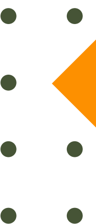
NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY

OCTOBER BOARD MEETING

THURSDAY, OCTOBER 10, 2024

3:00 PM

400 JOHNSON STREET
ALPENA, MICHIGAN 49707



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
Board Meeting Agenda for Thursday, October 10, 2024 At 3:00 p.m.

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

I. **Call to Order**
II. **Roll call & Determination of a Quorum**
III. **Pledge of Allegiance**
IV. **Appointment of Evaluator**
V. **Acknowledgement of Conflict of Interest**
VI. **Information and/or Comments from the Public**

VII. **Approval of Minutes** .... **(Pages 1 – 3)**

VIII. **Educational Session: Benefits-To-Work Coach, Zackeria Miller** .... **(Presentation)**

IX. **Consent Agenda** .... **(Pages 4 – 5)**

X. **Consent Agenda: NEMROC** .... **(Page 6)**

XI. **FY25 Budget Hearing** .... **(Pages 7 – 11)**

XII. **General Fund Benefit Packages** .... **(Verbal)**

XIII. **October Monitoring Reports**
1. Budgeting 01-004 .... **(Page 12)**
2. Compensation and Benefits 01-008 .... **(Pages 13 – 15)**

XIV. **Board Policies Review and Self-Evaluation**
1. Annual Board Planning Cycle 02-007 (Review & Self-Evaluate) .... **(Pages 16 – 17)**
2. Executive Director Job Description 03-003 (Review & Self-Evaluate) .... **(Page 18)**
3. Monitoring Executive Director Performance (Review & Self-Evaluate) .... **(Pages 19 – 24)**
4. Board Ends Statement 04-001 (Review & Approve Revisions) .... **(Page 25 – 26)**

XV. **Linkage Reports**
1. NMRE Board Meeting – September 25 .... **(Verbal)**
2. Advisory Council – October7 .... **(Verbal)**

XVI. **Operations Report** .... **(Handout)**

XVII. **Board Chair's Report**
1. Strategic Plan .... **(Handout)**
2. Schedule Nominations Committee Meeting .... **(Verbal)**
3. CMHA Fall Board Conference – October 21 & 22 – Attendees & Voting Delegates .... **(Brochure)**

XVIII. **Executive Director's Report** .... **(Verbal)**

XIX. **Information and/or Comments from the Public**
XX. **Information and/or Comments for the Good of the Organization**

XXI. **Next NeMCMHA Board Meeting – Thursday, November 14 at 3:00 p.m.**
1. Proposed November Agenda Items .... **(Page 27)**

XXII. **Meeting Evaluation** .... **(Verbal)**
XXIII. **Adjournment**

Northeast Michigan Community Mental Health Authority Board
Board Meeting – September 12, 2024

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

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

Present:	Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Judy Jones, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small
Absent:	Bob Adrian, Charlotte Helman (Excused), Gary Nowak (Excused)
Staff & Guests:	Carolyn Bruning, Connie Cadarette, Mary Crittenden, Rebekah Duhaime, Ruth Hewett, Mikki Manion, Brooke Paczkowski, Nena Sork

III. **Pledge of Allegiance**
Attendees recited the Pledge of Allegiance as a group.

IV. **Appointment of Evaluator**
Kara Bauer LeMonds was appointed as evaluator of the meeting.

V. **Acknowledgement of Conflict of Interest**
No conflicts of interest were acknowledged.

VI. **Information and/or Comments from the Public**
There were no comments from the public.

VII. **Approval of Minutes**
Moved by Terry Small, supported by Lynnette Grzeskowiak, to approve the minutes of the August 8, 2024, Board meeting, as presented. Motion carried.

VIII. **Consent Agenda**
Board members received a handout with three additional items to approve for the Consent Agenda.

Moved by Lloyd Peltier, supported by Terry Small, to approve the September Consent Agenda. Roll Call: Ayes: Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Judy Jones, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Charlotte Helman, Gary Nowak. Abstain: None. Motion carried.

IX. **FY24 Budget Amendment**
Connie reviewed the Amended Revenue and Expenditure Budgets. She budgeted for $174,507 more in expenses due to changes in revenue and was able to move things around to correct several line items that had large variances.

