

Northeast Michigan Community Mental Health Authority Board July 2020 Meetings



All meetings are held in the Board Training Room at 400 Johnson Street in Alpena except those indicated with a “*” which are held in the Administrative Conference Room

 **Board Meeting --
Thursday, July 9, @
3:00pm**




**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=SEc3bDZlUW5FY1lSU1R1NFdXTmNLZz09>

Meeting ID: 911 168 583

Password: 013259

 **Recipient Rights
Committee
Meeting* -- Wednesday,
July 15 @ 3:15pm**



**This meeting will be available as a
Conference Call Meeting using:
1-888-627-8019 PIN # 40994**

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING/ STRATEGIC PLANNING – PART III
July 9, 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 1-6)**
- VIII. Educational Session – Strategic Plan Review .. (See Strategic Plan Proposal Booklet)**
- IX. July Monitoring Reports**
 - 1. Budgeting 01-004 (See page 7)**
 - 2. Asset Protection 01-007 (See pages 8-20)**
 - 3. Community Resources 01-010..... (See pages 21-22)**
- X. Board Policies Review and Self-Evaluation**
 - 1. Community Resources 01-010.....[Review]..... (See page 23)**
 - 2. Public Hearing 02-010.....[Review & Self Evaluate] (See pages 24-25)**
- XI. Linkage Reports**
 - 1. Northern Michigan Regional Entity Update**
 - a. June 24, 2020 Meeting (Verbal Update)**
 - b. May 27, 2020 Meeting (See pages 26-31)**
 - 2. CMHAM**
 - a. Virtual Member Assembly Meeting – August 13(Verbal)**
 - b. Appoint Voting Delegates(Verbal)**
- XII. Chair’s Report**
 - 1. Planning for Executive Director Evaluation (See page 32)**
 - 2. CMH PAC Update..... (See page 33)**
- XIII. Director’s Report(Verbal)**
- XIV. Information and/or Comments from the Public**
- XV. Information and/or Comments for the Good of the Board**
- XVI. Next Meeting – Thursday, August 13 at 3:00 p.m.**
 - 1. Set August Agenda..... (See page 34)**
 - 2. Meeting Evaluation (All)**
- XVII. Adjournment**

<p>MISSION STATEMENT</p> <p>To provide comprehensive services and supports that enable people to live and work independently.</p>
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**Northeast Michigan Community Mental Health Authority Board
Board/Strategic Planning Meeting
June 11, 2020**

[Due to COVID-19 this meeting was held using ZOOM/Uber Conference/In-Person]

- 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: Robert Adrian (ZOOM), Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson (in person), Gary Nowak, Pat Przeslawski, Gary Wnuk (in person)

Absent: None

Advisory Council Members: Janet Freeman (ZOOM)

Staff & Guests: Lisa Anderson, Dennis Bannon (ZOOM), Carolyn Bruning, Connie Cadarette (ZOOM), Mary Crittenden (in person), Lynne Fredlund, Margie Hale Manley, Julie Hasse (in person), Cheryl Kobernik, Larry Patterson (ZOOM), Donna Roussin (ZOOM), Nena Sork (in person)
- III. **Pledge of Allegiance**
Attendees recited the Pledge of Allegiance as a group.
- IV. **Acknowledgement of Conflict of Interest**
No conflicts were identified.
- V. **Appointment of Evaluator**
Eric Lawson appointed Gary Nowak as evaluator for this meeting.
- VI. **Information and/or Comments from the Public**
There were no comments presented.
- VII. **Approval of Minutes**
Moved by Roger Frye, supported by Gary Nowak, to approve the minutes of the May 14, 2020 meeting as presented. Roll Call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: None. Motion carried.
- VIII. **Consent Agenda**
 1. **Michigan Municipal Risk Management Authority (MMRMA) Agreement**
Moved by Gary Wnuk, supported by Pat Przeslawski, to approve the Consent Agenda as presented. Roll Call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: None. Motion carried.
- IX. **June Monitoring Reports**
 1. **Budgeting 01-004**
Connie Cadarette reviewed the revenue portion of the Statement of Revenues and Expenses for month ending April 30, 2020. She reported the Agency is slightly higher in revenues in the line "Grants from Local Units," which is due to grant dollars the Agency received for COVID expenses not covered by Medicaid. She reviewed the settlement dollars for Medicaid, Healthy Michigan and General Funds. She reported we are at 51 days of unrestricted cash.

Larry Patterson reviewed the expense variances. He reported many of the negative variances are attributed to timing such as Employee Relations/Wellness and Miscellaneous Expenses and will resolve as the year goes on. Contract residential is over which may require a budget amendment. This is being monitored. The food line item is over due to group homes purchasing food due to COVID and needing to have a certain amount of food on hand during this time. The property and liability insurance will be resolved when the asset distribution is received. Depreciation expenses are higher due to a van purchased for one of our homes and we did not account for the depreciation in the initial budget.

2. Ends 04-001

The Board reviewed the semi-annual report on the Ends established last fall for FY2020. The status report is where the Agency is at this point of the year. More discussion on this topic will resume under the Strategic Planning discussion later in this meeting.

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

Roll Call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: None. Motion carried.

X. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting May 27, 2020

Eric Lawson congratulated Gary Nowak on his appointment as Chair of the NMRE Board. This occurred at the NMRE's May Board meeting. Nena Sork reported there was much discussion about the system redesign and it looks like this is not moving forward. She notes when COVID settles down there will most likely be another run for privatizing the system. Eric Lawson reported there appears to be an increase in liquor tax disbursements. This is what the dollars are for and the counties are pushing for utilizing the funds. Roger Frye noted there are still about \$5,000,000 still to be disbursed.

b. Board Meeting April 22, 2020

The minutes of the April 22, 2020 meeting were included in the packet sent to the Board.

2. Community Mental Health Association of Michigan (CMHAM)

a. Spring Conference Update

This conference has officially been cancelled. There is still some discussion related to whether there can be some type of virtual meeting for voting.

XI. Operation's Report

Mary Crittenden reported despite COVID our services are continuing similar to that of pre-COVID. No new state hospital admissions. This agency has two inpatient at the state facility currently, one of which will be transitioning out in the near future. The Agency provided services to 1,044 individuals in May.

XII. Chair's Report

1. CARF Standards for Strategic Planning

Board members had the CARF Standards associated with Strategic Planning to remind members what elements need to be addressed when conducting the planning sessions. Many of the citations will be incorporated into the final Strategic Plan.

2. Strategic Plan Review

Sub-End #1.A

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

Eric Lawson indicated the sub-end for children seems to have many who do not complete services. Nena Sork reported some of this occurs due to the child being in the system for short

periods of time. Mary Crittenden noted some of the families also move out of the area and are transitioned to another community mental health services program. Nena Sork reported services to children are very important. She reports historically the Agency has had difficulty is recruiting credentialed staff for this program and now we have staff available. We may want to increase caseloads to Home Based services rather than children's casemanagement. Another possibility would be to focus more on the provision of the services in locations other than the school setting and increase the amount of time spent with the child in the home environment which would draw in the family into treatment. Gary Wnuk questioned in families would have resistance to having staff come in the homes versus service provision in the schools. Nena Sork reported there could be some resistance but it is more important in building relationships with the family and having trust. She reported best practices would be to engage the whole family in treatment.

Eric Lawson inquired about whether individuals have been resistive to services within the home. Mary Crittenden reported it's about 50% of telephone contacts and 50% face to face visits.

Sub-End 2A.

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

Nena Sork noted having the priority of developing foster care homes in the community has really been good. Since the end was established, we have met and/or exceeded the development. She notes during COVID there could be difficulties with licensing issues. We may want to set the goal to one for the next fiscal year but strive for two.

Sub-End 2B.

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

Supported independence expansion is part of what the agency does and we believe this should continue.

Sub-End 3A.

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

The initial intent of this goal was established when it appeared the Agency would be licensed for a medication assistance treatment service; however, our provider did not get licensed to provide this service. Only a few of the individuals receiving services have offered their participation in this type of treatment through other providers. In those few cases, a goal was established but we have to rely on self-reporting to even measure this goal. Consensus was to eliminate this sub-end and replace it with something more reflective of the services we are providing.

Sub-End 4

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

Sub-End 5A & 5B

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

- A. *Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.*
- B. *Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.*

Board members indicated these sub-ends related to budget would remain.

Sub-End 6

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

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

Board members indicated the goals for community education seem to be applicable and should continue.

As we eliminate the co-occurring sub-end, Nena Sork suggested the Board may want to consider a goal for integrated health care. This could include various health conditions or comorbid conditions such as BMI, managing A1C, using WHAM [Whole Health Action Management] groups for those with chronic health conditions and there are many more opportunities. Eric Lawson inquired whether we have worked with MSU as they have many programs associated with health conditions. Nena Sork reported the Agency works closely with Alcona Health Center and Thunder Bay Community Health Services for integrated services. The Agency is targeted to be a pilot for a Behavioral Health Home in the next fiscal year.

Nena Sork reported the Behavioral Health home kick off is schedule for mid-July and there will be training in August. This would be a good educational session for possibly September/October. Additional funding is provided for the behavioral health home program which would not be affected by budget cuts.

XIII. Director's Report

1. Director Report Summary

a. Banking Resolution for Agency's 2nd VISA Card

Last fall, the Agency was in the process of securing a second VISA card for use for traditional purchases. It was then announcement the person in that position was retiring. The Agency wanted to assure the individual hired to replace that position would remain in employment and pass probation prior to processing paperwork for this second VISA. The staff person in this position is now off probation. This is at Huntington Bank VISA card with an amount of up to \$50,000. Connie Cadarette noted the bank has agreed to waive the fees associated with the card if a minimum dollar amount is not charged to this card. Gary Nowak inquired as to whether the Agency should look into securing a bond to cover nefarious charges. Connie Cadarette reported our current insurance agency bonds the agency for issues that may arrive.

Moved by Gary Nowak, supported Pat Przeslawski, to authorize the execution of banking resolutions as proposed and authorize the individual signatures necessary to complete the banking resolutions. Roll Call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: None. Motion carried.

b. Other Updates

Nena Sork informed the board of meetings she has attended with COVID Emergency Management in Alpena County, OPS meeting, Medical Directors Advisory Meeting, MDHHS COVID meetings and a meeting with consultant regarding the CCBHC [Certified Community Behavioral Health Clinic] certification process. She reports the Agency has finalized the pandemic plan the state requires, created a return to work plan from pandemic and are currently tweaking that plan based on feedback from Management Team.

Nena Sork reported the year started with a balanced budget and with COVID and staff on temporary layoffs, CARES Act dollars and other funding for COVID expenses, the budget has resulted in extra dollars available for this Agency. As of May, the Agency has almost \$1.5 million in excess in the budget; a large portion of this in the salary line. At year end, the excess dollars must be returned and a portion of those dollars can be retained by the NMRE in

their internal service fund (ISF). She reports this Agency has for many years contributed to the ISF at the NMRE. She would like to assure this Agency wisely uses this year's excess in order to prepare the organization for the challenges the next couple of years will bring. She believes it to be prudent to assure Northeast staff are taken care of and future needed purchases for scheduled replacement needs are able to be made knowing the future revenues will most likely be impacted due to COVID and anticipated budget cuts.

Due to the potential cuts in funding next year, she would like to be proactive and do some purchases which were planned for in next fiscal year's budget. The vehicle replacements would be amount to approximately \$140,000. This would be above what is budgeted in this fiscal year. In addition, replacing copy machines, servers, fax machines which would be placed in the near future and other larger ticket items will be investigated.

Moved by Gary Wnuk, supported by Pat Przeslawski, to approve purchases which would have been planned for the future within this year's current budget assuring the budget is not exceeded. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: None. Motion carried.

Nena Sork reported the staff received a cost of living raise this year of 3%. She reports next year there will most likely not be a way to provide a raise to add to the budget with the potential cuts. Staff retention payments are proposed to be awarded to staff working during this pandemic time. This would apply to all the staff who did not draw unemployment. This would be staying within the budget.

Staff reinvestment payment would be made to staff at the end of this fiscal year as most likely the Agency will not be able to provide a raise with the forecasted budget cuts in FY 2021. The payments would stay within the current budget.

Moved by Pat Przeslawski, supported by Gary Nowak, to support the provision of Staff retention and Staff reinvestment awards while maintaining a balanced budget. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: None. Motion carried.

Nena Sork reported the staff have been phenomenal during this COVID crisis and individuals receiving services are well taken care of.

XIV. Information and/or Comments from the Public

There was no information or comments presented.

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

Roger Frye reported he is glad staff are receiving awards. Janet Freeman reported the new website is good and Agency posted jobs are easily found.

XVI. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, July 9, 2020 at 3:00 p.m.

1. Set July Agenda

The July agenda items were reviewed. Strategic Planning continues with Part III focusing on development of "Ends" for next fiscal year.

XVII. Evaluation of Meeting

Gary Nowak reported this meeting was a good meeting with all members participating. He is glad staff are getting taken care of. Pat Przeslawski would like to have an in-person meeting at some time.

XVIII. Adjournment

Moved by Roger Frye, supported by Gary Nowak, to adjourn the meeting. Motion carried. This meeting adjourned at 4:10 p.m.

[signed by Bonnie Cornelius digitally on 6/11/2020]

Bonnie Cornelius, Secretary

[signed by Eric Lawson on 6/11/2020]

Eric Lawson, Chair

Diane Hayka
Recorder

Educational Session
July 2020

NeMCMHA Strategic Plan Proposal

2020 - 2021

Mission Statement

o Current:

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

o Proposed: NO CHANGES

Vision

o Current:

Northeast Michigan Community Mental Health will be the innovative leader in effective, sensitive mental health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover, and we will continue to be an advocate for the consumer while educating the community in the promotion of mental health.

o Proposed: NO CHANGES

Core Values:

- o A Person-Centered focus shall be at the heart of all activities.
- o Honesty, respect and trust are values that shall be practiced by all.
- o Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- o We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.
- o Proposed: NO CHANGES

Forces in the Environment Impacting Behavioral Health

o Payers/Payment Reform

- o Reimbursement based on health outcomes
- o Affordable Care Act (ACA)
- o Health system insurance plans
- o Sections 298 and 928

o Persons Served

- o Aging population and other demographic changes
- o Expansion of coverage
- o Increasing comorbid conditions
- o Individuals served accessing health information

Forces in the Environment Impacting Behavioral Health

- o Quality Improvement
 - o Health and safety
 - o Minimizing waste, fraud and abuse
 - o Right amount of service: scope & duration
- o Regulatory Changes
 - o Home- and Community-Based Services Rules
 - o Potential carve-in of specialty behavioral health
 - o 1115 waiver application

Forces in the Environment Impacting Behavioral Health

o Workforce

- o *Shortage of qualified staff* of all types of disciplines (professional as well as direct care)
- o Aging workforce
- o Competing with the private sector (lower pay)
- o Challenging work environment
- o Evidence-Based Practices
- o Training of staff to address current environment

o Technology

- o Electronic Health Record (EHR)
- o Data Analytics
- o Increase Mobile Capabilities
- o Self-Management Tools/Consumer Portal

Current Goal:

- o To reduce the risk of metabolic syndrome in both adults and children.

