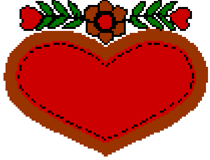
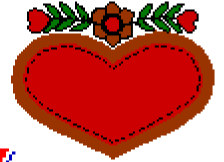
Northeast Michigan Community Mental Health Authority

Board Meetings - February 2019





Happy Valentine's Day !

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

Board Meeting, Thursday, February 14 @ 3:00 p.m.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
February 14, 2019 at 3:00 p.m.
A G E N D A

I. Call to Order
II. Roll Call & Determination of a Quorum
III. Pledge of Allegiance
IV. Appointment of Evaluator
V. Acknowledgement of Conflict of Interest
VI. Information and/or Comments from the Public
VII. Educational Session – Special Presentation .... All

VIII. Approval of Minutes .... (See pages 1-4)

IX. Consent Agenda .... (See page 5)
1. Grants and/or Contracts
a. District Health Department #4 – TB Test Administration
b. Blue Cross Blue Shield Renewal

X. February Monitoring Reports
1. Treatment of Consumers 01-002 .... (See pages 6-49)
2. Staff Treatment 01-003 .... (See pages 50-51)
3. Budgeting 01-004
a. Final FY18 .... (See page 52)
b. November 2018 .... (See page 53)
c. December 2018 .... (Available at the meeting)
4. Financial Condition 01-005
a. Final FY18 .... (See page 54)
b. 1st Quarter FY19 .... (Available at the meeting)
5. Asset Protection 01-007 .... (Postponed due to late onset of Audit)

XI. Board Policies Review and Self Evaluation
1. Asset Protection 01-007 .... [Review] .... (See pages 55-56)
2. Board Committee Principles 02-005 .... [Review & Self Evaluation] ... (See page 57)
3. Delegation to the Executive Director 03-002[Review & Self Evaluation]. (See pages 58-59)

XII. Linkage Reports
1. Northern Michigan Regional Entity
a. January 24th Board Meeting Report .... (Verbal Report)
2. Consumer Advisory Council .... (See pages 60-63)

XIII. Operational Report .... (See page 64)

XIV. Chair's Report
1. Board Member Recognition in March .... (Verbal Report)

XV. Director's Report
1. Director's Report Summary .... (See page 65)
2. Endowment Fund Grant Awards .... (See page 66)
3. QI Council Update .... (See pages 67-76)

XVI. Information and/or Comments from the Public

XVII. Next Meeting – Thursday, March 14 at 3:00 p.m.
1. Set March Agenda .... (See page 77)
2. Meeting Evaluation .... All

XVIII. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

January 10, 2019

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski

Absent: Roger Frye (excused), Judy Jones (excused), Judy Hutchins

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Lynne Fredlund, Ruth Hewett, Mark Hunter, Cheryl Jaworowski, Cathy Meske, Nena Sork, Jen Whyte

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Pat Przeslawski as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

There were no comments presented. Gary Nowak introduced Mark Hunter who will be replacing Judy Hutchins as Alpena County Board Representative in April 2019.

VII. Approval of Minutes

Moved by Albert LaFleche, supported by Bonnie Cornelius, to approve the minutes of the December 13, 2018 meeting as presented. Motion carried.

VIII. Educational Session – CARF

Lynne Fredlund provided Board members with an overview of the CARF Governance Standards. This Agency will be surveyed by CARF sometime between May 1 and June 30 of this year.

The Agency needs to be accredited by a body such as CARF so the State recognizes the Agency to be in compliance with expected standards of a community mental health program. She notes the area of standards addressing Board governance is the Aspire to Excellence Section. She informed Board members the agency is accredited in 21 programs. Lynne reported one program included in the 21 programs is Clubhouse which was recently transferred to Touchstone for management. Touchstone will now seek independent accreditation through CARF and will have this calendar year to complete the accreditation process.

Lynne Fredlund noted there will be at least two Board members who will meet with the CARF surveyors and possibly more. Lynne Fredlund reported Board Governance contains seven standards which it must meet. Lynne Fredlund reviewed each of the standards and the location of evidence to address each standard. She noted she was unable to find evidence of Code of Ethics signatures for Board members. Gary Nowak suggested a form be developed to present to the Board for signature.

Lynne Fredlund reported binders are developed to address the various standards with copies of any document providing evidence of each standard. Board members participating in the survey process will be provided a copy of the binder prior to their meeting with the surveyor.

Judy Hutchins arrived at 3:20 p.m.

IX. Consent Agenda

1. **Contract**
   a. **MiDeal Member Agreement**

      Moved by Pat Przeslawski, supported by Steve Dean, to approve the Consent Agenda as presented. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Judy Hutchins, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Roger Frye, Judy Jones. Motion carried.

X. January Monitoring Reports

1. **Emergency Executive Succession 01-006**
   Steve Dean inquired as to the summary statement "…staffing restructuring is currently underway. He inquired as to whether Board members are aware of the restructuring. Cathy Meske reports restructuring is always looked at when vacancies occur and the Department continues to fund based on PMPM and also the ABA services have not been covered entirely by the state funding. She reports it is very important to always look at efficiencies when vacancies occur as we must get our budget to match the PMPM.

   Moved by Lester Buza, supported by Albert LaFleche, to accept the January monitoring reports as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. **Emergency Executive Succession 01-006**
   Board members reviewed the policy. There were no recommended revisions or any further discussion on this policy.

2. **Chief Executive Role 03-001**
   Board members reviewed the policy. There were no recommendations for revisions.

XII. Linkage Reports

1. **Northern Michigan Regional Entity (NMRE)**
   a. **Board Meeting December 12, 2018**
      The minutes of the last Board meeting of the NMRE were distributed with materials at this meeting. Cathy Meske reported budget discussions occurred at this meeting along with SUD budgets. She noted the Veterans Navigator role was also addressed. The NMRE will be relocating to Gaylord in the near future.

XIII. Operation's Report

Nena Sork reviewed the Operation's Report for month ending December 31, 2018. She reports some of the numbers for December will be lower due to the holidays and also staff vacations during the month.

Nena Sork reported effective January 1 the after-hours crisis line was transferred from Third Level to ProtoCall. She reports under the new provider, Masters' Level clinicians field the calls and many of the pre-screens should be diverted. She notes she will be tracking the stats on this over the next few

months to determine the success of this goal. She notes the number of hospital prescreens should decrease.

Nena Sork also reported myStrength training occurs next week and the Agency will go live in mid-February. She would like to present this training to the Board after all is up and running. She notes aggregate reports will be able to be retrieved and the reports can be broken down by counties.

XIV. Chair's Report

1. Executive Committee Update

Gary Nowak reported the Executive Committee met in December as there is a requirement for the Director to provide a six-month notice with her retirement from the Agency.

Lisa Anderson reported the job was advertised in all the newspapers in the northern area. It is posted on the Agency's external website. Gary Nowak suggested Lester Buza and Laura Gray be the Consumer Advisory Council representatives to participate in the Selection Committee, if available. The Selection Committee identified in the CEO Search Process may need to be adjusted as there might be members applying for the position which would constitute a conflict of interest. He reports the candidates will be vetted and four applicants identified by the Selection Committee will be interviewed by the full board. Lisa Anderson reported any external applicants will be requested to fill out an agency application so some preliminary background checks can be conducted prior to interviews being scheduled.

XV. Director's Report

1. NEMROC Update

Cathy Meske reported the NEMROC contract has been signed; however, there was some challenges identified in past practice and our current expectations for the transition from consumers moving from employment in enclaves to competitive integrated employment. Cathy Meske reviewed the issues of concern noting the new contract is drafted providing incentives for accomplishing various goals.

Currently 33 individuals are provided employment services through NEMROC with 22 of those individuals working in an enclave. She reported the contract provides incentive dollars for work toward establishing employment options outside of the enclave practices and where individuals employed would be paid from the employer where the services are being provided. Currently NEMROC is the employer of record for these 22 individuals She reports the letter received from the NEMROC Board noting their concerns will be filed with the contract correspondence.

2. Touchstone LLC

Cathy Meske reports the transition of clubhouse services has transitioned nicely. She reports the new provider has hired three of the previous staff from Clubhouse. They are still looking for a director with a potential candidate identified.

3. OPEIU

Cathy Meske reported Charles Terry past away around the holidays and flowers were sent from the Board and Staff of Northeast to the OPEIU office.

4. Director of Department

Cathy Meske reported Governor Gretchen Whitmer appointed Robert Gordon as the new director for the Michigan department of Health and Human Services. He was previously associated with President Obama serving as acting deputy director at the U.S. Office of Management and Budget and was also involved in the U.S. Department of Education.

Gary Nowak inquired about Lynda Zeller. Cathy Meske noted Ms. Zeller is not with the Department any longer and now works for the Michigan Health Endowment Fund.

XVI. Information and/or Comments from the Public

There was no additional information provided

XVII. Next Meeting

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

1. Set February Agenda

The February agenda items were reviewed. The special education session planned for the December meeting will be held in February.

XVIII. Evaluation of Meeting

Pat Przeslawski provided the evaluation of the meeting noting the CARF educational session was very informative. She noted Lynne Fredlund is a very good presenter. She also noted the information from the Operation Report was informative.

She noted the Board will need to follow-up in developing a Code of Ethics for Board members to sign to satisfy CARF standards. This will be an assignment to the Director for next month.

XIX. Adjournment

Moved by Steve Dean, supported by Albert LaFleche, to adjourn the meeting. Motion carried. This meeting adjourned at 3:55 p.m.

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Bonnie Cornelius, Secretary

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Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members

FROM: Cathy Meske

SUBJECT: Consent Agenda

DATE: February 4, 2019

1. **Contracts/Agreements**
   a. **District Health Department #4**
   This Agreement is with the District Health Department #4 for administration of TB tests for Agency staff. Staff are required to obtain a TB test every three years. Upon implementation of this requirement, a large group of employees received their test around this time. This agreement covers for 50 employees to receive the test at a cost of $16.00 per test. Due to timeframes the TB Clinic was conducted on January 29th.

   b. **Blue Cross Blue Shield of Michigan**
   The renewal documents for the Agency's Blue Cross Blue Shield of Michigan Agreement now requires the Director to electronically sign the agreements through DocuSign. This covers the health care benefits which are self-funded. The Director was required to electronically sign this Agreement on January 23, 2019.

Recipient Rights Advisory Committee Minutes
January 16, 2019

The meeting was called to order at 3:20 p.m. in the Administrative Conference Room, NEMCMH, 400 Johnson Street, Alpena, Michigan on January 16, 2019 by Chair Pat Przeslawski.

Present:	Patricia Przeslawski, Renee Smart-Sheppler and Lorell Whitscell
Absent:	Tom Fredlund (excused), Judy Jones (excused), Steve Dean
Staff:	Ruth Hewett
Guests:	None.

I. Old Business. None.

II. New Business.
COMMITTEE COMPOSITION SURVEY: A new committee member should be in place by the next meeting and a new composition survey will be completed at that time. Renee announced she has left her long term position as supervisor at the Blue Horizon home and has transferred as SIS assessor. Although she has changed positions, she will continue to serve on the committee.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the first quarter of FY 18-19, 10/1/18 – 12/31/18. Complaints totaled 14 of which 13 were opened for investigation and 1 contained no Code protected right. There were 6 substantiations. All investigations were completed with one pending remedial action. It was noted this quarter is the lowest number of complaints in at least the last 5 quarters. Renee moved to review the report, supported by Lorell, motion carried.

III. Educational Session. Ruth presented the revised New Hire Rights Training material, newly approved by MDHHS-ORR following the state audit in August. This information is being used as orientation for all new hires. Within 30 days of hire, direct support staff attend a face-to-face 4 hour class with Ruth and all other staff meet face-to-face, one-on-one with Ruth for a 1 hour class. Pat recommended all committee members read the training and be prepared to discuss it at the April meeting.

III. Other Business.
The next meeting will be April 17, 2019 in the Admin Conference Room immediately following the RRAC meeting for Pointe East at 3:15 p.m.

IV. Adjournment.
Renee moved to adjourn the meeting, supported by Lorell. The meeting adjourned at 3:53 p.m.

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Patricia Przeslawski, Chairperson

Ruth Hewett, Recorder

Northeast Michigan Community Mental Health Authority
400 Johnson Street, Alpena, MI 49707
989-358-7847

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: October, November & December 2018:

I. COMPLAINT DATA SUMMARY

A. Totals

	FY 18-19 1st	2nd	3rd	4th	FY 17-18 1st	2nd	3rd	4th
Complaints Received:	14				23	19	24	21
Investigated:	13				20	18	17	20
Interventions:	-0-				02	01	02	-0-
Substantiated:	06				13	09	10	14
Outside Jurisdiction:	-0-				01	-0-	01	-0-
No Code Protected Right:	01				-0-	-0-	04	01

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	1	1		0
Abuse II	1	1		0
Abuse III	1	1		0
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	2	2		1
Rights Protection System	0	0	0	0
Admiss/Dischrg-2ND Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	0	0	0	0
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	0	0	0	0
Suitable Services	8	8	0	5
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	13	13	0	6

C. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from prev qtr:		
Treatment Environ.	Beacon	Other: Intake process revd
Suitable Services	Beacon	Staff left prior to action/Trng
Neglect III	Centria	Written Reprimand
Suitable Serv-D & R	Beacon	Training
Suitable Serv-D & R	Beacon	Training
Treatment Planning	Centria	Training
Actions this qrtr:		
Neglect III	NEMCMH	Suspension
Suit Services	NEMCMH	Verbal Reprimand
Suit Services	NEMCMH	Pending
Suit Services	NEMCMH	Doc Counseling/Training
Suit Services-D & R	NEMCMH	Suspension
Suit Services-D & R	Beacon	Other: Notice in HR file that when employee returns to work, remedial action will be taken.

D. Summary of Incident Reports: October, November & December 2017

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

D. Prevention Activity

	Quarter	YTD
Hours Used in Training Provided	24.00	24.00
Hours Used in Training Received	5.00	5.00
Hours Used in Site Visits	-0-	-0-

E. Monitoring Activity

	Quarter	YTD
Incident Report Received	336	336

F. Source of All Complaints:

	Quarter	YTD
Recipient:	01	01
Staff:	08	08
ORR:	03	03
Gdn/Family:	02-	02
Anonymous:	-0-	-0-
Comm/Gen Pub:	-0-	-0-
Total	14	14

___________________________________ ______________

Ruth M. Hewett, Recipient Rights Officer Date

THE LEGAL BASIS OF RIGHTS

OBJECTIVES:

As a result of reading this section you will be able to:

- Understand the rights guaranteed to all United States citizens
- Understand the rights guaranteed to all persons receiving mental health services in Michigan

Key Points:

- Persons who receive mental health services have the same rights as you. It is important to understand where rights come from, what they are, and what additional rights are granted to recipients of mental health services in Michigan.

You have heard, and perhaps used, such expressions as: "I know my rights!," "That's against my rights!," or "I have the right to do that!" In our democratic society, rights are extremely important, particularly when we think ours have been violated! A right is defined as:

"That which a person is entitled to have, to do, or to receive from others, within the limits prescribed by law"[1]

Therefore, in order to qualify as a "right," something must be defined by law, and have a legal means of protecting it.

The "rights" described in this module are some that are protected by the Constitution of the United States, the Michigan Constitution, or by Federal and State laws such as the American with Disabilities Act or the Michigan Mental Health Code. Remember, the people you care for still have these rights, even though they are receiving mental health services. Some of these include:

-The Right to Religious Expression

- To practice the religion of one's choice
- Not to attend any religious services against one's wishes
- Not to be discriminated against based upon one's religious beliefs

-The Right to Freedom of Speech

- To speak freely and to write, or express, one's views without restrictions
- To make and receive phone calls, in private
- To send and receive mail without censorship

-The right not to be discriminated against because of race, sex, national origin, or disability

-The right to vote

-The right to have a free public education

The **Michigan Mental Health Code** says that persons who receive mental health services in Michigan have some additional rights to assure that they receive mental health services suited to their condition in a humane environment in the least restrictive setting. The "Code" also says that, under certain circumstances, some of these additional rights may be limited.

The additional rights granted by the Code are:

- The right to be free from abuse or neglect
- The right to independent evaluations and consultations, and to see a private physician or healthcare professional at any reasonable time
- The right to be treated with dignity, to be treated without discrimination, to have privacy, to practice one's religion, and to get paid for work that is done
- The right to send and receive mail; have visitors, use the telephone, and get legal advice

[1] Black's Law Dictionary

- The right to have information about the person receiving treatment kept confidential
- The right to have access to information contained in the clinical record[2]
- The right to a hearing, to be represented by an attorney, and to discharge planning that assures appropriate mental health services are provided in the least restrictive setting
- The right to be treated in a safe, sanitary, and humane environment
- The right to access his or her own funds, and to be able to use them as they see fit
- The right to have personal property safely kept and to have any rules regarding any limitations on using it clearly stated, consistent, and posted in a place where all can see
- The right not to be forced or coerced to take medication, or take more medication than desired, and the right to be provided with informed consent regarding medication and possible side effects
- The right to exercise his or her civil rights, which includes:
    - To conduct business affairs to maximum extent possible,
    - To be presumed competent unless a guardian has been appointed,
    - To not be subject to illegal search and seizure, and
    - To participate in an election.
- The freedom of movement of a recipient shall not be restricted more than necessary to provide mental health services, to prevent injury to himself, herself or others, or to prevent substantial property damage
- The right to have a written plan of service developed through a person-centered planning process. Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals, as the individual desires or requires
- The right to refuse treatment unless the law requires it and a court orders it

As indicated above, the Mental Health Code says that some of the rights it grants to recipients can't be limited. The "unlimitable" rights are:

- Freedom from abuse and neglect
- Treatment suited to condition
- Dignity and respect
- Safe, sanitary, humane treatment environment
- IPOS developed using a person-centered planning process
- Contact with attorneys regarding legal matters

The Code also provides that some rights it gives can be modified under certain circumstances. These are:

- Communication by mail, phone, visits
- Personal property
- Money
- Freedom of movement
- Confidentiality/privilege

[2] The Mental Health Code requires that, upon request, a competent adult recipient (meaning the recipient has no guardian) be given information entered in their record after March 29, 1996, without exception (MHC 330.1748 (4)).

- Consent to treatment

and they can only be modified through the use of **restrictions or limitations**.

Restrictions are made for all the recipients in a particular setting and are determined by policy. For example, there may be a restriction on the hours that a phone call can be made or what personal items a recipient can have in the home. **Restrictions must be clearly posted where everyone can see them.**

Limitations are placed on an individual and can only be made through the person-centered planning process, and reviewed and approved by the Behavior Support Committee. In the recipient's record you should find:

- A description of the behavior and the limitation
- A time limit on the limitation
- An indication that previous measures to stop the behavior were unsuccessful
- An indication that the limitation is the least restrictive or intrusive action possible
- Measures to reduce or eliminate the behavior (this is the action you will take when the behavior occurs)

ABUSE AND NEGLECT

<u>OBJECTIVES:</u>
As a result of reading this section you will be able to:

- Understand what constitutes abuse and neglect
- Understand what to do in order to comply with laws requiring of abuse and neglect

Key Points:

- Physical management may only be used as an emergency intervention in order to prevent a recipient from harming himself, herself, or others
- Physical management shall not be included as a component in a behavior support plan
- Prone immobilization of a recipient for the purpose of behavior control is prohibited, unless implementation of physical management techniques, other than prone immobilization, is medically contraindicated and documented in the recipient's record
- Time out, defined as VOLUNTARY response to a therapeutic suggestion to a recipient to remove himself or herself from a stressful situation to another area to regain control
- Seclusion and restraint are prohibited

The definitions of Abuse and Neglect are found in the Administrative Rules. These rules supplement the Mental Health Code and have the force of law. The Abuse and Neglect definitions have several classes and are based upon the action taken and the severity of the injury to the recipient. It is your responsibility to know the definitions and to make sure that none of the recipients in your care is ever abused or neglected.

The abuse or neglect of a recipient will not be tolerated! It is important to understand what is meant by abuse and neglect, to recognize a situation that is abusive or neglectful, and to know what the law requires you to do when you become aware that a recipient has been abused or neglected.

TYPES OF ABUSE

Class I Abuse:

- A non-accidental act or provocation of another to act which caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient

  "Sexual abuse" means any of the following:

  (i) Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, being MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and a recipient
  (ii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and a recipient
  (iii) Any sexual contact or sexual penetration between and involving an employee, volunteer, or agent of a provider and a recipient for whom the employee, volunteer, or agent provides direct services.

  "Sexual contact" means the intentional touching of the recipient's or employee's intimate part or the touching of the clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:

  (i) Revenge
  (ii) To inflict humiliation
  (iii) Out of anger

  "Sexual penetration" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, or any part of a person's body, or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

  "Serious physical harm" means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

Further definitions of abuse may also be found in the **Adult Protective Services Act**[3]

Class II Abuse:

- A non-accidental act or provocation of another to act that caused or contributed to non-serious physical harm to a recipient, or an act that could cause a recipient to suffer pain.

  "Non-serious physical harm" means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.

- A non-accidental act or provocation of another to act that caused or contributed to emotional harm to a recipient.

  "Emotional Harm" means: impaired psychological functioning, growth, or development of a significant nature as evidence by observable physical symptomatology or as determined by a mental health professional.

- An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, even though a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.

- Exploitation of a recipient by an employee, volunteer, or agent of a provider.

  "Exploitation" means an action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.

- The use of unreasonable force on a recipient with or without apparent harm.

  "Unreasonable force" means: physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:

  (i) There is no imminent risk of serious or non-serious physical harm to the recipient, staff, or others.
  (ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
  (iii) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
  (iv) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

[3] Public Act 519 of 1982

"Physical management" means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others.

Class III Abuse:

- Use of language or other means of communication to degrade, threaten, or sexually harass a recipient.

"Degrade" means to cause somebody a humiliating loss of status or reputation or cause somebody a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) degrade, debase, demean, humble, humiliate. These verbs mean to deprive of self-esteem or self-worth; to shame or disgrace. Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.

"Threaten" means to tell someone that you will hurt them or cause problems if they do not do what you want.

"Sexual harassment" means sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.

Examples of abuse:

- Any sexual contact with recipient. This means:
  - Engaging in sexual intercourse with a recipient, even if the recipient says it's ok
  - Oral sex of any nature with a recipient, even if the recipient says it's ok
  - Touching the intimate parts of a recipient for sexual gratification, even if the touching occurs over the recipient's clothes
- Hitting, slapping, biting, poking, or kicking a recipient or taking any other action which would cause pain to a recipient
- Use of weapons on a recipient
- Swearing at, using foul language, racial or ethnic slurs, or using other means of communication to degrade or threaten a recipient
- Sexually harassing a recipient
- Using the recipient's "bridge card" to purchase something for yourself
- Making remarks which could be emotionally harmful to a recipient
- Using a recipient's funds for your own purposes, for use in the home in general, or for other recipients
- Encouraging or prompting others (staff or recipients) to commit any actions that could be described as abusive

Types of Neglect

Neglect Class I means either of the following:

(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written

directives, procedures, or individual plan of service and cause or contributes to the death, or sexual abuse of, or serious physical harm to recipient.

(ii) The failure to report apparent or suspected abuse Class I or neglect Class I of a recipient.

Neglect Class II means either of the following:

(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient.

(ii) The failure to report apparent or suspected abuse Class II or neglect Class II of a recipient.

Neglect Class III means either of the following:

(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.

(ii) The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.

No actual harm has to occur to a recipient for Class III Neglect to be substantiated. It is only required that the recipient be placed at *risk* of harm.

Further definitions of neglect may be found in the **Adult Protective Services Act**

Examples of Neglect:

- Leaving a recipient, who is not able to care for himself, unattended
- Not providing the proper medication, the correct dosage of a medication, or leaving the medication cabinet unlocked
- Be aware of, or suspecting, that an abusive or neglectful situation is occurring and not reporting it to the Rights Office and to your supervisor
- Not addressing a problem behavior in the treatment plan (i.e. self-abusive behavior) which may result in harm to the recipient or to others
- Not reporting an action by another staff which you suspect or know is abusive or neglectful

REPORTING ABUSE AND NEGLECT

When you see or hear about a recipient being abused or neglected, it is important that you take action quickly. Protecting the recipient is your primary responsibility. **AND… your failure to report abuse and neglect could result in you being charged with neglect also!** At the time of shift change, staff leaving should tell you about any injuries that happened on their shift or earlier shifts. They should have documented these as well. During your first hour on duty, check to see that anything reported to you verbally was also recorded in the person's chart. Observe the people in your care for signs or changes in their condition. Look for bruises, bumps, limping,

or other obvious signs of pain or illness. This should also be done when the recipient first comes to you or returns from another setting. If you notice anything that is not explained or charted:

- Immediately report it to the designated supervisor;
- Immediately take action to protect, comfort, and get any necessary treatment for any injured person in your care;
- Record the information on an Incident Report. The first staff person who sees an unexplained injury must report it and record it. Include any signs that abuse or neglect might have been involved. Your trainer or Rights Advisor will show you how to correctly complete an Incident Report form;
- Give the report to a supervisor as soon as possible, but never later than the end of your shift;
- Report any injuries to oncoming staff.

In addition to all the reporting requirements above, the Michigan Department of Health & Human Services, Bureau of Children and Adult Licensing is responsible for investigating alleged adult foster care administration rule and/or statutory violations – including abuse and neglect – in adult foster care homes. You may also file a complaint with this bureau and can do this in any of the following ways:

- Fill Out the On-line Complaint Form at: http://www.michigan.gov/afchfa
- Mail the Complaint to: Michigan Department of Health & Human Services, Bureau of Children and Adult Licensing, Complaint Intake Unit 7109 W. Saginaw, 2nd Floor, PO Box 30650, Lansing, MI 48909-8150
- FAX the Complaint to (517) 241-1680 or
- Call the Complaint Intake Unit toll free at 1 (866) 856-0126

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PERSONNEL
(Manual Section)

RECIPIENT RIGHTS:
ABUSE AND NEGLECT
(Subject)

Approval of Policy:	Dated:
Original Inception Date:	January 12, 1995
Last Revision of Policy Approved:	
________________________________	May 8, 2009

•1 POLICY:

Any employee, volunteer, or agent of a provider of the Agency who abuses and/or neglects a consumer in any way shall be subject to immediate discipline. Complaints from a consumer or informant regarding an employee, volunteer, or agent of a provider of the Agency shall be thoroughly investigated by the Recipient Rights staff and if substantiated, immediate discipline (up to possible dismissal) shall occur.

All employees, volunteers, or agents of a provider of the Agency are responsible for safeguarding the rights of consumers; this includes protecting all consumers from abuse or neglect and the reporting of abuse and neglect. Any staff member who has knowledge of recipient abuse or neglect shall insure that it is immediately reported to the Office of Recipient Rights and other appropriate entities as required by law and in accordance with the Michigan Mental Health Code. This includes any and all incidents that the staff or volunteer has either witnessed or received report of, that constitute or may constitute abuse or neglect as defined in this policy, whether or not the staff believes the allegation to be true. Failure to report abuse and neglect shall subject the employee to disciplinary action, up to and including termination. Refer to Exhibit A for further explanation of mandatory reporting.

•2 APPLICATION:

All staff

Administrative Approval of Procedure:	Dated:
____	November 7, 2008

•6 PROCEDURE:

Mandatory Reporting of Abuse or Neglect

•6•1 APPLICATION:
All staff

•6•2 OUTLINE / NARRATIVE:

The procedure is directed to the fundamental principle that no consumer shall be abused or neglected by an employee, volunteer, or agent of a provider.

1. In the event that an employee, volunteer, or agent of a provider has reasonable cause to suspect that a consumer has been abused and/or neglected that individual must ***immediately*** report the incident to the Recipient Rights Officer. Failure to report immediately may result in disciplinary action.

2. That same individual then must take immediate action to protect, comfort, and get any necessary treatment for any injured person in their care.

3. In the case of suspected sexual abuse, care must be taken to protect the clothing of the consumer and the consumer should not be bathed/showered until after being examined by a physician (clothing and the examination's findings are considered part of the evidence).

4. After immediate care has been provided to the consumer and the supervisor has been notified, an incident report (IR) is then to be completed. Include any signs that abuse or neglect may have been involved. Give the report to the supervisor as soon as possible, but never later than the end of the shift on which the incident occurred. The supervisor shall verbally notify the Recipient Rights Officer when injuries are involved and shall route the IR immediately,

5. For criminal abuse incidents, the supervisor is to contact the Clinical Services Director and Supports Coordinator.

6. The Supports Coordinator will then assure that the Director, Recipient Rights Officer, Guardian, and appropriate police department are notified of the alleged incident.

7. The Supports Coordinator will then complete the Report on Recipient Abuse form and forward one copy to the police, one to the Recipient Rights Officer, and place one copy in the consumer's record.