X. **September Monitoring Report**
1.Budgeting 01-004
Connie reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending July 31, 2024, utilizing the amended budget. Medicaid funds are overspent by $273,475 and Healthy MI funds are overspent by $207,107. General Funds are overspent by $566,516. The change in net position is negative $206,206, which is the amount of money the Agency is unable to cover for General Funds. The General Fund shortage is across the State. Of the five boards in the NMRE, the Agency has the smallest deficit of the four who are in the negative. One CMH has some extra General Funds and will be able to provide $75,000 to the Agency. A lot of the shortage has to do with Medicaid redeterminations. The Agency has requested extra General Funds from the State.

Moved by Terry Small, supported by Bonnie Cornelius, to approve the FY24 Budget Amendment and the September Monitoring Report. Motion carried.

XI. Endowment Fund Grant Awards

The money in the fund comes from staff paycheck donations. Eric reported the fund is there to help those with needs to get to work or for help with their businesses, including micro enterprises.

XII. Board Policies Review and Self-Evaluation

1. General Executive Constraint 01-001

Board members reviewed the policy and did not feel it required any revisions.

2. Compensation and Benefits 01-008

No revisions were suggested for this policy.

3. Committee Structure 02-006

Eric suggested a change to 1. A to make it clear the Board will be "'reviewing' proposed, pending, and current legislation…" The Board feels they are executing the policy appropriately.

4. Executive Director Search Process 03-005

Eric reported this is a relatively new policy that works well, and they are still abiding by it.

Moved by Les Buza, supported by Lloyd Peltier, to approve the revision to the Committee Structure Policy. Motion carried.

XIII. Linkage Reports

1. NMRE Board Meeting – August 28

Eric reported they are still wrestling with various changes the State is trying to make, including Conflict-Free Access and Planning (CFAP). Nena said the State will not be implementing CFAP on October 1, and they have reached out to Washington D.C. experts from CMS to see if it is needed.

2. CMHA Fall Conference – October 21-22

Board members need to let Rebekah Duhaime know if they plan to attend. Lloyd and Gary plan to attend.

XIV. Operations Report

Mary Crittenden reported on operations for the month of August. There were 57 routine requests for services and 58 crisis contacts. Outpatient counseling served 111 individuals, 17 youth and 94 adults, and that number will continue to trend upwards due to increased staffing. The total of unduplicated individuals served in August was 1,063.

XV. Board Chair's Report

1. Setting Perpetual Calendar

The Board reviewed the annual calendar for FY25.

Moved by Kara Bauer LeMonds, supported by Terry Small, to adopt the proposed perpetual calendar. Motion carried.

2. Board Self-Evaluation Report

The Board reviewed the 2024 Self-Evaluation Summary report. There were 9 of 12 surveys returned this year. There was a trend of less Strongly Agree answers on the report. Board members discussed possible reasons for this, including members being newer to the Board or feeling marking Strongly Agree means they don't think there's room for improvement. Eric briefly reviewed some write-in comments. Kara reported

that she is interested in more personalized accounts of how individuals are successfully helped. She would like to be able to see how the way the Agency helps people could also be used to help those with private insurance. There was a comment requesting further continued education, and Eric discussed upcoming educational sessions, including Peer Support, Community Living Support (CLS), Assertive Community Treatment (ACT), Supported Independence Program (SIP), Behavioral Health Home (BHH), and court-ordered treatment with Dr. Spurlock.

XVI. Executive Director's Report

Nena introduced Mikki Manion, the new HR Manager with Rehmann. Mikki has been in Human Resources for 24 years, with the last 12 in the private sector. She is originally from Marine City, Michigan. She said there is a great team at the Agency and the HR department is working very hard to make needed changes. She thinks everyone will be pleased with the improvements they make. Nena reported he biggest project they have tackled to start is the HR Cloud and the new onboarding process, which will be rolling out October 1.

Nena reviewed her activities over the last month, including NMORC, NMRE Operations, Rural and Frontier Caucus, NMRE Board, Cheboygan DHHS, NMRE Finance Committee, and CMHA DEI meetings. During the week of September 2, she attended the Directors' Forum in Lansing. Both the Rogers City and Alpena Suicide Prevention Walks are coming up and Nena will be attending both.