Keep

Revise

Discard

- ✓ Nursing staff will collect BPs, weights and BMI on all new psychiatric evaluations and all children receiving medication clinic services.
- ✓ The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
- ✓ Clinical Staff will work with the Medicaid Health Plans to coordinate care and treatment.
- ✓ Participate in PIHPs QAPIPs [Quality Assessment Performance Improvement Projects].
 - o QAPIP #1 – Follow up Care for Children Prescribed ADHD Medications
 - o QAPIP #2 – Adults prescribed psychotropic medications for more than six months will be screened for Diabetes

If proposed for revision, list revision here:

Current Goal:

- o To continue the partnership with Alcona Health Center and local school systems in order to provide school-based social work services for children.

Keep

Revise

Discard

If proposed for revision, list revision here:

Current Goal:

- o Promote a trauma-informed community through education, assessment and participation in community initiatives.

Keep

Revise

Discard

If proposed for revision, list revision here:

Current Goal:

- o Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.

Keep

Revise

Discard

If proposed for revision, list revision here:

Current Goal:

- o Coordinate community education and partnerships in suicide prevention.

Keep

Revise

Discard

If proposed for revision, list revision here:

Current Goal:

- o To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.

Keep

Revise

Discard

If proposed for revision, list revision here:

Current Goal:

- o To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.

Keep

Revise

Discard

If proposed for revision, list revision here:

Current Goal:

- o To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. *[It should be noted, our current electronic record system (PCE) is a conduit for this information making this utilization much easier.]*

Keep

Revise

Discard

If proposed for revision, list revision here:

Current Goal:

- o To keep current in education and information technology (IT).

Keep

Revise

Discard

If proposed for revision, list revision here:

New Goal:?

- o Are there any additional new goals to add:

If proposed, list new goal(s) here:

Barriers/Challenges:

- o Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

Proposed:

- o ABA Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Proposed:

Barriers/Challenges: (cont'd):

- o Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

Proposed:

Barriers/Challenges: (cont'd):

- o Funding– The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP.

Proposed:

- o Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

Proposed:

Barriers/Challenges: (cont'd):

- o Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

Proposed:

- o Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.

Proposed:

Barriers/Challenges: (cont'd):

- o Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Proposed:

- o Increasing Violence in our Society – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Proposed:

Barriers/Challenges (cont'd):

o Are there more to be added?

Opportunities

- o Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.
- o Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.
- o The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.
- o Provide education to the community at large and support and promote local advocacy efforts.

Opportunities (cont'd.)

- o Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.
- o Take advantage of training opportunities provided by MDHHS.

Options

- The agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and developmental disabilities, including those whose disabilities co-occur with substance use. The agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:
 - Shared psychiatric staff with other clinics
 - Easy and consistent flow of individuals and information between behavioral health and primary care providers

Options to be considered: (cont'd)

- Growth of health care awareness and services in CMH services through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with serious mental illness and intellectual/developmental disabilities are receiving all necessary primary care and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.
- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of Human Services Collaboratives.

Plan

- o Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminates duplication, lower costs, ensure quality care and achieve superior outcomes.
- o The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends

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

[This is the Board's Mega Statement developed during Policy Governance Training]

Sub-Ends Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

How this will be measured...

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

Recommendation for FY20/21: At the June Board meeting, it was suggested is sub-end be redirected to focus on increasing Home-Based case loads and include increased services within the home environment versus the school setting as best practices would be to engage the whole family in treatment.

Sub-Ends - Services to Adults with Mental Illness and Persons with I/DD

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

How this will be measured...

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

Recommendation for FY20/21:

At the June meeting, the Board discussed possibly changing (a) the development from two to one additional contract residential provider and (b) continuing with transitioning individuals from foster care to independent living services.

Sub-Ends

Services to Adults with Co-Occurring Disorders

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

How this will be measured...

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

Recommendation for FY20/21: At the June Board meeting, it was suggested this goal be eliminated as the Agency did not become a Medication Assisted Treatment location. Options for this sub-end were discussed with potentially using some goal for integrated health services which will eventually lead up to this Agency becoming a Behavioral Health Home provider. *[Continued on next slide]*

Possible goals for integrated health could include focus on various health conditions or comorbid conditions such as BMI, managing A1C or using WHAM [Whole Health Action Management] groups for those with chronic health conditions. This was just a few topics briefly discussed at the June meeting. Board members should develop some type of sub-end to present and management staff can determine if the goal would be something which could be measured and how it would be measured to indicate progress toward the goal.

Write your suggestions here:

Financial Outcomes

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

Recommendation for FY20/21: The Board discussed this sub-end at the June meeting and believe this should continue as is.

Community Education

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

Community Education (cont'd)

Recommendation for FY20/21: At the June meeting, Board members concurred this sub-end should continue.

Conclusion

- o The Ends will be monitored by the Board at least semi-annually.
- o The Strategic Plan will be reviewed by the Board at least annually.

P **O**₁ **S**₁ **S**₁ **I**₁ **B**₃ **L**₁ **E**₁ **S** **U**₁ **B**₃ **E** **N**₁ **D**₂ **S**₁
F₄ **O**₁ **R**₁ **F**₄ **Y**₄
F **O**₁ **R**₁ **C** **O**₁ **N**₁ **S**₁ **I**₁ **D**₂ **E**₁ **R**₁ **A**₁ **T**₁ **I**₁ **O**₁ **N**₁

For Children:

1. Increase percentage of home visits versus other environments – i.e., school, community, etc.
2. Increase number of individuals provided Home-Based Services versus Targeted Case Management Services.
3. Childhood immunizations are addressed and increase overall rate.

For Adults:

1. Percentage of people served who enroll in a Behavioral Health Home will have a base-line A1C.
2. Percentage of people served in a Behavioral Health Home will see their primary care provider annually.
3. Percentage of people served with two or more of the following chronic conditions (Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac problems) will be offered to enroll in our Behavioral Health Home.

CARF Standards Strategic Planning
2019

Standard Number	Standard	Evidence
C.1.	<p>The ongoing strategic planning of the organization considers:</p> <ul style="list-style-type: none"> a. Expectations of persons served b. Expectations of other stakeholders c. The competitive environment d. Financial opportunities e. Financial threats f. The organizations capabilities g. Service area needs h. Demographics of the service area i. The organizations relationship with external stakeholders j. The regulatory environment k. The legislative environment l. The use of technology to support: <ul style="list-style-type: none"> • Efficient operations • Effective service delivery • Performance improvement m. Information from the analysis of performance. 	<ul style="list-style-type: none"> • Strategic Planning takes place every May/June/July • Environmental Scan provided. • Strategic Planning includes the Board of Directors and the Director of the CMH, staff, and Consumer Advisory. • The group is aware of demographics of the service area • The group is aware of financial threats • The group is aware of financial opportunities • The group is aware of the environment and resources within that environment. • The group is aware of the expectations of the consumers and the community. • The group is aware of the regulatory environment and the legislative environment. • Group reviews and includes improvement areas/ends review • Group reviews and includes technology and the need for technology to grow and be efficient/effective. • Planning includes information from needs assessment/analysis. • Standards are provided to Board. QI Coordinator/CARF Coordinator present to ensure all areas are covered.
C.2.	<p>A The organization implements a Written Strategic Plan:</p> <ul style="list-style-type: none"> a. Is developed with input from: <ul style="list-style-type: none"> 1. Persons served 2. Personnel 3. Other Stakeholders b. Reflects current and projected financial position: 	<ul style="list-style-type: none"> • A strategic planning meeting occurs every May/June/July. • A strategic plan which has end statements as goals is developed. • Previous Ends are reviewed/discussed for progress or lack of progress. • Priorities are set taking into consideration the financial position of the agency. • The plan is shared with others such as leadership in the agency and PIHP leaders.

CARF Standards Strategic Planning
2019

	<ol style="list-style-type: none"> 1. At the time the plan is written. 2. At Projected points in the future. 3. With respect to allocating resources necessary to support accomplishment of the plan. <p>c. Sets:</p> <ol style="list-style-type: none"> 1. goals 2. priorities <p>d. is reviewed at least annually</p> <p>f. is updated as needed.</p>	
1.C.3	<p>The strategic plan is shared as relevant to the needs of the specific group with:</p> <ol style="list-style-type: none"> a. Person served b. Personnel c. Other stakeholders 	<ul style="list-style-type: none"> • The strategic plan is shared with the Advisory Council • The strategic plan information is located in the annual report • The strategic plan is posted for staff. • The strategic plan is located on the agency website.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eight Months Ending May 31, 2020
66.67% of year elapsed

	Actual May Year to Date	Budget May Year to Date	Variance May Year to Date	Budget FY20	% of Budget Earned or Used
Revenue					
1 State Grants	68,554.43	64,666.64	\$ 3,888	\$ 97,000	70.7%
2 Private Contracts	29,652.50	35,068.64	(5,416)	52,603	56.4%
3 Grants from Local Units	505,332.31	199,978.50	305,354	506,897	99.7%
4 Interest Income	10,136.78	10,001.63	135	20,000	50.7%
5 Medicaid Revenue	16,122,701.29	17,612,798.94	(1,490,098)	26,439,247	61.0%
6 General Fund Revenue	571,823.15	614,036.16	(42,213)	901,044	63.5%
7 Healthy Michigan Revenue	917,679.53	1,230,762.72	(313,083)	1,846,144	49.7%
8 3rd Party Revenue	271,473.63	248,437.36	23,036	499,314	54.4%
9 SSI/SSA Revenue	332,145.96	344,234.88	(12,089)	516,351	64.3%
10 Other Revenue	57,808.73	50,225.36	7,583	75,338	76.7%
11 Total Revenue	18,887,308	20,410,211	(1,522,903)	30,953,938	60.6%
Expense					
12 Salaries	7,654,880	8,695,810.47	1,040,931	13,121,533	58.3%
13 Social Security Tax	338,974	415,013.84	76,040	622,521	54.5%
14 Self Insured Benefits	1,638,199	1,668,900.10	30,702	2,409,918	68.0%
15 Life and Disability Insurances	140,748	151,102.16	10,354	226,653	62.1%
16 Pension	620,648	685,406.64	64,759	1,028,110	60.4%
17 Unemployment & Workers Comp.	111,350	145,868.46	34,519	204,167	54.5%
18 Office Supplies & Postage	30,634	31,152.88	519	46,729	65.6%
19 Staff Recruiting & Development	44,959	64,464.71	19,506	96,697	46.5%
20 Community Relations/Education	7,581	10,354.02	2,773	27,031	28.0%
21 Employee Relations/Wellness	35,278	30,082.00	(5,196)	45,873	76.9%
22 Program Supplies	292,864	320,825.92	27,962	481,239	60.9%
23 Contract Inpatient	819,919	918,818.70	98,899	1,578,228	52.0%
24 Contract Transportation	49,857	79,778.64	29,921	119,668	41.7%
25 Contract Residential	3,584,752	3,422,904.94	(161,847)	5,137,228	69.8%
26 Contract Employees & Services	2,051,108	2,645,669.04	594,561	3,926,989	52.2%
27 Telephone & Connectivity	83,729	85,315.36	1,586	127,973	65.4%
28 Staff Meals & Lodging	11,420	22,841.12	11,421	34,262	33.3%
29 Mileage and Gasoline	199,326	290,649.50	91,324	438,055	45.5%
30 Board Travel/Education	3,728	7,922.00	4,194	11,883	31.4%
31 Professional Fees	37,038	44,010.64	6,972	66,016	56.1%
32 Property & Liability Insurance	81,562	42,184.72	(39,378)	63,277	128.9%
33 Utilities	105,705	114,826.08	9,121	172,239	61.4%
34 Maintenance	101,260	140,299.28	39,039	210,449	48.1%
35 Rent	171,632	176,606.64	4,975	264,910	64.8%
36 Food (net of food stamps)	51,510	41,662.64	(9,847)	62,494	82.4%
37 Capital Equipment	40,615	57,163.92	16,549	85,746	47.4%
38 Client Equipment	12,146	20,000.00	7,854	30,000	40.5%
39 Miscellaneous Expense	77,379	56,075.36	(21,304)	80,073	96.6%
40 Depreciation Expense	166,196	156,887.88	(9,308)	233,977	71.0%
41 Total Expense	18,564,999	20,542,598	1,977,599	30,953,938	60.4%
42 Change in Net Position	\$ 322,310	\$ (132,387)	\$ 454,697	\$ 0	0.2%
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 1,693,985				
45 Healthy Michigan Funds (Over) / Under Spent	290,472				
46 Total NMRE (Over) / Under Spent	\$ 1,984,457				
47 General Funds to Carry Forward to FY20	\$ 28,873				
48 General Funds Lapsing to MDHHS	-				
49 General Funds (Over) / Under Spent	\$ 28,873				

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY:

Executive Limitations

POLICY TITLE AND NUMBER:

Asset Protection, 01-007

REPORT FREQUENCY & DUE DATE:

Annual, July 2020

POLICY STATEMENT:

The Executive Director may not allow assets to be unprotected, inadequately maintained nor unnecessarily risked.

Accordingly, he or she may not:

1. Fail to insure against theft and casualty losses at:
 - Actual cash value less any reasonable deductible for vehicles
 - Replacement value less any reasonable deductible for personal and real property; and,
 - Against liability losses to board members, staff or the organization itself in an amount greater than the average for comparable organizations.
 - **Interpretation**

A broad program of insurance or self-insurance is to be in place providing protection against these potential losses. Coverage is to be at replacement value. The level of liability coverage is to be “above average.”
 - **Status**

Northeast has been a member of Michigan Municipal Risk Management Authority (MMRMA) since 1982. The program provides coverage at or above the prescribed levels. Please see Attachment A - “Coverage Overview.” Presently, personal and real property owned by the Board is insured at replacement value; however, vehicles are covered at actual cash value.
2. Allow unbonded personnel access to material amounts of funds.
 - **Interpretation**

Any employee with access to agency funds is to be covered by fidelity bond.
 - **Status**

MMRMA provides blanket employee fidelity bond for all employees at the level of \$1,000,000. See attached “Coverage Overview (Attachment A, Page 3, Line 16).”
3. Unnecessarily expose the organization, its board or staff to claims of liability. The Executive Director’s annual report shall include a risk analysis summary.
 - **Interpretation**

The organization is to be managed and services are to be provided in ways that reduce exposure to liability.
 - **Status**

The agency’s Risk Management Plan is attached; it includes notes evaluating our status relative to each of the six major areas of risk covered by the plan.

Northeast Michigan Community Mental Health Authority
Monitoring Report

4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$250 without having obtained comparative prices and quality. Make any purchase over \$5,000 without a stringent method of assuring the balance of long term quality and cost; further, such purchases over \$5,000 not included in the Board's capital equipment budget, shall require Board approval. Orders shall not be split to avoid these criteria.
 - **Interpretation**

Management is to assure that purchasing decisions are made following a consistently applied procedure that meets these restrictions. The procedure should not be so onerous that savings that might accrue from it are lost to bureaucratic oversight.
 - **Status**

The organization uses a policy that places much responsibility for purchasing at the staff level we hold responsible for budget performance—supervisors. When a proposed purchase exceeds the noted levels, additional approvals are required.
5. Fail to protect intellectual property, information and files from loss or significant damage.
 - **Interpretation**

The organization will protect work products (primarily clinical records, management and financial records) from fire or other potential causes of loss.
 - **Status**

The organization uses an electronic medical record (EMR). Case records are maintained in electronic format with controlled access. This matter has received considerable attention since the advent of HIPAA. Only designated personnel have access to maintenance of electronic records. Key to success is staff training and compliance with these procedures. Our policies 3810 and 5200 (“Confidentiality—Disclosure & Security of Information” and “Consumer Records”) detail these procedures. Staff are trained at time of hire and periodically thereafter. These clinical records are backed up and stored off-site. Information stored on agency computer systems is backed up nightly. The same high standard of security and privacy is being upheld with the EMR system as it was with the past paper chart system.
6. Receive, process or disburse funds under controls which are insufficient to meet the board-appointed auditor's standards.
 - **Interpretation**

Agency policies regarding internal controls and separation of duties will be followed; these policies will take into account the Auditor's advice.
 - **Status**

Policies 4300, 4310, 4315, 4330 (among others) document these controls which are followed by employees. There has never been a significant loss of agency funds with the exception of very minor and infrequent shortages of petty cash accounts.