8. The Recipient Rights Officer will then assure that Protective Services and the Foster Care Licensing Consultant are notified first by phone then, within the agreed upon time frame, in writing.

9. An investigation will be conducted by the Recipient Rights staff according to Personnel policy 3800, Recipient Rights System.

10. A copy of this policy and procedure shall be given to all new employees, volunteers, and providers and reviewed with them during their first day of employment for the purpose of making sure that everyone who has responsibility to our consumers has a full understanding of all its provisions. The Recipient Rights staff will insure that this policy and procedure is called to the attention of all employees, volunteers, and providers at least annually.

•6•3 CLARIFICATIONS:

•6•4 CROSS-/REFERENCES:

Mental Health Code Sections 330.1722(2), 330.1723(2)
Administrative Rules 7001 (a-c), (g-I), 7035
Michigan Penal Code, Act 328 of Public Acts of 1931
Public Acts 519, 1982; 238, 1982; 218, 1979

•6•5 FORMS AND EXHIBITS:

Exhibit A -- Mandatory Reporting Guidelines for Abuse and Neglect
Exhibit B -- Report on Recipient Abuse

SUMMARY OF ABUSE AND NEGLECT REPORTING REQUIREMENTS

	Section 722, Public Act 258 of 1974 (Mental Health Code-Recipient Abuse) Office of Recipient Rights **NEMCMH RIGHTS 989-358-7847** www.mi.gov/recipientrights	**Public Act 238 of 1975** (Child Protection Law) CHILDRENS PROTECTIVE SERVICES REPORTING HOTLINE **1-855-444-3911**	**Public Act 519 of 1982** (Adult Protective Services Act) APS PROTECTIVE SERVICES REPORTING HOTLINE **1-855-444-3911**	**Section 723, Public Act 258 of 1974** (Mental Health Code - Criminal Abuse) Police **MSP 517-332-2521**
WHERE is the report made?	**The Office of Recipient Rights** Michigan Department of Health & Human Services (MDHHS) Community Mental Health Service Programs Licensed Private Psychiatric Hospitals/Units	**Child Protective Services** Michigan Department of Health & Human Services (MDHHS)	**Adult Protective Services** Michigan Department of Health & Human Services (MDHHS)	**State Police** **Local Police** **County Sheriff**
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
***WHO* is required to report?**	All employees, contract employees, or volunteers of: Michigan Department of Community Health; Community Mental Health Services Programs; licensed private psychiatric hospitals or units.	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services; law enforcement officers and child care providers.	All employees, contract employees of: Michigan Department of Community Health; Community Mental Health Services Programs; licensed private psychiatric hospitals or unit; all mental health professionals.
***WHAT* is the criteria for reporting?**	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it.
***WHEN* must the report be made and in what format?**	A verbal report must be made immediately. A written report on an Incident Report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of oral report (330.1723).
To WHOM are reports made?	To your immediate supervisor and to the Recipient Rights Office.	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made. In the case of a school, hospital, or agency, one report is adequate.	Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report? ***YES***	Disciplinary action may be taken and you may be held civilly liable.	You may be held civilly liable. Failure to report is also a criminal misdemeanor.	You may be held civilly liable and have to pay a $500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency? ***YES***	Each of these laws requires that the designated agency be contacted, if an allegation suspected to have occurred, falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility to report to other agencies as statutorily required.			
Are there other agencies to which reports can be made? ***YES***	The Bureau of Health Systems (LARA) is responsible for investigating abuse and neglect in **nursing homes, hospitals, and home health care**. Call the NURSING HOME ABUSE HOTLINE at 1-800-882-6006. The Michigan Attorney General's Office has an **Abuse Investigation Unit** which may also investigate abuse in nursing homes. ATTORNEY GENERAL 24 Hr Health Care Fraud Hotline 1-800-24-ABUSE / 1-800-242-2873. The LARA AFC/HRQA Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call the Bureau of Community and Health Systems (LARA) Complaint Intake Unit 1-866-856-0126.			

DCH-0727 Rev. 6/2016
NEMCMH Rev. 01/2017 (RH)

Ruth M. Hewett, Recipient Rights Officer
989-358-7847 Phone 989-358-7849 Fax

RECIPIENT RIGHTS COMPLAINT

COMPLAINT NUMBER	CATEGORY

INSTRUCTIONS:
IF YOU BELIEVE THAT ONE OF YOUR RIGHTS HAS BEEN VIOLATED YOU (OR SOMEONE ON YOUR BEHALF) MAY USE THIS FORM TO MAKE A COMPLAINT. A RIGHTS OFFICER/ADVISOR WILL REVIEW THE COMPLAINT AND MAY CONDUCT AN INVESTIGATION. KEEP THE PINK COPY FOR YOUR RECORDS AND SEND THE OTHER COPIES TO THE RIGHTS OFFICE AT YOUR CMH SERVICES PROGRAM, HOSPITAL, OR TO:

NORTHEAST MICHIGAN CMH
400 JOHNSON STREET
ALPENA, MI 49707
ATTN: RUTH HEWETT, RRO

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF RECIPIENT RIGHTS
LEWIS CASS BUILDING
LANSING, MI 48913

COMPLAINANT'S NAME	**RECIPIENT'S NAME (**If different from complainant)
WHERE DID THE ALLEGED VIOLATION HAPPEN?	**PHONE NUMBER**
COMPLAINANT'S ADDRESS	**WHEN DID IT HAPPEN? (**Date and time)

WHAT RIGHT WAS VIOLATED?

DESCRIBE WHAT HAPPENED

WHAT DO YOU WANT TO HAVE HAPPEN IN ORDER TO CORRECT THE PROBLEM?

COMPLAINANT'S SIGNATURE	**DATE**	**NAME OF PERSON ASSISTING COMPLAINANT**

DCH-0030 2/97 REPLACES DCH-2500
DISTRIBUTION: WHITE – ORR CANARY – Provider PINK – Complainant

AUTHORITY: P.A. 258 OF 1975
AS AMENDED BY P.A. 290 OF 1995

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PERSONNEL
(Manual Section)

RECIPIENT RIGHTS:
INCIDENT REPORTS
(Subject)

Approval of Policy	Dated:
Original Inception Date:	January 11, 1996
Last Revision of Policy Approved:	March 7, 2008

•1 POLICY:

It is the policy of the Agency that staff document any unusual, out-of-the-ordinary events that occur in a program. Incident reports ensure this and are used for the following purposes:

1. to monitor that treatment is suited to the needs of the recipient;
2. patterns of behavior that require intervention are detected early;
3. agency-wide or program-specific problems, like safety issues, are dealt with;
4. needed staff training is developed.

Incident reports are legal documents and may not be destroyed. They are administrative documents that are confidential. They are not subject to court subpoena and are not public documents as defined by Section 300.1748(9) of the Mental Health Code (Revised). They are prepared and used for the purposes of peer and supervisory review and quality control.

•2 APPLICATION:

All employees, all recipients, all providers – licensed or unlicensed.

•3 DEFINITIONS:

INCIDENT: An occurrence that disrupts or adversely affects the course of treatment or care of an individual. Examples include:

1. Serious injury of recipients and incidents which could have caused serious injury; which includes serious unexplained injuries and serious injuries resulting from the application of physical management.
2. Non-serious injury which appears to involve abuse or neglect of a recipient.
3. Suspected abuse or neglect of a recipient.
4. Repeated behaviors which are not addressed in a plan of service.

5. Sexual abuse, which means contact or sexual penetration between a recipient and an employee; a recipient and another person, when that other person is providing authorized care and/or supervision to that recipient; and a recipient and another recipient when one does not consent.
6. Incidents involving sexual misconduct.
7. First-time occurrences, such as seizures, fire-setting behavior, etc.
8. Medication errors and medication refusals.
9. Every use of physical intervention not covered in a behavior program.
10. Any significant event in the community involving a recipient.
11. A traffic accident involving recipients.
12. A recipient leaving the home without permission or notice.
13. Recipient-to-employee injury.
14. The death of a recipient.
15. Any accident or illness that requires hospitalization (including emergency room treatment).
16. Incidents of displays of serious hostility.
17. Incidents that involve hospitalization.
18. Attempts at self-inflicted harm or harm to others.
19. Instances of destruction of property.
20. Incidents that involve the arrest or conviction of a resident (as required pursuant to the provisions of section 1403 of Act 322 Public Acts of 1988.

LICENSED: A home that has been issued a license to operate as an adult foster care home.

•4 CROSS-/REFERENCES:

•5 FORMS AND EXHIBITS:

Date Received: ______________________
Date Reviewed:____________Initials:____
Action: ____No Follow-Up Needed
____Phone Call Follow-Up
____ SI Opened

INCIDENT / ACCIDENT REPORT

Michigan Department of Licensing and Regulatory Affairs
Adult Foster Care and Camp Licensing Division

Name of Facility/Home	License Number	Name of Person Directly Involved	☐ Resident ☐ Employee ☐ Visitor
Facility Address		Address	
Facility Phone		City/State/Zip Code	
Licensee Name		Phone	Case Number (if applicable)

OTHER PERSON(S) INVOLVED/WITNESSES:

Name	☐ Resident ☐ Employee ☐ Visitor	Name	☐ Resident ☐ Employee ☐ Visitor
Name	☐ Resident ☐ Employee ☐ Visitor	Name	☐ Resident ☐ Employee ☐ Visitor

FACTS OF THE INCIDENT *(ATTACH ADDITIONAL PAGES AS NEEDED)*:

Date of Incident	Time : ☐ AM ☐ PM	Name of Employee Assigned to Resident (if Applicable)		Location of Incident (Kitchen, Yard, etc.):
Explain What Happened / Describe Injury (if any):				
Action taken by Staff / Treatment Given (Attach separate sheet if necessary):				
Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):				
Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time : ☐ AM ☐ PM	
Physician's Diagnosis of Injury, Illness or Cause of Death, if known				

PERSON(S) NOTIFIED:

AFC Licensing	Notification Date/Time Written Notice / Date:	Adult Protective Services (if applicable)	Notification Date/Time
Physician or RN (if applicable}	Notification Date/Time	Office of Recipient Rights {if applicable}	Notification Date/Time
Responsible Agency	Notification Date/Time Written Notice / Date:	Law Enforcement Agency {if applicable}	Notification Date/Time
Designated Representative/Legal Guardian	Notification Date/Time Written Notice / Date	Other {please specify}	Notification Date/Time

SIGNATURE(S):

Signature of Person Completing Report	Print Name and Title	Date
Signature of Licensee/Administrator	Print Name and Title	Date

BCAL-4607 (Rev. 7-15) Previous edition (4-15) may be used. **COPY DISTRIBUTION:** Resident Record, Licensing Consultant, Responsible agency (if required by rule) and Designated representative.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH **INCIDENT REPORT**		RECIPIENT NAME CASE NO.
REPORT DATE	TIME	AGE/BIRTHDATE
AGENCY NAME		SEX
WORK AND LIVING UNIT NAME		PRINT OR USE ADDRESSOGRAPH PLATE

WHEN DID YOU DISCOVER INCIDENT (Date & Time) ☐ AM ☐ PM	WHEN DID IT HAPPEN (Date & Time) ☐ AM ☐ PM	WHERE DID INCIDENT HAPPEN (Building, Location) ☐ AM ☐ PM
RECIPIENT(S) INVOLVED		OTHER RECIPIENT(S) PRESENT
EMPLOYEE(S) INVOLVED AND/OR PRESENT		
EXPLAIN WHAT HAPPENED		
ACTION TAKEN BY STAFF		
PHYSICAL INJURY APPARENT? ☐ YES ☐ NO	REPORTING PERSON'S SIGNATURE & TITLE	DATE

IF INJURY, DESCRIPTION OF INJURY BY PHYSICIAN OR R.N. DESCRIPTION OF TREATMENT OR CARE GIVEN			
DATE & TIME CARE GIVEN ☐ AM ☐ PM	EXTENT OF INJURY AT THIS TIME ☐ SERIOUS ☐ NON-SERIOUS	PHYSICIAN'S OR R.N. SIGNATURE	DATE
IF SERIOUS INJURY: DATE & TIME DIRECTOR OR DESIGNEE NOTIFIED ☐ AM ☐ PM	IF SERIOUS INJURY: DATE & TIME RIGHTS ADVISOR NOTIFIED ☐ AM ☐ PM	PHYSICIAN'S OR R.N. SIGNATURE	DATE

DESIGNATED SUPERVISOR (State program or administrative action to remedy and/or prevent reoccurrence of incident, including disciplinary action)	
NAME OF EMPLOYEE ASSIGNED TO RECIPIENT AT TIME OF INCIDENT	DESIGNATED SUPERVISOR'S SIGNATURE

WITHIN 24 HOURS, DISTRIBUTE: WHITE COPY -- Director (Return to recipient Records)
YELLOW -- Rights Advisor
PINK -- Agency

DCH-044 5/9
Replaced DMH-2550

CONFIDENTIALITY

OBJECTIVES:
As a result of reading this section you will be able to:

- Define confidentiality and informed consent
- Identify rules you must observe when sharing information about a recipient
- Recognize instances when confidentiality has been violated

Key Points:

- Information shall not be disclosed unless it is germane to the authorized purpose
- For recipients with a guardian and those under age 18, information can be withheld if a physician determines it would be detrimental

The right to confidentiality is one of the most important rights granted to recipients. Each mental health service provider is required to have policies and procedures which provide for maintaining the confidentiality of those receiving services. Each recipient is entitled to confidentiality when seeking the services of a lawyer, a doctor, or other mental health services professional. In order to assure the confidentiality of recipients, all staff must protect written and unwritten information gained while providing mental health services.

The Mental Health Code requires that:

- Every recipient is informed about the law requiring confidentiality
- A record is maintained of any information about the recipient that is disclosed. This record must indicate what information was released, to whom it was released, and the reason for the release
- Under certain circumstances, the release of information may be delayed, or even withheld. However, a competent adult recipient is entitled to receive any and all information contained in his or her record subsequent to March 28, 1996.

Some information can be provided to legal and medical personnel who provide services to the recipient, without obtaining a release of information. However, this information is limited to that which relates to the services being provided.

There are times when it is appropriate to disclose information about a recipient. Some of these are:

- When the person agrees, by signing a release of information and the person who requested the information has a legitimate need for the information
- To mental health, or other public agencies, where there is a strong chance that the recipient or others will be seriously hurt if no action is taken. The agency director is consulted before any information is given
- To other agencies such as Social Security or the Department of Health and Human Services when necessary in order for service providers to receive payment
- When required by court order, or to comply with the law
- To a prosecuting attorney when necessary to participate in proceedings governed by the Mental Health Code, for example, a civil commitment proceeding
- To the recipient's attorney when the recipient has given written consent
- To the surviving spouse of a recipient in order to apply for and receive benefits, but only if the surviving spouse has been appointed personal representative of the estate by the court

Confidentiality is a right of every recipient of mental health services. **Everyone involved with the delivery of services must work to maintain and protect this right.** All information in a person's record, and any information about the person discovered while providing services, is

confidential. Written consent of the recipient, or the recipient's guardian, is required before giving out any information.

A recipient cannot simply agree to have confidential information released. In order for a release of information to be valid, it must be given with **Informed Consent**[4]. This means the recipient:

- Has the legal capacity to give consent
- Is not pressured in any way to give consent
- Is able to understand what information he/she is agreeing to release
- Understands the risks, benefits and consequences of agreeing, or not agreeing, to the release of the information requested

A person who has a guardian is not legally capable of giving informed consent. In most cases involving children, informed consent must be obtained from their parents. Generally, decisions about release of confidential information are made by clinical or management staff. However, there are many times when you must make immediate decisions regarding the release of a recipient's confidential information. **Don't let anyone pressure you.** Even if someone gets upset because you don't give out information they were entitled to, your first responsibility is to the recipient. Each agency has its own rules to ensure employees follow confidentiality guidelines. Sometimes, you may not be aware that you are violating the confidentiality of recipients. If you have questions about releasing information, or whether someone is authorized to receive information, check with your supervisor.

The following items are considered confidential:

- Recipient's name and any personal identifiers
- Whether or not a person is receiving services
- All information in the record
- Photographs/videotapes/audio-recordings
- Any information learned while providing service

This information cannot be released unless there is a signed release of information.

Protecting confidentiality means that, when you are not at work, you cannot talk to anyone about what happened with a recipient. When at work, you cannot discuss any information with those who are not authorized to receive it. It also means that you have a responsibility to make sure that unauthorized persons are not able to identify recipient.

Telephone inquiries requesting information about a recipient should be responded to with providing a general statement that staff will take the information and if the individual is a recipient, staff will pass it on to the treating professional. If the individual is not a recipient, the

[4] All of the following elements of informed consent: (a) legal competency (b) knowledge (c) comprehension (d) voluntariness (Administrative Rule 330.7003)

information will be shredded. If you are in doubt as to what to do, refer the caller to your supervisor or to the rights office.

Agency protocol regarding providing information to the police should be responded to with a polite response that per the Mental Health Code, staff cannot provide any information without a signed release of information or a judge-signed court order. If staff requested police assistance, staff may provide the justifying information as to why law enforcement was called. For example, a recipient has left the adult foster care home and cannot be located. Identification may be given to assist the police in their search. For additional information, refer to the Agency's policy on confidentiality.

Michigan Protection and Advocacy (MPAS) may have access to recipients' records of all of the following:

- A recipient, if the recipient, the recipient's guardian with authority to consent, or a minor recipient's parent with legal and physical custody of the recipient has consented to the access.
- A recipient, including a recipient who has died or whose location is unknown, if all of the following apply:
    - Because of mental or physical condition, the recipient is unable to consent to the access.
    - The recipient does not have a guardian or other legal representative, or the recipient's guardian is the state.
    - The protection and advocacy system has received a complaint on behalf of the recipient or has probable cause to believe based on monitoring or other evidence that the recipient has been subject to abuse or neglect.
- A recipient who has a guardian or other legal representative if all of the following apply:
    - A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the recipient is in serious and immediate jeopardy.
    - Upon receipt of the name and address of the recipient's legal representative, the protection and advocacy system has contacted the representative and offered assistance in resolving the situation.
    - The representative has failed or refused to act on behalf of the recipient.

Listed here are some examples of how you may unknowingly violate confidentiality:

- Talking about recipients outside of work
- Referring to recipients by name when discussing work with family or friends
- Giving information over the phone to persons who say they are relatives
- Taking photographs or videotapes of recipients without permission
- Listening in on a recipient's phone calls

- Discussing information in a recipient's record with staff from another home or with other mental health or service professionals who are not authorized to receive the information
- Referring to a recipient by name in another recipient's record or on an incident report for another recipient

OTHER RIGHTS GUARANTEED BY THE MICHIGAN MENTAL HEALTH CODE

OBJECTIVES:

As a result of reading this section you will have a working knowledge of these rights:

- Individual Written Plan of Service
- Safe, Sanitary, Humane, Treatment Environment
- Fingerprinting & Photographing
- Adult Foster Care Licensing Rules
- Communications and Visits
- Entertainment Materials, Information and News
- Statement Correcting or Amending Record

Individual Written Plan of Service (IPOS)

- The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of service in partnership with the recipient
- A preliminary plan shall be developed within 7 days of the commencement of service
- The individual plan of services shall consist of a treatment plan, a support plan, or both
- A treatment plan shall establish meaningful and measureable goals with the recipient
- The individual plan of service shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, legal services, transportation, and recreation
- The plan shall be kept current and shall be modified when indicated
- If a recipient is not satisfied with his or her individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the individual plan of services, the guardian of the recipient, or the parent of a minor recipient may make a request for review to the designed individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.
- An individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process

Safe, Sanitary, Humane, Treatment Environment

- Mental Health Code requires safe, sanitary, humane treatment environment
- Adult Foster Care Licensing Rules, some of these are as follows:
    - Three regular, nutritional meals a day, no more than 14 hours between the evening and morning meals
    - All resident occupied rooms of the home will be heated between 68 to 72 degrees F during non-sleeping hours
    - Only positive-latching, non-locking against – egress door latches may be used
    - Hot and cold running water that is under pressure shall be maintained between 105 to 120 degree F at the faucet
    - Provide for resident health, hygiene and personal grooming including assistance and training in personal grooming practices, including bathing, tooth brushing, shampooing, hair grooming, shaving, and care of nails
    - Provider must supply toilet articles, toothbrush and dentifrice, opportunity to shower or bathe at least once every 2 days, regular services of barber or beautician and the opportunity to shave daily (males)

Fingerprinting & Photographing

- Prior written consent from the recipient, the recipient's guardian or a parent with a legal and physical custody of a minor recipient must be obtained before photographs are taken
- Procedures shall only be utilized in order to provide services (including research) to identify a recipient or for education and training purposes
- Photographs include still pictures, motion pictures and videotapes
- Photographs may be taken for purely personal or social purposes and must be treated as the recipient's personal property
- Fingerprints, photographs, and audio-recordings and any copies of these are to be made part of the recipient record
- Fingerprints, photographs, and audio-recordings and any copies of these are to be destroyed or returned to the recipient when no longer essential or upon discharge
- If fingerprints, photographs, or audio-recordings are done and sent out to others to help determine the name of the recipient, the individual receiving the items must be informed that return is required for inclusion in the recipient record
- This Agency does not fingerprint recipients

Communications and Visits

- Residents are allowed to use mail and telephone services
- These communications must not be censored; staff should not open mail for residents without authorization
- If necessary, funds must be provided (in reasonable amounts) for postage, stationary, telephone
- If the rules are to be established regarding telephone calls and visits, these must be reasonable and must be posted in conspicuous areas for residents, guardian, visitors, and others to see
- Limitations can be made on these rights for individuals, but only allowed in the individual plan of service (IPOS) following review and approval by the Behavior Support Committee and the special consent of the resident or his/her legal representative
- Communication by mail, telephone and the ability to have visitors shall not be limited if the communication is between a resident and his/her attorney or a court, or between a resident and <u>any other individual</u> when the communication involves legal matters or may be the subject of legal inquiry

Entertainment Materials, Information and News

- Provider must never prevent a resident from exercising this right for reasons of, or similar to, censorship

- Provider must establish written policies and procedures that provide for all of the following:
  - Any general program restrictions on access to material for reading, listening, or viewing
  - Determining a resident's interest in, and provide for, a daily newspaper
  - Assure material not prohibited by law may be read or viewed by a minor unless there is an objection by the minor's guardian
  - Permit attempts by the staff person in charge of the minor's IPOS to persuade a parent or guardian of a minor to withdraw objections to material desired by the minor
  - Provider may require that materials acquired by the resident that are of sexual or violent nature be read or viewed in the privacy of the resident's rooms

Statement Correcting or Amending Information

- A recipient, guardian, or parent of a minor recipient, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the recipient's record. The recipient, guardian, or parent of a minor recipient shall be allowed to insert into the record a statement correcting or amending the information at issue. The statement shall become part of the record.

SUITABLE SERVICES

OBJECTIVES:

As a result of reading this section you will have a working knowledge of these rights:

- Family Planning
- Mental Health Service Suited to Condition
- Choice of Physician/MHP
- Notice of Clinical Status
- Services of Mental Health Professional
- Psychotropic Drug Treatment

-Family Planning

- It shall be the policy of the Agency not to force individuals receiving services to be sexually sterilized, nor to interfere with an individual's right to be sexually sterilized if they so desire, nor to use sexual sterilization as a prior condition for release or discharge of an individual.
- The Individual Plan of Service, developed through the Person-Centered Planning process, may address family planning issues as appropriate.
- Mental health services are not contingent upon receiving family planning services. Individuals receiving services, guardians, and parents of minor children who receive services requesting information regarding sterilization, contraception, or abortion information will be referred to the health department and/or their family physician for education and information on family planning and health.
- Written notice of the right to availability of family planning and health information services shall be provided to individuals receiving services, their guardians, and parents of a minor child at intake via the "Your Rights" booklet.

-Mental Health Service Suited to Condition

- A recipient shall be given a choice of physician or other mental health professional in accordance with the policies of the community mental health services program, licensed hospital, or service provider under contract with the community mental health services program, or licensed hospital providing services and within the limits of available staff in the community mental health services program, licensed hospital, or service provider under contract with the community mental health services program, or licensed hospital.

-Choice of Physician/MHP

- A consumer of service is given a choice of physician or mental health professional within the limits of available staff, and when deemed clinically appropriate. The procedure to request a change is to submit a written request to the MHP's supervisor specifying the reason(s) for the change.

-Notice of Clinical Status

- A recipient shall be informed orally and in writing of his or her clinical status and progress at reasonable intervals established in the individual plan of services in a manner appropriate to his or her clinical condition. A recipient may access information in the clinical record via the Patient Portal at any time.

-Services of Mental Health Professional

- A recipient shall be allowed to see a mental health professional at any time.

-Psychotropic Drug Treatment

- Before initiating a course of psychotropic drug treatment for a recipient, the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following:

    a. Explain the specific risks and the most common adverse effects that have been associated with that drug.
    b. Provide the individual with a written summary of the most common adverse effects associated with that drug.

INVESTIGATING RIGHTS ALLEGATIONS

<u>OBJECTIVES:</u>
As a result of reading this section you will be able to:

- Understand the role of the Office of Recipient Rights
- Understand the process whereby allegations of right violations are investigated
- Understand the rights of appeal provided by the Mental Health Code

Key Points:

- If you become aware that a recipient's rights may have been violated, YOU MUST REPORT this information to the Rights Office. Anyone can file a complaint on behalf of a recipient.
- The decision about what happens to a staff person who has committed abuse or neglect, or otherwise violated the rights of a recipient, rests with the employer.
- The standard of preponderance of evidence is necessary in order to substantiate a violation of a recipient right. Preponderance of evidence means a standard of proof which is met when based upon all the available evidence, it is more likely that a right was violated than not; given the greater weight of evidence, not as to quantity (number of witnesses), but as to quality (believability and greater weight of important facts provided).

THE OFFICE OF RECIPIENT RIGHTS

Most employees do not intentionally abuse, neglect, or violate the rights of recipients. The Office of Recipient Rights protects recipients from the few that do. Each Department of Health and Human Services hospital or center, Community Mental Health Services Program, and licensed private hospital has a Recipients Rights Officer. The Rights Officer from the local Community Mental Health Board reviews all allegations of rights violations and all incident reports involving recipients in their jurisdiction. The Office may investigate, and can make recommendations about remedial action to the service provider and the responsible Community Mental Health Service Program. Rights Officers often serve as advocates for individuals and groups of recipients. You can contact the local Rights Office at:

(989) 358-7847 Ruth Hewett

Roles of the Rights Office

- Prevention – ORR provides consultation on rights related matters to staff and recipients. If you have a rights question, call us!
- Training – We provide numerous types of recipient rights training to staff, recipients, guardians, and others.
- Monitoring – ORR visits each service site at least annually in order to ensure the site is protecting the rights of the recipients receiving services there.
- Complaint Resolution – ORR receives, reviews, and investigates complaints of alleged rights violations. Complaints are received from a wide variety of sources.

THE INVESTIGATIVE PROCESS

When an investigation into alleged rights violations is started, the Rights Officer will have access to all documentation, and any staff, necessary to complete the investigation. You are expected to answer questions about work-related matters asked by the Rights Officer, a representative of your provider, the State Police, Department of Health and Human Services (DHHS) authorities who are conducting a review investigation.

The Mental Health Code requires that an investigation be completed within 90 day from the receipt of a complaint. A “Report of Investigative Findings” will be given to the Director of the Community Mental Health agency and to the service provider. It is up to the CMH Director to issue a report summarizing the investigation to the complainant and the recipient within 10 business days after receiving the Rights Officer’s investigative report.

Each provider should have policies and procedures for dealing with offenses. These should emphasize the seriousness of improper actions. Since procedures vary among providers, check with your supervisor or look in your policy or personnel manual.

THE APPEAL PROCESS

Upon completion of a recipient right investigation and the issuance of a summary report, the recipient, a legal representative of a recipient, and, of course, the person who made the complaint, (if that is someone other than the recipient) all have the right to appeal the decision.

This appeal can be made for the following reasons:

1. The findings of the investigation are inconsistent with the law, facts, rules, policies, or guidelines
2. The action, or plan of action, is inadequate
3. The investigation was untimely

Unless they were the complainant, staff are not eligible to file an appeal even if they were the subject of the investigation.

If the action of your local Rights Office does not solve the problem, you can contact the Michigan Department of Health and Human Services Office of Recipient Rights. If you wish to do so, write or call:

Office of Recipient Rights
Michigan Department of Health and Human Services
Lewis Cass Building
Lansing, MI 48913
(800) 854-9090

OTHER INVESTIGATIVE AGENCIES

Depending on the circumstances, several other organizations may investigate allegations of abuse or neglect. When there is a question of abuse, the Adult, or Child, Protective Services Divisions of the Michigan Department of Health and Human Services may be involved. If your home may have violated state standards, or if it may not be suitable for a particular recipient, a Michigan Department of Health and Human Services licensing consultant may investigate. Finally, if it is believed that a criminal act has occurred, the State Police or local law enforcement agency may become involved.