Nena reported the PIHPs and CMHSPs are about $93 million in the negative right now. MDHHS has $150 million that was supposed to be released to the behavioral health system, but it is still holding onto the funds. If the funds aren't released by September 30 they can be used elsewhere.

XVII. Information and/or Comments from the Public

None were presented.

XVIII. Information and/or Comments for the Good of the Organization

None were presented.

XIX. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, October 10 at 3:00 p.m.

1. October Agenda Items

The proposed October agenda items were reviewed.

XX. Meeting Evaluation

Kara reported Board members came prepared and were given adequate materials for review. She thinks the Agency is well-run, which can be complicated when dealing with funding from the State.

XXI. Adjournment

Moved by Les Buza, supported by Kara Bauer LeMonds, to adjourn the meeting. Motion carried. This meeting adjourned at 4:02 p.m.

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Bonnie Cornelius, Secretary

Rebekah Duhaime
Recorder

____
Eric Lawson, Chair

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Morgan Hale, Contract Manager
SUBJECT: Consent Agenda
DATE: October 3, 2024

A. Catholic Human Services

This agreement is a continuation contract with Catholic Human Services to provide wraparound coordination and services for children with Serious Emotional Disturbances. The total amount of the contract is $122,980, which is the same as last year. It is anticipated that Catholic Human Services will provide 1,860 units for FY25. We recommend approval of this contract.

B. Thunder Bay Transportation

The Agency contracts for transportation services from Thunder Bay Transportation. The amount budgeted for FY24 is $40,000. This contract will be monitored closely and if an amendment is necessary, the amendment would be provided to the Board for approval. The run cost continues to include a fuel surcharge in addition to the base charge.

Run	Cost/Hour FY22	Cost/Hour FY23
Contracted Services	$42.54	$45.00
Bus Aide (if requested by NeMCMHA)	$16.25	$16.25

C. Hospitals

Hospital Name	Location	FY24 Rate	FY25 Rate	Population Served
Cedar Creek	Saint Johns	$1,075.00	$1,107.25 $453.20	Adult/Child/Adolescent (same cost for all) Enhanced Rate 1:1 Staffing
Healthsource of Saginaw	Saginaw	$1,050.00	$1,081.50	Adult / Adolescent (same cost for all)

D. North Arrow

North Arrow is an applied behavior analysis (ABA) service provider who is expanding their services into our catchment area. This provider will help fill the gaps in services to the families who are on the border of our catchment area, as they are already serving other families in these areas. North Arrow's fee schedule is provided below.

Service	Code	Cost per Unit
ABA Behavior ID Assessment	97151	$48.00 per 15-minute unit (BCBA/QBHP & BCaBA)
Adaptive Behavior Treatment	97153	$19.25 per 15-minute unit (BCBA/QBHP &BCaBA) $16.50 per 15-minute unit (BT)
Group Adaptive Behavior Treatment	97154	$8.25 per 15-minute unit (BCBA/QBHP, BCaBA & BT)
ABA Supervision and Monitoring	97155	$31.25 per 15-minute unit (BCBA/QBHP & BCaBA)
Family Guidance/Training	97156	$31.25 per 15-minute unit (BCBA/QBHP & BCaBA)
Group Adaptive Behavior Treatment	0373T	$31.25 per 15-minute unit (BCBA/QBHP, BCaBA & BT)
ABA Behavioral Follow-Up Assessment	0362T	$31.25 per 15-minute unit (BCBA/QBHP & BCaBA)

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Morgan Hale, Contract Manager
SUBJECT: Consent Agenda – NEMROC
DATE: October 3, 2024

A. North Eastern Michigan Rehabilitation and Opportunity Center (NEMROC)

NEMROC offers Community Living Support (CLS) and Supported Employment services on behalf of our Agency. For tracking and reporting purposes, CLS and Supported Employment are separate contracts. The contracted rates will remain the same as last fiscal year, however the overall budget will decrease due to projecting less units of service being provided over the year. Both contracts will be reviewed semi-annually.

NEMROC anticipates providing 5,000 units of CLS over the course of the fiscal year at a rate of $12.28 per 15-minute unit. This contract capitation is $61,400.