Northeast Michigan Community Mental Health Authority Monitoring Report

7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest bearing accounts except where necessary to facilitate ease in operational transactions.
 - **Interpretation**
Operating funds are to be managed only according to the organization's cash management policy.
 - **Status**
All cash reserves are maintained according to our cash management policies. Since all cash is invested in either CD's or our interest-earning checking account as needed, there is a risk of loss due to maximum insurable FDIC rules. Four local banks are used to spread the FDIC risk.
8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission, including changing the name of the organization or substantially altering its identity in the community.
 - **Interpretation**
The mission of the organization, as established by the Board, must guide service provision and the interface with the community.
 - **Status**
Over the past several years, we have worked hard to sharpen the focus of the organization to address the mandates of the mental health code and, due to general fund shortages, limit service to the "must serve" populations (versus "may serve"). Recognizing and observing this limitation has been somewhat painful—for individuals receiving services, Board members, staff and community partners. We continue to excel in supporting people with the most severe disabilities in the community and in doing so the staff are very resourceful. We will have to continue to identify appropriate referral sources for people who do not meet our eligibility criteria. Since October 1, 2014 we have been responsible for Access Services locally. That has permitted us to make immediate referrals for individuals who are not eligible for our services.
9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.
 - **Interpretation**
The physical assets of the organization will not be abused and will be regularly maintained both for safety reasons and to extend their useful lives as much as possible.
 - **Status**
The organization's policies require regular inspection and maintenance of all facilities and significant equipment.

The organization uses a fleet of 64 vehicles. Fleet vehicles generally have a service life of 120,000 miles and/or five to six years of service. The Agency is committed to providing quality transportation in the four-county area.

Northeast Michigan Community Mental Health Authority
Monitoring Report

Board Review/Comments

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relevant and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
COVERAGE OVERVIEW**

Member:	Northeast Michigan C.M.H.S.	Proposal No: M0001074
Date of Original Membership:	July 29, 1982	
Overview Dates:	July 1, 2020 To July 01, 2021	
Member Representative:	Connie Cadarette	Telephone #: (989) 358-7704
Regional Risk Manager:	Michigan Municipal Risk Management Authority	Telephone #: (734) 513-0300

A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter “MMRMA”) is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **Northeast Michigan C.M.H.S.** (hereinafter “Member”) is eligible to be a Member of MMRMA. **Northeast Michigan C.M.H.S.** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

Northeast Michigan C.M.H.S. is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Proposal summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member’s Self Insured Retention (SIR) and deductibles contained in this Coverage Proposal, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

B. Member Obligations – Deductibles and Self Insured Retentions

Northeast Michigan C.M.H.S. is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member’s Self Insured Retention (hereinafter the “SIR”). **Northeast Michigan C.M.H.S.**’s SIR and deductibles are as follows:

Table I
Member Deductibles and Self Insured Retention

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	\$75,000 Per Occurrence
Vehicle Physical Damage	\$1,000 Per Vehicle	\$15,000 Per Vehicle \$30,000 Per Occurrence
Fire/EMS Replacement Cost	N/A	N/A
Property and Crime	\$1,000 Per Occurrence	N/A
Sewage System Overflow	N/A	N/A

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

Member's Motor Vehicle Physical Damage deductible applies, unless the amount of the loss exceeds the deductible. If the amount of loss exceed the deductible, the loss including deductible amount, will be paid by MMRMA, subject to the Member's SIR.

The **Northeast Michigan C.M.H.S.** is afforded all coverages provided by MMRMA, except as listed below:

1. Sewage System Overflow
2. Specialized Emergency Response Recovery Coverage
- 3.
- 4.

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

Northeast Michigan C.M.H.S. agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

C. MMRMA Obligations – Payments and Limits of Coverage

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

TABLE II
Limits of Coverage

Liability and Motor Vehicle Physical Damage	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Liability	15,000,000	N/A	N/A	N/A
2. Judicial Tenure	N/A	N/A	N/A	N/A
3. Sewage Systems Overflows	0	N/A	0	N/A
4. Volunteer Medical Payments	25,000	N/A	N/A	N/A
5. First Aid	2,000	N/A	N/A	N/A
6. Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7. Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8. Michigan No-Fault	Per Statute	N/A	N/A	N/A
9. Terrorism	5,000,000	N/A	N/A	5,000,000

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Buildings and Personal Property	8,665,382	350,000,000	N/A	N/A
2. Personal Property in Transit	2,000,000	N/A	N/A	N/A
3. Unreported Property	5,000,000	N/A	N/A	N/A
4. Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5. Fine Arts	2,000,000	N/A	N/A	N/A
6. Debris Removal (25% of insured direct loss plus)	25,000	N/A	N/A	N/A
7. Money and Securities	1,000,000	N/A	N/A	N/A
8. Accounts Receivable	2,000,000	N/A	N/A	N/A
9. Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10. Fire and Emergency Vehicle Rental (12 week limit)	1,000 per week	N/A	N/A	N/A
11. Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12. Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
13. Marine Property	1,000,000	N/A	N/A	N/A
14. Other Covered Property	10,000	N/A	N/A	N/A
15. Income and Extra Expense	5,000,000	N/A	N/A	N/A
16. Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
17. Faithful Performance	Per Statute	N/A	N/A	N/A
18. Earthquake	5,000,000	N/A	5,000,000	100,000,000
19. Flood	5,000,000	N/A	5,000,000	100,000,000
20. Terrorism	50,000,000	50,000,000	N/A	N/A

TABLE III

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement.			
	Limits of Coverage Per Occurrence/Claim	Deductible Per Occurrence/Claim	Retroactive Date
	\$5,000,000		
Coverage A Network and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage B Media Injury Liability	Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage C Network Security Loss Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above Each Business Interruption Loss Included in limit above	\$25,000 Each Unauthorized Access Retention Period of 72 hours of Business Interruption Loss	Occurrence
Coverage D Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	\$25,000 Each Unintentional Data Compromise	Occurrence
Coverage E PCI Assessments:	Each Payment Card Breach \$1,000,000 Occ/\$1,000,000 Agg. Included in limit above	\$25,000 Each Payment Card Breach	Occurrence
Coverage F Social Engineering Loss:	Each Social Engineering Incident \$100,000 Occ./\$100,000 Agg. Included in limit above	\$25,000 Each Social Engineering Incident	Occurrence
Coverage G Reward Coverage	Maximum of 50% of the Covered Claim of Loss; up to \$25,000 Included in Limit above	Not Applicable	Occurrence
Coverage H Telecommunications Fraud Reimbursement	\$25,000 Included in limit above	Not Applicable	Occurrence

Annual Aggregate Limit of Liability

Member Aggregate	All Members Aggregate
\$5,000,000	\$25,000,000

The total liability of MMRMA shall not exceed \$5,000,000 per Member Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

The total liability of MMRMA and MCCRMA shall not exceed \$25,000,000 for All Members Combined Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

TABLE IV
Specialized Emergency Response Expense Recovery Coverage
Limits of Coverage

Specialized Emergency Response Expense Recovery	Limits of Coverage per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
	N/A	N/A	N/A	N/A

TABLE V
Specialized Emergency Response Recovery Coverage
Deductibles

Specialized Emergency Response Expense Recovery	Deductible per Occurrence
	Member
	N/A

NeMCMH Risk Management Plan 2019/2020

Northeast Michigan Community Mental Health Authority (NeMCMHA) is a member of a five Board PIHP called the Northern Michigan Regional Entity (NMRE). NeMCMHA provides services to consumers living in the Alcona, Alpena, Montmorency and Presque Isle Counties. Northeast is subject to surveys and audits from the State of Michigan, CARF and the NMRE.

Northeast Michigan CMHA Mission Statement:

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

Risk Reduction Efforts

NeMCMHA is committed to reducing risk in all areas of service. In order to provide the services promised in our Mission Statement, NeMCMHA expends time, finances and creativity in the prevention, reduction and monitoring of risk areas.

Financial Risk:

1. Annually a budget is developed for the upcoming year. This is completed every August prior to the beginning of a new fiscal year. Various supervisors of programs and the Finance Director complete this budget. The budget is shared and approved by the Board of Directors.
2. Supervisors receive monthly statements showing actual operational results as compared to their approved budgets. All operational results are reviewed monthly by finance staff and the Management Team.
3. As changes in the budget are needed, amendments are completed and reported to the Board of Directors for approval as applicable.
4. Annually a CPA Audit is completed. A representative of the CPA firm reports the results of this audit to the Board of Directors.
5. Monthly budget reporting to the Board.
6. Compliance hotline to report potential risks areas. Compliance forms are available on site for reporting compliance violations.

Environmental Safety Risk:

1. An external authority completes safety site reviews on every site. These reviews and recommendations of these reviews are addressed as identified.
2. NeMCMHA has a Safety Committee to review various areas of risk. This committee focuses on the reduction of staff injury risk. The Safety Committee looks at staff safety with regard to vehicle safety and physical environment. The Committee reviews all accident reports submitted by staff. Once reviewed, areas of potential risks to other staff are identified and recommendations for improvement are submitted.

3. This committee is responsible for ensuring the Environment of Care Manual and Emergency Flip charts are up to date. These flip charts allow staff easy access to what to do in the event of emergency. Emergency Flip Charts are located at all sites.
4. The Safety Committee is a Standing Committee to the Quality Improvement (QI) Council and all areas of improvement are filtered to and from the QI Council.
5. Emergency drills are conducted at all work sites on all shifts.
6. NeMCMHA has an assigned infection control nurse.

Technology Risk:

1. NeMCMHA has a network usage policy 3600, which is designed to protect employees, partners and the Agency from illegal or damaging actions by individuals, either knowingly or unknowingly.
2. NeMCMHA has installed a spam filter/virus protection server for all incoming email and has an internet firewall protection server for browsing the internet.
3. NeMCMHA uses an encryption email server for confidential emails to outside emails.

Insurance and Liability Risk:

1. Internal claims verification and documentation reviews.
2. Quarterly the NMRE's Regulatory Compliance Director reviews claims of the previous quarters to ensure staff adhere to required documentation standards and individual plans of service are followed.
3. Adequate Insurance Coverage – NeMCMHA is a member of Michigan Municipal Risk Management Authority (MMRMA), which provides broad coverage for the organization and staff.
4. Independent contractors are required to have the appropriate insurances to complete the services requested.

Person Served Risk:

1. NeMCMHA has policies in place, which safeguard individuals' served funds.
2. NeMCMHA has a sentinel event policy, including protocols to follow in the event an individual served by the Agency has been involved in an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. These events are reported to the state, reviewed, analyzed and recommendations are identified and implemented.
3. Incident Reports are completed on individuals served involved in any unusual incident.
4. Death reports are completed on all deaths of an individual served by CMH when manner of death is indeterminate. The Recipient Rights Officer reviews every death report that is presented.
5. A CMH psychiatrist completes death reviews post mortem when death is by drug overdose.
6. Behavior Support Committee (BSC) meets monthly to review proposed behavior plans and approved behavior plans, as well as accommodations for persons served safety.

Record Review:

1. Record reviews are completed by supervisors on a monthly basis to ensure records contain the appropriate information and staff are documenting services as policy demands.
2. Quarterly, the Regional Entity's Regulatory Compliance Coordinator, during the claims review, reviews the documentation to ensure compliance with documentation standards.

Potential Risk:

- Annually supervisors are requested to provide potential risk areas they and their staff have concerns over. The Risk Management Committee selects from identified potential risks areas, to analyze and present recommendations for risk reduction in that area.

NeMCMHA through their ongoing processes; outside audits, surveys and self-assessments continue to demonstrate its commitment to protect its human, financial, and goodwill assets and resources through the practice of effective risk management. The Board, management and staff of NeMCMHA are committed to safeguarding the safety of individuals receiving services, staff, and anyone who has contact with the organization.

NeMCMHA continues to strive to improve its risk management program. Every year, new and innovative ways of reducing risk are identified and added to the list of efforts.

Annually the Risk Management Committee will review the Risk Management Plan.

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Community Resources, 01-010
REPORT FREQUENCY & DUE DATE: Annual: July 2020
POLICY STATEMENT:

With respect to the attainment of Northeast Michigan Community Mental Health Authority, the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

- **Interpretation**

The agency will develop and maintain collaborative and productive relationships within the community; we will be actively represented on Community Collaboratives (CCs). Further, agency staff will actively participate on appropriate community coordination/planning groups. Wherever possible, “wrap-around” approaches to serve families and children with complex needs should be pursued.

- **Status**

There are four CCs in the four-county area, one representing each county. We have staff regularly attending the Montmorency County Community Collaborative, Alcona County Community Collaborative, Alpena HSCC [including its Executive Committee] and the Presque Isle HSCC. In addition, we have staff actively representing the agency on the ESD Transition Planning Council, CAN (Child Abuse & Neglect) Teams, EPSDT (Early & Periodic Screening, Diagnostic and Treatment), Children’s Closet, Child Death Review Team, Wraparound Community Teams, Great Start Collaborative, Northeast MI Trauma-Informed Action collaborative, Alpena Public Schools Trauma initiative and Alpena, Montmorency DHHS trauma partnership with Children’s Trauma Assessment Center (CBAT) and Catholic Human Services. Northeast staff are members of the Substance Use Coalition and Northeast staff is scheduled to participate in training specific to adolescent substance use. We are also members of Alpena County Prevention Council, Alpena Suicide Prevention Task Force, Critical Incident Stress Management and debriefing team; several staff are members of the CISM Team of Northeast Michigan, responding to community critical incidents. We have collaborated with District Health No. 2 and the Alpena County Community Emergency Response Departments to be included in the Community Emergency Response Plan. In addition, we hold a seat as Board member on the Northern Michigan Opioid Response Consortium.

We participate in several community partnerships, in addition to contracting with Partners in Prevention to provide education to the community, including the schools on the effects of trauma, suicide prevention and Adult and Youth Mental Health First Aid. During the First and Second Quarter of FY 20, training in both the Adult Mental Health First Aid and Youth Mental Health First Aid was scheduled; however, these courses had to be canceled due to COVID and the Stay Home restrictions. Partners in Prevention did organize the showing the movie “Suicide, the Ripple Effect” at three locations, two in Alpena county and one in Presque Isle county. In addition more than 100 individuals were trained on the effects of trauma focusing on both adult and childhood trauma. NeMCMHA staff has provided Alpena Combat Readiness Training Center with a presentation on suicide prevention.