Recipient Rights Advisory Committee

The recipient rights advisory committee shall do all of the following:

1. Meet at least semiannually or as necessary to carry out its responsibilities.
2. Maintain a current list of members' names to be made available to individuals upon request.
3. Maintain a current list of categories represented to be made available to individuals upon request.

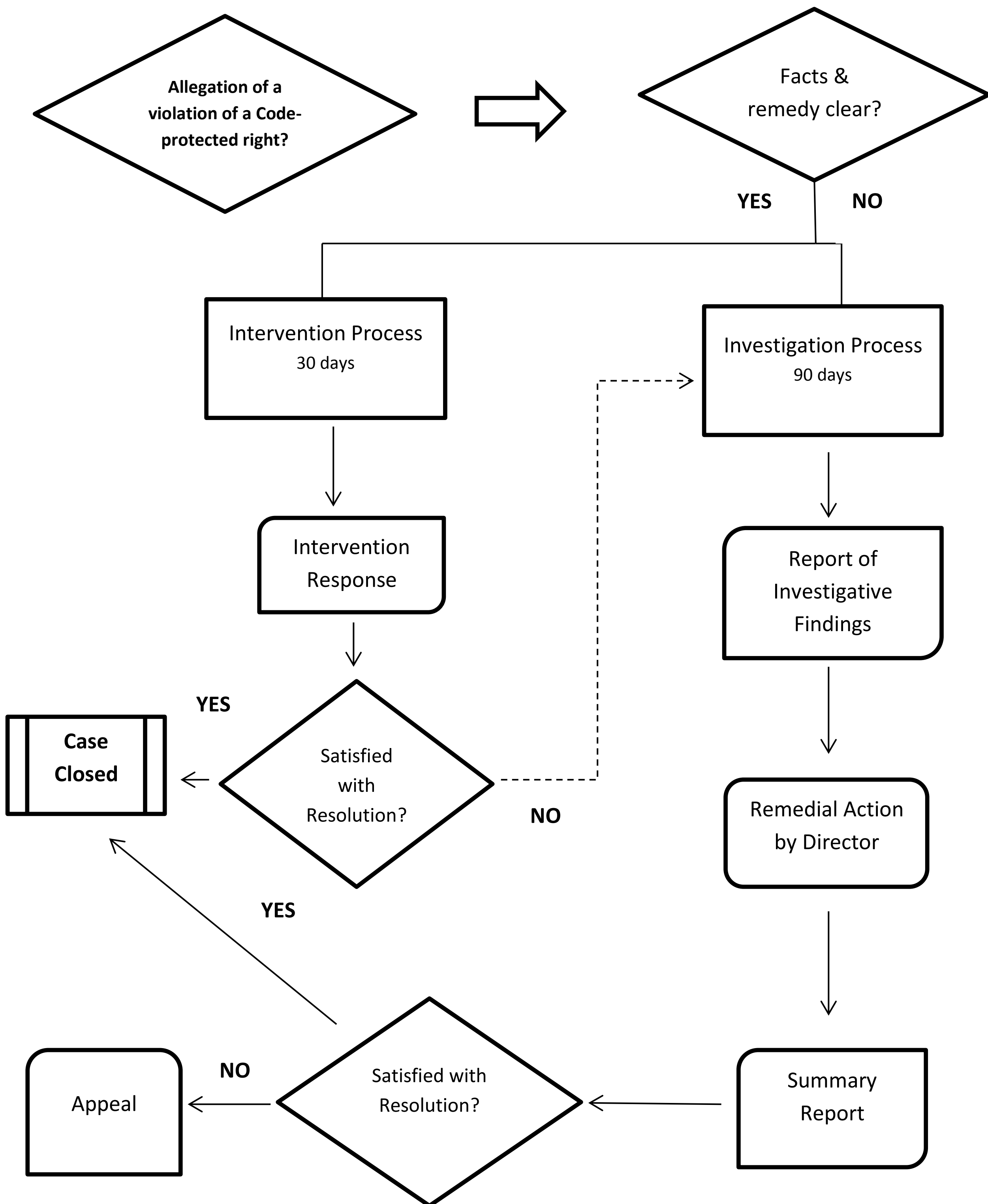
4. Protect the office of recipient rights from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions.
5. Recommend candidates for the position of rights officer to the agency director, and consult with the agency director regarding any proposed dismissal of the rights officer.
6. Serve in an advisory capacity to the agency director and recipient rights officer.
7. Review and provide comments on the annual rights report.
8. Serve as the appeals committee for a recipient's appeal.

Notification of Rights

Rights are presented and communicated to the recipients through the following methods:

- Limited English Proficiency (LEP) poster located in lobby of NeMCMHA
- Right to language interpretation, which is provided at no cost, for those consumers who do not speak English
- A video entitled "Your Rights" is available for viewing on a monitor in the NeMCMHA lobby
- A booklet will be provided entitled "Your Rights When Receiving Mental Health Services in Michigan," available in English, Hebrew, and Spanish, written at the 4th grade reading level.
- Cassettes are provided entitled "Your Rights When Receiving Mental Health Services in Michigan," in English and Spanish (4th grade level)
- Booklet entitled "Community Mental Health Guide to Services" is provided in English (4th grade level)
- If the condition of the individual upon intake is such that explanation is not feasible, then notification will be provided via mail
- Rights are reviewed annually for individuals who are in the program for longer than one (1) year. Staff will read the "Your Rights" booklet to individuals served in CMH licensed homes who are unable to read and who have guardians. Consents (DD) and Request for Services are valid for one (1) year, then renewed. All rights information is presented again. The plan of service documents the receipt of rights information
- Rights are available at all times for review and clarification. A summary of rights guaranteed by the Mental Health Code and Administrative Rules is available in all service site locations, rights language is included in contracts, and recipient rights site review forms document compliance

The Recipient Rights Investigation Process



RIGHTS AND RESPONSIBILIES

OBJECTIVES:

As a result of reading this section you will be able to:

- Understand the rights you have as an employee
- Understand the responsibilities you have as an employee
- Understand the responsibilities of recipients

Key Points:

- You have the rights which protect you from actions based on incorrect or malicious information. There are laws which protect employees when they report rights violations.

EMPLOYEE RIGHTS

The **Mental Health Code** mandates the complainants, staff of the Office of Recipient Rights, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of these activities.

The **Whistleblowers Protection Act** (P.A. 469 of 1980) protects employees who report rights violations. This law states that it is illegal for employers in Michigan to discharge, threaten, or otherwise discriminate against you regarding compensation, terms, conditions, locations, or privileges of employment because you, or a person acting on your behalf, reports, or is about to report, a violation, or a suspected violation, of Federal, State, or local laws, rules, or regulations, to a public body. It is illegal for employers in Michigan to discharge, threaten, or otherwise discriminate against you regarding your compensation, terms, conditions, locations, or privileges of employment because you take part in a public hearing, investigation, inquiry, or court action. This law does not diminish or impair either your rights, or the rights of your employer, under any collective bargaining agreement. The Act does not require your employer to compensate you for your participation in a public hearing, investigation, inquiry, or court action. The Act does not protect you from disciplinary action if you make a report to a public body that you know is false. **If you believe that your employer has violated this Act you may bring a civil action in a circuit court within 90 days of the alleged violation of this Act.** Persons found in violation of this act may be subject to a civil fine of up $500.00. If your employer has violated this Act, the court can order your reinstatement, the payment of back wages, full reinstatement of fringe benefits and seniority rights, actual damages, or any combination of these remedies. The court may also award all, or a portion of, the cost of litigation, including reasonable attorney fees and witness fees to the complainant if the court believes such an award is appropriate.

The **Bullard-Plawecki Employee Right to Know Act** (P.A. 397 of 1978) requires that you be provided written notice when your employer, or former employer, divulges a disciplinary report, letter of reprimand, or other disciplinary action given to you to someone outside your agency (unless they are representing you). This notice must be sent by first-class mail to the employee’s last known address, and must be mailed on or before the day the information is divulged. **This act provides you notice only; you cannot stop the agency from divulging the information.**

EMPLOYEE RESPONSIBILITIES

The additional rights specified by the Code are intended to protect and promote the basic human dignity of recipients. You have the responsibility to treat recipients with dignity and respect and to protect them from harm. Here are the dictionary definitions of dignity and respect:

Dignity: to be treated with esteem, honor, politeness; to be addressed in a manner that in is not patronizing, condescending or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.

Respect: to show deferential regard for; to be treated with esteem, concern, consideration, or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

Here are some examples of how you can promote the dignity and respect of recipients:

- Calling a person by his or her preferred name
- Knocking on a closed door before entering
- Using positive language
- Encouraging the person to make choices instead of making assumptions about what he or she wants
- Taking the person's opinion seriously, including the person in conversations, allowing the person to do things independently or to try new things

However, regulations don't necessarily change how people act. You must constantly remind yourself to treat people with respect. For example, you must address recipients as they wish to be addressed, give them privacy and freedom of choice. Most disrespect is unintentional – you may slip into poor practices without realizing it.

As a service provider you must ensure that the rights of people are respected and protected at all times. That means you are responsible for the following:

- Your own acts, either intentional or accidental
- Your failure to act appropriately or quickly
- Reporting abusive actions of staff to the supervisor and the Rights Officer immediately
- Reporting unsafe conditions to the Rights Officer if you are unable to resolve a situation through your supervisor
- Reporting rights violations to the Rights Officer
- Intervening to stop abusive actions of other staff

RECIPIENT RESPONSIBILITIES

Recipients also have responsibilities. They may be held legally responsible for breaking the law. For example, recipients may be civilly or criminally liable if they deliberately hurt another resident, an employee or any other person, or if they destroy or steal property. Recipients may keep personal property, but are responsible for taking care of it and for protecting it from theft or loss. Recipients also have the responsibility not to interfere with the care or treatment of others.

FAMILY RIGHTS

Families of mental health recipients have some rights specified in the Mental Health Code:

- Family members of recipient shall be treated with dignity and respect

- Family members shall be given an opportunity to provide information to the treating professionals
- Family members of recipients shall be provided an opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance and coping strategies
- Receiving information from or providing information to family members shall be carried out within the confidentiality constraints of Section 748 of the Mental Health Code.

The Office of Recipient Rights thanks you for helping to protect the rights of our recipients!

Revised 1-29-19

INTEROFFICE MEMORANDUM

TO: BOARD MEMBERS

FROM: CATHY MESKE

SUBJECT: TURNOVER REPORT

DATE: FEBRUARY 4, 2019

CC:

Attached is the Turnover Report required by Policy 01-003, Staff Treatment. This report addresses the period January 1, 2018 through December 31, 2018. The report reflects employment activity for the Board's regular employees; substitute and casual employees have not been included as their employment is, by nature, somewhat sporadic and turnover-prone. In the "Turnover by Department" section, we have included internal transfers in the attached report; i.e., a part-time employee accepting a full-time position in a different home would be considered turnover. At the bottom of the report, we have included a statistic showing turnover "Agency-wide," which reflects turnover of employees actually leaving the agency.

Turnover for 2018, including "in-house" turnover, was 25% (this is equal to the prior year); when limited to only those employees that actually left the agency, the rate is 20% (this is equal to the prior year). **For the one-year period January 2017 through December 2017, the US Bureau of Labor Statistics reports a "separation rate" of 33.2 % for employees in the classification of "Healthcare and Social Assistance." Therefore, the agency experienced a more stable workforce last year than the healthcare industry in general.

For those employees who actually left the agency, the table below shows the circumstances under which those employees left during 2018. Also shown is some detail about the reasons for the terminations.

Reason for Leaving		# of Separations
Retirement		8
Health/Disability		3
Death		1
Position Contracted Out		3
Bumped		0
Resigned		47
Termination		7
Attendance	2	
Performance	4	
Rights-related	1	
TOTAL		69

**2018 numbers are not yet released

Attachment

Turnover by Department

Division/Department Name	# at 1/1/2018	Number Hires/Transfers	Total Employees Separated/Trnsfr'd	# at 12/31/2018	Total Turnover Rate
Administration/Support Services	46	7	5	48	11%
MI Programs					
MI Program Management	4			4	0%
Psychiatry & Nursing Support	8	3		11	0%
Geriatric Services	11	1		12	0%
MI Adult Outpatient	9	1	1	9	11%
MI Adult Casemanagement	11	4	3	12	27%
MI Integrated Employment	5	1	3	3	60%
MI Adult A.C.T.	8	6	7	7	88%
Home Based Child	9	4	2	11	22%
Clubhouse	3	1	4	0	133%
MI Peer Support Services	3	1	1	3	33%
DD Programs					
DD Program Management	8	1	4	5	50%
DD Casemanagement	13		3	10	23%
DD Clinical Support	4	1	1	4	25%
DD App. Behav. Analysis Program	13	7	9	11	69%
DD Integrated Employment	13	5	6	12	46%
DD SIP Residential	47	12	12	47	26%
DD Community Support	31	4	4	31	13%
Blue Horizons	10			10	0%
Brege	12	2	4	10	33%
Cambridge	11	3	3	11	27%
Harrisville	12	2	4	10	33%
Mill Creek	11	4	4	11	36%
Pine Park	12	3	3	12	25%
Princeton	11	2	1	12	9%
Thunder Bay Heights	12			12	0%
Walnut	12	4	4	12	33%
Totals	349	79	88	340	25%

Agency-Wide Turnover

Division/Department Name	# at 1/1/2018	Number Hires	Total Employees Separated	# at 12/31/2018	Total Turnover Rate
All Employees	349	60	69	340	20%

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Twelve Months Ending September 30, 2018
100.0% of year elapsed

		Actual September Year to Date	Budget September Year to Date	Variance September Year to Date	Budget FY18	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 104,946	$ 104,009	$ 937	$ 104,009	100.9%
2	Private Contracts	49,109	45,227	3,882	45,227	108.6%
3	Grants from Local Units	489,808	482,282	7,526	482,282	101.6%
4	Interest Income	12,233	12,500	(267)	12,500	97.9%
5	Medicaid Revenue	24,601,182	24,804,215	(203,033)	24,804,215	99.2%
6	General Fund Revenue	740,381	750,381	(10,000)	750,381	98.7%
7	Healthy Michigan Revenue	1,440,119	1,584,562	(144,443)	1,584,562	90.9%
8	3rd Party Revenue	529,338	599,146	(69,808)	599,146	88.3%
9	SSI/SSA Revenue	489,426	487,699	1,727	487,699	100.4%
10	Other Revenue	61,560	53,300	8,260	53,300	115.5%
11	**Total Revenue**	**28,518,104**	**28,923,321**	**(405,217)**	**28,923,321**	**98.6%**
	Expense					
12	Salaries	12,506,955	12,706,679	199,724	12,706,679	98.4%
13	Social Security Tax	571,542	579,670	8,128	579,670	98.6%
14	Self Insured Benefits	2,285,496	2,736,919	451,423	2,736,919	83.5%
15	Life and Disability Insurances	219,419	224,631	5,212	224,631	97.7%
16	Pension	994,516	988,135	(6,381)	988,135	100.6%
17	Unemployment & Workers Comp.	227,883	261,659	33,776	261,659	87.1%
18	Office Supplies & Postage	46,773	48,611	1,838	48,611	96.2%
19	Staff Recruiting & Development	139,577	149,190	9,613	149,190	93.6%
20	Community Relations/Education	2,482	3,210	728	3,210	77.3%
21	Employee Relations/Wellness	52,010	60,021	8,011	60,021	86.7%
22	Program Supplies	436,468	474,925	38,457	474,925	91.9%
23	Contract Inpatient	977,545	991,000	13,455	991,000	98.6%
24	Contract Transportation	131,164	125,356	(5,808)	125,356	104.6%
25	Contract Residential	4,917,603	4,697,701	(219,902)	4,697,701	104.7%
26	Contract Employees & Services	3,166,446	2,947,183	(219,263)	2,947,183	107.4%
27	Telephone & Connectivity	111,216	119,912	8,696	119,912	92.7%
28	Staff Meals & Lodging	34,110	36,857	2,747	36,857	92.5%
29	Mileage and Gasoline	448,958	430,780	(18,178)	430,780	104.2%
30	Board Travel/Education	12,623	14,616	1,993	14,616	86.4%
31	Professional Fees	45,543	41,194	(4,349)	41,194	110.6%
32	Property & Liability Insurance	46,617	45,063	(1,554)	45,063	103.4%
33	Utilities	178,870	205,095	26,225	205,095	87.2%
34	Maintenance	172,096	222,650	50,554	222,650	77.3%
35	Rent	262,418	263,649	1,231	263,649	99.5%
36	Food (net of food stamps)	60,005	81,834	21,829	81,834	73.3%
37	Capital Equipment	57,749	42,287	(15,462)	42,287	136.6%
38	Client Equipment	27,798	20,978	(6,820)	20,978	132.5%
39	Miscellaneous Expense	91,273	134,991	43,718	134,991	67.6%
40	Depreciation Expense	266,547	268,525	1,978	268,525	99.3%
41	**Total Expense**	**28,491,701**	**28,923,321**	**431,620**	**28,923,321**	**98.5%**
42	**Change in Net Position**	**$ 26,404**	**$ -**	**$ 26,404**	**$ -**	**0.1%**

	Contract settlement items included above:	
43	Medicaid Funds Paid are Over Spent	(87,501)
44	General Funds Lapsing to MDHHS	10,000
45	General Funds Over Spent (Fund Balance)	(19,448)
46	Healthy Michigan Funds Paid are Over Spent	(115,252)

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Two Months Ending November 30, 2018
16.7% of year elapsed

		Actual November Year to Date	Budget November Year to Date	Variance November Year to Date	Budget FY19	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 15,985	$ 16,199	$ (214)	$ 97,000	16.5%
2	Private Contracts	8,645	9,574	(929)	57,331	15.1%
3	Grants from Local Units	46,291	82,126	(35,835)	491,772	9.4%
4	Interest Income	1,455	1,670	(215)	10,000	14.6%
5	Medicaid Revenue	4,274,436	4,151,384	123,052	24,858,588	17.2%
6	General Fund Revenue	133,410	118,551	14,859	709,887	18.8%
7	Healthy Michigan Revenue	207,726	224,550	(16,824)	1,344,612	15.4%
8	3rd Party Revenue	35,667	107,064	(71,397)	641,100	5.6%
9	SSI/SSA Revenue	82,174	83,686	(1,511)	501,112	16.4%
10	Other Revenue	8,740	7,995	745	47,876	18.3%
11	**Total Revenue**	**4,814,531**	**4,802,799**	**11,731**	**28,759,278**	**16.7%**
	Expense					
12	Salaries	2,060,821	2,178,651	117,830	13,045,816	15.8%
13	Social Security Tax	92,684	107,101	14,417	641,324	14.5%
14	Self Insured Benefits	401,024	439,109	38,085	2,629,392	15.3%
15	Life and Disability Insurances	35,957	39,054	3,096	233,855	15.4%
16	Pension	154,476	170,869	16,392	1,023,166	15.1%
17	Unemployment & Workers Comp.	35,784	40,026	4,242	239,676	14.9%
18	Office Supplies & Postage	4,955	8,047	3,093	48,188	10.3%
19	Staff Recruiting & Development	22,975	20,302	(2,673)	121,567	18.9%
20	Community Relations/Education	358	396	38	2,373	15.1%
21	Employee Relations/Wellness	5,638	8,696	3,058	52,072	10.8%
22	Program Supplies	71,594	78,267	6,673	468,665	15.3%
23	Contract Inpatient	207,926	187,626	(20,300)	1,123,509	18.5%
24	Contract Transportation	21,960	21,919	(41)	131,253	16.7%
25	Contract Residential	838,074	903,684	65,610	5,411,280	15.5%
26	Contract Employees & Services	557,234	589,737	32,503	3,531,361	15.8%
27	Telephone & Connectivity	19,504	19,336	(168)	115,786	16.8%
28	Staff Meals & Lodging	3,978	6,378	2,400	38,194	10.4%
29	Mileage and Gasoline	81,148	75,587	(5,560)	452,618	17.9%
30	Board Travel/Education	3,828	2,282	(1,546)	13,664	28.0%
31	Professional Fees	9,854	9,304	(550)	55,712	17.7%
32	Property & Liability Insurance	19,422	10,139	(9,284)	60,711	32.0%
33	Utilities	26,230	28,825	2,595	172,605	15.2%
34	Maintenance	24,754	30,975	6,221	185,477	13.3%
35	Rent	42,862	38,972	(3,890)	233,367	18.4%
36	Food (net of food stamps)	9,168	9,605	437	57,512	15.9%
37	Capital Equipment	1,578	18,960	17,382	113,535	1.4%
38	Client Equipment	1,671	4,754	3,083	28,469	5.9%
39	Miscellaneous Expense	11,297	13,099	1,802	78,435	14.4%
40	Depreciation Expense	41,972	43,363	1,391	259,661	16.2%
41	Budget Adjustment	-	(302,264)	(302,264)	(1,809,967)	0.0%
42	**Total Expense**	**4,808,726**	**4,802,799**	**(5,927)**	**28,759,278**	**16.7%**
43	**Change in Net Position**	**$ 5,805**	**$ (0)**	**$ 5,805**	**$ (0)**	**0.0%**

	Contract settlement items included above:	
44	Medicaid Funds Over Spent	(196,611)
45	General Funds Over Spent	(25,787)
46	Healthy Michigan Funds Under Spent	79,911

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
September 30, 2018

	Total Business-Type Activities Sept. 30, 2018	Total Business-Type Activities Sept. 30, 2017	% Change
Assets			
Current Assets:			
Cash and cash equivalents	$ 4,482,901	$ 3,883,652	15.4%
Restricted cash and cash equivalents	830,103	872,575	-4.9%
Investments	750,000	750,000	0.0%
Accounts receivable	963,495	1,261,415	-23.6%
Inventory	15,885	16,518	-3.8%
Prepaid items	341,099	448,107	-23.9%
Total current assets	7,383,484	7,232,266	2.1%
Non-current assets:			
Capital assets not being depreciated	80,000	90,000	-11.1%
Capital assets being depreciated, net	1,512,881	1,675,571	-9.7%
Total non-current assets	1,592,881	1,765,571	-9.8%
Total assets	8,976,365	8,997,837	-0.2%
Liabilities			
Current liabilities:			
Accounts payable	1,881,100	1,820,404	3.3%
Accrued payroll and payroll taxes	623,667	647,023	-3.6%
Deferred revenue	3,852	46,596	-91.7%
Current portion of long-term debt (Accrued	69,148	72,686	-4.9%
Total current liabilities	2,577,767	2,586,709	-0.3%
Non-current liabilities:			
Long-term debt, net of current portion	760,955	799,889	-4.9%
Total liabilities	3,338,722	3,386,598	-1.4%
Net Position			
Invested in capital assets, net of related debt	1,592,881	1,765,571	-9.8%
Unrestricted	4,044,762	3,845,668	5.2%
Total net position	5,637,642	$ 5,611,239	0.5%

Net Position Beginning of Year	5,611,239
Revenue	28,518,104
Expense	(28,491,701)
Change in net position	26,404
Net Position September 30, 2018	$ 5,637,642

Unrestricted Net Position as a % of projected annual expense 14.0% or 51 days
Recommended Level 8% - 25%

EXECUTIVE LIMITATIONS
(Manual Section)

ASSET PROTECTION
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved	June 14, 2007

●1 POLICY:

The CEO 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.

2. Allow unbonded personnel access to material amounts of funds.

3. Unnecessarily expose the organization, its board or staff to claims of liability. The CEO's annual monitoring report shall include a risk analysis summary.

4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over $500 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.

5. Fail to protect intellectual property, information and files from loss or significant damage.

6. Receive, process or disburse funds under controls which are insufficient to meet the board-appointed auditor's standards.

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.

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.

9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

GOVERNANCE PROCESS
(Manual Section)

BOARD COMMITTEE PRINCIPLES
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision to Policy Approved:	September 14, 2006

●1 POLICY:

Board committees, when used, will be assigned so as to reinforce the wholeness of the board's job and so as never to interfere with delegation from board to CEO. Committees will be used sparingly and ordinarily in an *ad hoc* capacity.

1. Board committees are to help the board do its job, not to help or advise the staff. Committees ordinarily will assist the board by preparing policy alternatives and implications for board deliberation. In keeping with the board's broader focus, board committees will normally not have direct dealings with current staff operations.
2. Board committees may not speak or act for the board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the chief executive.
3. Board committees cannot exercise authority over staff. Because the CEO works for the full board, he or she will not be required to obtain approval of a board committee before an executive action.
4. Board committees are to avoid over-identification with organizational parts rather than the whole. Therefore, a board committee which has helped the board create policy on some topic will not be used to monitor organizational performance on that same subject.
5. This policy applies only to committees which are formed by board action, whether or not the committees include non-board members. It does not apply to committees formed under the authority of the CEO.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

BOARD STAFF RELATIONSHIP
(Manual Section)

DELEGATION TO THE CHIEF EXECUTIVE
(Subject)

Board Approval of Policy August 8, 2002
Board Approval of Policy Revision: February 8, 2007

●1 POLICY:

All board authority delegated to staff is delegated through the CEO, so that all authority and accountability of staff—as far as the board is concerned—is considered to be the authority and accountability of the CEO.

1. The board will direct the CEO to achieve specified results, for specified recipients, at a specified worth through the establishment of *Ends* policies. The board will limit the latitude the CEO may exercise in practices, methods, conduct and other "means" to the ends through establishment of *Executive Limitations* policies.

2. As long as the CEO uses *any reasonable interpretation* of the board's *Ends* and *Executive Limitations* policies, the CEO is authorized to establish all further policies, make all decisions, take all actions, establish all practices and develop all activities.

3. The board may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between board and CEO domains. By so doing, the board changes the latitude of choice given to the CEO. But so long as any particular delegation is in place, the board and its members will respect and support the CEO's choices. This does not prevent the board from obtaining information in the delegated areas.

4. Only decisions of the board acting as a body are binding upon the CEO.

   A. Decisions or instructions of individual board members, officers, or committees are not binding on the CEO except in rare instances when the board has specifically authorized such exercise of authority.

   B. In the case of board members or committees requesting information or assistance without board authorization, the CEO can refuse such requests that require—in the CEO's judgment—a material amount of staff time or funds or is disruptive.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

Consumer Advisory Council

Regular Meeting
02-11-19
5:00 PM to 5:50 PM
Board Room

Meeting called by: **Diane Hayka**
Type of meeting: **Regular**
Facilitator: **Diane Hayka**
Attendees: **Roger Boston, Les Buza, Roger Engle, Laura Gray, Eileen Tank**
Absent: **Anne Ryan (excused), Alan Fischer, Janet Freeman**
Guests: **Cathy Meske, Gary Nowak, Craig Phillips**

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

Welcome
Laura Gray welcomed attendees. Roger Engle has rejoined the Council and introductions were done. Craig Phillips will be responsible for Roger's transportation.

Targeted Agenda Items: *Approval of Minutes*
Discussion:

The minutes of the December 10, 2018 Consumer Advisory Council meeting were approved by consensus.

Action items:

Person responsible:
Diane Hayka

Deadline:

Targeted Agenda Items: *Educational Session – Recipient Rights Overview*
Discussion:
Ruth Hewett, Recipient Rights Officer, provided Council members with a brief overview of the Recipient Rights System.

Ruth Hewett reported last August the MDHHS-ORR Office conducted a site visit at this Agency and one of the targets the state has established is to assure all employees in the state are receiving the same training related to recipient rights. A training packet was developed. All staff will receive this packet during orientation and then will be required to attend a full class within a set period of time. The full class contains much more detail than this packet contains.

Janet Freeman arrived at 5:07 p.m.

Ruth Hewett reported all US citizens are guaranteed certain rights. In addition, the Mental Health Code identifies additional rights for individuals receiving mental health services. She reviewed the various rights of citizens and the additional rights for individuals receiving services. She reviewed the reporting requirements summary sheet. She reports this Agency has a fully electronic medical record; however, contract providers submit the data on paper forms.

DRAFT

Ruth Hewett reports confidentiality is taken very seriously and staff receives detailed training for this subject. Ruth reports the Mental Health Code applies to three entities – state hospitals, community mental health agencies and private psychiatric hospitals.

Alan Fischer arrived at 5:15 p.m.

Ruth Hewett provided the process used in investigating reports. She notes the Director receives copies of the reports and if substantiated the remedial action is determined but does not include her in the determination process.

Ruth also reports there are certain policies mandated to be on file related to harassment and retaliation and the Whistleblowers Protect Act and Bullard-Plawecki Employee Right to Know.