The capitation for Supported Employment is $399,079.08 with a projection of 31,240 units being provided.

We recommend approval.

Northeast Michigan Community Mental Health Authority

2024-2025 Budget

Revenue Budget

Line #	Revenue Source	FY24 Budget	$$$ Incr./(Decr.)	FY25 Budget	Totals	% of Total Budget
1	**State Contracts**		$ -		**271,352**	0.71%
2	PASARR (Nursing Home Services)	**220,192**	$ 51,160	**271,352**		
3	**Local Funding**		$ -	**-**	**596,638**	1.57%
4	Alcona County Allocation	**34,051**	$ -	**34,051**		
5	Alpena County Allocation	**150,585**	$ -	**150,585**		
6	Montmorency County Allocation	**38,524**	$ -	**38,524**		
7	Presque Isle County Allocation	**43,478**	$ -	**43,478**		
8	Rebates/Incentives/Other local revenue/Grants	**330,757**	$ -	**330,000**		
9	**Interest Income**	**5,750**	$ 250	**6,000**	**6,000**	0.02%
10	**Medicaid**	**31,279,609**	$ 1,597,525	**32,877,134**	**32,877,134**	86.35%
11	**General Funds from MDCH**		$ -	**-**	**1,202,787**	3.16%
12	Operational (Community) Funding	**1,142,648**	$ 60,139	**1,202,787**		
13	Carryforward from FY24 to FY25	**60,139**	$ (60,139)	**-**		
14	**Healthy Michigan Plan**	**2,508,216**	$ (1,080,859)	**1,427,357**	**1,427,357**	3.75%
15	**Third Party Insurance (incl. COFR)**	**569,111**	$ (1,266)	**567,845**	**567,845**	1.49%
16	**Residential Clients - Room & Board**	**579,519**	$ 92,415	**671,934**	**671,934**	1.76%
17	**Contracted Residential Revenue - Blue Horizons**	**469,817**	$ (469,817)	**-**	**-**	0.00%
18	**Behavior Health Home Revenue**	**296,300**	$ 13,425	**309,725**	**309,725**	0.81%
19	**Other Revenue**		$ -	**-**	**145,627**	0.38%
20	Reimbursed Class Fees	**6,500**	$ (1,500)	**5,000**		
21	Food Stamps	**104,159**	$ (9,334)	**94,825**		
22	Representative Payee Fees	**10,000**	$ 5,600	**15,600**		
23	Record Copying Fees	**7,500**	$ 6,680	**14,180**		
24	Miscellaneous Other Income	**28,453**	$ -	**16,022**		
25	**Total Revenues**	**$ 37,885,308**	$ 191,091	**$ 38,076,399**	**$ 38,076,399**	100.00%

Northeast Michigan Community Mental Health Authority
2024-2025 Budget
Expenditure Budget (by account)