NeMCMHA has staff trained by the University of Michigan “TRAILS” (Transforming Research into Action to Improve the Lives of Students) model sponsored by MDHHS. “TRAILS” provides free training to school professionals in core concepts of cognitive behavioral therapy (CBT) and mindfulness – two evidence-based strategies shown to reduce

Northeast Michigan Community Mental Health Authority
Monitoring Report

anxiety and depression in youth. TRAILS is unique in that school partners receive not only classroom instruction, but also are provided a personal coach (trained CMH staff) who helps implement a CBT- and mindfulness-based skills group to students in need, right at school. The trained staff has worked with the Posen School District to implement this model. The staff continue to work with the school success workers to expand this program to other schools.

NeMCMHA, Partners in Prevention and other community partners are providing community-wide suicide awareness/prevention training during FY20. NeMCMHA has partnered with Presque Isle Suicide Prevention Task Force to increase suicide awareness and prevention using 'safeTALK' from Living Works. Prior to COVID, a 'safeTALK' training was presented to Superior-Sunrise Dental Hygiene Association with 21 individuals participating and also to the Alpena Combat Readiness Training Center with 22 community participants and 9 military participants.

NeMCMHA staff is a member of the new Family Recovery Care Team (Catholic Human Services, Alpena/Montmorency County DHHS, Courts and Freedom Recovery Center) targeting families involved with DHHS Child Welfare services and have a caregiver identified as having a substance use disorder or concern that substance abuse is present in the home. This project is a result of the Health Endowment Fund grant awarded to Catholic Human Services.

Board Review/Comment

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relevant and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNITY RESOURCES

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
July 11, 2019

●1 **POLICY:**

With respect to the attainment of Northeast Michigan Community Mental Health Authority “Ends,” the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

PUBLIC HEARINGS

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
July 14, 2016

●1 **POLICY:**

The Authority shall conduct public hearings of its response to the Michigan Department of Health and Human Services Annual Submission (a.k.a. – PPGs) prior to its submission, and for its adoption of its annual budget at or before the beginning of the fiscal year.

The Annual Submission public hearing may be conducted by the Director at a time and date necessary to accommodate a timely submission of required documents; Board members will be invited to participate in the hearing as well as members of the public.

The public hearing regarding the adoption of the budget shall be conducted by the Chair of the Authority at a meeting of the Board of the Authority.

The hearings shall adhere to these guidelines:

Annual Submission (PPGs) Hearing:

This hearing will be scheduled to be conducted as soon as possible after the release of the guidelines by the Department of Health and Human Services. The purpose of the hearing will be to explain to the public the requirements of those guidelines and the likely effect on local mental health programs; further, to receive public input from members of the public about ways to meet the intent of the guidelines and to offer opportunities for the public to suggest other priorities, as well.

Annual Budget Hearing:

This hearing will be conducted during either the September or October meetings of the Board of the Authority. The purpose of the meeting will be to adopt in public session a budget for the fiscal year that incorporates and supports the Ends adopted by the Board and reflects program adjustments that may have been included in the response the Department's Program Policy Guidelines.

Required Notice for Public Hearings:

Ten days advance notice of public hearings shall be required. The notice shall be placed in all area newspapers and shall include information about the purpose of

the hearing and the form of input members of the public may offer. Depending upon the type of hearing, specific invitations may be sent to interested parties such as county commissions, mental health service providers, the medical societies, boards of education, mental health advocacy organizations, etc.

Format of Hearings:

Hearings shall be conducted in such fashion as to assure that members of the public receive adequate information about the matter to be acted upon, and have sufficient opportunity to offer suggestions and alternative points of view.

The Hearing shall be documented, noting the names of participants, their affiliations, if any, and a summary of the input offered.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

Annual Submission (PPGs): Guidelines released annually by the Michigan Department of Health and Human Services in which the Department introduces new directions it intends the public mental health system to move and gathers information from community mental health services programs regarding their level of readiness for such transitions. This annual submission also includes the annual needs assessment required by the Mental Health Code as well as statistical information about services offered and provided.

Fiscal Year: October 1 through September 30

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, MAY 27, 2020
VIA TELECONFERENCE/MICROSOFT TEAMS**

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

CALL TO ORDER

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

ROLL CALL

Let the record show that Gary Nowak was excused from the meeting on this date; all other NMRE Board Members were in attendance.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

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

MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE APRIL 22, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS CORRECTED AS INDICATED; SECOND BY JOE STONE.

ROLL CALL VOTING TOOK PLACE ON THE MOTION.

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

“Nay” Votes Recorded: Null

MOTION CARRIED BY UNANIMOUS VOTE.

APPROVAL OF AGENDA

Let the record show that no changes to the Agenda were proposed during the meeting on this date.

CORRESPONDENCE

- 1) A letter from Jeffery Wieferich at MDHHS to Executive Directors of PIHPs and CMHSPs regarding Habilitative Support Waiver (HSW) payment updates.
- 2) A summary of House Bills 5412 – 5416 dated May 12, 2020 regarding the use of telemedicine services during the coronavirus pandemic.
- 3) Letter template from MDHHS dated May 12, 2020 to inform Providers of the COVID-19 Response Premium Pay increase to in-home direct care workers.
- 4) A letter from Eric Kurtz to Allen Jansen and Jeff Wieferich of the Behavioral Health and Developmental Disabilities Administration dated May 13, 2020 in response to the memorandum dated April 30, 2020 regarding funding information related to the PIHP Risk Corridor.
- 5) A letter from Calder Lynch, Deputy Administrator and Director for the Centers for Medicaid and CHIP Services Dated May 14, 2020 regarding Medicaid Managed Care Options in Responding to COVID-19.
- 6) Email correspondence from Robert Sheehan at the Community Mental Health Association of Michigan dated May 18, 2020 providing “Foundational context-setting picture upon which CMHA strategy around system redesign will be based.”
- 7) Quarter 1 FY20 NMRE Performance Indicator Report.
- 8) The draft minutes of the May 13, 2020 NMRE Region Finance Committee meeting.
- 9) The draft minutes of the May 19, 2020 NMRE Operations Committee meeting.

Mr. Kurtz drew attention to the premium pay memorandum. A temporary \$2/hour increase is planned for direct services providers for April 1st through June 30th. Funds aren't expected until June. A second \$3/hour (maximum) increase is also planned for April 1st through September 30th; much is unknown currently. Clarification was made that individuals eligible for both increases will receive a maximum increase of \$3/hour.

Mr. Kurtz referred to his memorandum to Allen Jansen and Jeff Wieferich regarding funding information related to the PIHP risk corridor. Mr. Kurtz has requested that the NMRE be allowed (like any another independent entity) to sign or not sign contractual amendments related to risk corridors and/or sub-capitation funding that restricts IFS contributions or mandates funding to downstream providers outside of direct care wage pass through.

Mr. Kurtz highlighted the Community Mental Health Association of Michigan's strategy about a system redesign reboot. Likely scenarios include:

- System redesign is taken permanently off the table
- Carve-in behavioral health services to Medicaid Health Plans
- System redesign picks back up after the coronavirus crisis abates
- Some combination of the options listed.

The NMRE Performance Indicators for Quarter 1 of fiscal year 2020 were shared for informational purposes.

Ms. Marois asked whether all the PIHPs are holding off on implementing the premium pay increases. Mr. Kurtz responded that they've been “all over the map.” Some areas that were heavily hit with COVID crisis took immediate measures in order to maintain staffing and keep

recipients in their homes. Other areas (MidMichigan/Oakland) “jumped the gun” and provided hazard pay increases. Mr. Kurtz noted that previous direct care wage passthroughs were legislatively appropriated where the current increase came out of the Governor’s office. The specifics of how the increase will be reported in rates to the Department are being worked out by regional finance officers. Mr. Kamps expressed the need to assure Providers that the increases are coming.

Mr. Marcus recommended being proactive regarding a likely rate decrease in FY21 due to the economic impact of coronavirus. He asked whether it is known when those discussions will start. Mr. Kurtz responded that they have already begun. The region is preparing by contributing to its internal service fund and considering system redesign alternatives.

ANNOUNCEMENTS

Let the record show that Chairman Kamps welcomed new NMRE Board Member Don Smeltzer from Centra Wellness Network.

PUBLIC COMMENT

Let the record show that no public was in attendance for 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 April Board Meeting.

Nominating Committee Report

Let the record show that the NMRE Board Nominating Committee met at 9:00AM on this date to discuss the Election of Officers. Ms. Marois will speak on behalf of the group under “New Business.”

CEO’s Report

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

Mr. Kurtz spoke about his participation on the CMHAM System Redesign Advisory Group. Certified Community Behavioral Health Clinics (CCBHC) have come to the forefront (again) gaining focus from the Association. He noted that there are many financial complications associated with becoming a CCBHC state. The upside is that Allen Jansen and staff as well as Bob Sheehan, Alan Bolter, Chip Johnston, Karl Kovacs and Mr. Kurtz have been asked to advise the Department on the process. It is also viewed as an opportunity to promote the expansion of the Behavioral Health Home.

Mr. Kurtz remarked about his virtual environmental scan presentation to the Northeast Michigan CMH Board.

Mr. Tanner asked whether the CCBHC designation and the BHH expansion can they coexist; his concern would be a dilution of the funding stream. Mr. Kurtz responded that they can if done properly.

Mr. Marcus indicated that Senator Stabenow appears to be engaged and informed on the topic and receptive to the Association’s position.

SUD Board Report

Let the record show that the May 4, 2020 meeting of the Northern Michigan Regional Entity Substance Use Disorder Oversight Board was cancelled due to a lack of Agenda items in light of the coronavirus pandemic. The next meeting is scheduled for July 6, 2020 at 10:00AM.

Financial Report

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

- Traditional Medicaid showed \$83,952,351 in revenue, and \$82,124,883 in expenses, resulting in a net surplus of \$1,827,468. Medicaid ISF was reported as \$1,460,876 based on the Interim FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$11,129,652 in revenue, and \$10,070,990 in expenses, resulting in a net surplus of \$1,058,662. 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 \$2,886,131. Medicaid and HMP combined ISF was reported as \$5,034,468. The Total Medicaid and HMP Net surplus, including carry forward and ISF was reported as \$8,448,632.
- Behavioral Health Home showed \$64,342 in revenue, and \$59,066 in expenses, resulting in a net surplus of \$5,276.
- SUD showed all funding source revenue of \$8,423,943, and \$7,343,218 in expenses, resulting in a net surplus of \$1,080,725. Total PA2 funds were reported as \$5,590,084.

- *HSW Receivable was reported at \$528,033.
- *NMRE Medicaid and HMP combined Net Surplus after the adjustment was reported as \$3,414,164.

Ms. Yockey confirmed that annual contributions to the ISF are done at year end.

The first payment of PA2 for fiscal year 2020 is due to NMRE but has not yet received. The NMRE receives payments from the counties annually totaling approximately \$1.5M.

FY20 PMPM Activity

Through April 2020, actual revenue is shown to be \$1.3M over projections (including HSW receivables).

- AuSable Valley – \$48,881
- Centra Wellness – \$22,579
- North Country – \$93,275
- Northeast Michigan – \$141,431
- Northern Lakes – \$1,070,047

FY20 .75% Calculations

During a joint meeting of the regional Finance and Operations Committees, it was suggested that the NMRE withhold .75% of payments prior to passing on the PMPMs to the Boards. The calculations show what PMPMs would look like if that amount was budgeted to the ISF (\$599,042.36 regionally).

MOTION MADE BY ROGER FRYE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MARCH 2020; SECOND BY DON TANNER.

ROLL CALL VOTING TOOK PLACE ON THE MOTION.

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

“Nay” Votes Recorded: Null

MOTION CARRIED BY UNANIMOUS VOTE.

NEW BUSINESS

Election of Officers

Ms. Marois reported on behalf of the NMRE Board Nominating Committee. It was noted that Randy Kamps was not eligible for reappointment as Chair since he has held the office for three consecutive terms.

During its meeting at 9:00AM on this date, the NMRE Nominating Committee Recommended Gary Nowak as Chair, Don Tanner as Vice-Chair, and Ed Ginop as Secretary of the Governing Board. Additionally, the Nominating Committee recommended that Joe Stone be reappointed to the Executive Committee and that Randy Kamps be newly appointed to the Executive Committee.

Mr. Kamps called three times for additional nominations from the floor.

MOTION MADE BY JOE STONE TO CLOSE THE NOMINATIONS AND CAST A UNANIMOUS BALLOT TO APPROVE THE SLATE OF OFFICERS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY NOMINATING COMMITTEE; SUPPORT BY MARY MAROIS.

ROLL CALL VOTING TOOK PLACE ON THE MOTION.

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

“Nay” Votes Recorded: Null

MOTION CARRIED BY UNANIMOUS VOTE.

Let the record show that the NMRE Board Officers shall be:

- ★ Chair – Gary Nowak
- ★ Vice-Chair – Don Tanner
- ★ Secretary – Ed Ginop

FY20 MDHHS-PIHP Contract Amendment No.3

Let the record show that Amendment No.3 to the MDHHS-PIHP FY20 Contract was included in the materials for the meeting on this date.

- SFY 2020 Behavioral Health Capitation Rate Certification Amendment
- 18. Assurances subsection 18.1.15 Electronic Visit Verification

- 6.3.1 Recipient Rights and Grievance and Appeals
- 8.4.2.1 2020 Performance Bonus Integration of Behavioral and Physical Health Services
- CMS technical corrections for Information Requirements and Standard Consent Form
- Contract attachment P7.7.1.1 PIHP Reporting Requirements – technical corrections to remove Strategic Enhancement Report and change other reporting due dates

MOTION MADE BY MARY MAROIS TO APPROVE THE SIGNING OF AMENDMENT NUMBER THREE (NO.3) TO THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2020; SUPPORT BY CHRISTIAN MARCUS.

ROLL CALL VOTING TOOK PLACE ON THE MOTION.

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

“Nay” Votes Recorded: Null

MOTION CARRIED BY UNANIMOUS VOTE.

OLD BUSINESS

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

COMMENTS

Board

- Mr. Frye thanked Mr. Kamps for his service as Chair of the NMRE Board of Directors for the past three years; Mr. Tanner echoed the appreciation.

Staff/CMHSP CEOs

- Ms. Gebhard expressed gratitude to Mr. Kurtz, Mr. Johnston, and Mr. Kovacs for advising the Behavioral Health and Developmental Disabilities Administration on the CCBHC and BHH models.
- Ms. Pelts welcomed Don Smeltzer to the “best region in the state.”

NEXT MEETING

The next meeting of the NMRE Board of Directors will take place on June 24, 2020. Communication will be sent regarding whether the meeting will take place at the NMRE office in Gaylord or via teleconference.

Mr. Kamps closed the meeting by acknowledging that a number of people are receiving extra \$600 monthly in unemployment; these individuals are able to maintain their finances better than was seen during the 2008 economic decline. He noted that the Traverse City area was very active during the Memorial Day weekend. Hopefully, this means that economic impact of the corona crisis is not as severe as projected.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 11:05AM.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Diane Hayka
SUBJECT: Director's Evaluation
DATE: June 29, 2020

At our meeting next month, we will complete the Director's evaluation. According to Policy 03-004 "Monitoring Executive Performance," this is based upon Ends and Monitoring Reports provided to the Board over the course of the year. These monitoring reports were distributed to you in your monthly Board packets.