She also noted there is a Family Rights section added to the Mental Health Code recently and provides for family members of recipients to be treated with dignity and respect, given an opportunity to provide information to treating professionals, provided an opportunity to request and receive educational information about the nature of disorders, medications and their side effects.

Laura Gray inquired as to whether complaints can be filed by other individuals than just the recipient. Ruth Hewett noted there are several complaints received from community members which she researches.

Ruth Hewett notes a staff member or provider who suspects abuse and neglect must file a complaint to the rights office. It is the responsibility of the Rights Office to investigate and determine if there is any validity to the complaint.

Eileen Tank inquired as to whether she would report to the Director at the center before reporting to this Agency. Ruth Hewett reported staff or witnesses must report directly to the Agency. They may or may not be report to the Director.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: ***NMRE Updates***
Discussion:
Regional Entity Partners (REP) Update
Gary Nowak reported the NMRE has moved to a new location in Gaylord. The minutes from the January 17th were included in the packet. Roger Boston reported the REP Committee has a new facilitator, Mari Hesselink. He reported the REP members discussed topics based on the feedback from the Day of Recovery Education held in October. He reported during the speaker presentations, attendees will be asked to put their questions on paper to be answered after the presentation. Roger Boston noted the group would like to see one person chair the REP meetings versus the rotation of members acting as chairs. This would eliminate the side bar conversations.

Roger Engle addressed the request from Mary Dumas to convert to completing surveys on a computer versus sending out paper surveys. There are some areas where computer access is not available so there would need to be methods to collect this data. Roger Engle reviewed the activities of the various Consumer Advisory Councils. The February meeting was not scheduled at this point.

DRAFT

NMRE Board Meetings
Cathy Meske reported the December meeting was held at the Otsego Club. This meeting addressed the importance of meeting a Per Member Per Month (PMPM) funding methodology. Funding is received from the state for all recipients receiving Medicaid and by that funding all services must be provided within that amount.

The Opioid Health Home update was provided with 150 enrollees thus far. This is a voluntary program. Cathy Meske reported the January NMRE Board meeting was difficult to get to due to snow. Gary Nowak indicated the Director at the NMRE is very good. SUD services are provided through the Alcona Health Center, Thunder Bay Community Health Services, the Freedom Clinic, and NMSAS. Alan Fischer noted there must be some motivation by the individual and counseling to obtain successful outcomes.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Board Agenda Review*
Discussion:
Cathy Meske reported the educational session for the Board on Thursday is a special feature. Gary Nowak encouraged Council members to attend a Board meeting.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Operation's Report*
Discussion:
Laura Gray requested clarification on the numbers and the review of the numbers. Cathy Meske provided explanation and noted the numbers are unduplicated counts. She reported the supervisors are also tracking individuals who leave case management and then come back into case management, the causes for their re-entry.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: **Save the Date -** *Day of Recovery – May 29, 2019 (Treetops)*
Discussion:
Laura Gray reported the next Day of Recovery is scheduled for May 29, 2019. She reports she will not be able to attend as she had grandchildren graduating. The NAMI Conference is traditionally scheduled around this time as well.

DRAFT

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Other*
Discussion:
Laura Gray reported the Michigan NAMI had to approve the application for the local NAMI Chapter. National approval needs to be made to allow the local NAMI to operate under the Michigan NAMI and allow them to use the 501c3 from the Michigan NAMI. Laura reported training occurs in March and November. In order to participate in the trainings, the local chapter needs to be up and running. Laura Gray reported the hospital has small grants available for use to cover some training expenses if the application can be filed in time.

Eileen Tank reported last year the Bay View Center wanted to do a fund raiser for a Spa Day. She contacted the hospital to see if there was interest in sponsoring this day by contributing items such as foot baths, cotton balls, etc. The items were not provided; however, she noted a letter was received from the hospital indicating they would contribute $500 for use in wellness.

Laura Gray reports there are about 12 or 13 individuals meeting for the NAMI Development Group.

Diane Hayka informed Council members of the Public Hearing scheduled for Monday, February 25th at 4:00 p.m. in the Board Room. If they received a survey form, they can return it or they can attend the meeting to provide input in program planning and establishing the Agency's priority needs.

Action items:

Person responsible:

Deadline:

Next Regular Meeting Date:
The next regular meeting is scheduled for April 8, 2019 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 6:10 p.m.

DRAFT

Consumer Advisory Council

Regular Meeting
12-10-18
5:00 PM to 5:50 PM
Board Room

Meeting called by: Diane Hayka

Type of meeting: Regular

Facilitator:	**Diane Hayka**
Attendees:	**Les Buza, Alan Fischer, Janet Freeman @ 5:05 pm, Laura Gray, Anne Ryan, Eileen Tank**
Absent:	**Roger Boston**
Guests:	**Cathy Meske, Gary Nowak**

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

Welcome
Laura Gray welcomed attendees.

Targeted Agenda Items: *Approval of Minutes*
Discussion:

The minutes of the August 6, 2018 Consumer Advisory Council meeting were approved by consensus. The notes from the October 8, 2018 meeting were included in the mailing.

At the October meeting, Dr. Rajasekhar introduced a new potential psychiatrist to those in attendance. The psychiatrist has verbally accepted the offer and an employment contract has been sent. Cathy Meske reported Dr. Arora submitted her resignation effective February 3, 2019.

Diane Hayka reported Vicki Bendig and Cindy Craft have resigned from the Council. This has created two vacancies.

Action items:

Person responsible:
Diane Hayka

Deadline:

Targeted Agenda Items: *Educational Session – Opioid Health Homes*
Discussion:
Cathy Meske provided a summary of an Opioid Health Home, not an actual home but a virtual home that assists in providing coordination of all services an enrollee receives. Currently there is only one Opioid Health Home in the state and it is located within the NMRE region. She notes northern Michigan has one of the highest per capita levels of opioid dependence in the State. An Opioid Health Home is not a specific location but a program providing an integrated approach to services, coordinating all health care services and social services. The opioid health home will provide comprehensive care management and coordination services to Medicaid beneficiaries with opioid use disorder who also have or are at risk of developing other chronic conditions. There are about 3,000 Medicaid beneficiaries who qualify for this type of service in the NMRE region. Cathy reports the project will focus on the Medicaid individuals

DRAFT

within this group. Individuals without Medicaid coverage within this group can be served through grants and other funding.

Opioid Health Home will function as the central point of contact for the beneficiary to direct their care across the health care system and supports necessary to recover successfully. Coordinators can be located throughout the region to provide services to those identified individuals. Services are coordinated with other Health Home Partners in the region. Dee Whittaker is the Clinical Director of the Program. She will assure individuals are enrolled in the program and if they elect not to participate (as this is a voluntary program), she will disenroll the individual.

The Program Director will work with Peer Recovery Coach Networks, other providers, courts, health departments, law enforcement and other community-based settings. The Coordinators and Access Care Managers work together to get the services to the individual.

Cathy reported the database will allow for coordination using a standard consent form. The goal is to improve services between the primary care provider and the providers of substance use services.

Cathy Meske reported there are two Behavioral Health Homes within the NMRE region – one in Centra Wellness and one in Northern Michigan CMH. This, again, is not an actual home but a virtual home which assists in providing coordinated services. Care managers are assigned to individuals to assure proper services are being delivered and received.

Laura Gray reported the Michigan NAMI had a call to action request in the most current newsletter about an upcoming Bill which has some privacy issues and needed some tweaking prior to passage.

Discussion ensued related to potential issues involved in the recent passage of recreational marijuana.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: ***NMRE Updates***
Discussion:
Regional Entity Partners (REP) Update
The minutes of August 16, September 28, and the November 15, 2018 meetings were included in the mailing. The Save the Date for the Spring Day of Recovery is May 29, 2019, noting the date was secured due to limited options.

NMRE Board Meetings
The minutes of the September 26 and the October 24, 2018 meetings were included in the mailing.

Action items:

Person responsible:

Deadline:

DRAFT

Targeted Agenda Items: *Board Agenda Review*
Discussion:
The Consumer Advisory Council reviewed the Board Agenda for Thursday's meeting. The Special Presentation scheduled for the Educational Session had a conflict this month so it will be rescheduled for another month.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Operation's Report*
Discussion:
Cathy Meske reviewed the Operation's Report for month ending November 30, 2018. Council members were very interested in data contained in this report. This report will be provided to them at each meeting going forward.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: **Save the Date -** *Day of Recovery – May 29, 2019 (Treetops)*
Discussion:
The Council members were alerted to the date for the spring Day of Recovery. Eileen Tank noted at the Fall Day of Recovery, participants had requested to consider hosting this event on a Tuesday or Wednesday versus the traditional Friday event. She was pleased to see the input was received and the spring event is scheduled for a Wednesday.

Action items:

Person responsible:

Deadline:

Targeted Agenda Items: *Other*
Discussion:
Laura Gray updated the group on the status of the formation of a local NAMI group. The State approved the application process; however, the National requested no new groups be formed until 2019. Because of the new directive from the National, the group will wait until 2019 to move further.

January 22 is the next regular meeting date for the formation group. Amy Pilarski might be the contact person from CMH; however, this will be verified and communicated to Laura Gray.

DRAFT

Gary Nowak suggested providing a history of Northeast Michigan CMH to Council members at a future meeting.

Action items:

Person responsible:

Deadline:

Next Regular Meeting Date:
The next regular meeting is scheduled for February 11, 2019 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 5:50 p.m.

DRAFT

	Program	Consumers served January 2019 (1/1/19 - 1/31/19)	Consumers served in the Past Year (2/1/18 - 1/31/19)	Yearly Average (2/1/18 - 2/1/19)
1	**Access / Crisis / Prescreens**	75 - Routine 0 - Emergent 2 - Urgent 83 - Crisis 40 - Prescreens	712 - Routine 2 - Emergent 7 - Urgent 1147- Crisis 563 - Prescreens	59 - Routine 0 - Emergent 1 - Urgent 95 - Crisis 47 -Prescreens
2	**Doctors' Services**	1127	1535	1132
3	**Case Management**			
	Older Adult (OBRA)	137	182	129
	MI Adult	230	362	237
	MI ACT	31	39	32
	Home Based Children	14	27	10
	MI Children's Services	136	226	127
	DD	330	363	337
4	**Outpatient Counseling**	194 (40/154)	537	211
5	**Hospital Prescreens**	40	563	47
6	**Private Hospital Admissions**	22	255	21
7	**State Hospital Admissions**	0	0	0
8	**Employment Services**			
	DD	76	117	85
	MI	55	84	52
	PSR Clubhouse	67	77	59
9	**Peer Support**	64	81	66
10	**Community Living Support Services**			
	DD	143	155	148
	MI	203	250	199
11	**CMH Operated Residential Services**			
	DD Only	59	61	60
12	**Other Contracted Resid. Services**			
	DD	32	37	34
	MI	29	35	29
13	**Total Unduplicated Served**	1144	2415	1147

County	Unduplicated Consumers Served Since February 2018
Alcona	275
Alpena	1519
Montmorency	249
Presque Isle	293
Other	61
No County Listed	18

Executive Director Report
January-February 2019

This report is intended to brief the NeMCMHA Board of the director's activities since the last Board meeting. The activities outlined are not all inclusive of the director's functions and are intended to outline key events attended or accomplishments by the director.

Date	Subject	Location
1/11/19	Attended Northern Michigan Opioid Response Coalition (NMORC) Strategic Planning	NeMCMHA
1/14/19	Met with Representative Sue Allor, provided 'Report to the Community' and CMHAM Executive Summary addressing the systemic underfunding of Michigan's public mental health system. We also discussed the psychiatric inpatient bed crisis.	Harrisville Courthouse
1/15/19	Attended the NMRE Board Meeting at their new office on Walden Dr. Focus continues to be on the 298 Pilots and the budget	Gaylord
1/29/19	Participated in review of the NMORC Mission and Vision Workgroup	teleconference
2/1/19	Attended the staff appreciation potluck for 2 staff who will be retiring/changing employment status -- Dr. Arora and Maggie McGee both from psychiatric services. As you know, Lisa Spurlock MD will be joining our staff and last week signed a three-year contract with this agency. Her first day of work will be February 18.	Alpena
2/4/19	Participated in meeting with representatives from Centria, one of our providers of behavioral treatment services for the Autism program.	Alpena
2/7/19	Meeting with Monday Night Activity program coordinators to discuss the program and our GF shortfall.	Alpena
2/11/19	Attended the Consumer Advisory Council	Alpena

GOVERNANCE PROCESS
(Manual Section)

BOARD MEMBERS ETHICAL CODE OF CONDUCT
(Subject)

Board Approval of Policy August 8, 2002
Board Approval of Policy Revision: ~~October 8, 2015~~February 14, 2019

●1 POLICY:

The board commits itself and its members to ethical and businesslike conduct. This includes proper use of authority and appropriate decorum when acting as board members.

1. Members must represent unconflicted loyalty to the interests of the people of Alcona, Alpena, Montmorency and Presque Isle counties. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any board member acting as a consumer of the organization's services.

2. Members must avoid conflict of interest with respect to their fiduciary responsibility.

   A. There must be no self-dealing or any conduct of private business or personal services between any board member and the organization except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.

   B. When the board is to decide upon an issue, about which a member has an unavoidable conflict of interest, that member shall absent herself or himself without comment from not only the vote, but also from the deliberation.

   C. Board members must not use their positions to obtain employment in the organization for themselves, family members or close associates. Should a member desire employment, he or she must first resign.

   D. Members will disclose their involvements with other organizations, with vendors, or any other associations which might produce a conflict.

3. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in board policies.

   A. Members' interaction with the chief executive or with staff must recognize the lack of authority vested in individuals except when explicitly board-authorized.

   B. Members' interaction with public, press or other entities must recognize the same limitation and the inability of any board member to speak for the board.

   C. Members will give no consequence or voice to individual judgments of CEO or staff performance.

4. Members will respect the confidentiality appropriate to issues of a sensitive nature.

5. Members will be properly prepared for board deliberation.

6. All special gifts, donations, and bequests to the Board and its members shall be reported to the Board. Board members shall not accept gifts, gratuities, entertainment or other favors from any party under contract with, seeking to do business with or receiving services from Northeast Michigan Community Mental Health Authority.

   A. If fixed property or equipment is donated to the Board, the Board shall determine the fair market value of that property at the time of transfer. If only the use of the property is donated and such usage shall be for matching any other funds, the amount allowed to be matching shall be determined by the fair market value upon the evaluation of an independent appraiser.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

______________________________ ____________________
Signature Date

____
Printed Name

Northeast Michigan Community Mental Health Authority

To: Board Members

From: Margie Hale-Manley

Date: February 4, 2019

Subject: Endowment Fund Grant Awards

In continuing in providing notification to the Board for usage of the spendable dollars available in the Endowment Fund created through The Community foundation of Northeast Michigan, this memo serves as an update of the grant awards since October 1, 2018.

1. $70: Grab bars, smoke alarms for independent living

2. $246.81: Bike to use for work transportation

Total Awards: $316.81

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

DRAFT

QI Council Minutes

For Meeting on 12/17/18
10:15 AM to 11:35 AM
Board Training Room

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

Attendees: Genny Domke, Lynne Fredlund, Joe Garant, Margie Hale-Manley, Jamie McConnell, Nena Sork, Judy Szott, Jen Whyte

Absent: Cathy Meske (excused)

QI Coordinator: Lynne Fredlund

Guests: LeeAnn Bushey, Sharon Seguin

Agenda Topics

Genny Domke welcomed all and asked those in attendance to state their names for identification on the digital recorder. No new agenda items were added.

Review of Minutes

Discussion:
By consensus, the minutes of the October 15, 2018 meeting were approved.

Council members discussed the importance of getting the minutes from the meeting distributed in draft format in advance of the meeting. This group meets every other month and having the minutes in advance reminds members of assignments, if any. [It should be noted – the QI minutes are on the Agency's intranet under QI Council in draft format as soon as they are completed.]

Action items:

Person responsible:
Sharon Seguin via digital recorder

Deadline:
ASAP

Management Team

Discussion:
Nena Sork noted the October 8th and December 10th minutes were included in the materials distributed. Jen Whyte noted policy review and revisions continue. She reported our IS Department has been busy with updates and upgrades to the servers. She also reported Management Team reviews monthly budget reports and will need to monitor general funds closely. Nena stated program descriptions will be completed prior to the CARF review. Jen reported we received some suggestions regarding training needs during our LOCUS Fidelity Review. The Agency will be sending staff for training in January and again in July to address training needs. Margie Hale-Manley reported Peggy Yachasz has been working on Emergency Preparedness for the SIP program.

DRAFT

Action Items:
Report Monthly

Person Responsible:
Cathy Meske

Deadline:

Consumer Advisory Council

Discussion:
The Consumer Advisory Council met on December 10th. Cathy Meske was not available for an update; however, the minutes for this meeting were distributed.

Action Items:
Report Bi-Monthly

Person Responsible:
Director

Deadline:

CARF Committee

Discussion:
Lynne Fredlund reported CARF Committee's next meeting is scheduled for December 19th. The committee is working on getting evidence together for the next CARF review. She continues training staff at various meetings. She met with the CRS/ESU Staff and provided training during their recent meeting. Home Base Staff is the next group Lynne will train. Our CARF survey will occur between May 1 and June 30, 2019. Lynne noted the exact date of the review will be communicated 30 days in advance.

Action Items:
Report Monthly

Person Responsible:
Lynne Fredlund

Deadline:

Clinical Leadership Committee

Discussion:
Nena Sork reported Clinical Leadership recently organized a training for chronic anxiety, which was offered to clinical staff and was well attended. Clinical Leadership has worked on creating better guidelines for the children's credits, asking supervisors to monitor the credits and assure their staff have six credits every quarter to avoid a time crunch at the end of the year. Clinical Leadership also has a better idea of what will be accepted as children's credit criteria. The Committee continues to review several of the Client Services Policies, including the Supported Employment policy, Access policy, Emergency Services policy and currently working on the Self-Determination policy. Clinical Leadership also had training since the last QI Council Meeting on BH-TEDS. There have been some changes since it was initially rolled out. Staff have been updated on the changes.

LOCUS review went well. The biggest challenge is having more staff trained to be trainers.

Effective January 1, 2019, our after-hours service will switch from Third Level Crisis Center to ProtoCall Services. Staff have been working on the requirements and steps for this new process. Jamie McConnell has been very active in helping us get workflows and procedures on how information from ProtoCall will be processed. Reports will be uploaded into Majestic for distribution. Changes to the on-call schedule will be sent electronically. Dennis

Bannon is ensuring the phones will roll over on January 1, 2019, 12:00 a.m. The Agency's new after-hours number is our regular phone number (989-356-2161) or the toll free number (1-800-968-1964). Our calls will be answered as "Northeast Michigan Community Mental Health." ProtoCall Services are provided through a contractual arrangement. ProtoCall Services' staff are masters level clinicians with a goal of resolving crises. Nena added ProtoCall reports only about 10 percent of the calls they receive require diversion to the hospital for screening. It is hoped this will have a big impact on our Crisis Response Team. ProtoCall has a process for assessing and processing callers for safety and suicidality to resolve issues over the phone. Lynne requested clarification on the purpose for referral to the hospital. Nena explained a face-to-face screen is required for more intense evaluation in determining need for hospitalization. ProtoCall is somewhat more expensive, but we expect it will reduce staff pre-screen costs as well as hospitalization costs. Nena Sork noted Third Level Crisis Center sent almost all callers to the hospital exhausting the after-hour crisis workers. Genny Domke asked where ProtoCall was based. Nena explained they have an office near Grand Blanc and are located in several different states, originally in the Pacific Northwest. Centra Wellness has been contracting with ProtoCall more than 10 years and seems very satisfied with their services.

General Funds started out the fiscal year with a large deficit in October due to two admissions of individuals to an IMD (Institution for Mental Disease) screened downstate and placed inpatient for an extended period of time without our knowledge. After 14 days, Medicaid no longer covers expenses; however these were very sick individuals. Clinical Leadership Team continue to review and plan for individuals with complex cases.

The Team is working with the Director to discuss responsibilities of the Clinical Leadership Team versus the pros and cons of possibly having a Clinical Director perform some of those functions. Nena Sork also reported the Leadership Team in continuing to focus on trauma-informed care and treatment. Peggy Yachasz is working on emergency preparedness for the SIP homes.

Action Items:
Report Monthly

Person Responsible:
Nena Sork

Deadline:

Customer Satisfaction Committee

Discussion:
Margie Hale-Manley reported the Customer Satisfaction Committee met on October 22nd. Angela Stawowy has joined the Committee. The Committee remains in need of new members and Peggy Yachasz will check with SIP and Community Support to see if anyone is interested in joining. Clerical staff has been checking the suggestion boxes on a monthly basis. Just one suggestion was in Alpena Office, "Keep appointments when they are scheduled."

Annual I/DD Survey data will be reviewed at the January meeting to ensure a brochure is completed for the Board meeting in March. Carolyn Bruning will be asked to provide the procedure on how data is collected and compiled for Committee review. Margie reported Peggy Yachasz had talked with LeeAnn Bushey about the discharge survey that the Peer Specialists are completing with persons who have left services. She will ask Carolyn Bruning and Dennis Bannon to see how this information can be entered so it is available to the Committee. LeeAnn will ask a Peer Specialist to attend the Customer Satisfaction Committee meeting and present the information on a quarterly basis, beginning with the next meeting January 28, 2019.

Action Items:
Report Bi-Monthly

Person Responsible:
Margie Hale-Manley

DRAFT

Deadline:

Resource Standards & Development Committee

Discussion:
Genny Domke announced Fall Soup and Dessert and the Cookie Contest went well. Christmas in July seemed to be a big hit and many participants said they would be interested in competing next year. The Committee still are doing Employee of the Month/Employee Recognition, Team of the Month, Friday Trivia and continue to promote regular Friday Theme Days. The input from the staff Suggestion Box has tapered off but the Committee tries to address any concerns in the newsletter. The Committee is still working on the Random Acts of Kindness, though it is hard to get through the whole agency. The Committee is always looking for new members.

Action Items:
Report Bi-Monthly

Person Responsible:
Genny Domke

Deadline:

Risk Management Committee

Discussion:
Lynne Fredlund reported Committee meets every other month; most recent meeting was November 26, 2018. She noted there was no Grievance & Appeals quarterly report provided to the Committee. The fourth quarter 2018 report as well as the first quarter 2019 report will be presented at the Risk Management's February 2019 meeting.

Lynne shared reports were presented from July, August, September, October and November's Behavior Support meetings. The statistics were reviewed for each category noting the difficulty we are having in monitoring Accommodations for Safety at this time due to the DD Case Management Supervisor vacancy. In summary, this five-month review showed three physical interventions. Although three too many, we work with a large number of people and this only happened during one month.

The Recipient Rights Committee met October 21, 2019. Both the quarterly and annual rights reports were presented. The State Rights Office Assessment score sheet from the August site visit was shared with the Committee.

Risk Review Committee continues to meet twice a month. Lynne is reviewing items online. The greatest volume of risk reviews are 911 calls received, most were deemed appropriate. The team does not have to convene to discuss these; Lynne resolves the reports on her own. The Risk Review Committee will begin meeting on a regular basis in 2019 so committee members will be able to view the type of issues requiring review, which Lynne indicated she has been addressing. The Committee will continue review of the 7-day follow-up issue following hospitalization. The next Risk Review Committee meeting is scheduled February 25, 2019.

Action Items:
Report Bi-Monthly

Person Responsible:
Lynne Fredlund

Deadline:

Safety Committee

Discussion:
Jamie McConnell reported the Committee met October 9th and November 27th. The October meeting featured updates on the methods used to address the Hillman Office safety concerns. An automatic door closure was installed along with a doorbell alarm-type system. She reported the safety issue raised related to the rugs in the

Alpena Lobby area had discussion and Rich Greer was going to further investigate issues with rugs in the lobby and gather information related to the number of incident reports due to tripping, etc. Implementation of the Preventative Maintenance and Safety Quarterly Inspection forms were discussed in October, since the forms have been approved.

In November, the Consumer Injuries and Falls Report for the period July 1 through September 30, 2018 was reviewed. Kay Keller introduced Alison Male, RN who will assume the duties of Infection Control Nurse in January 2019. Alison will be attending the Safety Committee meetings. Employee Injury Reports were reviewed for trend analysis for 2017-2018 and the Committee will continue to monitor these. The Committee talked about tracking the Preventative Maintenance and Safety Quarterly Inspection checklist quarterly through Rogers City Office, similar to how the Drill Logs are tracked. In March, June, September and December tracking will occur in that same manner. The committee members approved the Executive Summary Report conducted by the third party Olivier and VanDyk. Jamie offered the Summary Report to QI Council for review. The Safety Committee provided follow-up comments on all of the pictures, noting there were some Cambridge and Mill Creek pictures improperly labeled. Drill Log Matrix was reviewed.

Jamie distributed some forms and procedures currently contained in the Environment of Care (EOC) Manual. The Safety Committee is requesting to delete Form BD F-081 Request for Vehicle Repair/Maintenance/Emergency Needs from the Environment of Care (EOC) Manual; it exists in Policy #3340. The Committee recommends reducing duplication of policies. Lynne asked whether staff will know to look in policy. Lynne added she views the EOC Manual as a resource for staff to have on site. Nena mentioned concern with group homes easily obtaining this form since they don't all have the same method of access. Margie responded this would be okay if there was an email explaining where to find the form; the Staff have access to policies. Nena asked again whether an RTW would know how to find the policy. Margie asked whether this form is available on our intranet. Frustration when searching for a particular form was discussed. Margie emphasized it would be very helpful to have all Agency forms saved in one area. Lynne summarized alerting staff of any changes to forms with an email would be helpful. Margie suggested cataloging all of the Agency's forms and saving them in one location. Lynne suggested adding this to our process improvement list. Nena added she prefers redundancy rather than someone unable to find the form resulting in serious danger to somebody.

A second request for consideration from the Safety Committee addresses the EOC Manual, Policy 1.9. The policy has a redundant statement which is included in EOC Manual, Policy 5.1. The Safety Committee requests consideration for removal of this statement from Policy 1.9.

A third request from the Safety Committee is consideration to remove the sanitizing statement from Policy 1.110. The solution requirements for sanitizing are more detailed in the Infection Control Policy #3315. Jamie explained Safety Committee's request to eliminate duplication and discussed the risk of having conflicting criteria. Lynne interjected asking how staff will know how to clean the countertop. Jamie responded the staff needs to be familiar with Policy #3315. Lynne explained this is a 60-page policy; she feels the EOC Manual is a resource for staff. Judy Szott questioned what accommodations are made for individual having an allergy to bleach. Margie informed Council members the Home Supervisor would be made aware so alternatives are available or another staff member might be responsible for that chore. In addition, gloves are available and are found in the first aid stations in the offices and the homes have ample glove supplies. Discussion ensued regarding the duplication of time, labor and effort between the EOC Manual & Policy #3315 as well as previous denial to update the EOC Manual when Mary Hardies (Infection Control Nurse) provided input. Lynne explained the person in charge of this policy needs to change our policy and report a change is required in the EOC Manual, if appropriate. Margie commented there seems to be a disconnect between Policies and the ECO Manual in some instances. Jamie clarified the Safety Committee is working on correcting this as a team, which includes the Infection Control Nurse. Nena asked how updates get communicated to the homes or to Carolyn Bruning for licensing review. Nena interjected licensing brings another level to this. Jamie asked whether Carolyn Bruning should be invited to attend Safety Committee. Nena said Carolyn Bruning should be consulted, others confirmed this.

Margie suggested the Environment of Care Manual become part of annual staff training. She feels staff will look at this resource more than they will a policy.

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Jamie reported Rich Greer followed up with Ruth Hewett and related to the safety concern of the rugs in the front office. There were no incident reports with regard to the rugs in the lobby and this will continue to be monitored.

Jamie reported Clerical staff from Fletcher Street report non-compliance with safety drills. Nena reported this was addressed at Management Team and is believed to be a Supervisory issue. Noncompliance should be reported to the Supervisor for handling. Nena Sork indicated Clerical Staff may cc: the Clinical Leadership Team when notifying Supervisor.

The Safety Committee also received a concern about driving under the awning at Alpena Office with a suggestion to designate the area under the awning as a drop-off and pick-up area only. Nena reported Management Team addressed this and responded no change will occur.

The Safety Committee will meet again January 8, 2019.

Action Items:

1. Request for Vehicle Repair/Maintenance/Emergency Needs from Environment of Care (EOC) Manual be removed.
   QI Council denied deletion of the removal of form from the Environment of Care Manual. When the forms are organized in a more consistent fashion, this can be readdressed.

2. In the EOC, Policy 1.9 states "all fires and fire drills will be tracked and trended." The Safety Committee recommends deleting that sentence because the same wording is contained in EOC Policy 5.1.
   QI Council approved deleting this content from the EOC, Policy 1.9.