Line #	Expenditure Type	FY24 Budget	$$$ Incr./(Decr.)	FY25 Budget	% Incr./(Decr.)
1	Salaries	**$ 15,367,191**	$ (21,515)	**$ 15,345,676**	-0.1%
2	Social Security Tax	**680,095**	$ (41,337)	**$ 638,758**	-6.1%
3	Health Savings Accounts	**46,000**	$ 11,000	**$ 57,000**	23.9%
4	Health Insurance (self insured)	**1,761,043**	$ 304,261	**$ 2,065,304**	17.3%
5	Prescription Insurance (self insured)	**343,897**	$ 44,692	**$ 388,589**	13.0%
6	Dental Insurance (self insured)	**132,517**	$ 21,848	**$ 154,365**	16.5%
7	Vision Insurance (self insured)	**40,894**	$ 10,521	**$ 51,415**	25.7%
8	Life Insurance	**29,075**	$ 3,127	**$ 32,202**	10.8%
9	Long Term Disability Insurance	**36,532**	$ 2,707	**$ 39,239**	7.4%
10	Short Term Disability Insurance	**184,993**	$ 13,126	**$ 198,119**	7.1%
11	Pension	**905,575**	$ 69,710	**$ 975,285**	7.7%
12	Pension (Social Security Opt Out)	**483,741**	$ (28,732)	**$ 455,009**	-5.9%
13	Unemployment	**2,624**	$ 11,505	**$ 14,129**	438.5%
14	Workers Compensation	**116,487**	$ (1,876)	**$ 114,611**	-1.6%
15	Office Supplies	**26,561**	$ -	**$ 26,561**	0.0%
16	Postage	**21,848**	$ (3,738)	**$ 18,110**	-17.1%
17	Advertisement/Recruitment	**148,030**	$ (60,321)	**$ 87,709**	-40.7%
18	Public Relations/Community Education	**64,119**	$ 2,755	**$ 66,874**	4.3%
19	Employee Relations/Wellness	**120,800**	$ (9,962)	**$ 110,838**	-8.2%
20	Computer Maintenance/Supplies	**387,604**	$ (104)	**$ 387,500**	0.0%
21	Activity/Program Supplies	**40,152**	$ 1,578	**$ 41,730**	3.9%
22	Medical Supplies & Services	**72,170**	$ (18,470)	**$ 53,700**	-25.6%
23	Household Supplies	**75,596**	$ (1,856)	**$ 73,740**	-2.5%
24	Interest Expense - Leases	**24,580**	$ 18,520	**$ 43,100**	0.0%
25	Contracted Transportation	**24,857**	$ (10,832)	**$ 14,025**	-43.6%
26	Contracted Inpatient	**1,682,321**	$ (13,524)	**$ 1,668,797**	-0.8%
27	Contracted Residential	**5,099,852**	$ 36,019	**$ 5,135,871**	0.7%
28	Contracted Employees/Services	**7,151,517**	$ 30,799	**$ 7,182,316**	0.4%
29	Local Match Drawdown	**98,568**	$ -	**$ 98,568**	0.0%
30	Telephone / Internet (Communications)	**242,796**	$ (22,050)	**$ 220,746**	-9.1%
31	Staff Meals & Lodging	**29,193**	$ (2,321)	**$ 26,872**	-8.0%
32	Staff Travel Mileage	**228,672**	$ (10,353)	**$ 218,319**	-4.5%
33	Vehicle Gasoline	**154,777**	$ 874	**$ 155,651**	0.6%
34	Client Travel Mileage	**67,785**	$ (4,655)	**$ 63,130**	-6.9%
35	Board Travel and Expenses	**13,664**	$ (4)	**$ 13,660**	0.0%
36	Staff Development-Conference Fees	**48,568**	$ (8,728)	**$ 39,840**	-18.0%
37	Staff Physicals/Immunizations	**11,383**	$ (7,664)	**$ 3,719**	-67.3%
38	Professional Fees (Audit, Legal, CARF)	**75,758**	$ (41,708)	**$ 34,050**	-55.1%
39	Professional Liability Insurance Drs.	**7,379**	$ 6,121	**$ 13,500**	83.0%
40	Property/Staff Liability Insurance (net)	**80,740**	$ (1,404)	**$ 79,336**	-1.7%
41	Heat	**40,211**	$ (7,911)	**$ 32,300**	-19.7%
42	Electricity	**98,645**	$ 9,855	**$ 108,500**	10.0%
43	Water/Sewage	**29,074**	$ 1,076	**$ 30,150**	3.7%
44	Sanitation	**21,927**	$ 723	**$ 22,650**	3.3%
47	Maintenance	**159,598**	$ (66,598)	**$ 93,000**	-41.7%
48	Vehicle Maintenance	**51,409**	$ (81)	**$ 51,328**	-0.2%
49	Rent-Homes and Office Buildings	**14,739**	$ (8,989)	**$ 5,750**	-61.0%
50	Amoritization Expense - Leases (Rent)	**285,820**	$ 19,067	**$ 304,887**	
51	Rent-Equipment	**2,594**	$ (94)	**$ 2,500**	-3.6%
52	Membership Dues	**15,720**	$ 78	**$ 15,798**	0.5%
53	Food	**164,445**	$ (24,545)	**$ 139,900**	-14.9%
54	Capital Equipment over $200	**246,644**	$ 27,656	**$ 274,300**	11.2%
55	Consumable Equipment under $200	**15,298**	$ (12,498)	**$ 2,800**	-81.7%
56	Computer Equipment over $200	**27,000**	$ (14,000)	**$ 13,000**	-51.9%
57	Client Adaptive Equipment	**24,625**	$ (1,625)	**$ 23,000**	-6.6%
58	Depreciation Expense Adjustment	**434,380**	$ (37,707)	**$ 396,673**	-8.7%
59	General Fund Expenditures	**6,225**	$ 73,675	**$ 79,900**	1183.5%
60	Local Fund Expenditures (10% State Hospital	**105,000**	$ (45,000)	**$ 60,000**	-42.9%
61	**MI Loan Repayment**	**12,000**	$ -	**$ 12,000**	0.0%
61	**Total Expenditures**	**$ 37,885,308**	$ 191,091	**$ 38,076,399**	0.5%