If any of you would like copies of any of the monitoring reports prior to the August Board meeting, please contact me or feel free to drop by the office to review this material.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Eric Lawson
SUBJECT: CMH PAC Update
DATE: June 29, 2020

Northeast Board members and Management staff contributed to the recent CMH PAC campaign. As an incentive, Boards having more than a 50% contribution rate were eligible for a drawing for the Detroit Tiger Suite tickets [if there is going to be a season]. The amount raised from our efforts totaled \$415.00. Northeast did not have enough contributors to qualify for the drawing.

Thanks to all participants!

AUGUST AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Chairperson's Role 02-004

Board Member Per Diem 02-009

Board Self-Evaluation 02-012

Monitoring Reports

Treatment of Consumers 01-002 (Recipient Rights Complaint Log)

Staff Treatment 01-003 (Turnover Report/Exit)

Budgeting 01-004 (Finance Report)

Financial Condition 01-005 (Quarterly Balance Sheet)

Activity

Executive Director's Evaluation

Strategic Planning Discussion/Ends

Begin Self-Evaluation

Old Business

Ownership Linkage

Educational Session

WEEKLY Update

June 26, 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! Cultural and Linguistic Competence Learning Community

Over the past several weeks (years, decades, centuries), the issue of racial justice has been on the minds and woven into the lives of many Americans. Several months ago, prior to the latest set of events, both tragic and heroic, and news stories around racial justice, CMHA had started the development of several initiatives centered around cultural and linguistic competence and racial justice.

These initiatives will be highlighted in the Weekly Update over the next few editions, starting with this week's edition.

Cultural and Linguistic Competence Learning Community: The Georgetown University National Center for Cultural Competence, MDHHS Developmental Disabilities Council, and the Community Mental Health Association of Michigan (CMHA) are jointly sponsoring an 8-month-long Cultural and Linguistic Competence (CLC) Learning Community for Michigan's public mental health system.

The learning community is made up of the following components:

- **Participants/audience:** The CLC learning community teams will be solicited from CMHA members - including the public CMHs, public Prepaid Inpatient Health Plans, and private providers - to participate in the Learning Community.
- **Learning community staffing:** The Georgetown Center is identifying staff who could facilitate the CLC learning community and developing a cost for such facilitation
- **Kick-off keynote:** Vivian Jackson, from the National Center for Cultural Competence, will be the keynote speaker at the luncheon of the **second day of the CMHA Fall 2020 Conference**. Vivian will kick-off the Learning Community by introducing the National Center's cultural competence framework.
- **4 to 6 virtual and face-to-face sessions** over the 8 months of the Learning Community, with the first session of the Learning Community being held during the afternoon of the 2nd day of the CMHA Fall Conference 2020
- **Self-assessment to level set:** The work of this community will be built around a CLC self-assessment completed by the member of each Learning Community team
- **Team-defined stretch projects:** The learning community will be structured around "stretch" cultural and linguistic competency projects as identified by each team.
- **Learning community closes out with workshop presentations, by learning community teams, at CMHA Spring/Summer 2021 Conference:** Wrap-up sharing by CLC teams showcasing their CLC work in workshops at the CMHA Spring/Summer 2021 Conference

Look for the opportunity to be a part of this learning community in the coming weeks.

CMHA in the news around white paper "A Tradition of Excellence and Innovation: Measuring the Performance of Michigan's Public Mental Health System"

Over the last several decades, policy makers and elected officials have debated and implemented a range of plans for redesigning Michigan's public mental health system. Unfortunately, some these system redesign proposals have been based on a lack of accurate information on the performance of that system. To provide an accurate picture of the performance of Michigan's public mental health system, the Center for Healthcare Integration and Innovation (CHI2) recently issued a white paper that examines the performance of Michigan's public mental health system against a number of state-established and national standards. This white paper can be found [here](#).

This paper underscores the very high levels of performance that Michigan's public mental health system, in partnership with the Michigan Department of Health and Human Services (MDHHS), has demonstrated, over decades, on a number of dimensions of healthcare quality and innovation.

The news stories around the white paper can be found on the [CMHA Newsroom webpage](#).

State & National Developments and Resources

New! Longtime advocate leaving

Below is a recent notice from the Mental Health Association in Michigan (MHAM) regarding the Mark Reinstein's departure from MHAM. Mark has been, for decades, a fierce, tireless, passionate, and brilliant advocate for those with mental health needs and the systems upon which they rely. We will sorely miss Mark's insights, energy, guidance, and collegiality. We wish Mark the best.

Just a note to let you know that Dr. Mark Reinstein has decided to step down as the Mental Health Association in Michigan Public Policy Consultant effective June 26, 2020. Mark has been acting in the capacity as consultant to MHAM after his retirement on December 31, 2019. Marianne Huff, President and CEO, and Stephanie Johnson of KJL, MHAM's lobbyist, will assume his responsibilities and will represent the Association in matters of public policy. We will miss Mark greatly. He has been the heart of MHAM for more than three decades. We wish him well in all his future endeavors.

Marianne Huff, LMSW
President and CEO

New! White House issues rural community toolbox

Below is a notice from the White House in follow-up to the recent launch of the Rural Community Toolbox.

Thank you to everyone who joined yesterday's launch of the Rural Community Toolbox (RCTB) website. The webinar included remarks by Jim Carroll (*Director, Office of National Drug Control Policy*), Kellyanne Conway (*Assistant to the President and Senior Counselor*), Betty-Ann Bryce (*Rural Health Liaison, U.S. Department of Agriculture*), Gary Moore (*Judge Executive of Boone County, Kentucky and First Vice President of the National Association of Counties*), A.J. Louderback (*Sheriff of Jackson County, Texas*), Admiral Brett Giroir (*Assistant Secretary for Health, U.S. Department of Health and Human Services*), and Bette Brand (*Deputy Under Secretary for Rural Development, U.S. Department of Agriculture*) to give an overview of the new Rural Community Toolbox resource and discuss the Trump Administration's support for rural communities impacted by addiction.

The link to the RCTB website is found [here](#). Additional resources can be found at:

[Rural Community Toolbox](#)

[RCTB fact sheet](#)

New! CSHS briefing: The Crucial Role of Home Visiting During COVID-19: Supporting Young Children and Families

Below are excerpts from a recent brief issued by the Center for Health Care Strategies.



Home visiting has long served an essential role in addressing the needs of young children by connecting families to programs, supports, and services. Home visitors — typically nurses, social workers, or community health workers supported by local, state, or federal funding — build relationships that extend beyond parenting and child development. During the COVID-19 pandemic, the need for home visiting — and pivoting to accommodate virtual home visits — is even more critical as families face new or expanding challenges, like domestic violence, substance use, or mental health needs — [all issues that surge during crises](#).

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

New! Health Affairs: Buprenorphine Treatment by Primary Care Providers, Psychiatrists, Addiction Specialists, And Others

Below are excerpts from a recent Health Affairs article on Buprenorphine treatment rates across the country.

Substantial increases in opioid-related morbidity and mortality have motivated the implementation of federal policies to expand the buprenorphine prescribing capacity of primary care providers and other clinicians. Using a national prescription database that covered 72–92 percent of the US population during 2010–18, we analyzed trends in buprenorphine treatment by prescriber specialty. Buprenorphine treatment rates by primary care providers increased from 12.9 people per 10,000 population in 2010 to 27.4 in 2018. The numbers for psychiatrists and addiction medicine specialists increased from 8.7 to 12.0 per 10,000 and those for other prescribers from 5.8 to 16.3 per 10,000. However, treatment of people ages 15–24 by primary care providers and by psychiatrists and addiction medicine specialists declined significantly. Across all patient age and provider groups, most patients were not retained on buprenorphine for the benchmark period of at least 180 days. Despite a recent national increase in buprenorphine treatment fueled primarily by nonspecialists, challenges persist with buprenorphine access—especially for younger people—and with retaining patients in long-term treatment.

More available [here](#).

State Legislative Update

New! Budget Deadline Bill Passes House, Senate. Heads to Governor

On Tuesday, June 23, the Michigan Senate unanimously passed Senate Bill 963. Senate Bill 963 amends the Management and Budget Act to delay the July 1, 2020 deadline to 2021. The economic fall-out due to the COVID-19 pandemic has put considerable strain on the state budget, both for the current and upcoming fiscal years. The waiving of this deadline affords state lawmakers and the Governor more time to deliberate on options to resolve the budget crisis.

Separate but related, this week, the Senate approved a series of supplemental appropriations “shell” bills for the current and next fiscal year, presumably positioning the bills for action later this summer. Although the legislature does not plan to be in session until late July, at the earliest, we anticipate budget discussions to continue throughout the summer. The Governor has come under some criticism for her rhetoric around relying too heavily on the federal government to provide relief to states undergoing budget crises. Alternative solutions are being suggested. For example, groups in the business community are pointing to borrowing as an option and even former Governor Rick Snyder has proposed revenue raising measures, such as a gas tax increase.

New! Legislature Adjourns with Session Days Scheduled This Summer

On Thursday, June 24, the House and Senate concluded their business and adjourned for the summer recess after passing a plethora of bills before their break.

The House and Senate could be returning for a handful of session days in the coming months. The House is scheduled to meet on July 21-23, August 12, and September 1-3. The Senate is scheduled to reconvene on July 22-23, 28 and 29, as well as August 12 and September 1-2.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 100 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 2020-128** – Clarifying WDCA Eligibility for Workplace Exposure to COVID-19, please click [here](#) to access Executive Order 125.

- **Executive Order 2020-129** – Temporary authorization of remote participation in public meetings and hearings and temporary relief from monthly meeting requirements for school boards, please click [here](#) to access Executive Order 129.
- **Executive Order 2020-131** – Encouraging the use of electronic signatures and remote notarization, witnessing, and visitation during the COVID-19 pandemic, please click [here](#) to access Executive Order 131.
- **Executive Order 2020-132** – Enhanced authorization of remote means for carrying out state administrative procedures, please click [here](#) to access Executive Order 132.
- **Executive Order 2020-133** – Restarting professional sports, please click [here](#) to access Executive Order 133.
- **Executive Order 2020-134** – Eviction diversion program for COVID-19-related debtors, please click [here](#) to access Executive Order 134.
- **Executive Order 2020-135** – Creation of Michigan Nursing Homes COVID-19 Preparedness Task Force, please click here to access Executive Order 135.
- **Executive Order 2020-136** – Temporary restrictions on entry into health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities, please click [here](#) to access Executive Order 136.

Federal Update

New! FCC Chairman Announces Plan to Implement 9-8-8 Suicide Prevention Lifeline by 2022

At the National Council’s Hill Day at Home earlier this week, Ajit Pai, Chairman of the Federal Communications Commission, announced that the agency will be finalizing implementation of 9-8-8 as the three-digit dialing number for the National Suicide Prevention Hotline by July 2022. According to the Chairman, 9-8-8 may be available via certain carriers before 2022, but the two-year window is the quickest feasible implementation timeline. The National Council applauds Chairman Pai and the FCC for their work to put mental health crises on the same footing as other, physical emergencies by creating a three-digit emergency dialing code that will undoubtedly save countless lives.

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! CMHA Annual Spring/Summer Conference moves to a VIRTUAL CONFERENCE!



2020 Annual Summer Virtual Conference

August 17 – 21, 2020

*Virtual Education & Networking
Each day from 9:00am – 12:30pm*

Stay tuned for more details soon!

Registration Open - 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.

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:

- July 13, 2020 (*training full*)
- August 17, 2020 (*16 spots left*)
- October 5, 2020
- November 2, 2020

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

[CLICK HERE TO REGISTER](#) FOR THE AUGUST 17, 2020 TRAINING (*16 spots left*)

[CLICK HERE TO REGISTER](#) FOR THE OCTOBER 5, 2020 TRAINING

[CLICK HERE TO REGISTER](#) FOR THE NOVEMBER 2, 2020 TRAINING

Registration Open - 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:

- July 20, 2020 (*training full*)
- August 3, 2020 (*38 spots left*)

Agenda:

Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members

\$47 Non-Members

[CLICK HERE TO REGISTER](#) FOR THE JULY 20, 2020 TRAINING (*training full*)

[CLICK HERE TO REGISTER](#) FOR THE AUGUST 3, 2020 TRAINING (*38 spots left*)

Wraparound Conference

New Dates: Monday, September 28, 2020 – Wednesday, September 30, 2020

Self-Determination Conference Moving Virtual September 2020!

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.

Registration available soon, check [CMHA website](#) for more information and updates.

LOCUS Specialty Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: LOCUS Specialty Trainings – Virtual Information to come soon!

- July 21, 2020 (Rescheduled from April 21) – Virtual

Prerequisite: Basic Understanding of the LOCUS

Each course qualifies for 2.5 Social Work Contact Hours and 2.5 Related MCBAP Contact Hours

Enhancing Your LOCUS Skills: 9:00 AM – 11:30 AM

Audience: LOCUS Users, Trainers, Supervisors

Description: This workshop is designed for those individuals who want to fine-tune and enhance their understanding and use of the LOCUS. Ideal for users of the LOCUS, LOCUS trainers, and organizational supervisors.

Fee: \$0

Quality & Outcome Measurement with the LOCUS: 1:00 PM – 3:30 PM

Audience: Supervisors, Quality Specialists and Managers, Utilization Management, Organizational Leadership

Description: Statewide LOCUS implementation is not without its challenges. This workshop is designed to help organizational leadership define and implement outcome measures associated with the LOCUS. We will explore how use of data capture and analysis supports systemic change to achieve positive outcomes for the individuals served.

Fee: \$0

Registration Open – Virtual Motivational Interviewing College Trainings

Registration has now re-opened for the new VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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 each training.

Dates	Training	Registration Link
July 27-28, 2020	M.I. Basic	CLICK HERE
July 29, 2020	M.I. Supervisory	CLICK HERE
July 30-31, 2020	M.I. Advanced	CLICK HERE
Aug. 6, 2020	M.I. Supervisory	CLICK HERE
Aug. 10-11, 2020	M.I. Basic	CLICK HERE
Aug. 13-14, 2020	M.I. Advanced	CLICK HERE
Sept. 2-3, 2020	TNT: Teaching M.I.	CLICK HERE

Times:

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

Training Fees:

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

Registration Open – Virtual Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning

Course Description:

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

Who Should Attend?

This event is sponsored by the adult mental health block grant and is **only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

Dates & Registration Links

- July 10, 2020 | [CLICK HERE](#) for more information and to register now
- July 23, 2020 | [CLICK HERE](#) for more information and to register now

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 each training.

Training Fee:

\$65 per person. The fee includes electronic training materials and CEs.

Education & Training Resources from Great Lakes MHTTC



MHTTC

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

Weekly Update readers may remember that the Community Mental Health Association of Michigan (CMHA) is the Michigan partner of the SAMHSA-funded **Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC)**. The Great Lakes MHTTC, in partnership with CMHA, provides education 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 to be highlighted via new weekly series in CMHA Weekly Update

This month, 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.