3. In the EOC, Policy 1.110 includes content related to the sanitizing solution used for disinfecting; this content is printed in Infection Prevention and Control Policy #3315.
   QI Council denied deletion of the sanitation process defined in the EOC Policy 1.110; however, assurance should be made that the information is the same in both the EOC and the policy.

4. Consideration of including the Environment of Control Manual review as part of annual staff training.

5. Safety issue identified related to the rugs in the Alpena Office lobby and a possible trip hazard.
   Safety Committee will continue to monitor; however, there were no incident reports filed related to this hazard.

6. Non-compliance with safety drills.
   Staff observing non-compliance should report incident to employee's supervisor for handling with a copy to the Clinical Leadership Team, if desired.

7. Driving under awning at the Alpena Office concern.
   Nena Sork informed Council members this issue was addressed at Management Team and this area is well posted for pedestrian crossing and slow driving. No further action required.

8. Report Bi-Monthly

Person Responsible:
Jamie McConnell

Deadline:

Utilization Management

Discussion:
Jen Whyte provided an update of the Committee's October meeting noting there was no meeting in November. The Committee is reviewing various reports available through the standard reports in Majestic. In October, the Committee reviewed the admissions report. The Committee continues to review the usage of respite and respite

authorizations that are not being used. Assurance needs to be made of authorizing needs for respite without over authorizing.

The Committee reviewed the Utilization Management Plan. Accomplishments were identified and those items still a work in progress. The Council will be updated when complete.

In December the Committee met and continued reviewing respite usage with improvements noted this month. Most programs are making changes and monitoring continues. Mark Blandford provides supervisors with the reports monthly. The Committee also looked at discharges from services for themes and patterns. Each supervisor will be taking a look at their programs and Jen noted she is also assigned to review several programs. The Committee continues to look at authorizations in the system with no activity.

Nena Sork inquired about the monthly clinical record reviews conducted by supervisors and whether there are any findings during this process. Jen responded that process was put on hold while we are trying to get the review process integrated with PCE. Nena noted she believes supervisors are still conducting record reviews every month, just not putting them in any system. LeeAnn reported she provided Mark Blandford with information to develop spreadsheet to use for tracking. Judy Szott is collecting the data and will be entering it into the spreadsheet as soon as it is ready. Jen volunteered to follow up with Mark to get status on project. In addition, Jen reported Lisa Orozco RN had requested there be an addition related to medications. Nena stressed the importance of getting this in place prior to CARF survey. She notes clinical record review was not an element that was going to be integrated into Majestic as Majestic is a consumer record and clinical record reviews are about the staff. That was never part of our implementation. Because it was in AVATAR in a separate section, maybe that is where it came from.

Action Items:
Report Monthly

Person Responsible:
Jennifer Whyte

Deadline:

Quality Oversight Committee - NMRE

Discussion:
Lynne reported the December meeting was cancelled.

Action Items:
Report Bi-Monthly

Person Responsible:
Lynne Fredlund

Deadline:

QI Member Concerns

Discussion:
No concerns identified

Action Items:

Person(s) Responsible:
All members

Deadline:

DRAFT

Old Business: Project Team/Work Group Update

1. **Persons Served Start Services within 14 days**

Discussion:
The Objective was referred to Utilization Management for review . Jen White reported this review is on hold right now. She is looking at it, but not at Utilization Management level.

Action Items:
Update findings at next meeting.

Person Responsible:
Jen Whyte

Deadline:
Next QI Council Meeting

2. **Follow-up Supervisors Meeting**

Discussion:
Lynne Fredlund reported the Supervisor's Meeting provides a vast amount of data and she would like to get six months of the data so trends can be identified. She has not had the opportunity to gather the information from the various supervisors. She would like to be able to provide trends with this data and if one program has increased productivity, for example, determine what processes that department put in place to accomplish the increased productivity. This could be shared with other departments.

Action Items:
Provide update at next meeting.

Person Responsible:
Lynne Fredlund

Deadline:
Next QI Council Meeting

3. **LOCUS Review**

Discussion:
Lynne Fredlund reported the LOCUS review was conducted December 3, 2018. This was a voluntary review. Grant dollars were available for the reviewers to conduct an assessment at community mental health agencies to assist in addressing any weaknesses, strengths, etc. The reviewers will be providing the agency with a plan of correction for areas needing more focus. The Clinical Leadership Team suggested the recommendations this group provides should be implemented and have another review in 18 months. This will prepare the agency to be in a good position when the State decides to review this process. Lynne Fredlund reported one of the fidelity measures for LOCUS is the conduct an internal review twice a year. The Clinical Leadership Team has scheduling for follow up in their November calendar.

Action Items:
Schedule follow-up fidelity review

Person Responsible:
Nena Sork/Clinical Leadership Team

Deadline:
By November 30, 2019

DRAFT

4. **Membership Solicitation**
Discussion:
Lynne Fredlund reported a memo was sent to staff soliciting for participation on the Council. She reported there was one response from Teresa Kowalski who covered Presque Isle County. Lynne noted shortly after receipt of Teresa's intent, Teresa took a job in Alpena. Margie Hale-Manley reported Teresa covers both Alpena and Presque Isle County so should still be able to be a Presque Isle representative. By consensus, Council members agreed to add Teresa Kowalski at a Council member.

Action Items:
Notify Teresa Kowalski of appointment

Person Responsible:
Lynne Fredlund

Deadline:
ASAP

5. **CARF Update**
Discussion:
Lynne Fredlund reported the Agency will be notified 30 days prior to their arrival. The intent for survey is currently being compiled and will be submitted later this week.

Action Items:

Person Responsible:

Deadline:

New Business

1. **Hepatitis A Semiannual Review**
Discussion:
Lynne provided Council members with a history of the Hepatitis A assessment the Agency conducts, noting providing information to consumers was initially a mandate from the State. The State required the Agency to develop a screening tool and have available material to educate consumers and encourage testing and vaccinations. The State did not indicate this assessment had to be tracked until it had been implemented for a period of time. The State then required the Agency to track the information and report to the State the data collected. Lynne noted the report included in the packet for this meeting contains the statistics for Hepatitis A from April 1, 2018 to September 30, 2018.

Lynne Fredlund noted this Agency will continue to track this information and review data semiannually. Nena Sork expressed concern about continuing this process at intake as there is so many other requirements needed during the intake process. Lynne Fredlund reported Cathy Meske had indicated she desire to continue this process at intake so this might need to be addressed at Management Team.

Action Items:
Continue to monitor semiannually.

Person Responsible:
Lynne Fredlund

Deadline:
July 2019

2. **<u>Controlled Substance Sheet</u>**

Discussion:
Lynne Fredlund reported the Controlled Substance Agreement our individuals sign is being revised. The new revision will be distributed in January. All primary case holders will be provided with a copy of this form for implementation.

Action Items:

Person Responsible:

Deadline:

3. **<u>COFR Process</u>**

Discussion:
Lynne Fredlund reported there was a request to define a process for COFR flow. Staff have left the Agency who previously had a role in securing authorizations for COFR individuals and the flow needs to be clearly identified so all elements get in place and authorizations obtained for individuals being seen at this Agency as well as our folks being seen at another CMH. A workgroup has been formed to define roles more clearly.

Action Items:

Person Responsible:

Deadline:

PCE Update

Discussion:
Nena Sork reported new forms are under development in PCE; they include a psychological assessment, an external referral form, a vocational profile for employment, a multiple signature page for group homes and a safety plan addition to the prescreen.

Action Items:

Deadline:

<u>Adjournment</u>

Discussion: Next Meeting will be held on February 18, 2019, at 10:15 a.m. in the Board Training Room.

Action Items: By consensus, this meeting was adjourned at 11:35 a.m.

MARCH AGENDA ITEMS

Policy Review
Budgeting 01-004

Policy Review & Self-Evaluation
Governance Commitment 02-001
Code of Conduct 02-008

Monitoring Reports
Treatment of Consumers 01-002 (Satisfaction Surveys)
Staff Treatment 01-003 (Employee Surveys)
Budgeting 01-004 (Finance Report)
Asset Protection 01-007 (included with audit report)

Activity
Board Member Recognition

Ownership Linkage

Educational Session
Audit Reports – Financial and Compliance

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

January 11, 2019

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CMH Association and Member Activities:

Nick Filinow Award of Excellence Awardee Named

Congratulations to the 2018 The Community Mental Health Association of Michigan's Nick Filonow Award of Excellence award recipient, Lauren Tompkins, Genesee Health System. Below is an excerpt form Dr. Tompkins nomination for the Nick Filonow award.

> Dr. Tompkins has been at the forefront of many new program developments with regards to the Flint Water Crisis. She has been in every meeting, committee and group to ensure services have been provided, treatment is delivered, and care given to the residents of Flint. If it was not for her involvement, most of these programs, would not have happened, many of the grants would not have been secured, and the attention would not have been given to this community. Dr. Tompkins led the way in responding to the behavioral health care needs for those affected by the Flint Water Crisis, including implementation of a new and unique service line for children and pregnant women and the obtainment of numerous grants to fill in the gaps to meet the needs of the community as a whole.
>
> Dr. Tompkins designed our state-of-the-art autism center, which continues to provide effective and evidence-based programing for children diagnosed with autism. Dr. Tompkins restructured our adult programing to better meet the unique needs of the adult populations we serve, and under her direction, numerous adult and child evidence-based practices have been adopted, mitigating symptomology for at risk youth and families.
>
> Dr. Tompkins has served Genesee County residents for over 30 years. Starting as a part time secretary at Genesee County CMH while continuing her education, she worked her way up and held such positions as evaluation assistant, rehabilitation counselor and primary therapist. She left the area to obtain a Ph.D. in clinical neuro psychology but returned to Flint to continue her mission to serve the community, and further Genesee Health System's Mission of supporting recovery, prevention, health, and wellness of the body and the mind. Lauren was promoted to supervisor of psychological services, and then to Director of Access and Utilization Management (UM), where she was instrumental in the development and oversight of the agency's managed care functions during the period when GHS was a high performing PIHP. Dr. Tompkins became Director of the Quality and UM where she developed a quality improvement and monitoring process for our clinical programs.
> She now serves as Vice President of Clinical Operation where she oversees all clinical programing for the agency, which is comprised of over 450 staff. Dr. Tompkins is well known as a visionary for innovative programing and strategic planning; and an advocate with a heart for the consumers and families in our care. She is a much sought-after presenter having spoken at most of the major behavioral health meetings in the country.

CMHAM Committee Schedules, Membership, Minutes, and Information

Visit our website at **https://www.macmhb.org/committees**

News from Our Corporate Partners:

Phishing and Email Security

Breaches related to email phishing have been on the rise. This is a high-risk item because of how easy and accessible it is for an attacker to send a phishing email. Once in, an attacker can either gain access to ePHI that lives in that mailbox or use that mailbox to trick others within your organization. Some spam filters are not advanced enough to filter out all phishing emails. It's important to not only have a reliable spam filter, but to also frequently train staff on how to identify and handle a phishing email. This is also why it's important to have a password policy that requires a reset every certain number of days. Reach out to the CMHA to get help today!

Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition, we reduce your telecom costs by 29% with no upfront costs or risk. Abilita is an independent consulting company with offices across Michigan and North America! As one of the largest independent Communications Technology consulting firms in America, Abilita has the experience needed to help members by not just identifying, but by managing the implementation of recommendations you approve. For additional information, contact: Dan Aylward, Senior Consultant, Abilita at 888-910-2004 x 2303 or dan.aylward@abilita.com.

State and National Developments and Resources:

NASMHPD submits sound comments to proposed federal network adequacy standards

Below is a recent letter, from the National Association of State Mental Health Program Directors (NASMHPD) regarding the proposed Medicaid rules related to network adequacy. The view of NASMHPD is a sound, rationale, and feasible approach to ensuring network adequacy.

January 9, 2019

Mr. Christopher Traylor
Acting Director, Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
P.O. Box 8016
Baltimore, MD 21244-8013

Christopher.Traylor@cms.hhs.gov
Re: Proposed Medicaid Program Rule: Medicaid and Children's Health Insurance Plan (CHIP) Managed Care - CMS-2408-P
Dear Acting Director Traylor:

The National Association of Mental Health Program Directors (NASMHPD)— the member organization representing the state executives responsible for the $37 billion public mental health service delivery systems serving 7.2 million people annually in 50 states, 4 territories, and the District of Columbia—appreciates the opportunity afforded by the Center for Medicaid and Medicare Services (CMS) to offer comments on the above-referenced proposed Medicaid managed care regulations, specifically on proposed new measures to guarantee network adequacy and provider access. With regard to the proposed changes to the network adequacy standard which would give states the flexibility to adopt their own standards for network adequacy other than time and distance, we want to first say that state program administrators always

appreciate efforts by Federal regulators to afford states greater flexibility. However, a uniform standard would permit a better measure of outcomes across states through the reporting of more consistent data.

Rather than the approach suggested in the proposed regulations, we would instead recommend that the time and distance standard be maintained as the default measure of network adequacy, with states permitted to use the other measures listed within proposed 42 CFR 463.68 (or similar alternative measures) if they can show to the CMS Administrator's satisfaction that the default measure is not reasonably workable within their state for the statewide population or for specific populations such as enrollees needing long-term services and supports (LTSS). We believe that such an approach would ensure a more uniform base of outcomes data regarding enrollees' access to providers and reduce the administrative burden on Medicaid managed care insurers operating in multiple states.

Thank you for the opportunity to offer this suggestion for your consideration. If you have additional questions regarding this suggestion, please feel free to contact me at brian.hepburn@nasmhpd.org or 703-739-9333 or NASMHPD's Director of Policy and Communications, Stuart Gordon, at stuart.gordon@nasmhpd.org or 703-682-7552.

Sincerely,
Brian Hepburn, M.D.
Executive Director
National Association of State Mental Health Program Directors (NASMHPD)

CDC releases report on drug overdose deaths among women

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Middle-aged women remain vulnerable to death by drug overdose, according to a Morbidity and Mortality Weekly Report (MMWR) released today. CDC examined overdose death rates among women aged 30–64 years during 1999–2017 overall and by drug subcategories (antidepressants, benzodiazepines, cocaine, heroin, prescription opioids, and synthetic opioids, excluding methadone).
Key Findings

Drug overdose deaths continue to rise among women.

The crude drug overdose death rate among women aged 30–64 years increased by 260% between 1999 and 2017. The rate went from 6.7 drug overdose deaths per 100,000 population (4,314 deaths) in 1999 to 24.3 (18,110 deaths) in 2017.
The age distribution of drug overdose deaths among middle-aged women changed. Among women age 30–64, the average age of death from drug overdoses increased by nearly three years.

Opioids are a significant contributor to the rise in overdose deaths among women aged 30-64. However, analyses confirm that the recent sharp increases in the drug overdose epidemic were driven by deaths involving synthetic opioids, like illicitly manufactured fentanyl (IMF).

During this time, rates of drug overdose deaths increased for those involving synthetic opioids (1,643%), heroin (915%), benzodiazepines (830%), prescription opioids (485%), cocaine (280%), and antidepressants (176%).

More Information
MMWR: Drug Overdose Deaths among Women Aged 30–64 years — United States, 1999–2017
CDC: Opioid Overdose Prevention

Integrated Care Resource Center: Publications for 2018

The Integrated Care Resource Center (ICRC) helps states to develop integrated programs that coordinate medical, behavioral health, and long-term services and supports for individuals who are dually eligible for Medicare and Medicaid. ICRC is coordinated by the Center for Health Care Strategies and Mathematica Policy Research for the Centers for Medicare & Medicaid Services' (CMS) Medicare-Medicaid Coordination Office.

In 2018, ICRC launched a redesigned website with new features and more user-friendly navigation. Following is a list of resources produced by ICRC in 2018.

If you are interested in receiving email updates about new ICRC publications, you can subscribe at integratedcareresourcecenter.com.

Technical Assistance Briefs and Tools:

- Building a Stronger Foundation for Medicare- Medicaid Integration: Opportunities in Modifying State Administrative Processes
- How States Can Better Understand their Dually Eligible Beneficiaries: A Guide to Using CMS Data Resources
- Facilitating Access to Medicaid Durable Medical Equipment for Dually Eligible Beneficiaries in the Fee-for-Service System: Three State Approaches
- Preventing Improper Billing of Medicare-Medicaid Enrollees in Managed Care: Strategies for States and Dual Eligible Special Needs Plans

Tip Sheets/Fact Sheets:

- How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance
- Using Default Enrollment to Align Coverage for Dually Eligible Medicare-Medicaid Beneficiaries
- Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Using Medicare Program Audit Reports to Improve Managed Care Organization Oversight
- Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Designing an Integrated Summary of Benefits Document
- Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment

Working with Medicare Webinars:

- Coordination of Medicare and Medicaid Behavioral Health Benefits
- Medicare and Medicaid Nursing Facility Benefits: The Basics and Opportunities for Integrated Care
- Medicare 101 and 201 – Key Issues for States

Study Hall Call Webinars:

- Technical Operation Considerations for Implementing Enrollment Periods for States Participating in the Capitated Model Financial Alignment Initiative
- Building Relationships between Managed Care Organizations and Beneficiary Ombudsman Programs
- Aligning Coverage for Dually Eligible Beneficiaries Using Default and Passive Enrollment
- Using Value Based Purchasing (VBP) Arrangements to Improve Coordination and Quality of Medicare and Medicaid Nursing Facility Benefits

- Enrollment Periods for Dually Eligible Beneficiaries in Capitated Model Financial Alignment Initiative (FAI) Demonstrations
- Infocrossing's Medicare Solution Web Portal
- Partnering with SHIPs to Improve Care
- Enrollment Processing and Strategies to Grow Enrollment for States Participating in the Capitated Model Financial Alignment Initiative

State Legislative Update:

Whitmer Names Former Obama Appointee as DHHS Director

Robert GORDON, a former President Barack OBAMA appointee, was named Michigan Department of Health and Human Services (DHHS) director by Gov. Gretchen WHITMER today.

Gordon currently serves as senior vice president of finance and global strategy for The College Board, which is the organization behind the SAT test.

He was appointed by Obama to serve as acting deputy director at the U.S. Office of Management and Budget, and served as acting assistant secretary for Planning, Evaluation, and Policy Development at the U.S. Department of Education, according to a press release from Whitmer's office.

He was previously a law clerk for U.S. Supreme Court Justice Ruth Bader GINSBURG, as well. Gordon earned his bachelor's degree at Harvard University and his J.D. from Yale University, according to his biography on The College Board website.

"I have full confidence that Robert will work every day to improve public health and deliver essential human services for Michiganders across the state," Whitmer said in a statement. "He brings a unique set of skills and experiences that will lead the Department of Health and Human Services to drive real results that help hardworking families, and I look forward to working with him and the rest of our department leaders as we build a stronger Michigan for everyone."

Gordon, in a statement, said, "I look forward to working with Governor Whitmer and this administration as we improve public health and quality of life for Michiganders across the state. I'm ready to roll up my sleeves and get to work building a Michigan where everyone has access to the care they need and can make healthy decisions for themselves and their families. Let's go."

The new DHHS director takes over for acting director Farah HANLEY, who was deputy director for financial operations for the DHHS.

Gordon is the permanent replacement for Nick LYON, who was picked by former Gov. Rick SNYDER to lead the combined DHHS when Snyder merged the community health and human services departments in 2015. Lyon is also facing criminal charges in connection to the Flint water crisis investigation.

Senate: 'Priority No. 1 is No-Fault Reform'

Senate Majority Leader Mike Shirkey (R-Clarklake) erased any doubt, if any existed about the Senate's top priority for the 2019-20 session. The day after saying "we have the obligation to reform auto insurance," the new leader said lowering car insurance rates topped his caucus' initial to-do list.

A reporter asked Shirkey if he preferred to tackle the insurance reform issue piece by piece or from a comprehensive standpoint.

"Auto no-fault insurance is a great example of the finicky-ness of passing laws that affect how people create business models," Shirkey explained. "If you're going to create business models based on a law, you're subjecting yourself to that law being changed. That's the biggest reason why previous attempts at reform have been met with such resistance." "I think our plan will end up being pretty comprehensive," he concluded.

Federal Update:

Trump's Top Medicaid Official Resigns

After less than three months on the job, Mary Mayhew has resigned as Director of the Center for Medicaid and CHIP Services (CMCS) at CMS. Mayhew is known for her previous work in Maine to tighten the state's Medicaid eligibility standards and impose work requirements for the food stamp program. At CMS, Mayhew championed Medicaid work requirements, including approving a Medicaid work requirement wavier for Maine that she had helped to craft. Mayhew is departing to lead new Florida Governor Ron DeSantis's (R) health care agenda, a potential signal that DeSantis may pursue tighter eligibility standards for Medicaid and other social benefits.

What to Watch in Health Care in 2019

The 116th Congress began on Thursday amid a government funding lapse that has shut down roughly 25 percent of the federal government. Democrats are set to lead the House chamber for the first time since 2010, while Republicans remain in control in the Senate. While legislation may be move less quickly in the new divided Congress, lawmakers will still face a number of "must-pass" bills that include health care priorities. Additionally, the Trump Administration will continue to shape the health care landscape with Medicaid waivers and potential payment reforms. Here is a preview of what's ahead in health policy in 2019.

FY 2020 Budget: FY 2020 will see the return of scheduled funding cuts, known as "sequestration", on non-defense discretionary spending, which includes health care programs. Established by the 2011 Budget Control Act, sequestration could result in major funding cuts to discretionary spending across the board. The National Council will be urging Congress to lift the caps to avoid harmful cuts to vital health programs. If Congress does not lift the caps this Spring, recent FY 2019 funding increases for mental health and addiction programs would be in danger of being lost.

ACA Legal Challenge: While attempts to "repeal and replace" the Affordable Care Act are likely dead with a Democratic-controlled House, the ACA now faces a new threat in the legal system. In late December, Judge Reed O'Connor found the Affordable Care Act (ACA) to be unconstitutional following Congress' repeal of the individual mandate penalty in 2017. Legal experts are overwhelmingly skeptical that Judge O'Connor's ruling will be upheld through the appeals process and during this time the ACA remains the law of the land. Nonetheless, the ruling injects a new round of uncertainty in the health insurance marketplace, and for the health care sector more generally. This will be an issue to watch closely in 2019. Read more about O'Connor's decision here.

Medicaid Waivers: Since assuming office, Centers of Medicare and Medicaid Services (CMS) Administrator Seema Verma has promoted state-based control and flexibility over Medicaid programs and individual insurance marketplaces, largely through the use of waivers. Many of these new waivers, like Medicaid work requirements, are opposed by the National Council for restricting beneficiaries' access to behavioral health services. CMS has also directed states on new pathways for bypassing the ACA. At the same time, CMS has released new opportunities for states to increase access to services, including their recent announcement about mental health services.

With a divided Congress, expect the Trump Administration to focus more energy on shaping health policy through waivers and other executive action. House Democrats may also use their new oversight authority to investigate the Trump Administration's actions to undermine the ACA and implement work requirements.

More Opioid Legislation: Following the 2018 Opioid Package, some Democrats expressed concern that the package "did not go far enough" to address the ongoing opioid crisis. The package included a number of important provisions for providers that were the direct result of National Council advocacy, including: a new loan repayment program for addiction treatment professionals, behavioral health IT incentivizes, and expanded access to telemedicine. However, the National Council was disappointed that the package lacked meaningful, long-term investment in our nation's addiction treatment system by not including an expansion of the Certified Community Behavioral Health Clinics (CCBHCs) program. The National Council remains hopeful that Congress will find bipartisan compromise once again and pass legislation to address the addiction crisis early on in the new year.

Payment Reform: The drive toward value-based payments will continue into 2019. Expect CMS to continuing pursing the alternative payment models that started under the Affordable Care Act including bundled payments and more accountable care organizations.

Education Opportunities:

CMHAM & Michigan Health Endowment Fund Present New Training Series: Managed Care Contracting from a Position of Strength!

Many behavioral health agencies mistakenly believe that they lack leverage with the MCOs to negotiate fair provisions in their participation agreements, overlooking legal protections available under state and federal law. In addition, many behavioral health agencies fail to position themselves to participate under value-based payment arrangements with MCOs, foregoing potential revenue streams. This full-day training will assist behavioral health agencies negotiate favorable participation agreements with MCOs. The training will address the following topics:

- Preparing for contract negotiations by identifying and assessing potential leverage points, such as regulatory leverage, market power, and competing on value;
- Evaluating managing care contracts using a team-based approach, considering an MCO's operational and financial stability;
- Negotiating strategies and tips to make the most persuasive case; and,
- Understanding common contract terms and what language is most advantageous.

FEATURING: ADAM J. FALCONE, JD, MPH, BA, PARTNER, FELDESMAN TUCKER LEIFER FIDELL, LLP
Based in Pittsburgh, PA, Mr. Falcone is a partner in FTLF's national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. He counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters.

WHO SHOULD ATTEND:

- Nonprofit mental health providers and those mental health providers serving within the public mental health network interested in negotiating contracts with managed care organizations
- You may send more than 2 attendees from your agency

REGISTRATION: $100 per person. The fee includes training materials, continental breakfast and lunch.

ADDITIONAL INFO: https://macmhb.org/education, cward@cmham.org; or 517-374-6848.

TO REGISTER, CLICK ON YOUR DATE & LOCATION:
January 15, 2019 - Detroit Marriott, Livonia *(full – registration closed)*

January 16, 2019 - Holiday Inn & Suites, Mt. Pleasant *(6 spots left)*

January 23, 2019 - Drury Inn & Suites, Grand Rapids *(full – registration closed)*

January 24, 2019 - West Bay Beach Holiday Inn *(13 spots left)*

Registration Open CMHAM Annual Winter Conference

The CMHAM Annual Winter Conference, "Together…We All Win!"

February 4, 2019: Pre-Conference Institutes
February 5 & 6, 2019: Full Conference
Radisson Plaza Hotel, Kalamazoo

CLICK HERE TO REGISTER FOR THE WINTER CONFERENCE

PRE-CONFERENCE INSTITUTES:

Human Trafficking
February 4, 2019 from 1:00pm – 4:00pm (registration at 12:30pm)
Member Fee: $37
Non-Member Fee: $44

CLICK HERE TO REGISTER FOR HUMAN TRAFFICKING

This class offers a clear and comprehensive view of human trafficking in the United States. Develop a broader understanding of human trafficking as a whole; who are traffickers, victims and how are they trapped in this victimization. Understand how the culture is nurturing this crime and feeding the demand for modern day slavery. Learn how to recognize signs and symptoms of a victim, a perpetrator and how to respond. Understand a basic over view for the physical, mental and emotional outcome of a victim. Additionally, realize the complexity of resolving the human trafficking cycle including the challenges of a victim becoming a survivor by examining their mental health, the recovery process, existing recovery challenges and outcomes.

Presenter: Jennifer Mason
Jennifer Mason is the Grant Administrator for The Salvation Army Anti-Human Trafficking Initiative. The Initiative offers intensive case management, education, awareness and training, and we strive to bring collaboration and overarching support to the Tri-County area anti-human trafficking realm. Jennifer is also the Founder of The Alabaster Gift and for the past 5 years was the Executive Director. Established in 2013, The Alabaster Gift is a nonprofit 501(c)3 anti-human trafficking organization providing services to victims of sexual and labor trafficking including exploitation through a Drop In Center model. She is a pastor, currently transferring her license to the Assemblies of God Church, working toward Ordination. She served previously for 9 years as a staff pastor in the Wesleyan Church within the traditional ministry realm. Jennifer is certified through FAAST (Faith Alliance Against Slavery and Trafficking) as a Train the Trainer; completed Michigan Human Trafficking Task Force as Train the Trainer; certified by The Human Trafficking Training Institute; completed Ascent 121's Build Beyond Trauma Training and What About Boys Trauma Training; completed Trauma-Informed Care by No Boundaries International/Lori Basey; certified as a Mental Health First Aid Responder; accomplished CCDA Immersion Training (Christian Community Development Association) and affiliated with the WJN (Wesleyan Justice Network).

Wearing the HIPAA Hat
February 4, 2019 from 1:00pm – 3:00pm (registration at 12:30pm)
There is no fee to attend this Pre-Conference Institution, but registration is REQUIRED.

CLICK HERE TO REGISTER FOR WEARING THE HIPAA HAT

Have you had the HIPAA Compliance Officer role added to your duties or is your organization considering you for this role? If so, this training is for you! In this training, we'll discuss what needs to be done throughout the year and annually to maintain compliance. The training will cover ways to efficiently manage your time needed for this role by scheduling tasks and delegating duties to other departments. We'll also dive deeper into how to identify what data needs to be protected, who needs to sign a BAA, end user HIPAA training, and the breach

notification process. By the end of this training, you'll be more competent with your HIPAA Compliance Officer role.   Skill level: Beginner – Intermediate

Presenter: Sean C. Rhudy, Abilita
CMHAM is pleased to offer this training partnership with Abilita to help free staff's time and reduce operating expenses for CMH, PIHP and Providers. Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can ensure you are in compliance without wasting your staffs' time. In addition, they reduce your telecom costs by 29% with no upfront costs or risk.

