Council. Roger Boston was the current Vice Chair. This group needs to elect officers for this year going forward. Janet Freeman volunteered to Chair this group and Anne Ryan volunteered to be Vice Chair for the next year.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items:

NMRE Updates

Discussion:

Regional Entity Partners (REP) Update

The minutes from the February and July REP meeting were included in the mailed materials. It was noted the REP suspended meeting after the February meeting due to COVID and the July meeting was held as a Skype meeting. Council members reviewed the materials and had no questions.

NMRE Board Meetings

The minutes from the May and June NMRE Board meeting were included in the mailed materials for this meeting. Council members had no comments or concerns related to content.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items:

June/July Operational Report

Discussion:

Nena Sork reported the numbers have stayed quite stable during COVID. The State allowed services to be provided through telemedicine, telephone, etc. This office did not close during COVID and maintained appointments if the individual requested. The office space was reconfigured so services were provided in a limited area of the office. Nena reported services were continued in the AFC home as the residential homes were closed to visitors and still are. She noted our nurse even went to a contractual group home and provided injections to individuals by setting up in the parking lot. She reported, during this COVID period, crisis calls were down and inpatient admissions also decreased as those individuals did not want to be admitted. She notes those numbers are starting to increase in the last couple of months. Nena informed Council member community living supports are also being ramped up again as some of the restrictions have lifted.

Nena Sork provided Council members with how COVID is handled within the agency noting some staff have been tested and one individual receiving services who was seen in the hospital was tested. A few individuals we serve were quarantined watching for COVID symptoms.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items:

Board Agenda Review

Discussion:

Janet Freeman noted the agenda for Thursday's Board meeting was included in the materials for this meeting. Nena Sork noted the Board conference is going Virtual and this will be held in August. Eileen Tank inquired about attendance at the meeting on Thursday. It is recommended to call in to listen to the meeting as under Executive Order the room can only hold a meeting of 10 people or less.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items:

Other

Discussion:

Eileen Tank reported Bay View Center opened and noted most drop-in centers in Michigan have re-opened. She reported she took out all the cloth furniture and was able to install plexiglass to put the sneeze guards in place for the front desk. They are limiting their use to one room. She reports there will be a garage sale on August 29th to dispose of many items at the center. Anyone wanting to contribute items for the garage sale can notify her to pick up or drop off.

The Census Event was held as a drive through and only had nine attend. She notes those participating were able to receive a gift certificate. She still has some available to distribute and individuals can still get information on the census.

Eileen reported the Agency has agreed to fund some General Fund services for Bay View Center. She notes people are beginning to return to coming in for services and they have some new members.

Action items:

Person responsible:

Deadline:

Next Regular Meeting Date:

The next regular meeting is scheduled for October 5, 2020 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 5:32 p.m.

DRAFT