Improving Mental Health Service Access for Farming and Rural Communities

[Register](#)

Session Two

[Approaching and Treating Co-Occurring Mental and Substance Use Disorders in Farming and Rural Communities](#)

Thursday, July 2, 2020

1:00–2:00pm, ET, 12:00–1:00pm CT, 11:00–12:00pm MT, 10:00–11:00am MT

[Register](#)

Session Three

[Providing Mental Health Telehealth Services in Farming and Rural Communities](#)

Thursday, July 9, 2020

1:00–2:00pm, ET, 12:00–1:00pm CT, 11:00–12:00pm MT, 10:00–11:00am MT

News from Our Preferred Corporate Partners

Message from Abilita to audit telecom costs

The impact of COVID-19 has already caused a significant economic impact in Michigan and may force difficult decisions to balance budgets. We believe now is a good time to audit your telecommunications costs for cost reduction. CMHA has endorsed Abilita since 2009 to monitor and implement savings with [satisfied](#) results according to a survey of their clients. Contact us or Abilita directly for additional information at abilita.com/cmha

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: telehealth resources for working with kids

During times of crisis, the need for mental health and substance use services doesn't stop. In fact, the demand for these services increases as people (including children) begin to experience anxiety, depression, and other mental health issues as a result of the crisis.

Behavioral health organizations and substance use treatment facilities can still provide services (and keep their staff on payroll) by offering telehealth services to meet the demand now and beyond.

[Explore Our Telehealth Toolkit](#)

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

June 19, 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 in the news around white paper “A Tradition of Excellence and Innovation: Measuring the Performance of Michigan’s Public Mental Health System”

Over the last several decades, policy makers and elected officials have debated and implemented a range of plans for redesigning Michigan’s public mental health system. Unfortunately, some these system redesign proposals have been based on a lack of accurate information on the performance of that system. To provide an accurate picture of the performance of Michigan’s public mental health system, the Center for Healthcare Integration and Innovation (CHI2) recently issued a white paper that examines the performance of Michigan’s public mental health system against a number of state-established and national standards. This white paper can be found [here](#).

This paper underscores the very high levels of performance that Michigan's public mental health system, in partnership with the Michigan Department of Health and Human Services (MDHHS), has demonstrated, over decades, on a number of dimensions of healthcare quality and innovation.

The news stories around the white paper can be found on the [CMHA Newsroom webpage](#).

State & National Developments and Resources

New! Juneteenth – history and significance

With Juneteenth being the news these days, many Americans are learning of its significance. Below is a short description of Juneteenth, provided by the National Museum of African American History and Culture, part of the Smithsonian Museum system.

On "Freedom's Eve," or the eve of January 1, 1863, the first Watch Night services took place. On that night, enslaved and free African Americans gathered in churches and private homes all across the country awaiting news that the Emancipation Proclamation had taken effect. At the stroke of midnight, prayers were answered as all enslaved people in Confederate States were declared legally free. Union soldiers, many of whom were black, marched onto plantations and across cities in the south reading small copies of the Emancipation Proclamation spreading the news of freedom in Confederate States. Only through the Thirteenth Amendment did emancipation end slavery throughout the United States.

But not everyone in Confederate territory would immediately be free. Even though the Emancipation Proclamation was made effective in 1863, it could not be implemented in places still under Confederate control. As a result, in the westernmost Confederate state of Texas, enslaved people would not be free until much later. Freedom finally came on June 19, 1865, when some 2,000 Union troops arrived in Galveston Bay, Texas. The army announced that the more than 250,000 enslaved black people in the state, were free by executive decree. This day came to be known as "Juneteenth," by the newly freed people in Texas.

More information on Juneteenth from National Museum of African American History and Culture can be found [here](#).

New! Rural Stakeholder Webinar Invitation from the Office of National Drug Control Policy

Launch of Rural Community Toolbox Website: On Wednesday, June 24th, at 3:00 PM Eastern Time, please join the White House Office of National Drug Control Policy and Senior Administration Officials for a virtual launch of the Rural Community Toolbox website, a new resource for rural communities impacted by addiction. The Rural Community Toolbox will serve as a clearinghouse for funding and resources in over a dozen different federal agencies to help rural leaders build strong, healthy, and drug-free communities.

Webinar Registration:

Date: Wednesday, June 24, 2020

Time: 3:00 – 4:00 PM, Eastern Time

Registration: [CLICK HERE](#)

(Note that the registration link may indicate that the call-in access has reached its capacity limitations.

Weekly Update readers can still register for the webinar)

Scheduled Speakers:

- James Carroll, Director, White House Office of National Drug Control Policy
- Kellyanne Conway, Assistant to the President and Senior Counselor
- Admiral Brett Giroir, Assistant Secretary for Health, U.S. Department of Health and Human Services
- Bette Brand, Deputy Under Secretary for Rural Development, U.S. Department of Agriculture
- Betty-Ann Bryce, Rural Health Liaison, U.S. Department of Agriculture
- Gary Moore, Judge Executive of Boone County, Kentucky and First Vice President of the National Association of Counties
- A.J. Louderback, Sheriff, Jackson County, Texas

New! Telepharmacy provides on-site pharmacy services for mental health centers

The following are excerpts from a recent article provided by CMHA member, Genoa Healthcare, on the value of telepharmacy.

Did you know that telepharmacy was recently passed by Michigan lawmakers? There are ways to bring integrated telepharmacy care to your center, specifically through remote dispensing sites that are customized for and dedicated to your consumers and staff.

Remote dispensing sites look and feel like a regular pharmacy but are run by an on-site certified pharmacy technician. A pharmacist oversees prescriptions and patient counseling remotely, via HIPAA-compliant audio/visual technology.

Remote dispensing sites are more accessible for small to medium-sized mental health centers, or those in rural or other underserved areas. As with traditional pharmacy models, consumers receive timely consultations and walk out of the center with their medication in-hand. They also offer:

- Customized pre-filled pill organizers
- Medication and refill synchronization
- Flexible delivery options
- Assistance with prior authorizations

All of this helps achieve medication adherence rates of over 90%.

State Legislative Update

New! Legislature Sends COVID Supplemental to Governor - \$2 DCW Increase

This week, the Michigan House of Representatives and subsequently, the Michigan Senate unanimously passed Senate Bill 690 (H-3), which provides \$880 million in federal appropriations primarily from the federal Coronavirus Relief Fund. The measure approved is a product of two weeks of negotiations among legislative leaders and the Governor over how best to purpose federal funds that have been allocated to Michigan through recent federal stimulus legislation.

The supplemental appropriations measure includes funding support for various COVID-19 related purposes, including a \$2 / hour wage increase for direct care workers (including employer costs), first responder hazard pay, inpatient behavioral health grants, personal protection equipment grants, water utility assistance, rental assistance, small business grants and support for the Unemployment Insurance Agency, among other things.

Senate Bill 690 (H-3) now heads to the Governor's desk for signature.

Separately this week, the Michigan Senate unanimously passed Senate Bill 963, which delays until 2021 the implementation of a recently-codified deadline of July 1 for the legislature to present a budget to the Governor. In light of the many fiscal and economic uncertainties the state is facing due to the COVID-19 pandemic and another consensus revenue estimating conference now planned for late summer, the measure signals the legislature's intent to continue working on the Fiscal Year 2021 budget throughout the summer/early fall. The measure, awaits further action in the House.

Yesterday, Governor Whitmer signed Executive Order 2020-127, which extends the state of emergency declaration under the Emergency Powers of the Governor Act of 1945 and subject to pending litigation, extends the state of emergency and state of disaster under the Emergency Management Act of 1976.

EO 2020-127 rescinds Executive Order 2020-99, which was set to expire on June 19, and is effective immediately through **July 16, 2020 at 11:59 p.m.**

Michigan has seen a steep reduction in COVID-19 cases and the Governor has indicated that she hopes to move the rest of the state to Phase 5 of the MI Safe Start Plan by July 4 (currently, only the Upper Peninsula and the region surrounding Traverse City are in phase 5 with the remainder of the state in Phase 4).

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 75 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 2020-118** – Temporary prohibition against entry to premises for the purpose of removing or excluding a tenant or mobile homeowner from their home, please click [here](#) to access Executive Order 118.
- **Executive Order 2020-119** – 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 119.
- **Executive Order 2020-120** – Returning overnight camps to operation, please click [here](#) to access Executive Order 120.
- **Executive Order 2020-122** – Ending the extension of case-initiation deadlines, please click [here](#) to access Executive Order 122.
- **Executive Order 2020-123** – Enhanced protections for residents and staff of long-term care facilities during the COVID-19 pandemic, please click [here](#) to access Executive Order 123.
- **Executive Order 2020-124** – Temporary enhancements to operational capacity, flexibility, and efficiency of pharmacies, please click [here](#) to access Executive Order 124.
- **Executive Order 2020-125** – Clarifying WDCA Eligibility for Workplace Exposure to COVID-19, please click [here](#) to access Executive Order 125.
- **Executive Order 2020-126** – 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 126.
- **Executive Order 2020-127** – Declaration of state of emergency and state of disaster related to the COVID-19 pandemic, please click [here](#) to access Executive Order 127.

Federal Update

Hill Day 2020 is Going Digital – Join us on June 23!

The COVID-19 pandemic has changed *how* we work, but we must not let it interrupt *our* work. Mental health and addictions organizations need our continued support now more than ever.

That is why this year we are proud to partner with 25 national advocacy organizations to bring you [Hill Day at Home!](#) We're still rallying. We're still moving ahead together. And we're still bringing our field's most important issues to Congress.

And as we go virtual this year, we need YOU, our friends in the field, to be right there with us as always.

How can you make a difference?

On Tuesday, June 23, you'll be able to log on to our online event portal for the 2020 Virtual Policy Institute. A link to the portal will be sent to registrants ahead of the event.

This four-hour learning event will include keynote speakers, the latest legislative updates, immersive breakout sessions and all the great content you've come to expect from Hill Day.

Hill Day at Home will culminate on **Wednesday, June 24**, with a series of digital advocacy events and outreach opportunities to urge lawmakers to invest in lifesaving funding for mental health and addiction programs.

Click on the link below to register:

https://www.mylibralounge.com/sites/hillday2020/attendee/en/welcome/?lib_SGU=519BCCD4-05CF-4955-9CB4-2B8AF7E29CB0&lib_CST=8538522F-74F0-4E96-802D-7A4B45DAAD80

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.

CMHAM Annual Spring/Summer Conference Postponed



The 2020 Annual Spring/Summer Conference originally scheduled for June 9 & 10, 2020 at the Grand Traverse Resort, Traverse City has been postponed.

We are exploring future dates and virtual conference options.

Stay tuned for more details in Weekly Update!

Registration Open - 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.

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:

- July 13, 2020 (*training full*)
- August 17, 2020 (*29 spots left*)
- October 5, 2020
- November 2, 2020

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

[CLICK HERE TO REGISTER](#) FOR THE AUGUST 17, 2020 TRAINING (*29 spots left*)

[CLICK HERE TO REGISTER](#) FOR THE OCTOBER 5, 2020 TRAINING

[CLICK HERE TO REGISTER](#) FOR THE NOVEMBER 2, 2020 TRAINING

Registration Open - 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:

- July 20, 2020 (*10 spots left*)

Agenda:

Education: 9:00am – 11:00am

- August 3, 2020 *(43 spots left)*

Training Fees:

\$39 CMHA Members

\$47 Non-Members

[CLICK HERE TO REGISTER](#) FOR THE JULY 20, 2020 TRAINING *(13 spots left)*

[CLICK HERE TO REGISTER](#) FOR THE AUGUST 3, 2020 TRAINING *(43 spots left)*

NEW DATE: Wraparound Conference

New Dates: Monday, September 28, 2020 – Wednesday, September 30, 2020

NEW DATE: Self-Determination Conference

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!

Date & Time:

Friday, September 11, 2020

8am – 5pm

Lansing, MI 48933

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.

Registration available soon, check [CMHA website](#) for more information and updates.

LOCUS Specialty Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: LOCUS Specialty Trainings – Virtual Information to come soon!

- July 21, 2020 (Rescheduled from April 21) – Virtual

Prerequisite: Basic Understanding of the LOCUS

Each course qualifies for 2.5 Social Work Contact Hours and 2.5 Related MCBAP Contact Hours

Enhancing Your LOCUS Skills: 9:00 AM – 11:30 AM

Audience: LOCUS Users, Trainers, Supervisors

Description: This workshop is designed for those individuals who want to fine-tune and enhance their understanding and use of the LOCUS. Ideal for users of the LOCUS, LOCUS trainers, and organizational supervisors.

Fee: \$0

Quality & Outcome Measurement with the LOCUS: 1:00 PM – 3:30 PM

Audience: Supervisors, Quality Specialists and Managers, Utilization Management, Organizational Leadership

Description: Statewide LOCUS implementation is not without its challenges. This workshop is designed to help organizational leadership define and implement outcome measures associated with the LOCUS. We will explore how use of data capture and analysis supports systemic change to achieve positive outcomes for the individuals served.

Fee: \$0

New! Registration Now Open – Virtual Motivational Interviewing College Trainings

Registration has now re-opened for the new VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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 each training.

Dates	Training	Registration Link
July 27-28, 2020	M.I. Basic	CLICK HERE
July 29, 2020	M.I. Supervisory	CLICK HERE
July 30-31, 2020	M.I. Advanced	CLICK HERE
Aug. 6, 2020	M.I. Supervisory	CLICK HERE
Aug. 10-11, 2020	M.I. Basic	CLICK HERE
Aug. 13-14, 2020	M.I. Advanced	CLICK HERE
Sept. 2-3, 2020	TNT: Teaching M.I.	CLICK HERE

Times:

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

Training Fees:

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

New! Registration Now Open – Virtual Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning

Course Description:

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

Who Should Attend?

This event is sponsored by the adult mental health block grant and is **only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

Dates & Registration Links

- July 10, 2020 | [CLICK HERE](#) for more information and to register now
- July 23, 2020 | [CLICK HERE](#) for more information and to register now

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 each training.

Training Fee:

\$65 per person. The fee includes electronic training materials and CEs.

Education & Training Resources from Great Lakes MHTTC



MHTTC

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

Weekly Update readers may remember that the Community Mental Health Association of Michigan (CMHA) is the Michigan partner of the SAMHSA-funded **Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC)**. The Great Lakes MHTTC, in partnership with CMHA, provides education 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 to be highlighted via new weekly series in CMHA Weekly Update

This month, 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! Improving Mental Health Service Access for Farming and Rural Communities

[Register](#)

Session One

[Improving Mental Health Care By Understanding the Culture of Farming and Rural Communities](#)

Thursday, June 25, 2020

1:00–2:00pm, ET, 12:00–1:00pm CT, 11:00–12:00pm MT, 10:00–11:00am MT

[Register](#)

Session Two

[Approaching and Treating Co-Occurring Mental and Substance Use Disorders in Farming and Rural Communities](#)

Thursday, July 2, 2020

1:00–2:00pm, ET, 12:00–1:00pm CT, 11:00–12:00pm MT, 10:00–11:00am MT

[Register](#)

Session Three

[Providing Mental Health Telehealth Services in Farming and Rural Communities](#)

Thursday, July 9, 2020

1:00–2:00pm, ET, 12:00–1:00pm CT, 11:00–12:00pm MT, 10:00–11:00am MT

News from Our Preferred Corporate Partners

Message from Abilita to audit telecom costs

The impact of COVID-19 has already caused a significant economic impact in Michigan and may force difficult decisions to balance budgets. We believe now is a good time to audit your telecommunications costs for cost reduction. CMHA has endorsed Abilita since 2009 to monitor and implement savings with [satisfied](#) results according to a survey of their clients. Contact us or Abilita directly for additional information at abilita.com/cmha

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: telehealth resources for working with kids

During times of crisis, the need for mental health and substance use services doesn't stop. In fact, the demand for these services increases as people (including children) begin to experience anxiety, depression, and other mental health issues as a result of the crisis.