TO RESERVE YOUR HOTEL ROOM:

Radisson Plaza Hotel & Suites, 100 W. Michigan Ave., Kalamazoo, MI 49007
2019 Room Rates: $132 plus taxes (Single/Double)

When making your reservations, you will be charged one-night NON-REFUNDABLE deposit. There will be NO PHONE reservations.

To Make Your Reservations: Visit: www.radissonkz.com

Enter: check in and check out dates (conference dates only)
Click: more search options
Select: promotion code for rate type
Enter: CMHA19 for code
Click: search and **Complete reservation**

Deadline for Reduced Rate: January 13, 2019

Cancellation Deadline: Guests have until 24 hours prior to arrival to cancel without penalty. If a reservation is canceled prior to the 24 hours the one-night non-refundable charge will still apply but there will not be any additional charges. If a guest cancels within 24 hours prior to arrival, in addition to the one-night non-refundable charge, a one-night stay fee will apply.

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Administration for Community Living (ACL) Announces HCBS Resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

> As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.

Dan Berland; Director of Federal Policy; NASDDDS

Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)

For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: https://www.surveymonkey.com/r/P25Z8TR. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.

We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:

Click on the link below, or if your email program does not allow linking, copy and paste the link into the address field of your Internet Browser.
https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8

Once you have been redirected to the Download page, select the "Download" button.
When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".

Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.

Please find the link to a copy of Minnesota's "Provider's Guide to Putting the HCBS Rule Into Practice".

A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

IPSSR Announces Next in Series to Focus on Opioid Abuse and Suicide

Michigan State's University's Institute for Public Policy and Social Research (IPPSR) will host its first 2019 luncheon public policy forum on January 16, 2019 from 11:30 a.m. to 1:30 p.m. in downtown Lansing.

Two leading causes of death in Michigan, highest among males, are opioid overdose and suicide. While the conversation is a difficult one to have, professionals who are working with those who are vulnerable to these tragic endings, and their families, are eager to discuss possible policy changes that are likely to help curb, if not prevent, the trending crises.

Please join us for IPPSR's January forum, **Lending Light to Michigan's Double Crisis – Opioid Use and Suicide**, taking place in the Anderson House Office Building, 124 N. Capitol Ave., directly across from the Michigan Capitol grounds in downtown Lansing. As previously noted, the forum discussion will run from 11:30 a.m. to 1:30 p.m. and is free and open to the public. Pre-registration is strongly encouraged online at http://bit.ly/IPPSRForum as open seats and lunch is on a first-come, first-serve basis. January's panel includes:

Jennifer E. Johnson, PhD, C. S. Mott Endowed Professor of Public Health; Professor of OBGYN, Psychiatry and Behavioral Medicine with the College of Human Medicine at Michigan State University
Juli Liebler, Ph.D., Assistant Professor and Director of Outreach with Michigan State University School of Criminal Justice, Former Chief of Police for the City of East Lansing, and FBI National Academy Graduate

In addition to the January 16 forum, IPPSR also will host Public Policy Forums on February 13, March 13, April 17, and May 8. Previous forums may be viewed on the IPPSR website. We hope you will take this opportunity to learn, contribute, and network with others who have interest in forum topics.

Social Determinants of Health to be Focus of MSU Colleges of Medicine and Nursing Seminar

SAVE THE DATE

Michigan State university's College of Human Medicine and College of Nursing present:
Social Determinants of Health: A Call to Action
Speaker: Dr. Mona Hanna-Attisha

Conrad Auditorium
Polycom G029 DMC, UC3 208 Macomb, 120 Secchia Grand Rapids
Wednesday, January 16, 5–7:30 p.m.
Dinner 5-6 p.m., Program 6-7:30 p.m.
RSVP to: https://bit.ly/2Lc7gpQ

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:
February 21-22, 2019 | Detroit Marriott Livonia
March 18-19, 2019 | Great Wolf Lodge, Traverse City
May 13-14, 2019 | Kellogg Center, East Lansing

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. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.

- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia
June 3-7, 2019 | Best Western, Okemos
August 12-16, 2019 | Great Wolf Lodge, Traverse City

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City
June 19, 2019 | Okemos Conference Center

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

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.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
February – DoubleTree Bay City
- Basic: Monday & Tuesday, Feb. 25-26, 2019
- Advanced: Monday & Tuesday, Feb. 25-26, 2019
- Supervisory: Tuesday, Feb. 26, 2019
- Teaching MI: Wednesday & Thursday, Feb. 27-28, 2019

March – Weber's Ann Arbor
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
- Basic: Monday & Tuesday, June 10-11, 2019
- Advanced: Monday & Tuesday, June 10-11, 2019
- Supervisory: Monday, June 10, 2019
- Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

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

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

Trainings offered on the following dates.
- *Training Full:* January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

CHCS Announces Complex Care Webinar

Below is a recent announcement from the Center for Health Care Strategies of an upcoming webinar on the recently issued blue print for complex care.

CHCS: Introducing the Blueprint for Complex Care: Opportunities to Advance the Field
Funder: The Commonwealth Fund, the Robert Wood Johnson Foundation, The SCAN Foundation

Date and Time: January 22, 2019, 2:00 – 3:00 PM ET

Health care innovators across the country are pioneering new approaches to provide better care at lower cost for people with complex health and social needs. Advancing the field of complex care and dramatically improving care delivery for the nation's most vulnerable patients, however, cannot be achieved by one organization alone. The recently released Blueprint for Complex Care provides a strategic plan to unite the broad set of individuals and organizations experimenting with innovative care models and outlines opportunities to further advance the field.

During this webinar, Blueprint authors from the National Center for Complex Health and Social Needs, the Center for Health Care Strategies, and the Institute for Healthcare Improvement will outline the goals of the Blueprint, discuss how it was developed, describe recommendations for building the complex care field, and share opportunities to get involved. Two experts in the field will provide ground-level perspectives on the Blueprint's recommendations.

Providers, health system and health plan leaders, community-based organizations representatives, policymakers, state officials, and other stakeholders are invited to join this 60-minute event. This webinar is made possible by The Commonwealth Fund, the Robert Wood Johnson Foundation, and The SCAN Foundation.

Miscellaneous News and Information:

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: $57,000 to $73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

CMH Association's Officers and Staff Contact Information:

CMHAM 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: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
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CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

January 18, 2019

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Visit our website at **https://www.macmhb.org/committees**

News from Our Corporate Partners:

Local Security and Cloud Servers?

It is a common misconception that local computers and networks do not have to be secure because an organization's EMR system lives in the cloud. Although you are still required to have a BAA for that cloud provider, it is also imperative to protect the local network. An attacker could gain access to a local computer and either take screenshots of ePHI that a user is viewing, or they could capture login credentials to a cloud EMR system. The same security rules apply to a local network even if the server is not onsite. Reach out to the CMHA to get help today!

Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition, we reduce your telecom costs by 29% with no upfront costs or risk. Abilita is an independent consulting company with offices across Michigan and North America! As one of the largest independent Communications Technology consulting firms in America, Abilita has the experience needed to help members by not just identifying, but by managing the implementation of recommendations you approve. For additional information, contact: Dan Aylward, Senior Consultant, Abilita at 888-910-2004 x 2303 or dan.aylward@abilita.com.

State and National Developments and Resources:

MDHHS Director Gordon Reaches out to CMH Association, MDHHS employees, and MDHHS Stakeholders

On his first day in the role as the Director of the Michigan Department of Health and Human Services, Robert Gordon reached out to talk to our Association, as a key MDHHS stakeholder. We discussed the CMH Association's recommendations to strengthen Michigan's public mental health system, drawing on two of the Association's core advocacy documents "Vision for a World Class Public Mental Health System in Michigan" and its "Addressing the systemic underfunding of Michigan's public mental health system". He expressed his strong support for our system, reminding us that his father was a psychiatrist in the public mental health system of New York. He asked that we drop off hard copies of the materials that we discussed, along with other materials related to our system.

Below is an e-mail, from Robert Gordon's office, that went out to all of the Department's key stakeholder organizations, earlier this week.

Additionally, below is an email (and a link to a video interview) from Robert Gordon that was sent to MDHHS employees, earlier this week. While this e-mail and video are intended for MDHHS employees, the themes contained in the e-mail and video provide us with a clear picture of his approach to his work and his hopes and vision for MDHHS.

Message to MDHHS stakeholders from Director Gordon:

> Dear Stakeholders:
>
> I am grateful to Governor Whitmer for the honor of service as Director of the Department of Health and Human Services.
>
> With my appointment, many of you issued statements that expressed your support and shared your commitments and concerns. I am grateful. I know the indispensable roles that diverse private, non-profit, and public organizations play in delivering care in this great state. I look forward to working with all of you to improve Michiganders' lives.
>
> While I am focused for now on getting to know the Department staff, I am eager to begin meeting many of you in the coming weeks and months. The state's stakeholders will be critical partners in any success. I am excited to work together with you building a Michigan where everyone has access to the care they need and can make health decisions for themselves and their families.
>
> Sincerely,
>
> Robert Gordon

Message to MDHHS staff from Director Gordon:

Good afternoon MDHHS employees:

> Thank you so much for your warm welcome last week. It was a pleasure to meet a few of you, and I'm looking forward to meeting even more of you going forward. I'm excited to learn about how we can work together to improve Michiganders' lives.
>
> Please know that my immediate focus will be on speaking with you about what is working and what is not. Where changes need to be made, I will be deliberate and transparent.
>
> As I begin this new opportunity, I am guided by five principles: act on scientific data; put the interest of the public ahead of my personal interests or the interests of the agency; treat residents of all racial or economic backgrounds with dignity, honesty and respect; spend taxpayer dollars like they were my own; and create opportunities for all of you to do your best work.
>
> If you're interested, please take a moment to watch this video for more about me. (The CMH Association has placed this YouTube video on the Association's website to expedite access to it: https://cmham.org/message-from-mdhhs-director-robert-gordon/)
>
> Thank you again,
>
> Robert

New Director Talks About Opportunities in Combined MDHHS

The following are excerpts from a recent MIRS news story on the early days of MDHHS Director Robert Gordon. Incoming Director Robert **GORDON** said today he believes there are "huge opportunities to improve services through the combination" of agencies that turned the Department of Health and Human Services (DHHS) into a huge 14,000-employee department.

"There are enormous connections between health and human services. People don't live their lives in bureaucrat boxes," he said in a telephone press conference today. ". . . I also know it is clear there is much more work to be done to leverage the combination and to get the full benefit."

Gordon was appointed Thursday as the new DHHS director by Gov. Gretchen **WHITMER.** He most recently was senior vice president of finance and global strategy for The College Board. Previously, he served under President Barack **OBAMA** as acting deputy director at the U.S. Office of Management and Budget, and was the acting assistant secretary for Planning, Evaluation, and Policy Development at the U.S. Department of Education (

Whitmer said in December she was considering breaking up DHHS and had been concerned with the combination when it was made under former Gov. Rick **SNYDER**. She has since said it's not an immediate priority.

"I view it as an open question. I should say, I don't think there is a final decision on this question. But my going in is to look hard at it and see if and how we can make a single agency really effective for people," Gordon said. ". . . Often, it's the same people on one side of the house that need services on the other side of the house."

Gordon is replacing former director Nick **LYON**. Lyon and former chief medical executive Dr. Eden **WELLS** are still facing charges stemming from the Flint water crisis.

Asked how he intends to address morale in the department in the wake of those charges, Gordon said he would be "setting forth principles that we can all stand behind and that reflect our aspirations."

Those principles include acting on data and evidence, putting the interests of the public ahead of the interests of the agency, treating all residents of Michigan with respect, "and lastly, we have to shepherd taxpayer dollars carefully. We have to treat taxpayer money like it's our own," he said.

Gordon said that while he knows improvements at the department are needed, he plans to listen to the staff and honor the work they do.

"I have personal experience working with case workers and social workers side by side, case by case trying to figure out how to do the right thing for a kid in terrible distress. I know how hard those jobs are. I know you don't do those jobs for the money because the money is not great," he said.

State Funding Recognition of K-12 Mental Health Issues, Advocates Say

Below are excerpts from a recent media story about the inclusion of funding, in the FY 2019 Supplemental Budget Bill recently signed by Governor Snyder. These funds target many of the school-based mental health services in which the Association's members are involved and was fostered by a coalition, of which this Association was a part, led by the School Community Health Alliance of Michigan (SCHA-MI).

> Gov. Rick Snyder recently signed legislation designating $31.3 million for School Mental Health and Support Services within the K-12 budget.
>
> Advocates for children say years of lobbying and advocacy finally paid off in December.

> School leaders say every year they try to meet the growing needs of students with mental, emotional or behavioral disorders with limited resources.
>
> "We are abundantly grateful for the allocation because it acknowledges student mental health issues are a problem in our schools,'' said Ottawa Area ISD Superintendent Peter Haines.
>
> "For a long time, there has been a universal outcry that this is a common problem. This funding is a good start and will make a difference.''
>
> Snyder signs $1.3B in funding for roads, toxic clean-ups, schools
> $114 million will go toward roads
>
> There is also excitement around the funding opening the door for the possible expansion of the Medicaid-enrolled students for whom a school can bill Medicaid for health services delivered in the school.

The full article can be found at:
https://www.mlive.com/news/grand-rapids/2019/01/state-funding-recognition-of-k-12-mental-health-issues-educators-and-advocates-say.html

MDHHS Seeking Public Comment on MI Health Link ("Duals Project") Waiver Amendment

Dear Interested Party:

RE: Section 1915(c) MI Health Link Waiver Amendment

The Michigan Department of Health and Human Services (MDHHS) is submitting a waiver amendment to the Centers for Medicare & Medicaid Services (CMS) for the Section 1915(c) MI Health Link waiver. The purpose of this amendment is to:

1. Revise the data sources, frequency of data collection and sampling approach associated with the waiver's performance measures.
2. Add Door 8 for the nursing facility level of care determination which will be used to determine functional eligibility.
3. Reflect the change in name from Department of Community Health to Michigan Department of Health and Human Services and the change in name from Bureau of Medicaid Policy and Health System Innovation to Bureau of Medicaid Long-Term Care Services and Supports.
4. Remove Community Transition Services from the waiver. These services will be provided as State Plan services.
5. Change references of Level of Care (LOC) code to Program Enrollment Type (PET) code.
6. Modify language pertaining to the appeals process to comply with the federal Managed Care Rule. Enrollees will need to exhaust the internal appeals process prior to requesting a State Fair Hearing through the Michigan Administrative Hearing System (MAHS) or the Michigan Department of Insurance and Financial Services (DIFS). Requests for appellate review must be filed within ten (10) calendar days after the notice of adverse resolution or decision, in order to continue to receive those services during the pendency of the appeal. This is true for the internal appeal and any subsequent review by MAHS or DIFS.
7. Update excluded populations to include persons residing in State Veterans' Administration (VA) Homes as of June 1, 2018. (bulletin MSA 18-08)
8. Add methods for Level of Care Quality Assurance Reviews based on State-wide methodology.

The anticipated effective date of this waiver amendment is April 1, 2019.

There is no public hearing scheduled for this waiver amendment. Input regarding this waiver amendment is highly encouraged. The Section 1915(c) MI Health Link waiver amendment can be found online at https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64077---,00.html
and comments regarding this Notice of Intent may be submitted to MSAPolicy@michigan.gov, or by mail to:

Attention: Medicaid Policy
Michigan Department of Health and Human Services
P.O. Box 30479
Lansing, Michigan 48909-7979

All comments on this topic should include a “Section 1915(c) MI Health Link waiver Amendment Comment” reference somewhere in the written submission or in the subject line if email is used. Comments and related responses will be available at the above website following the end of the comment period. Comments will be accepted until February 11, 2019.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state. We thank you in advance for your participation.

Sincerely,
Kathy Stiffler, Acting Director
Medical Services Administration

The Job Most Americans Don't Know About, but is Crucial to The Success of People with Disabilities

Below are excerpts from a recent story, in Forbes magazine, about the value of direct care and the need for their work to be supported fiscally and organizationally.

> A whopping 88% of direct support professionals leave their job because of inadequate wages.
>
> *The Case for Inclusion,* a report recently published by two nonprofit institutions, ANCOR Foundation and United Cerebral Palsy (UCP), gives a meticulously researched overview of what life is like for people with intellectual and developmental disabilities (I/DD). The report assesses states on how well they include, support and empower individuals with I/DD. The conclusion? Despite progress, overall support for this community has stalled, according to the report—and honestly, even the word stalled sounds a little too kind.
>
> There are years-long waiting lists for residential services and a low number of individuals with I/DD working at a market-driven wage. Families are picking up the duties that a professional would if they were covered by Medicaid. The good news: Decades after states embarked on efforts to close large institutions that essentially warehoused the I/DD population, 34% of people with intellectual disabilities are employed. Every dollar spent on supporting individuals in finding work, friends, and self-esteem promises a huge return on investment.
>
> For people of all abilities in this community, success is often determined by one highly influential, skilled person who helps them navigate both the work world and home life. They are called DSPs. Not familiar with the acronym? You’re not alone. Read on to learn more.
>
> One word of warning—there are a lot of acronyms in this post. Plow through anyway. This is important information for business leaders and their communities.
>
> **What Exactly Is A Direct Support Professional?**

> *The Case for Inclusion* devotes more than a few pages to what is known as the direct care workforce or DSPs—Direct Support Professionals. They are often called the linchpin or the backbone of the care/support system. DSPs specialize in supporting individuals with I/DD so that they can live in the community with their family and peers instead of in state institutions, per the report. DSPs are also the relationship builders who connect individuals to jobs, volunteer opportunities, friends, religious groups and civic life.
>
> **For the general public, who wouldn't know an HSA or PCA from a DSP if their life depended on it (and someday it might), this is your wake-up call.**
>
> Essentially, every aspect of an I/DD individual's life could very well change for the better if DSP wages improved. Still, many legislators lack an understanding of the crucial role of DSPs in the caregiving system, which can result in limited funding for them, which comes primarily from Medicaid.

The full article can be found at:

https://www.forbes.com/sites/denisebrodey/2019/01/10/the-job-most-americans-dont-know-about-but-is-crucial-to-the-success-of-people-with-disabilities/#334aac336105

CDC Provides Cultural Competence Resources

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Below is an excerpt from a recent Centers for Disease Control and Prevention (CDC) announcement on the CDC's resources on cultural competence.

> Tools for Cross-Cultural Communication and Language Access Can Help Organizations Address Health Literacy and Improve Communication Effectiveness
>
> Effective communication recognizes and bridges cultural differences.
>
> The ideas people have about health, the languages they use, the health literacy skills they have, and the contexts in which they communicate about health reflect their cultures. Organizations can increase communication effectiveness when they recognize and bridge cultural differences that may contribute to miscommunication.
>
> Culture Allows and Can Get in the Way of Communication
>
> Culture can be defined by group membership, such as racial, ethnic, linguistic or geographical groups, or as a collection of beliefs, values, customs, ways of thinking, communicating, and behaving specific to a group.
>
> As part of a cultural group, people learn communication rules, such as who communicates with whom, when and where something may be communicated, and what to communicate about. Members of a cultural group also learn one or more languages that facilitate communication within the group. Sometimes, though, language can get in the way of successful communication. When people and organizations try to use their in-group languages, or jargon, in other contexts and with people outside the group, communication often fails and creates misunderstanding and barriers to making meaning in a situation.

> Doctors, nurses, dentists, epidemiologists, and other public health and healthcare workers belong to professional cultures with their own languages that often aren't the everyday language of most people. When these professionals want to share information, their jargon may have an even greater effect when limited literacy and cultural differences are part of the communication exchange with patients, caregivers, and other healthcare workers. Review the Find Training(https://www.cdc.gov/healthliteracy/gettraining.html) section of this website for courses in culture and communication.

The full resource list is available at:
https://www.cdc.gov/healthliteracy/culture.html

Mental Health Self-Directed Care Financing: Efficacy in Improving Outcomes and Controlling Costs for Adults with Serious Mental Illness

Below is an excerpt from a recent article in Psychiatric Times On-Line regarding the value of self-directed care.

> Over the past two decades, the federal Centers for Medicare and Medicaid Services (CMS) has promoted use of a consumer-directed, "money follows the person," health care financing approach for use by individuals with a broad range of disabilities. Called self-directed care, this model gives individuals direct control over public funds to purchase health care services, supports, and material goods necessary for them to reside in the community rather than in inpatient or nursing facilities.
>
> Although use of this model to promote the recovery of people with serious mental illness is less common, multiple states are now developing mental health self-directed care initiatives, and interest in this approach is growing. Recently, consumer, advocacy, and service provider communities have called for greater use of self-directed care in mental health, as have federal agencies, including CMS (1), the Substance Abuse and Mental Health Services Administration (2), and the U.S. Department of Health and Human Services' Office of Disability, Aging and Long-Term Care Policy (3). The purpose of this study was to conduct a randomized controlled trial of a mental health self-directed care program, assessing its effects on participant outcomes, service satisfaction, and service costs.
>
> Objective
> Self-directed care allows individuals with disabilities and elderly persons to control public funds to purchase goods and services that help them remain outside institutional settings. This study examined effects on outcomes, service costs, and user satisfaction among adults with serious mental illness.
>
> Methods
> Public mental health system clients were randomly assigned to self-directed care (N=114) versus services as usual (N=102) and assessed at baseline and 12 and 24 months. The primary outcome was self-perceived recovery. Secondary outcomes included psychosocial status, psychiatric symptom severity, and behavioral rehabilitation indicators.
>
> Results
> Compared with the control group, self-directed care participants had significantly greater improvement over time in recovery, self-esteem, coping mastery, autonomy support, somatic symptoms, employment, and education. No between group differences were found in total per-person service costs in years 1 and 2 or both years combined.
>
> However, self-directed care participants were more likely than control group participants to have zero costs for six of 12 individual services and to have lower costs for four.

The most frequent nontraditional purchases were for transportation (21%), communication (17%), medical care (15%), residential (14%), and health and wellness needs (11%).

Client satisfaction with mental health services was significantly higher among intervention participants, compared with control participants, at both follow-ups.

Conclusions
The budget-neutral self-directed care model achieved superior client outcomes and greater satisfaction with mental health care, compared with services as usual.

The full article can be found at:
https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800337

State Legislative Update:

House Creates New Committee Structure to Provide More Debate

The new House Ways and Means Committee will be reviewing and vetting legislation after it leaves its original committee in the coming term to ensure almost every bill receives a second look and further debate before moving to the House floor. The House Judiciary Committee will review and vet legislation from any House committee that creates or changes criminal penalties. The House Appropriations Committee will review and debate any bills that include an appropriation.

Under the new structure, Appropriations, Government Operations, Judiciary, and Ways and Means will be the four committees that can send bills directly to the House floor.

"This new process is going to encourage more debate and give our bills a much stronger look before they hit the House floor, making our state government more responsible and more effective," said Speaker of the House Lee Chatfield. "Criminal justice reform and state budgeting are two critically important areas in particular, and both areas are going to continue to see important reforms. This new process will allow us to make more of a coordinated effort on those specific topics, carefully review how every bill impacts the larger picture and eventually pass better legislation for the people we represent."

House Committee Assignments

Wednesday evening, Speaker of the House Lee Chatfield announced House Committee assignments for the 2019 session year, which can be viewed below.

- Agriculture -- Alexander (Chair), Meerman (Vice Chair), LaFave, Eisen, Mueller, Wendzel, Elder (Minority Vice Chair), Coleman, Garza, C. Johnson, Witwer.

- Appropriations -- Hernandez (C), Miller (VC), Inman, Albert, Allor, Brann, VanSingel, Whiteford, Yaroch, Bollin, Glenn, Green, Huizenga, Lightner, Maddock, Slagh, VanWoerkom, Hoadley (MVC), Love, Pagan, Hammoud, Peterson, Sabo, Anthony, Brixie, Cherry, Hood, Kennedy, Tate.

- Commerce & Tourism -- Marino (C), Wendzel (VC) Reilly, Meerman, Schroeder, Wakeman, Cambensy (MVC), Camilleri, Hope, Manoogian, Robinson.

- Communications & Technology -- Hoitenga (C), S. Johnson (VC), Wozniak, Coleman (MVC), Chirkun.

- Education -- Hornberger (C), Paquette (VC), Crawford, Vaupel, Reilly, Hall, Markkanen, O'Malley, Wakeman,

Camilleri (MVC), Sowerby, B. Carter, T. Carter, Koleszar, Stone.

- Elections & Ethics -- Calley (C), Sheppard (VC), Hornberger, Marino, Paquette, Guerra (MVC), Hope.

- Energy -- Bellino (C), Wendzel (VC) Alexander, Frederick, Lower, Filler, Markkanen, Mueller, O'Malley, Schroeder, Lasinski (MVC), Sneller, T. Carter, Haadsma, Kuppa, Manoogian, Shannon.

- Families, Children & Seniors -- Crawford (C), Rendon (VC), Hoitenga, Meerman, Wozniak, Garrett (MVC), Liberati, B. Carter, C. Johnson

- Financial Services -- Farrington (C), Schroeder (VC), Sheppard, Bellino, Berman, Wakeman, Gay-Dagnogo (MVC), Clemente, Stone, Whitsett.

- Government Operations -- Sheppard (C), Cole (VC), Lilly, Greig (VC), Rabhi,

- Health Policy -- Vaupel (C), Frederick (VC), Alexander, Calley, Hornberger, Lower, Whiteford, Afendoulis, Filler, Mueller, Wozniak, Liberati (MVC), Garrett, Clemente, Ellison, Koleszar, Pohutsky, Stone, Witwer.

- Insurance -- Rendon (C), Markkenan (VC), Webber, Vaupel, Bellino, Frederick, Hoitenga, LaFave, Berman, Paquette, Wittenberg (MVC), Gay-Dagnogo, Lasinski, Sneller, Bolden, B. Carter, Coleman.

- Judiciary -- Filler (C), LaFave (VC), Farrington, Howell, S. Johnson, Rendon, Berman, Wozniak, LaGrand (MVC), Guerra, Elder, Yancey, Bolden.

- Local Government & Local Municipal Finance -- Lower (C), Marino (VC), Crawford, Calley, Howell, Eisen, Meerman, Paquette, Ellison (MVC), Sowerby, Garza, Hope, Kuppa.

- Military, Veterans & Homeland Security -- LaFave (C), Mueller (VC), Marino, Afendoulis, Markkanen, Jones (MVC), Chirkun, T. Carter, Manoogian.

- Natural Resources & Outdoor Recreation -- Howell (C), Wakeman (VC), Calley, Reilly, Rendon, Eisen, Sowerby (MVC), Cambensy, Pohutsky.

- Oversight -- Hall (C), Reilly (VC), Webber, S. Johnson, LaFave, Schroeder, C. Johnson (MVC), Camilleri, LaGrand.

- Regulatory Reform -- Webber (C), Berman (VC), Crawford, Farrington, Frederick, Hoitenga, Filler, Hall, Wendzel, Chirkun (MVC), Liberati, Cambensy, Jones, Garza, Robinson.

- Selected Committee On Reducing Car Insurance Rates -- Wentworth (C), Rendon (VC), Frederick, LaFave, Afendoulis, Lasinski (MVC), Sabo, Bolden, Whitsett.

- Tax Policy -- Afendoulis (C), Lower (VC), Vaupel, Webber, Farrington, S. Johnson, Hall, O'Malley, Schroeder, Yancy (MVC), Wittenberg, Ellison, Lasinski, Robinson, Whitsett.

- Transportation & Infrastructure -- O'Malley (C), Eisen (VC), Cole, Sheppard, Alexander, Bellino, Howell, Afendoulis, Sneller (MVC), Clemente, Yancey, Haadsma, Shannon.

- Ways & Means -- Iden (C), Lilly (VC), Leutheuser, Griffin, Hauck, Kahle, Wentworth, Warren (MVC), Byrd, Neeley, Hertel.

- Joint Committee On Administrative Rules -- Maddock (C), Wozniak (VC), S. Johnson, Bolden (MVC), Garrett.

- House Fiscal Governing Committee -- Hernandez (C), Chatfield (VC), Cole, Hoadley (MVC), Greig, Rabhi.

- Legislative Council -- Chatfield (C), Hernandez, Lilly, Wentworth, Cole*, Whiteford*, Clemente, Rabhi, Garrett*.

* = alternate member

Appropriations Subcommittees

- Agriculture & Rural Development -- VanWoerkom (C), Bollin (VC), Albert, Green, Kennedy (MVC), Sabo, Brixie.

- Corrections -- Albert (C), Slagh (VC), VanSingel, Lightner, Maddock, Pagan (MVC), Sabo, Anthony, Kennedy.