Behavioral health organizations and substance use treatment facilities can still provide services (and keep their staff on payroll) by offering telehealth services to meet the demand now and beyond.

[Explore Our Telehealth Toolkit](#)

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 Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
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

June 12, 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

CMHA opens first phase of Telehealth Resource Center with the resource-rich webpage

With the aim of helping to make telehealth approaches, wisely and prudently applied, a central component in Michigan’s behavioral healthcare infrastructure and a part of the clinical toolbox of the state’s behavioral health workforce, the **Community Mental Health Association of Michigan (CMHA) has formed the Telehealth Resource Center** for Michigan Mental Health Practitioners.

The first concrete component of the Center is the [Telehealth Resource Center webpage](#) on the CMHA website. This webpage contains a curated list of some of the best telehealth resources from across the



country. We will keep Weekly Update readers informed as other components of the Center come to fruition.

CMHA issues white paper “A Tradition of Excellence and Innovation: Measuring the Performance of Michigan’s Public Mental Health System”

Over the last several decades, policy makers and elected officials have debated and implemented a range of plans for redesigning Michigan’s public mental health system. Unfortunately, some these system redesign proposals have been based on a lack of accurate information on the performance of that system. To provide an accurate picture of the performance of Michigan’s public mental health system, the Center for Healthcare Integration and Innovation (CHI2) recently issued a white paper that examines the performance of Michigan’s public mental health system against a number of state-established and national standards. This white paper can be found [here](#).

This paper underscores the very high levels of performance that Michigan’s public mental health system, in partnership with the Michigan Department of Health and Human Services (MDHHS), has demonstrated, over decades, on a number of dimensions of healthcare quality and innovation.

State & National Developments and Resources

New! Michigan issues Request for Proposals for Michigan Integrated Crisis and Access Line Staffing Service

The Michigan Department of Health and Human Services (MDHHS) and the Department of Technology, Management & Budget (DTMB) have issued a Request for Proposals (RFP) to staff the Michigan Integrated Crisis and Access Line (MCAL), a new behavioral health integrated crisis and access system. The vendor will work with MDHHS to develop and operate a command center that provides crisis line services and leverages a variety of communication methods, including but not limited to phone, text, email, chat and application, to support persons in crisis and facilitate coordinated access to care for all essential services cited in the Michigan Mental Health Code at MCL 330.1206.

These services include but are not limited to: suicide prevention, behavioral health supports and services, substance use disorder treatment and rehabilitation services. MCAL will be available for anyone in the state in need of behavioral health and/or crisis response services.

A total of \$3 million in state and federal funds is available through this RFP. The RFP number is 200000001867. Proposals are due by 3 p.m. on June 30. The program period is Sept. 30, 2020 through Sept. 30, 2021. The RFP can be found [here](#).

New! HHS Announces Enhanced Provider Portal, Relief Fund Payments for Safety Net Hospitals, Medicaid & CHIP Providers

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is announcing additional distributions from the Provider Relief Fund to eligible Medicaid and Children's Health Insurance Program (CHIP) providers that participate in state Medicaid and CHIP programs. HHS expects to distribute approximately \$15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Distribution. HHS is also announcing the distribution of \$10 billion in Provider Relief Funds to safety net hospitals that serve our most vulnerable citizens. The safety net distribution will occur this week.

HHS is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, which allocated \$175 billion in relief funds to hospitals and other healthcare providers, including those disproportionately impacted by this pandemic.

ENHANCED PROVIDER RELIEF FUND PORTAL: HHS is launching an enhanced Provider Relief Fund Payment Portal that will allow eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their Provider Relief Fund payment. The payment to each provider will be at least 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients.

To be eligible for this funding, health care providers must not have received payments from the \$50 billion Provider Relief Fund General Distribution and either have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018, to May 31, 2020. Close to one million health care providers may be eligible for this funding. More information about eligibility and the application process is available [here](#).

New! Federal rural behavioral health resources announced

Recently, the Office of National Drug Control Policy's COVID-19 held a call for rural stakeholders on Tuesday June 2nd. The call included remarks by Jim Carroll (Director, Office of National Drug Control Policy), Dr. Jim Gandotra (Chief Medical Officer, Substance Abuse and Mental Health Services Administration), Matt Strait (Senior Policy Advisor, Drug Enforcement Administration), Anna Bonelli (Senior Policy Advisor, Centers for Medicare & Medicaid Services), Nisha Patel (Associate Director/Senior Policy Advisor, Health Resources and Services Administration), Dr. Grant Baldwin (Director, Division of Overdose Prevention, Centers for Disease Control and Prevention), and Charles Eberle (Senior Counsel, Wireline Competition Bureau, Federal Communications Commission) to discuss the Trump Administration's actions to ensure continuity of care for people with substance use disorder during the COVID-19 pandemic.

Below, please find a partial list of follow-up resource links from each agency on the call that you may find helpful in your on-going work to serve rural communities impacted by addiction in the midst of this public health emergency.

OFFICE OF NATIONAL DRUG CONTROL POLICY

- o COVID-19 fact sheet: <https://files.constantcontact.com/9b9edb2e701/86d3d2bf-d64f-4210-946f-c1d276e70c39.pdf>
- o Rural Community Action Guide: <https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>
- o Federal Rural Resources Guide: <https://www.rd.usda.gov/files/RuralResourceGuide.pdf>

New! ACMH announces statewide youth advisory committee recruitment

The Association of Children’s Mental Health (ACMH) is excited to announce that the Statewide Youth Advisory Committee is currently accepting applications for membership! Application for a seat on the ACMH youth advisory committee is open to all youth, ages 15 - 20 in the state of Michigan who have had or are currently experiencing a mental health or behavioral challenge. All youth ages 15-20 who are passionate about mental health issues and have personal experience will be considered.

The purpose of the ACMH youth advisory committee is to provide the opportunity for youth with personal mental health experiences to have a voice in decision making that affects their lives. The youth advisory committee empowers and supports all Michigan Youth to create positive changes in policies that impact them, giving them the opportunity to advise legislators, mental health administrators and community members about important issues that matter to youth.

Applications are due by September 18, 2020.

MORE INFO Links: [Information Page](#) | [Digital Application](#) | [Stop the Stigma Video](#)

New! The Social Determinants of Death:

Below are excerpts from a recent editorial by Alan Weil, the Editor in Chief of Health Affairs, one of the nation’s pre-eminent publications on health policy.

I raise my voice in support of those demanding a response to the consequences of institutional racism that are being laid bare before us. I speak as an individual, but as the editor of Health Affairs I feel the need to place my response in the context of health care and health policy.

I have long been skeptical of the notion that the health care system can address social determinants of health. After decades of direct action and advocacy with the goal of achieving living wages, affordable housing, paid leave, a safe environment, and other conditions conducive to health, why, exactly, would we imagine that the health care system can achieve results when others with far more expertise in these matters have had limited success?

The reasons for my skepticism are many, but they mostly revolve around the implausibility of the powerful and resource-rich health sector serving as a catalyst for change by transferring resources and power to the social sector and engaging authentically and equitably with resource-poor communities. I find support for my skepticism in empirical work we published just a few months ago.

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

New! Two recent CHCS blogs of interest to behavioral healthcare community

The Center for Health Care Strategies recently issued two blog posts that highlight issues of interest and concern for the nation's behavioral health community. The excerpts of and links to those blog posts are provided below.

Beyond PPE: Protecting Health Care Workers to Prevent A Behavioral Health Disaster: We need to mitigate the immediate behavioral health impact of COVID-19 on health care workers while also planning for the future. A comprehensive, three-part strategy would strengthen the resilience of the health care workforce during the pandemic and give workers the tools to navigate public health emergencies in the years to come. [Read More >>](#)

Incorrect Provider Directories Associated with Out-Of-Network Mental Health Care And Outpatient Surprise Bills: The high rate of mental health providers declining to participate in health insurance networks leads to out-of-network expenses for many patients. Using a survey of patients, Susan Busch and Kelly Kyanko find that half of patients using mental health services encountered provider directory inaccuracies. Those who encountered inaccuracies were more likely to be treated by an out-of-network provider and four times more likely to receive a surprise outpatient out-of-network bill. [Read More >>](#)

State Legislative Update

New! Budget Office, Lawmakers Starting Talks on Budget

The State Budget Office and legislative leaders are now talking out ideas on how to address a \$3.2 billion hole in the current fiscal year, and one of the outstanding issues is the federal funding.

Michigan has between \$2 and \$3 billion in unspent and unallocated federal money to address the COVID-19 response. The Whitmer administration badly wants to find a way to use this cash to plug the budget hole, but some legislative Republicans aren't completely sold on the idea. They like the idea of using the state's current fiscal crisis to force more structural changes to state governments, but nobody has agreed to anything, yet.

Sitting in the room is Budget Director Chris Kolb, House Appropriations Committee Chair Shane Hernandez (R-Port Huron) and Senate Appropriations Committee Chair Jim Stamas (R-Midland).

Nothing is settled, but a few things are becoming clear:

- Cutting School Aid Fund payments to K-12 schools for the fiscal year ending June 30 is not preferable considering the school year is over and there's less than 20 days to go in the fiscal year. The next fiscal year, which starts July 1, likely will include cuts, but not likely the \$2,000-per-pupil cut or 25% originally tossed out by Senate leaders.

- Some Republicans would like to present the Governor with a two-part budget, which would lay out how much funding the state would have had if the Governor not basically shutdown the economy through her stay-at-home orders.
- Initial conversations have gone well, but the Governor and the two Republican legislative leaders haven't been put in the same room, yet, so we may still be a ways away from anything substantive.

Senator Stamas told reporters yesterday that the FY21 budget will not be resolved until August or September because of the need for updated revenue figures, which will be analyzed during the August Consensus Revenue Estimating Conference (CREC). However, the legislature may try to pass an education budget before the fall.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 60 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 2020-114** – Safeguards to protect Michigan's workers from COVID-19, please click [here](#) to access Executive Order 114.
- **Executive Order 2020-115** – Temporary restrictions on certain events, gatherings, and businesses, please click [here](#) to access Executive Order 115.
- **Executive Order 2020-116** – Temporary suspension of youth work permit application requirements, please click [here](#) to access Executive Order 116.
- **Executive Order 2020-117** – Expanding childcare access during the COVID-19 pandemic, please click [here](#) to access Executive Order 117.

Federal Update

Hill Day 2020 is Going Digital – Join us on June 23!

The COVID-19 pandemic has changed *how* we work, but we must not let it interrupt *our* work. Mental health and addictions organizations need our continued support now more than ever.

That is why this year we are proud to partner with 25 national advocacy organizations to bring you [Hill Day at Home!](#) We're still rallying. We're still moving ahead together. And we're still bringing our field's most important issues to Congress.

And as we go virtual this year, we need YOU, our friends in the field, to be right there with us as always.

How can you make a difference?

On Tuesday, June 23, you'll be able to log on to our online event portal for the 2020 Virtual Policy Institute. A link to the portal will be sent to registrants ahead of the event.

This four-hour learning event will include keynote speakers, the latest legislative updates, immersive breakout sessions and all the great content you've come to expect from Hill Day.

Hill Day at Home will culminate on **Wednesday, June 24**, with a series of digital advocacy events and outreach opportunities to urge lawmakers to invest in lifesaving funding for mental health and addiction programs.

Click on the link below to register:

https://www.mylibralounge.com/sites/hillday2020/attendee/en/welcome/?lib_SGU=519BCCD4-05CF-4955-9CB4-2B8AF7E29CB0&lib_CST=8538522F-74F0-4E96-802D-7A4B45DAAD80

Education Opportunities

New! 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.

CMHAM Annual Spring/Summer Conference Postponed



The 2020 Annual Spring/Summer Conference originally scheduled for June 9 & 10, 2020 at the Grand Traverse Resort, Traverse City has been postponed.

We are exploring future dates and virtual conference options.

Stay tuned for more details in Weekly Update!

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

Dates:

- July 13, 2020
- August 17, 2020
- October 5, 2020
- November 2, 2020

Agenda:

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Lunch Break: 11:30am – 1:00pm
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Training Fees:

\$103 CMHA Members

\$126 Non-Members

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NEW DATE: Wraparound Conference

New Dates: Monday, September 28, 2020 – Wednesday, September 30, 2020

NEW DATE: Self-Determination Conference

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!

Date & Time:

Friday, September 11, 2020

8am – 5pm

Lansing, MI 48933

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.

Registration available soon, check [CMHA website](#) for more information and updates.

LOCUS Specialty Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: LOCUS Specialty Trainings – Virtual Information to come soon!

- July 21, 2020 (Rescheduled from April 21) – Virtual

Prerequisite: Basic Understanding of the LOCUS

Each course qualifies for 2.5 Social Work Contact Hours and 2.5 Related MCBAP Contact Hours

Enhancing Your LOCUS Skills: 9:00 AM – 11:30 AM

Audience: LOCUS Users, Trainers, Supervisors

Description: This workshop is designed for those individuals who want to fine-tune and enhance their understanding and use of the LOCUS. Ideal for users of the LOCUS, LOCUS trainers, and organizational supervisors.

Fee: \$0

Quality & Outcome Measurement with the LOCUS: 1:00 PM – 3:30 PM

Audience: Supervisors, Quality Specialists and Managers, Utilization Management, Organizational Leadership

Description: Statewide LOCUS implementation is not without its challenges. This workshop is designed to help organizational leadership define and implement outcome measures associated with the LOCUS. We will explore how use of data capture and analysis supports systemic change to achieve positive outcomes for the individuals served.

Fee: \$0

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Weekly Update readers may remember that the Community Mental Health Association of Michigan (CMHA) is the Michigan partner of the SAMHSA-funded **Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC)**. The Great Lakes MHTTC, in partnership with CMHA, provides education 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 to be highlighted via new weekly series in CMHA Weekly Update

This month, 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! Providing Culturally Relevant Crisis Services During COVID-19 Webinar Series

The Great Lakes MHTTC is committed delivering culturally-informed services to our region. These three webinars address how to deliver culturally relevant services during COVID-19.

View all Three Webinars in the Series!

[The Morbidity of National Trust and Health Disparities: Past, Present, and Future](#)(Part 1)

Albert Thompson

[Culturally Responsive Factors to Consider](#) (Part 2)

Dr. Michelle Evans

[Culturally Responsive Factors to Consider for the Hmong Population](#) (Part 3)

Dr. Foua Yang Rhodes

News from Our Preferred Corporate Partners

Message from Abilita to audit telecom costs

The impact of COVID-19 has already caused a significant economic impact in Michigan and may force difficult decisions to balance budgets. We believe now is a good time to audit your telecommunications costs for cost reduction. CMHA has endorsed Abilita since 2009 to monitor and implement savings with [satisfied](#) results according to a survey of their clients. Contact us or Abilita directly for additional information at abilita.com/cmha

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: telehealth resources for working with kids

During times of crisis, the need for mental health and substance use services doesn't stop. In fact, the demand for these services increases as people (including children) begin to experience anxiety, depression, and other mental health issues as a result of the crisis.