- General Government -- Huizenga (C), Lightner (VC), Allor, Brann, Bollin, VanWoerkom, Sabo (MVC), Hoadley, Tate.

- Health & Human Services -- Whiteford (C), Green (MVC), Inman, Allor, Yaroch, Glenn, Huizenga, VanWoerkom, Hammoud (MVC), Hoadley, Love, Brixie, Cherry.

- Higher Education & Community Colleges -- VanSingel (C), Bollin (VC), Huizenga, Green, Slagh, Anthony (MVC), Hoadley.

- Joint Capitol Outlay -- Inman (C), Slagh (VC), Hernandez, Maddock, Whiteford, Love (MVC), Cherry.

- Judiciary -- Brann (C), Lightner (VC), Yaroch, Maddock, Brixie (MVC), Pagan, Hammoud.

- Licensing & Regulatory Affairs/Insurance & Financial Services -- Yaroch (C), Glenn (MVC), VanSingel, Lightner, Peterson (MVC), Hammoud, Anthony.

- Military & Veterans Affairs/State Police -- Inman (C), VanWoekrom (VC), Albert, Brann, Tate (MVC), Peterson, Hood.

- Natural Resources/Environmental Quality -- Allor (C), Glenn (VC), VanSingel, Glenn, Slagh, Cherry (MVC), Hood.

- School Aid/Department of Education -- Miller (C), Hornberger (VC), Inman, Albert, Allor, Huizenga, Green, Pagan (MVC), Hood, Kennedy, Tate.

- Transportation -- Maddock (C), Yaroch (VC), Miller, Brann, Bollin, Peterson (MVC), Love.

Federal Update:

No Major Impacts' from Shutdown on State Gov't At Least Through Feb. 5

The State Budget Office today said the federal shutdown will have "no major impacts" felt by state government on or before Feb. 5, but if the shutdown continues past Jan. 21, the office will reassess what happens next.

Budget Office spokesperson Kurt Weiss said state government can generally "operate seamlessly" for about 45 days after a shutdown begins, and "we are about halfway through that timeframe as of today," he said.

"Unfortunately, federal shutdowns or talks of federal shutdowns have become all too commonplace, which means we here in the State Budget Office don’t start to take it seriously until the federal government shuts down for a prolonged period of time," Weiss said. "Now that the shutdown has continued for several weeks, having started on December 22, our office took the action to complete a statewide assessment of impacts to federal dollars."

After the assessment was completed, it was determined "no major impacts" would be felt on state government programs or operations through Feb. 5, according to the Budget Office today. If the shutdown gets to Jan. 21, the state will reassess what happens beyond Feb. 5.

Weiss said nearly 40 percent – or $22 billion – of Michigan's total $57 billion comes through the federal government, and a "prolonged shutdown could have devastating effects for Michigan."

As far as public assistance programs, the feds have already said food stamps will be available through February. The Michigan Department of Health and Human Services (DHHS) today announced it would issue February benefits for food stamp recipients on Jan. 19, as other states are planning on doing.

For child nutrition programs -- including school meals and the Child and Adult Care Food Program -- states already have funding to cover operations for the months of January through March, Weiss said.

And for other feeding programs like Women, Infants, and Children (WIC), the federal government has identified resources to cover projected state expenditures through February.

And while the Temporary Assistance for Needy Families (TANF) program has yet to be reauthorized and has expired with no new funding, Michigan has enough TANF funds to carry forward, along with the first quarter award for Fiscal Year 2019, to last through February 5, 2019.

The Budget Office does have some dates on the calendar where certain state programs could be affected, such as:

- The Housing Choice Voucher program operated by the Michigan State Housing Development Authority (MSHDA) has an anticipated impact beginning Feb. 12.

- Section 8 housing programs operated by MSHDA have anticipated impact beginning March 1.

- Community Development Block Grants operated by the Michigan Economic Development Corp. (MEDC) has an anticipated impact beginning July 1.

- While the Michigan Department of Transportation (MDOT) has enough funding to pay for invoices at this time and no immediate impacts are anticipated, should the shutdown extend into March, cash flow could become a problem.

The Budget Office also found there has been a slowdown in U.S. Department of Justice (DOJ) and U.S. Department of Housing and Urban Development (HUDS) grants, which has been attributed to furloughed federal workers.

While the programs are still operational, there is "uncertainty about how quickly Michigan will receive the federal funds," Weiss said.

In other shutdown news, U.S. Rep. Dan Kildee (D-Flint Twp.) met with Flint air traffic controllers today who have been working without pay for 24 days, according to a press release.

"I am grateful that local workers took time to talk to me and highlight how the ongoing government shutdown is affecting them and their families," Kildee said in a statement. "Their professionalism showing up to work every day without pay stands in stark contrast to the President's inability to do his job and work with Congress. It is wrong for the President and Congress to punish federal workers over disagreements about the federal budget."

Education Opportunities:

CMHAM & Michigan Health Endowment Fund Present New Training Series: Managed Care Contracting from a Position of Strength!

Many behavioral health agencies mistakenly believe that they lack leverage with the MCOs to negotiate fair provisions in their participation agreements, overlooking legal protections available under state and federal law. In addition, many behavioral health agencies fail to position themselves to participate under value-based payment arrangements with MCOs, foregoing potential revenue streams. This full-day training will assist behavioral health agencies negotiate favorable participation agreements with MCOs. The training will address the following topics:

- Preparing for contract negotiations by identifying and assessing potential leverage points, such as regulatory leverage, market power, and competing on value;
- Evaluating managing care contracts using a team-based approach, considering an MCO's operational and financial stability;
- Negotiating strategies and tips to make the most persuasive case; and,
- Understanding common contract terms and what language is most advantageous.

FEATURING: ADAM J. FALCONE, JD, MPH, BA, PARTNER, FELDESMAN TUCKER LEIFER FIDELL, LLP
Based in Pittsburgh, PA, Mr. Falcone is a partner in FTLF's national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. He counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters.

WHO SHOULD ATTEND:

- Nonprofit mental health providers and those mental health providers serving within the public mental health network interested in negotiating contracts with managed care organizations
- You may send more than 2 attendees from your agency

REGISTRATION: $100 per person. The fee includes training materials, continental breakfast and lunch.

ADDITIONAL INFO: https://macmhb.org/education, cward@cmham.org; or 517-374-6848.

TO REGISTER, CLICK ON YOUR DATE & LOCATION:

January 24, 2019 - West Bay Beach Holiday Inn *(13 spots left)*

Earlybird Deadline TODAY! CMHAM Annual Winter Conference

The CMHAM Annual Winter Conference, "Together…We All Win!"

February 4, 2019: Pre-Conference Institutes
February 5 & 6, 2019: Full Conference
Radisson Plaza Hotel, Kalamazoo

CLICK HERE TO REGISTER FOR THE WINTER CONFERENCE

PRE-CONFERENCE INSTITUTES:

Human Trafficking
February 4, 2019 from 1:00pm – 4:00pm (registration at 12:30pm)
Member Fee: $37
Non-Member Fee: $44

CLICK HERE TO REGISTER FOR HUMAN TRAFFICKING

This class offers a clear and comprehensive view of human trafficking in the United States. Develop a broader understanding of human trafficking as a whole; who are traffickers, victims and how are they trapped in this victimization. Understand how the culture is nurturing this crime and feeding the demand for modern day slavery. Learn how to recognize signs and symptoms of a victim, a perpetrator and how to respond. Understand a basic over view for the physical, mental and emotional outcome of a victim. Additionally, realize the complexity of resolving the human trafficking cycle including the challenges of a victim becoming a survivor by examining their mental health, the recovery process, existing recovery challenges and outcomes.

Presenter: Jennifer Mason
Jennifer Mason is the Grant Administrator for The Salvation Army Anti-Human Trafficking Initiative. The Initiative offers intensive case management, education, awareness and training, and we strive to bring collaboration and overarching support to the Tri-County area anti-human trafficking realm. Jennifer is also the Founder of The Alabaster Gift and for the past 5 years was the Executive Director. Established in 2013, The Alabaster Gift is a nonprofit 501(c)3 anti-human trafficking organization providing services to victims of sexual and labor trafficking including exploitation through a Drop In Center model. She is a pastor, currently transferring her license to the Assemblies of God Church, working toward Ordination. She served previously for 9 years as a staff pastor in the Wesleyan Church within the traditional ministry realm. Jennifer is certified through FAAST (Faith Alliance Against Slavery and Trafficking) as a Train the Trainer; completed Michigan Human Trafficking Task Force as Train the Trainer; certified by The Human Trafficking Training Institute; completed Ascent 121's Build Beyond Trauma Training and What About Boys Trauma Training; completed Trauma-Informed Care by No Boundaries International/Lori Basey; certified as a Mental Health First Aid Responder; accomplished CCDA Immersion Training (Christian Community Development Association) and affiliated with the WJN (Wesleyan Justice Network).

Wearing the HIPAA Hat
February 4, 2019 from 1:00pm – 3:00pm (registration at 12:30pm)
There is no fee to attend this Pre-Conference Institution, but registration is REQUIRED.

CLICK HERE TO REGISTER FOR WEARING THE HIPAA HAT

Have you had the HIPAA Compliance Officer role added to your duties or is your organization considering you for this role? If so, this training is for you! In this training, we'll discuss what needs to be done throughout the year and annually to maintain compliance. The training will cover ways to efficiently manage your time needed for this role by scheduling tasks and delegating duties to other departments. We'll also dive deeper into how to identify what data needs to be protected, who needs to sign a BAA, end user HIPAA training, and the breach notification process. By the end of this training, you'll be more competent with your HIPAA Compliance Officer role. Skill level: Beginner – Intermediate

Presenter: Sean C. Rhudy, Abilita
CMHAM is pleased to offer this training partnership with Abilita to help free staff's time and reduce operating expenses for CMH, PIHP and Providers. Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can ensure you are in compliance without wasting your staffs' time. In addition, they reduce your telecom costs by 29% with no upfront costs or risk.

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Administration for Community Living (ACL) Announces HCBS Resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

> As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.
>
> Dan Berland; Director of Federal Policy; NASDDDS
>
> Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)
>
> For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: https://www.surveymonkey.com/r/P25Z8TR. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.
>
> We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:
>
> Click on the link below, or if your email program does not allow linking, copy and paste the link into the address field of your Internet Browser.
> https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8
>
> Once you have been redirected to the Download page, select the "Download" button.
> When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".
>
> Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.
>
> Please find the link to a copy of Minnesota's "Provider's Guide to Putting the HCBS Rule Into Practice".
>
> A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

> This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.
>
> Dates/Locations:

February 21-22, 2019 | Detroit Marriott Livonia – *only 9 spots left!*
March 18-19, 2019 | Great Wolf Lodge, Traverse City
May 13-14, 2019 | Kellogg Center, East Lansing

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. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

5-Day Comprehensive DBT Trainings

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

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia
June 3-7, 2019 | Best Western, Okemos
August 12-16, 2019 | Great Wolf Lodge, Traverse City

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires

changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City
June 19, 2019 | Okemos Conference Center

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

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.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
February – DoubleTree Bay City
- Basic: Monday & Tuesday, Feb. 25-26, 2019
- Advanced: Monday & Tuesday, Feb. 25-26, 2019
- Supervisory: Tuesday, Feb. 26, 2019
- Teaching MI: Wednesday & Thursday, Feb. 27-28, 2019

March – Weber's Ann Arbor
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
- Basic: Monday & Tuesday, June 10-11, 2019
- Advanced: Monday & Tuesday, June 10-11, 2019
- Supervisory: Monday, June 10, 2019
- Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

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

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

Trainings offered on the following dates.

- *Training Full:* January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

CHCS Announces Complex Care Webinar

Below is a recent announcement from the Center for Health Care Strategies of an upcoming webinar on the recently issued blue print for complex care.

CHCS: Introducing the Blueprint for Complex Care: Opportunities to Advance the Field
Funder: The Commonwealth Fund, the Robert Wood Johnson Foundation, The SCAN Foundation

Date and Time: January 22, 2019, 2:00 – 3:00 PM ET

Health care innovators across the country are pioneering new approaches to provide better care at lower cost for people with complex health and social needs. Advancing the field of complex care and dramatically improving care delivery for the nation's most vulnerable patients, however, cannot be achieved by one organization alone. The recently released Blueprint for Complex Care provides a strategic plan to unite the

broad set of individuals and organizations experimenting with innovative care models and outlines opportunities to further advance the field.

During this webinar, Blueprint authors from the National Center for Complex Health and Social Needs, the Center for Health Care Strategies, and the Institute for Healthcare Improvement will outline the goals of the Blueprint, discuss how it was developed, describe recommendations for building the complex care field, and share opportunities to get involved. Two experts in the field will provide ground-level perspectives on the Blueprint's recommendations.

Providers, health system and health plan leaders, community-based organizations representatives, policymakers, state officials, and other stakeholders are invited to join this 60-minute event. This webinar is made possible by The Commonwealth Fund, the Robert Wood Johnson Foundation, and The SCAN Foundation.

Miscellaneous News and Information:

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: $57,000 to $73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

CMH Association's Officers and Staff Contact Information:

CMHAM 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: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM 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
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Annette Pepper, Training and Meeting Planner, apepper@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

January 25, 2019

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

News from Our Corporate Partners:

HIPAA and Remote Access

Security doesn't have to mean reduced functionality. But it does mean you have to consider a different approach to common tasks. The Remote Desktop Protocol (RDP) is commonly used for remote access and is very quick and easy to setup. Earlier this year, the McAfee Advanced Threat Research team discovered shops on the dark web selling RDP access to systems for as little as $3 and up to $19 each. At the time of discovery, the shop had roughly 17,500 compromised systems for sale with dozens relating to hospitals, nursing homes, and suppliers of medical equipment. It's critical to consult with an IT security expert to ensure your organization is utilizing a secure and compliant remote access system. Reach out to the CMHA to get help today!

Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition, we reduce your telecom costs by 29% with no upfront costs or risk. Abilita is an independent consulting company with offices across Michigan and North America! As one of the largest independent Communications Technology consulting firms in America, Abilita has the experience needed to help members by not just identifying, but by managing the implementation of recommendations you approve. For additional information, contact: Dan Aylward, Senior Consultant, Abilita at 888-910-2004 x 2303 or dan.aylward@abilita.com.

State and National Developments and Resources:

Michigan Child Collaborative Care-Connect (MC3-Connect) Advisory Committee

MDHHS recently convened an Advisory Committee made up of key stakeholders and agencies to support the statewide expansion of Michigan Child Collaborative Care (MC3) into the Upper Peninsula of Michigan as well as in the rural and underserved regions of the state. Representatives of the CMH Association are members of this Advisory Committee

Below are excerpts from a description of that Advisory Committee.

> The Advisory Committee will be instrumental in identifying resolutions to barriers identified, supporting expansion activities and utilizing relationships in key geographic areas to assist in the dissemination of information of MC3 and to solicit participation in consultation, educational opportunities and follow up activities (evaluation). In addition, the Advisory Committee will work with key stakeholders to ensure sustainability of MC3-Connect.
>
> Recommended programmatic changes in MC3-Connect will be implemented in an iterative fashion with input from the Advisory Committee, providers, Behavioral Health Consultants, and families and consumers, including community and tribal leaders.

CHAIR:
Dr. Debra Pinals, Medical Director, Behavioral Health and Developmental Disabilities Administration, MDHHS

MEETING FREQUENCY:
The Advisory Committee will meet on a regular basis (4-6 times per year).

MEMBERSHIP:
The Advisory Committee will be comprised of representatives from:
Michigan Department of Health and Human Services
Mental Health Services to Children and Families (M. Ludtke, Linkage and Education Coordinator)
Maternal and Child Health, Title V Director (H. L. Biery)
Medical Services Administration (Medicaid Agency) (K. Stiffler/designee)
Child and Adolescent Health Services (C. Tarry, T. Doll)
Association for Children's Mental Health (J. Shank)
Family/Youth Representatives from underserved areas (B. Husson, others TBD)
Michigan Medicine at University of Michigan, MC3 (S. Marcus, MD, A. Kramer)
Michigan State University, (Z. Alavi, MD, K. English, MD, J. Turner, MD)
TRAILS (E. Koschmann, PhD)
Michigan Chapter of the American Academy of Pediatrics (S. Swindell, MD, FAAP)
Great Lakes Area Tribal Health Board (Tyler LaPlaunt)
Community Mental Health Association of Michigan (R. Sheehan, C. Conklin (Children's Committee Chairperson))
Other Community Representatives (TBD)

DISSEMINATION OF MC3-CONNECT:
Project findings will be disseminated:

- ❖ At regional, national, and international meetings by the MC3-Connect partners.
- ❖ To regional and statewide community mental health organizations at meetings to allow CMH leads to incorporate learnings and iteratively improve the program.
- ❖ By MDHHS through meetings with stakeholders, including all members of the Advisory Council, as well as Medicaid Health Plan leadership.
- ❖ Through peer review and non-peer review publications by the MC3-Connect partners.
- ❖ Through the National Network of Child Psychiatry Access Programs (NNCPAP) Website.
- ❖ As designated by HRSA and HRSA supported meetings.

Dissemination of findings will occur at Year 3, and as new findings are identified, as well as at the project's conclusion in Year 5. It is anticipated that continuous quality improvement will occur throughout the project.

2019 MPCA Annual Conference: Call for Presentations

The Michigan Primary Care Association (MPCA) invites you to submit a proposal for consideration to present at its 2019 MPCA Annual Conference: Community Health Trends and Innovations. (Note: MPCA is a long-time partner of the CMH Association; this partnership has been further solidified with the recent involvement of both organizations in the RWJF-funded Delta Center Thriving Safety Net initiative.) The presentation invitation is provided below.

This community health conference will be held August 4-6, 2019, at the Amway Grand Plaza Hotel in Grand Rapids, MI. This event attracts more than 350 Michigan health center members.

This year's conference will feature the following four tracks”
Clinical
Alternate Payment Methodologies
Enabling Services
Board/Governance

The Michigan Primary Care Association welcomes proposals to provide educational content at the premier annual conference of health center CEOs and executive leadership, including finance and operations personnel, physicians, dentists, social workers, community health workers, behavioral health providers, and health center board members.

Proposals must be submitted by February 4, 2019, following the guidelines below. Review committee decisions will be announced by March 15, 2019.

MPCA is the voice of 45 community health centers that provide primary and preventive health care to more than 700,000 patients in rural and urban communities across Michigan. We advocate to influence and advance health policy in Lansing and Washington, D.C., and we offer operational support and training to our health centers to enhance the delivery of integrated care inclusive of primary care, dental, vision and behavioral health.

Conference Theme

Proposals should address an aspect of the theme "Community Health Trends and Innovations," and may feature:

- Collaborations and programs that lead to the delivery of coordinated, comprehensive health care to meet the special needs of the community, including the integration of behavioral health and primary care.
- Successful partnerships and collaborations between providers of diverse disciplines, consumers, policy makers, advocates, and organizations that are essential to increasing access and improving quality of care through health outcomes.
- Specific information and current practices on health center operations and finances, including general finances, billing, human resources and recruitment/retention of staff, including providers, and risk management issues.
- Programs that strengthen the community's safety net, address the social determinants of health, build a culture of health, and promote health equity.
- Programs that address various subpopulations and their unique health needs, including the elderly, children, veterans, the LGBTQ community, and more.
- Best practices and case studies related to any of the conference tracks.

Conference Tracks

Each proposal should address one of the four conference tracks. The following topics are provided as suggestions, but are by no means inclusive.

Clinical
MPCA supports the delivery of quality health care services in Michigan through training and support in integrated care, inclusive of primary care, dental and behavioral health. Presentations may address current trends in treating a wide range of conditions, including hypertension and diabetes; opioid and pain management; programs to treat HIV and Hep C; physical and occupational therapy and telehealth; success stories on the expansion of services, including vision, pharmacy and chiropractic.

Alternate Payment Methodologies
Policymakers are focused on how to best structure provider integrated payment and delivery systems that provide high-quality and most cost-efficient care. Health centers will benefit from sessions related to improving

quality and value, the role of financial risk in value-based care, the total cost of care, encounter charges, and clinical perspectives on quality of care and value-based care.

Enabling Services
Enabling services are a core feature of the health center experience. Attendees will benefit from presentations on social determinants of health and special populations; community health workers and team-based care; increasing access to care through non-clinical supports such as transportation, food and housing; motivational interviewing; health literacy; language assistance; health education, cultural competency; and environmental health risk factors; medical-legal partnerships.

Board/Governance
The board's role as a fiduciary; selection and development of board members; legal duties of a board member; how a board should function as a team; the board's role in fund raising; what boards must know about the HRSA Operational Site Visit manual.

Selection Criteria

The Annual Conference Planning Committee will use the following criteria to evaluate and select proposals:

1. Idea: Will the proposed session share innovation or inventive ideas or strategies to address a common challenge for Michigan health centers?
2. Relevance/Interest: Is the proposal relevant to the theme of the meeting? Does it pertain specifically to the advancement of community health centers?
3. Adaptability: Does the proposal share an idea or strategy that can be adapted by a wide variety of audience members?
4. Results/Outcomes: Does the proposal demonstrate results or outcomes of the idea being presented? Are they measurable and/or achievable?
5. Session Design: Does the proposal articulate an appropriate strategy for engaging the audience? Will the session be interactive? If so, how? Is it unique or interesting?

Submission Guidelines: Please complete the form below and submit by February 4, 2019

- Presenters will be notified by March 15, 2019, if their proposal has been accepted.
- No more than two presenters will be accepted per submission.

To learn more about the conference, and complete the presentation application by February 4, 2019, click here. https://www.mpca.net/page/2019AC_CallforPres

Please note, we've learned that when completing the application, it is best to use the google chrome web browser.

NADD Webinar 1/29: Launch of the National Center on Advancing Person-Centered Practices and Systems

Join the NCAPPS launch webinar on January 29 at 3:00 - 4:30 pm EST.

Register for the webinar at:
https://events-na12.adobeconnect.com/content/connect/c1/1379577871/en/events/event/private/2174034509/2174363993/event_landing.html?connect-session=na12breez5m9emmctard7i9av&sco-id=2176613982&_charset_=utf-8

The Administration for Community Living and the Centers for Medicare & Medicaid Services recently announced the launch of the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).

Join the webinar to learn more about NCAPPS and to have your questions answered regarding technical assistance opportunities to transform long-term care service and support systems to implement person-centered thinking, planning and practices.

To learn more, contact NCAPPS@acl.hhs.gov

NCAPPS will assist states, tribes, and territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It will support a range of person-centered thinking, planning, and practices, regardless of funding source. Activities will include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice.

Visit the new NCAPPS website for more information: https://ncapps.acl.gov/.

States, tribes, and territories can apply for technical assistance through an application available online. The deadline for technical assistance applications is February 12, 2019. Completed applications should be submitted to NCAPPS@acl.hhs.gov.

Arkansas PASSE Program Readies for Full Risk Capitation

Below is an excerpt from a recent discussion, by Health Management Associates, of the latest development in the Medicaid population carve-out initiative in Arkansas. These developments are of interest to Michigan's public mental health community, in that such population carve outs have been discussed as potential healthcare transformation efforts in Michigan.

> This week, our *In Focus* section reviews Arkansas' Provider-led Arkansas Shared Savings Entity (PASSE) model, scheduled to transition to full risk capitation in March 2019. The PASSE program provides care coordination to improve the health of Medicaid members with behavioral health needs or developmental/intellectual disabilities.
>
> ### *Background*
>
> The Arkansas Department of Human Services sought to implement an innovative care model to meet the needs of individuals with behavioral health needs or developmental/intellectual disabilities. A 2015 state analysis found that 74 percent of Medicaid claims were for the aged, blind, and disabled population. Of the approximately 2,900 individuals on the Intellectual and/or Developmental Disabilities (I/DD) waiver waitlist, 2,640 individuals accounted for $32 million in Medicaid costs. Supportive living accounted for 96 percent of spending for individuals receiving I/DD services. The cost of care was rising without improved services outcomes, there was a lack of access to quality services, and a lack of care coordination for populations with high needs.
>
> The Arkansas Legislative Health Care Task Force reviewed multiple proposals and selected the PASSE model. The enabling legislation, Act 775, passed in March 2017.
>
> ### *PASSE Model*
>
> Each PASSE functions similarly to an insurance company. Under the model, local providers enter into partnerships with an administrative organization to manage the services of beneficiaries. Each PASSE must include several types of providers:
>
> - Developmental Disabilities Services specialty provider
> - Behavioral Health Services Specialty provider
> - Hospital
> - Physician

• Pharmacist

There is not a limit on the number of PASSEs a provider can enter.

The beneficiary is assigned a Care Coordinator, who develops a Person-Centered Service Plan (PCSP) and meets members monthly face-to-face.

Phase I

In Phase I approximately 46,000 members were assessed and assigned to a PASSE. Optum conducted the independent assessments to determine eligibility. From February 1, 2018 through February 28, 2019, PASSEs are providing care coordination to members. This includes medical health services, specialty services, prevention services, health education, and medication management. Services are provided on a fee-for-service basis.

Phase II

Phase II was delayed from January 1, 2019, to March 1, 2019. Arkansas Total Care (Centene), Empower Healthcare Solutions (Beacon Health Options), and Summit Community Care (Anthem) chose to move forward with the program, while ForeverCare Health Plan (Gateway Health Plan) has pulled out. ForeverCare will transition its 7,600 members to a different PASSE.

Beginning March 1, PASSEs will accept full risk for covered Medicaid services for their members. Providers will bill the PASSEs, rather than Medicaid, for services provided. Providers will negotiate rates directly. In exchange, PASSEs will receive a global payment, an actuarially sound payment to cover the entire cost of care, for services. Beneficiary cost sharing will not be permitted.

Eligible Population

The following individuals are covered by PASSEs:
• Individuals receiving services through the DD Waiver (approximately 4,600 individuals)
• Individuals who are on the DD Waiver Waitlist (2,400 individuals)
• Individuals who are in private DD Intermediate Care Facilities (750 individuals)
• Individuals that have a Behavioral Health Diagnosis and have received an Independent Assessment that determines they need services in Tiers 2 or 3 (38,000 individuals) ○ Individuals in these tiers are eligible for targeted services provided in home/community settings or residential settings in addition to receiving counseling and medication management

Covered Services

PASSEs will cover State Plan Services, Community & Employment Supports, and Arkansas Community Independence Services. See table below for examples of included services. Please note, this is not an all-inclusive list. State Plan Services	Community & Employment Supports	Arkansas Community Independence Services
Primary Care	Respite	Behavior Assistance
Pharmacy	Supported Living	Peer Support
Hospital Services	Supported Employment	Family Support Partners

Nursing Services	Crisis Intervention	Supportive Housing
Physical Therapy	Supplemental Support	Partial Hospitalization
Speech Therapy	Specialized Medical Supplies	Adult Rehabilitation Day Treatment
Occupational Therapy	Consultation	Planned/Emergency Respite
Inpatient Psychiatric	Environmental Modifications	Individual Life Skills Development
Outpatient Behavioral Health Counseling	Community Transition Services	Community Reintegration Program

The full article can be found at: https://humanservices.arkansas.gov/about-dhs/dms/passe

FROM THE BEHAVIORAL HEALTH WORKFORCE RESEARCH CENTER: Characteristics of the Rural Behavioral Health Workforce: A Survey of Medicaid/ Medicare Reimbursed Providers

The Behavioral Health Workforce Research Center recently issued a report on the nation's rural behavioral health workforce. Excerpt from that report are found below.

Key Findings

Researchers at the Behavioral Health Workforce Research Center (BHWRC) sent an online survey to 454 rural behavioral health provider organizations. Of the 35 organizations (7.7%) of the organizations that finished the survey, most were community mental health organizations (n=21, 60.0%) or non-profit organizations (n=10, 28.6%). The average organization had about 115 employees of which support staff, behavioral health specialists, case managers, and mental health counselors made up the largest employee categories. The three highest priorities for new hires were occupational therapists, pharmacists, and nurse practitioners, while the lowest were administrators, managers, and non-masters addiction counselors. These organizations showed signs of not fully integrating behavioral health and primary care services. Policy recommendations include funding more integrated care sites, empowering physician assistants and nurse practitioners to work to their full education/training, and developing rural America's telehealth infrastructure.

The full report can be found at:
http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/01/Y3-FA2-P1-Rural-Pop_Full-Report.pdf

MHEF offer: Help Shape Michigan's Transportation Future

The Michigan Health Endowment Fund (MHEF), a longtime partner of the CMH Association, recently announced an opportunity for organizations, such as the members of the CMH Association to "Help Shape Michigan's Transportation Future"

The announcement of this opportunity is provided below

Help Shape Michigan's Transportation Future: Michigan Mobility 2045 seeks resident input

A healthy transportation system is key to the health of a community and its residents. The Michigan Department of Transportation is developing Michigan Mobility 2045, a new long-range transportation

plan that will impact our communities for decades to come. You can help by taking MDOT's survey and submitting online comments. We also encourage you to share these opportunities with your networks—the more input, the better!

Take the Survey

Journal of Rural Mental Health: Call for Papers on "Current Rural Mental Health Challenges"

Below is a recent call for papers from the Journal of Rural Mental Health, providing an opportunity for Michigan rural mental health providers and leaders to move the field forward.

The *Journal of Rural Mental Health*® is the official journal of the National Association for Rural Mental Health and is published by the Journals Program of the American Psychological Association. The *Journal of Rural Mental Health* publishes peer-reviewed articles on rural mental health research, practice, and policy within the United States and internationally.

The journal is announcing a call for papers that focuses on the following urgent topics:

- Rural mental health and opioid abuse prevention and treatment
- Rural mental health and suicide / gun violence
- Innovative technologies that enable rural residents to access mental health treatments
- The mental health needs of rural American Indians, Native Alaskans, and Native Hawaiians and other Pacific Islanders
- The mental health needs of undocumented immigrants in rural areas
- The mental health needs of gender minority populations living in rural areas, including those who identify as transgender, nonbinary, gender non-conforming, gender creative, and/or intersex.

Submissions may use several formats, including brief and full-length reports of original research, theoretical or review articles, program descriptions, and letters to the editor. Submissions will be accepted on a rolling basis and reviewed by experts in the field. Rapid peer review and prompt editorial decisions will ensure that quality manuscripts are published in a timely manner and disseminated widely to inform additional research and policy making on these crucial issues.

Through print and electronic access, articles published in *Journal of Rural Mental Health* are available to a global audience of over 3,000 institutions and 80 million potential readers. Read more about the *Journal of Rural Mental Health* (https://www.apa.org/pubs/journals/rmh/index.aspx) or submit a manuscript now through the Manuscript Submission Portal (https://www.editorialmanager.com/rmh/default.aspx).

If submitting a manuscript in response to this call for papers, please indicate so in your submission cover letter.

Questions can be sent to the Incoming Editor, Timothy Heckman, Ph.D., heckman@uga.edu

CHCS Provides Trauma-Informed Care Resource

The Center for Health Care Strategies recently announced a set of resources focused on trauma-informed care. Those resources are described below.

CHCS UPDATE

CHCS Center for Health Care Strategies, Inc.

Advancing innovations in health care delivery for low-income Americans

New Video Explores "What is Trauma-Informed Care?"

How do our experiences as children shape our health as adults? What does it mean to be trauma-informed, and what does trauma-informed care look like in a health care setting?

In this new animated video, meet "Dr. Cruz," who addresses these questions and shares what she has learned about caring for patients with exposure to trauma, including abuse, neglect, and violence.

View the video to learn about the lifelong impact of trauma on health, and how trauma-informed care can create a more welcoming environment for patients, providers, and staff. It also offers practical steps for integrating trauma-informed care principles into every day clinical practices.

This video was created through Advancing Trauma-Informed Care, a national initiative led by the Center for Health Care Strategies (CHCS) through support from the Robert Wood Johnson Foundation.

WATCH THE VIDEO »

Learn More

VIDEOS: Trauma-Informed Care Champions: From Treaters to Healers
Why are health care professionals across the nation embracing trauma-informed care? CHCS posed this question to providers to gather first-hand perspectives on the value of trauma-informed care. The resulting videos feature practitioners who are leading a movement to improve health care for patients who have experienced trauma. more about these videos at:
https://www.traumainformedcare.chcs.org/trauma-informed-champions-from-treaters-to-healers/?utm_source=CHCS+Email+Updates&utm_campaign=e3c23e5cf3-ATC+Animated+Video+01%2F23%2F2019&utm_medium=email&utm_term=0_bbced451bf-e3c23e5cf3-152144421

Trauma-Informed Care Implementation Resource Center
The Trauma-Informed Care Implementation Resource Center, made possible through the Robert Wood Johnson Foundation, offers a one-stop information hub for health care stakeholders interested in learning more about trauma-informed care. Find practical resources developed by experts across the field of trauma-informed care, including provider success stories, and take the first step toward becoming a trauma-informed care champion. More about this Center at:
https://www.traumainformedcare.chcs.org/?utm_source=CHCS+Email+Updates&utm_campaign=e3c23e5cf3-ATC+Animated+Video+01%2F23%2F2019&utm_medium=email&utm_term=0_bbced451bf-e3c23e5cf3-152144421

State Legislative Update:

Advice and Consent Hearings Start Next Week

The Senate Advice and Consent Committee, chaired by Sen. Peter Lucido (R-Shelby Twp.), is scheduled to get under way next week with hearings planned for both Wednesday and Thursday.

Michigan's Constitution provides the Senate with the power of advice and consent over certain appointments made by the Governor, including every principal department director as well as numerous board and commission appointments.

The committee will meet at 4 p.m. Wednesday, in Room 1100 of the Senate Binsfeld Office Building, to consider the appointment of Paul C. AJEGBA, who has been chosen by Gov. Gretchen Whitmer to be the new Director of the Michigan Department of Transportation (MDOT). Ajegba has been an employee of MDOT 28 years. He began his career in the department's Engineering Development Program before advancing to Metro Region

engineer.

At noon Thursday, the committee will meet in Room 1300 of the Senate Binsfeld Office Building, to consider the appointment of Lisa McCORMICK as Children's Ombudsman Director. McCormick, a long-time criminal prosecutor and child advocate, served 21 years with the Ingham County Prosecutor's Office.

"I am excited for the Senate Advice and Consent Committee to convene and begin reviewing the governor's appointments," Lucido said. "Through the advice and consent process, the committee will help to ensure that Michiganders are well-served by competent individuals in these important, appointed roles. We look forward to this deliberative and thorough process and to work with the Governor's administration to ensure residents get the best from their state government."

Lucido said he intends to hold hearings on all of the Governor's director-level appointees, and that the committee will likely meet twice per week to review the individuals that have been appointed thus far.

Federal Update:

MDHHS Updates Status of Public Assistance Benefits, Medicaid During Partial Federal Government Shutdown

Michigan residents still can apply for and receive Medicaid and public assistance benefits such as food and cash assistance; Women, Infants and Children (WIC); State Emergency Relief and child care reimbursement despite the partial federal government shutdown.

The Michigan Department of Health and Human Services is clarifying the status of the programs, which receive federal dollars but are administered by MDHHS.

The state has determined there will be no impact to the availability of benefits through these programs in February even if the shutdown continues. There has been no official determination made on March benefits. "The partial federal government shutdown has understandably created concerns from families that rely on federal safety net assistance administered by MDHHS," said Terrence Beurer, deputy director of Field Operations Administration for MDHHS. "Programs that feed Michigan residents are a primary concern of the State of Michigan, and we have heard misinformation being spread about the immediate impact of the shutdown. We want people to know that MDHHS is prepared to continue to provide this assistance and that funding remains in place through the end of February."

Below are updates on the status of various federally funded programs administered by MDHHS:

Food Assistance Program: MDHHS issued February food assistance payments early beginning on Jan. 17. The federal government asked states to issue the assistance early to ensure that February funding would be available to be issued. Recipients do not need to redeem their benefits in January and MDHHS is urging them to budget their food assistance benefits so they can meet their food needs through the entire month of February.

WIC: Benefits, which include nutritious food for pregnant and postpartum women, infants and children up to age 5, are funded for the month of February and are being distributed according to the normal schedule.

Medical assistance, including Medicaid and Healthy Michigan Plan: Programs are funded through Sept. 30, 2019, the end of the current fiscal year.

Cash assistance: Funding is in place for January and February.

State Emergency Relief: Funding for energy-related services such as heating assistance is in place to provide benefits through Sept. 30, 2019. Funding for non-energy-related services – such as home repairs and burials – is in place for January and February.

Child Development and Care (child care assistance): Funding is in place through the end of April.
Clients who use Bridge Cards to redeem their food and cash assistance and WIC benefits are still able to do so in January and February.

State government generally can operate seamlessly for about 45 days after a federal shutdown begins. With the shutdown now beyond 30 days, the State Budget Office, Gov. Gretchen Whitmer's office and MDHHS are assessing the impact beyond 45 days and into March. Further information will be released as it becomes available.

Anyone who has questions about all programs above other than WIC can find contact information for their local MDHHS office by going to www.michigan.gov/contactmdhhs. Anyone with questions about WIC can find contact information for their local WIC agency by going to www.michigan.gov/wic.

Education Opportunities:

STILL TIME TO REGISTER: The CMHAM Annual Winter Conference, "Together…We All Win!"

February 4, 2019: Pre-Conference Institutes
February 5 & 6, 2019: Full Conference
Radisson Plaza Hotel, Kalamazoo

If you need an overnight at the Radisson Hotel at the group rate, please email Chris Ward at cward@cmham.org.

CLICK HERE TO REGISTER FOR THE WINTER CONFERENCE

PRE-CONFERENCE INSTITUTES:

Human Trafficking
February 4, 2019 from 1:00pm – 4:00pm (registration at 12:30pm)
Member Fee: $37
Non-Member Fee: $44

CLICK HERE TO REGISTER FOR HUMAN TRAFFICKING

This class offers a clear and comprehensive view of human trafficking in the United States. Develop a broader understanding of human trafficking as a whole; who are traffickers, victims and how are they trapped in this victimization. Understand how the culture is nurturing this crime and feeding the demand for modern day slavery. Learn how to recognize signs and symptoms of a victim, a perpetrator and how to respond. Understand a basic over view for the physical, mental and emotional outcome of a victim. Additionally, realize the complexity of resolving the human trafficking cycle including the challenges of a victim becoming a survivor by examining their mental health, the recovery process, existing recovery challenges and outcomes.

Presenter: Jennifer Mason
Jennifer Mason is the Grant Administrator for The Salvation Army Anti-Human Trafficking Initiative. The Initiative offers intensive case management, education, awareness and training, and we strive to bring collaboration and overarching support to the Tri-County area anti-human trafficking realm. Jennifer is also the Founder of The Alabaster Gift and for the

past 5 years was the Executive Director. Established in 2013, The Alabaster Gift is a nonprofit 501(c)3 anti-human trafficking organization providing services to victims of sexual and labor trafficking including exploitation through a Drop In Center model. She is a pastor, currently transferring her license to the Assemblies of God Church, working toward Ordination. She served previously for 9 years as a staff pastor in the Wesleyan Church within the traditional ministry realm. Jennifer is certified through FAAST (Faith Alliance Against Slavery and Trafficking) as a Train the Trainer; completed Michigan Human Trafficking Task Force as Train the Trainer; certified by The Human Trafficking Training Institute; completed Ascent 121's Build Beyond Trauma Training and What About Boys Trauma Training; completed Trauma-Informed Care by No Boundaries International/Lori Basey; certified as a Mental Health First Aid Responder; accomplished CCDA Immersion Training (Christian Community Development Association) and affiliated with the WJN (Wesleyan Justice Network).

Wearing the HIPAA Hat
February 4, 2019 from 1:00pm – 3:00pm (registration at 12:30pm)
There is no fee to attend this Pre-Conference Institution, but registration is REQUIRED.

CLICK HERE TO REGISTER FOR WEARING THE HIPAA HAT

Have you had the HIPAA Compliance Officer role added to your duties or is your organization considering you for this role? If so, this training is for you! In this training, we'll discuss what needs to be done throughout the year and annually to maintain compliance. The training will cover ways to efficiently manage your time needed for this role by scheduling tasks and delegating duties to other departments. We'll also dive deeper into how to identify what data needs to be protected, who needs to sign a BAA, end user HIPAA training, and the breach notification process. By the end of this training, you'll be more competent with your HIPAA Compliance Officer role. Skill level: Beginner – Intermediate

Presenter: Sean C. Rhudy, Abilita
CMHAM is pleased to offer this training partnership with Abilita to help free staff's time and reduce operating expenses for CMH, PIHP and Providers. Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can ensure you are in compliance without wasting your staffs' time. In addition, they reduce your telecom costs by 29% with no upfront costs or risk.

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Administration for Community Living (ACL) Announces HCBS Resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

> As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.
>
> Dan Berland; Director of Federal Policy; NASDDDS

Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)

For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: https://www.surveymonkey.com/r/P25Z8TR. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.

We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:

Click on the link below, or if your email program does not allow linking, copy and paste the link into the address field of your Internet Browser.
https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8

Once you have been redirected to the Download page, select the "Download" button.
When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".

Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.

Please find the link to a copy of Minnesota's "Provider's Guide to Putting the HCBS Rule Into Practice".

A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:
February 21-22, 2019 | Detroit Marriott Livonia – *TRAINING FULL*
March 18-19, 2019 | Great Wolf Lodge, Traverse City
May 13-14, 2019 | Kellogg Center, East Lansing

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. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

5-Day Comprehensive DBT Trainings

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

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia
June 3-7, 2019 | Best Western, Okemos
August 12-16, 2019 | Great Wolf Lodge, Traverse City

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City
June 19, 2019 | Okemos Conference Center

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

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.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
February – DoubleTree Bay City
- Basic: Monday & Tuesday, Feb. 25-26, 2019
- Advanced: Monday & Tuesday, Feb. 25-26, 2019
- Supervisory: Tuesday, Feb. 26, 2019
- Teaching MI: Wednesday & Thursday, Feb. 27-28, 2019

March – Weber's Ann Arbor
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
- Basic: Monday & Tuesday, June 10-11, 2019
- Advanced: Monday & Tuesday, June 10-11, 2019
- Supervisory: Monday, June 10, 2019
- Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

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

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

Trainings offered on the following dates.

- February 20 – Lansing Click Here to Register for February 20
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

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

$115 CMHAM Members
$138 Non-Members

Pain Management for Social Work and SUD Professionals Coming Soon!

Miscellaneous News and Information:

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: $57,000 to $73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

CMH Association's Officers and Staff Contact Information:

CMHAM 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: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

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

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

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

February 1, 2019

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

News from Our Corporate Partners:

American Phone Companies Are Literally Letting Their Networks Fall Apart

Once as important as the American railroad and electrical grid, American phone companies aren't quite what they used to be. The article below addresses some trends our offices are seeing across the country:
Rural areas are still struggling for reliable high-speed connectivity with decaying facilities.
The breakdown and transition of traditional carrier networks from copper to fiber.
The migration of customers from carriers to cable.
Many aging networks, built on taxpayer subsidies, still remain in use and slower expensive DSL can sometimes be the only broadband service available in rural areas.

Many phone companies have attempted to shift their business models toward new, more profitable sectors as the use of copper-based landlines has plummeted over the past few years. As VoIP services became more common in the early 2000's, the nation's phone companies used this surge in voice competition to convince state and federal lawmakers that meaningful oversight was no longer necessary.

With no local competition and local and federal oversight eroded by lobbying, there is often little interest in upgrading their aging networks.

Cable operators certainly appreciate phone companies' apathy. Consumers with an actual choice in broadband providers are fleeing to cable at an unprecedented rate. This shift to cable operators has allowed them to raise their rates, impose arbitrary usage caps, and struggle with customer service.

And while next-gen wireless networks may provide an additional competitive option to some of these neglected customers, wireless won't be a magic bullet for many due to geographical limitations, bandwidth usage restrictions, and potential higher prices.

To help you determine your best option for your voice and data networks, contact your Abilita consultant today: Dan Aylward; Managing Consultant; 517-853-8130 daylward@abilita.com

State and National Developments and Resources:

Special Report: Emergency Rooms Fill Up with Psych Patients — And Then They Wait

Crain's Detroit Business recently published a special report on the lack of access to inpatient psychiatric services, in Michigan and across the country. Below are excerpts from that report.

Throughout emergency rooms in Southeast Michigan, there are patients in the midst of a psychological crisis — and they're waiting, sometimes for days.

And health care organizations report that the amount of time it takes for people to go from diagnosis to being admitted to a hospital psych ward is growing, partly because of shortage of available beds and partly because of growing demand in a state where suicide rates and substance abuse are rising.

Solutions exist, but they will have to overcome obstacles that have minimized people with those problems, placing them at a lower priority for funding and treatment than those with similar physical conditions such as diabetes, heart disease or cancer.

And the problem goes beyond treating the patients themselves. While waiting in the emergency room, patients may become disruptive, interfering with care for other patients. They sometimes become combative and pose a safety risk for themselves, staff or other patients.

Finally, hours later — studies show 21 hours or more on average in Wayne County for difficult patients — an inpatient psychiatric bed is found that fits their diagnosis.

The long waits are sometimes referred to in the industry as "ER boarding," housing patients for long periods while they wait for an available psychiatric bed.

Lack of a timely admission and even just waiting for a diagnosis also leads to poorer outcomes for behavioral health patients and other patients in the typical ER, Sanford Vieder, D.O., chair of emergency medicine at Beaumont Health, and other experts tell Crain's.

Vieder said that last fall, Beaumont Hospital in Farmington Hills had 16 patients in its ER who waited more than 48 hours each because the hospital had no available psychiatric beds or could not find other hospitals willing to take them. Beaumont has a 25-bed behavioral unit in Farmington Hills and 30 beds in the psych unit at the flagship Royal Oak hospital. They are almost always full. The system operates 87 psychiatric beds and is building a new 75-bed psychiatric hospital in Dearborn. (See story.)

And demand is rising. In 2018, Beaumont's eight hospital ERs saw 18,000 patients with a mental health diagnosis, up 13 percent from 16,000 in 2017.

"The greater the numbers, the greater the stresses on the system," Vieder said. "The unfortunate piece is the ER is a safe place for patients who are having an acute issue, but not the best place for (those with behavioral problems). They may be acting out and violent. We try to separate them out from other patients and make sure they are safe and get them definitive treatment for their specific issues as fast as we can. It is complex because sometimes they have other medical problems."

In more than a dozen interviews with local experts, Crain's found multiple opinions on how long it takes to get insurance approvals and then actual bed placements for psychiatric patients that ranged from eight hours to more than 48 hours, depending on the severity of the patient's condition.

The interviews also uncovered a number of recommended solutions to address the growing numbers of more serious psychiatric patients who are boarded in hospital ERs. They include:

- Standardized procedures where hospitals, agencies and payers evaluate patients the same way and agree on common tests and labs for insurance approval and bed placement.
- Expansion of community mental health crisis centers or psychiatric urgent care centers that can take on some of the patients entering hospital ERs. People would use these centers for walk-in care, or hospitals could transfer medically cleared patients to screening units at the centers to wait for a bed and for treatment, rather than having them sit and wait in an ER.
- Changing certificate-of need bed regulations to force hospitals that "hoard" psychiatric beds and don't staff or operate enough of them to "use them or lose them." This would potentially free up licensed beds for facilities that will use them. Or the state could simply increase the number of psychiatric beds allowed in a region with shortages.
- Creating an online psychiatric bed registry where hospitals would be required to report on open beds and what type of patients they can take, which would speed the process of locating beds for patients.
- Increasing payment for behavioral patients admitted to the hospital and creating more inpatient psychiatric reimbursement codes for patients with worse problems. For example, new psychiatric "ICU"

reimbursement level codes could give hospitals a financial incentive to open higher-acuity beds and provide additional revenue for appropriate staffing.
- Expanding training programs for psychiatrists, psychologists, psycho-pharmacologists, advanced practice nurses and social workers to staff hospital ERs and crisis centers, and paying higher salaries and expanding benefits for these professionals.
- Developing new technologies to help manage ER clearance and transfer protocols. Expand psychiatric telemedicine programs to get quicker diagnoses, especially in small or rural hospitals that don't have access to in-house expertise.

Marianne Udow-Phillips, executive director with the Center for Health Research and Transformation in Ann Arbor, said the basic problem is behavioral health services are underfunded and there aren't enough available inpatient psychiatric beds for seriously and chronically ill patients.

Udow-Phillips said there is a great need for outpatient crisis centers that can serve people under mental stress. "We need more places people can go before they go to a hospital ER," she said. "The only places doctors can send people is to hospital ERs."

Why hospitals refuse psychiatric admissions

There are other reasons why hospitals refuse to admit some patients.

Hegira Health Executive Director Carol Zuniga said some hospitals are leery about admitting some patients because they "fear it will be difficult to discharge them, especially if they don't have somewhere to live." Hospitals also say their units are not always designed and staffed for the type of patients seeking admission. Or the patient has been at the hospital before and caused damage or attacked staff. "I sense it is an excuse, but I have to empathize with the hospitals," Zuniga said. "Some patients are very difficult people."

Peltzer-Jones agreed that hospitals sometimes refuse to accept psychiatric patients because they are too difficult.

"It is not the diagnosis. We accept patients who are medically sicker. We have medical ICU beds that are staffed two patients for one nurse. No one argues that," she said. "For some reason we don't mimic that for mental health patients. We know patients need more intervention, but we won't fund in the same way."

Hospitals, on the whole, have enough beds for moderately ill patients. "There are not enough beds for patients who have co-occurring problems or those who are highly aggressive," she said.

Vieder agreed. He said hospitals need higher funding levels from all payers. "If insurance companies understood we need more funding for our high acuity patients that would be a big help," he said. "Another is we need more physical beds in Southeast Michigan. That number has declined over the years" after many state psychiatric hospitals closed.

The full report can be found at:
https://www.crainsdetroit.com/special-report/special-report-emergency-rooms-fill-psych-patients-and-then-they-wait?utm_source=crain-s-health-care-extra&utm_medium=email&utm_campaign=20190128&utm_content=article1-readmore

Address the Opioid Use Crisis by Treating Depression

Below are excerpts from a recent article in Behavioral Healthcare Executive, written by Ron Manderscheid, the Executive Director of the National Association of County Behavioral Health and Developmental Disability Directors (of which this association is a board member and officer).

I have written extensively about the linkage between depression and opioid use and addiction. In these commentaries, I have stressed the causal importance of this linkage, and the role that appropriate treatment of depression can play in addressing our national opioid crisis. Here, I would like to provide a summary of the evidence documenting this linkage, evidence on treatment for these co-occurring conditions, and some recommended actions and next steps.

Read more at: https://www.behavioral.net/blogs/ron-manderscheid/prescription-drug-abuse/address-opioid-use-crisis-treating-depression

Peer Respite, Recovery, and Michigan

Peer respites are voluntary, short-term, overnight programs that provide community-based, non-clinical crisis support to help people find new understanding and ways to move forward. They operate 24 hours per day in a homelike environment. Peer respites are staffed and operated by people with psychiatric histories or who have experienced trauma and/or extreme states.

In the 1990's, peer respite homes began forming in upstate New York and other parts of the northeast. Eventually the model spread to California, Georgia, and several other states. Currently 35 peer respite homes exist in 15 states, with the most recent home opening in Toledo, OH, in 2018.

Peer respite homes provide an important part of a comprehensive mental health crisis services continuum as depicted in the graphic below. They exist as a well-aligned component of a recovery-oriented system of care.

TBD Solutions has conducted extensive research on peer respite programs and developed relationships with peer respite providers across the country. In 2018, TBD Solutions provided training and staff development for peers at the newly opened Wellness & Recovery Center in Toledo. TBD also hosted a national "Alternatives to Hospitalization" Conference in October 2018 which included peer respite providers as presenters and attendees.

Since delivering its "National Update on Crisis Services" presentation at the 2018 CMHAM Fall Conference, TBD Solutions has been approached by several CMHs and PIHPs inquiring about the peer respite level of care, and three peer service providers in Michigan have approached TBD Solutions to engage initial discussions on developing peer respite services in Michigan.

TBD Solutions is interested in facilitating further dialogues between interested providers and CMHs/PIHPs to bring peer respite services into Michigan. Contact Travis Atkinson at TravisA@TBDSolutions.com , or (616) 228-0762 for further information.

State Legislative Update:

State of the State Date Change

On Tuesday, Governor Gretchen Whitmer announced her first State of the State address has been moved to **Tuesday, February 12** at 7:00 p.m. due to President Trump's State of the Union address now being on February 5th.

Michigan Moves to Intervene in Federal ACA Case

Attorney General Dana Nessel, with the support of and in coordination with Gov. Gretchen Whitmer, has filed a motion on behalf of the state to intervene in a federal lawsuit that seeks to defend the Affordable Care Act (ACA).

Joining Nessel were two other newly elected Attorneys General -- Colorado's Philip J. WEISER and Nevada's Aaron FORD -- along with Iowa's Attorney General Thomas MILLER.

The four intervening states are seeking the court's permission to join 16 other states and the District of Columbia in their opposition to the decision of the U.S. District Court for the Northern District of Texas that held the ACA, also known as Obamacare, unconstitutional.

As stated in the motion, Michigan, Colorado, Nevada and Iowa "seek to defend the ACA to protect their existing health care infrastructure and the orderly operation of their health care systems, which would be thrown in disarray if the ACA were ruled unconstitutional."

Federal Update:

State Medicaid Facts

The Center on Budget and Policy Priorities has released **new state-by-state Medicaid fact sheets**, showing how Medicaid helps millions of families and individuals across the country. These resources offer health care advocates important data and talking points about their state's Medicaid program. Click here to learn about how Medicaid contributes to your state.

Education Opportunities:

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Second Annual Michigan CIT Conference Save-the-Date

Crisis Intervention Teams (CIT) were established in 1988 in response to an officer killing a young man experiencing a mental health crisis. Since that event, crisis interventions teams across the country have formed to develop better ways to actively intervene real time with individuals in a mental health crisis and establish improved community partnerships that support community members to obtain mental health treatment first rather than involvement with the judicial system.

The first annual Michigan CIT conference was hosted by Riverwood Community Mental Health in Berrien County. After this conference, a state collaborative was formed to support Michigan CIT programs and to establish standards for CIT initiatives across the state. The next conference will be hosted by Summit Pointe Community Mental Health in Battle Creek. Law enforcement personnel, corrections personnel, behavioral health professionals, persons living with behavioral health disorders, family members, advocates, judges / court personnel, public defenders / prosecutors and policy makers are encouraged to attend!

Mark your calendars and join us in Battle Creek for the second annual CIT: Crisis Intervention Team Conference October 2-4, 2019. Hear from various presenters on strategies to start your CIT in your community, or ways to improve your existing program. Also, learn more about how CIT is benefiting communities in our state and how to collaborate with other counties. CIT is more than just a training! We look forward to seeing you at our conference as we 'Bring it All Together'. For more information, please email MICITConference2019@gmail.com.

Administration for Community Living (ACL) Announces HCBS Resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

> As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.

Dan Berland; Director of Federal Policy; NASDDDS

Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)

For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: https://www.surveymonkey.com/r/P25Z8TR. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.

We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:

Click on the link below, or if your email program does not allow linking, copy and paste the link into the address field of your Internet Browser.
https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8

Once you have been redirected to the Download page, select the "Download" button.
When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".

Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.

Please find the link to a copy of Minnesota's "Provider's Guide to Putting the HCBS Rule Into Practice".

A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:
February 21-22, 2019 | Detroit Marriott Livonia – *TRAINING FULL*
March 18-19, 2019 | Great Wolf Lodge, Traverse City
May 13-14, 2019 | Kellogg Center, East Lansing

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. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

5-Day Comprehensive DBT Trainings

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

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia
June 3-7, 2019 | Best Western, Okemos
August 12-16, 2019 | Great Wolf Lodge, Traverse City

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City
June 19, 2019 | Okemos Conference Center

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

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.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
February – DoubleTree Bay City *– Discounted hotel rate expires Feb. 3!*
- Basic: Monday & Tuesday, Feb. 25-26, 2019
- Advanced: Monday & Tuesday, Feb. 25-26, 2019
- Supervisory: Tuesday, Feb. 26, 2019
- Teaching MI: Wednesday & Thursday, Feb. 27-28, 2019

March – Weber's Ann Arbor *– Discounted hotel rate expires Feb. 8!*
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
- Basic: Monday & Tuesday, June 10-11, 2019
- Advanced: Monday & Tuesday, June 10-11, 2019
- Supervisory: Monday, June 10, 2019
- Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

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

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

Trainings offered on the following dates.

- February 20 – Lansing Click Here to Register for February 20
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Pain Management for Social Work and SUD Professionals Coming Soon!

Check back soon for more information and save-the-dates!

Miscellaneous News and Information:

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: $57,000 to $73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

CMHAM Welcomes New Training and Meeting Planner Alexandra Risher

Alexandra comes to CMHAM with 5 years of association event planning experience. She graduated from Michigan State University with a Bachelor of Arts in Hospitality Business and earned her Certified Meeting Professional (CMP) certification in 2017. In 2016, Alexandra moved to Texas to pursue a master's in clinical Mental Health Counseling but had to return to Michigan before completion. She is excited to begin this new role as a Training and Meeting Planner at CMHAM because it allows her to further pursue her passion for mental health advocacy and event planning. In her spare time, she enjoys renovating her new house and spending time with her husband and 7-month-old son.

CMH Association's Officers and Staff Contact Information:

CMHAM 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: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

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

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