Behavioral health organizations and substance use treatment facilities can still provide services (and keep their staff on payroll) by offering telehealth services to meet the demand now and beyond.

[Explore Our Telehealth Toolkit](#)

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 Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org

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

June 5, 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! Centra Wellness receives 7th straight 3-year CARF accreditation

Centra Wellness Network recently announced that it received a three year accreditation from CARF - Centra’s seventh straight 3-year full accreditation. Below are excerpts from CARF’s letter to Centra Wellness. Congratulations to Centra Wellness Network.

The organization has developed a committee structure that supports a relatively lean administrative structure, while ensuring that information is obtained, analyzed, used, and

shared throughout. The executive and leadership personnel make particularly good use of data and input that are collected from a variety of sources and stakeholders.

The organization has developed powerful, positive relationships with community partners and other stakeholders that consistently support the organization's ability to provide services that enhance the lives of the persons served and the well-being of the community. The collaboration with these stakeholders is exceptional, as is the organization's responsiveness to identified needs and creative solutions applied. The work of the organization is guided by a dynamic and creative executive, who communicates clear dedication to the provision of high-quality services and supports that are particularly responsive to the needs of the communities served.

CMHA opens first phase of Telehealth Resource Center with the resource-rich webpage

With the aim of helping to make telehealth approaches, wisely and prudently applied, a central component in Michigan's behavioral healthcare infrastructure and a part of the clinical toolbox of the state's behavioral health workforce, the **Community Mental Health Association of Michigan (CMHA)** has formed the Telehealth Resource Center for Michigan Mental Health Practitioners.

The first concrete component of the Center is the [Telehealth Resource Center webpage](#) on the CMHA website. This webpage contains a curated list of some of the best telehealth resources from across the country. We will keep Weekly Update readers informed as other components of the Center come to fruition.

CMHA issues white paper "A Tradition of Excellence and Innovation: Measuring the Performance of Michigan's Public Mental Health System"

Over the last several decades, policy makers and elected officials have debated and implemented a range of plans for redesigning Michigan's public mental health system. Unfortunately, some these system redesign proposals have been based on a lack of accurate information on the performance of that system. To provide an accurate picture of the performance of Michigan's public mental health system, the Center for Healthcare Integration and Innovation (CHI2) recently issued a white paper that examines the performance of Michigan's public mental health system against a number of state-established and national standards. This white paper can be found [here](#).

This paper underscores the very high levels of performance that Michigan's public mental health system, in partnership with the Michigan Department of Health and Human Services (MDHHS), has demonstrated, over decades, on a number of dimensions of healthcare quality and innovation.

New! CMHA guest editorial applauds Michigan's behavioral health workforce

Below are excerpts from a recent guest editorial from the Community Mental Health Association of Michigan (CMHA) underscoring the vital and heroic work done by Michigan's behavioral health workforce.

While many of us are at home amid the COVID-19 pandemic, front-line workers are out in the field supporting Michigan's most vulnerable residents.

We have seen the signs in the windows of homes and videos thanking health care workers. What doesn't come to mind for many, though, is a critical and often overlooked group of frontline healthcare workers, the 100,000 mental health care professionals in the Michigan's public mental health system — those serving persons with mental illnesses, emotional disturbances, intellectual and developmental disabilities, and/or substance use disorders.

Michiganders can be proud of the commitment of these professionals to continuing to serve during this pandemic. The state's public community mental health organizations (CMHs), the public Medicaid behavioral health plans (known as PIHPs in Michigan), and the private provider organizations in the CMH and PIHP networks have remained steadfast in their commitment to service while also swiftly implementing new approaches to serving the over 300,000 Michiganders who rely upon this system every year.

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

State & National Developments and Resources

New! MDHHS issues L letter to broaden access to SUD treatment

MDHHS recently issued L 20-17 - Increasing Assessment and Treatment for Medicaid Recipients with Substance Use Disorder (SUD), the summary of which is provided below.

Increasing Assessment and Treatment for Medicaid Recipients with Substance Use Disorder (SUD) The purpose of this letter is to encourage providers to use Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication Assisted Treatment (MAT) services for beneficiaries with indications of a substance use disorder (SUD). SBIRT and MAT are covered by the Michigan Medicaid program. These services can be initiated in any community-based care setting, including the hospital emergency department (ED). Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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

New! Newsweek: the mental health toll from the Coronavirus could rival that of the disease itself

Below are excerpts from a recent news story on the mental health impact of the Coronavirus.

Tom Insel has watched the nation grapple with plenty of psychologically challenging situations over his long career in the field of mental health. The psychiatrist became director of the National Institute of Mental Health (NIMH) in the months following 9-11, when Americans were traumatized over the twin tower bombings. He watched residents of Louisiana and Mississippi dig out from the waterlogged rubble of Hurricane Katrina. He's seen mass shootings in Tucson, Fort Hood and Newtown.

But nothing in Insel's experience has tested the nation's psychological resilience like COVID-19, which has millions of Americans living in fear of contracting a deadly new disease, hunkering down in involuntary confinement, contemplating rising unemployment and the prospect of a worldwide economic collapse, cut off and worried about loved ones, besieged by a parade of bad news and tormented by boredom, fear and loneliness.

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

New! Health Affairs Blog | Inequities Amplified by COVID-19: Opportunities for Medicaid to Address Health Disparities

Below are excerpts from a recent Health Affairs blog post by staff from within the Center for Health Care Strategies.

COVID-19 has laid bare and will likely exacerbate the glaring inequity faced by communities of color due to a “constellation” of factors. Communities of color have an increased risk of COVID-19 morbidity and mortality because of a higher prevalence of chronic health conditions (e.g., hypertension and diabetes) compared to whites. These COVID-19-related health disparities, driven by economic and social issues (e.g., living conditions and employment), are compounded by the physical and psychological effects of a legacy of discrimination and racism for these individuals.

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

New! Supporting Family Caregivers in the Time of COVID-19: State Strategies

Below are excerpts from a recent Center for Health Care Strategies.

Headlines and data from across the nation confirm the sad reality: older adults and people with chronic conditions or disabilities face disproportionately adverse outcomes if they contract COVID-19. Family caregivers are the lynchpin of care for these individuals and provide critical daily supports for them. Across the U.S., there are roughly 18 million people currently caring for an older adult. Even in the pre-pandemic environment, family caregivers faced a myriad of potential stressors. COVID-19 has made their critical, but typically unpaid job even more challenging by adding uncertainty and stress, removing limiting access to care, and complicating service delivery.

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

New! Arc Michigan announces 2020 Disability Policy Webinar Series

The Arc Michigan is offering a series of discussions on a range of disability-related policies. You can learn more about and register for this series [here](#).

State Legislative Update

New! House Appropriations Committee Approves \$1.25 billion in COVID Stimulus Dollars

On Wednesday, the House Appropriations Committee approved a \$1.25 billion COVID-19 supplemental, the funds come out of the \$3 billion+ federal stimulus package the state of the Michigan received to address the pandemic. SB 690, included a \$3 dollar/hour increase (total – not \$2 + \$3) for direct care workers retroactive back to April 1 until Sept. 30. The language in bill also would include all costs incurred by the employer, including payroll taxes, due to the \$3.00 per hour increase.

The Michigan's Unemployment Insurance Fund would see an \$500 million increase. It also gives the Unemployment Insurance Agency (UIA) \$25 million to hire the temporary staff to dig itself out of the hundreds of thousands of claims it received from those who lost their jobs in the coronavirus response. The \$500 million for the Unemployment Insurance Stabilization Fund is activated after the balance in the fund drops below \$235 million.

None of the money is being used to address a roughly \$3 billion hole in the state budget due to the strings attached to it. Instead, \$200 million is being spent on grants for businesses hurt through COVID-19, among other things.

According to the House Fiscal Agency, the bills also set aside:

- \$125 million to child care providers who reduced their rates so struggling families could still afford the service.
- \$50 million or more for personal protection equipment, COVID-19 testing and testing equipment.
- \$15 million for schools who offer summer school to make up for lost class time in the spring.
- \$10 million for the Michigan Association of Intermediate School Administrators to buy computers or tablets so students can learn at home
- \$5.1 million to pay for a \$100 per diem increase for hospitals accepting Medicaid recipients who need inpatient psychiatric services
- \$5 million for domestic violence and sexual assault services
- \$2.5 million the Michigan Restaurant and Lodging Association foundation can use for \$500-per-person grants to in-need hospitality workers.

SB 690 is now on the House floor, negotiations with the Governor's administration and the Legislature are now underway regarding the final details of the bill.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 60 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 2020-106** – Establishing deadline to redeem property for nonpayment of delinquent property taxes, please click [here](#) to access Executive Order 106.
- **Executive Order 2020-107** – Department of Labor and Economic Opportunity Michigan Workforce Development Board, please click [here](#) to access Executive Order 107.
- **Executive Order 2020-108** – Temporary restrictions on entry into health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities, please click [here](#) to access Executive Order 108.
- **Executive Order 2020-109** – 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 109.
- **Executive Order 2020-110** – Temporary restrictions on certain events, gatherings, and businesses, please click [here](#) to access Executive Order 110.
- **Executive Order 2020-111** – Protecting the Food Supply and Migrant and Seasonal Agricultural Workers from the effects of COVID-19, please click [here](#) to access Executive Order 111.
- **Executive Order 2020-112** – Rescission of certain executive orders, please click [here](#) to access Executive Order 112.
- **Executive Order 2020-113** – Enhanced authorization of remote means for carrying out state administrative procedures, please click [here](#) to access Executive Order 113.

Federal Update

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That is why this year we are proud to partner with 25 national advocacy organizations to bring you [Hill Day at Home!](#) We're still rallying. We're still moving ahead together. And we're still bringing our field's most important issues to Congress.

And as we go virtual this year, we need YOU, our friends in the field, to be right there with us as always.

How can you make a difference?

On Tuesday, June 23, you'll be able to log on to our online event portal for the 2020 Virtual Policy Institute. A link to the portal will be sent to registrants ahead of the event.

This four-hour learning event will include keynote speakers, the latest legislative updates, immersive breakout sessions and all the great content you've come to expect from Hill Day.

Hill Day at Home will culminate on **Wednesday, June 24**, with a series of digital advocacy events and outreach opportunities to urge lawmakers to invest in lifesaving funding for mental health and addiction programs.

Click on the link below to register:

https://www.mylibralounge.com/sites/hillday2020/attendee/en/welcome/?lib_SGU=519BCCD4-05CF-4955-9CB4-2B8AF7E29CB0&lib_CST=8538522F-74F0-4E96-802D-7A4B45DAAD80

ACTION ALERT - Support \$38.5 Billion for Behavioral Health Providers in Fighting COVID-19

Congress continues to deliberate continued aid towards the COVID-19 pandemic, talks have been underway regarding a stimulus 4 aid package. Through the National Council and their members, we are requesting **an emergency appropriation of \$38.5 billion** for providers of mental health and addiction treatment services to be included in the next stimulus package considered by Congress. This is one of the largest and most important appropriations requests of our time.

As COVID-19 has spread fear and anxiety across our nation, we have repeatedly asked you, our members, what you needed and how we could help. **We have heard you. You made your needs overwhelmingly clear: you need PPE, you need equipment, and most importantly you need financial resources to keep your doors open and the lights on.** You need this emergency funding to continue doing the lifesaving work you do in your community every day, serving individuals with mental illness and addiction.

Will you take two minutes today to urge your Member of Congress to NOT leave mental health and addictions behind? If possible included examples of what you are facing, closing programs, layoffs, impact of social distancing on services etc...

Click the link below to log in and send your message:

<https://www.votervoice.net/CMHAM/Campaigns/73480/Respond>



Education Opportunities

What's Cancelled and What's Taking Place?????

With the rapidly changing situation, events and meetings are being cancelled, postponed, being held virtually or rescheduled. Please refer to www.cmham.org to see if your event /meetings taking place. The site is being updated several times a day.

CMHAM Annual Spring/Summer Conference Postponed



The 2020 Annual Spring/Summer Conference originally scheduled for June 9 & 10, 2020 at the Grand Traverse Resort, Traverse City has been postponed.

We are exploring future dates and virtual conference options.

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[CLICK HERE TO REGISTER](#) FOR THE JULY 20, 2020 TRAINING
[CLICK HERE TO REGISTER](#) FOR THE AUGUST 3, 2020 TRAINING

NEW DATE: Wraparound Conference

New Dates: Monday, September 28, 2020 – Wednesday, September 30, 2020

Location: Great Wolf Lodge: 3575 N. US 31 South, Traverse City, MI 49684

Registration will be available in July on the [CMHA website](#).

NEW DATE: Self-Determination Conference

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!

Date & Time:

Friday, September 11, 2020
8am – 5pm
Lansing, MI 48933

Location:

Lansing Center
333 E. Michigan Ave.

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.

Registration available soon, check [CMHA website](#) for more information and updates.

LOCUS Specialty Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: LOCUS Specialty Trainings – Virtual Information to come soon!

- July 21, 2020 (Rescheduled from April 21) – Virtual

Prerequisite: Basic Understanding of the LOCUS

Each course qualifies for 2.5 Social Work Contact Hours and 2.5 Related MCBAP Contact Hours

Enhancing Your LOCUS Skills: 9:00 AM – 11:30 AM

Audience: LOCUS Users, Trainers, Supervisors

Description: This workshop is designed for those individuals who want to fine-tune and enhance their understanding and use of the LOCUS. Ideal for users of the LOCUS, LOCUS trainers, and organizational supervisors.

Fee: \$0

Quality & Outcome Measurement with the LOCUS: 1:00 PM – 3:30 PM

Audience: Supervisors, Quality Specialists and Managers, Utilization Management, Organizational Leadership

Description: Statewide LOCUS implementation is not without its challenges. This workshop is designed to help organizational leadership define and implement outcome measures associated with the LOCUS. We will explore how use of data capture and analysis supports systemic change to achieve positive outcomes for the individuals served.

Fee: \$0

Education & Training Resources from Great Lakes MHTTC



MHTTC

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

Weekly Update readers may remember that the Community Mental Health Association of Michigan (CMHA) is the Michigan partner of the SAMHSA-funded **Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC)**. The Great Lakes MHTTC, in partnership with CMHA, provides education 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 to be highlighted via new weekly series in CMHA Weekly Update

This month, 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

Message from Abilita to audit telecom costs

The impact of COVID-19 has already caused a significant economic impact in Michigan and may force difficult decisions to balance budgets. We believe now is a good time to audit your telecommunications costs for cost reduction. CMHA has endorsed Abilita since 2009 to monitor and implement savings with [satisfied](#) results according to a survey of their clients. Contact us or Abilita directly for additional information at abilita.com/cmha

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: The Do's and Don'ts of Telehealth

As more organizations adopt telehealth to ensure access to and continuity of care due to the novel coronavirus, some clinicians may be hesitant about how to best implement this service with their clients.

Read our latest blog, The Dos and Don'ts of Telehealth, to get advice from innovaTel Telepsychiatry experts, Liberty Eberly, D.O., Chief Medical Officer and Co-founder, and Lauren Lashbrook, Director of Strategic Partnerships, on creating the best telehealth experience.

[Read the Blog](#)

Also check out our telehealth resource page to get unlimited access to our free telehealth course series, webinars, blogs, and 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 Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org

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

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

Audrey Daul, Administrative Assistant, adaul@cmham.org

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

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