Northeast Michigan Community Mental Health Authority

2024-2025 Budget

Expenditure Budget (by program)

Line #	Program	FY24 Budget	$$$ Incr./(Decr.)	FY25 Budget	% Incr./(Decr.)
1	Board Administration	**$ 42,064**	$ 6,077	**$ 48,141**	14.4%
2	General Administration	**989,642**	$ 98,924	**1,088,566**	10.0%
3	Managed Information Systems (MIS)	**1,602,880**	$ (204,628)	**1,398,252**	-12.8%
4	Training	**94,163**	$ (17,384)	**76,779**	-18.5%
5	Budget & Finance	**1,127,248**	$ (121,473)	**1,005,775**	-10.8%
6	Direct Run Support Staff (old Clerical plus a few)	**806,266**	$ 19,366	**825,632**	2.4%
7	Human Resources	**722,295**	$ 67,599	**789,894**	9.4%
8	Facilities	**263,928**	$ 30,380	**294,308**	11.5%
9	Alpena Facilities (Utilities, Rent, Depreciation)	**220,343**	$ (9,993)	**210,350**	-4.5%
10	Alcona Facilities (Utilities, Rent, Depreciation)	**7,216**	$ (4,816)	**2,400**	-66.7%
11	Hillman Facilities (Utilities, Rent, Depreciation)	**65,866**	$ 15,663	**81,529**	23.8%
12	Rogers City Facilities (Utilities, Rent, Depreciation)	**59,089**	$ (11,489)	**47,600**	-19.4%
13	Fletcher Facilities (Utilities, Rent, Depreciation)	**113,368**	$ (13,002)	**100,366**	-11.5%
14	Vehicle Fleet (Gasoline, Depreciation, Maintenance	**546,901**	$ -	**546,901**	0.0%
15	Quality Improvement	**235,164**	$ (41,696)	**193,468**	-17.7%
16	MI Outpatient	**732,423**	$ 27,312	**759,735**	3.7%
17	Physician Services	**1,832,834**	$ 154,671	**1,987,505**	8.4%
18	Older Adult Services - PASARR	**233,362**	$ 37,990	**271,352**	16.3%
19	Case Management all one Cost Center now	**1,549,499**	$ 740,889	**2,290,388**	47.8%
20	Assertive Community Treatment (ACT)	**365,640**	$ (146,027)	**219,613**	-39.9%
21	Children's Home Based and Comm. Services	**221,780**	$ 64,344	**286,124**	29.0%
22	Children's Wraparound	**122,980**	$ -	**122,980**	0.0%
23	Clinical Supervision	**2,488,817**	$ 228,907	**2,717,724**	9.2%
24	Physical, Occupational & Speech Therapy	**95,912**	$ (400)	**95,512**	-0.4%
25	Provider Network (Self Det. Internal, Contracts)	**411,100**	$ (327,786)	**83,314**	-79.7%
26	External Services	**13,144,107**	$ (145,220)	**12,998,887**	-1.1%
27	Greenhaven (was Blue Horizons)	**477,116**	$ (27,102)	**450,014**	-5.7%
28	Behavior Health Home	**207,682**	$ 37,225	**244,907**	17.9%
29	State Hospitalization (County 10% Share only)	**105,000**	$ (45,000)	**60,000**	-42.9%
30	Supported Employment	**722,341**	$ (1,232)	**721,109**	-0.2%
31	SIP/Community Support	**2,215,593**	$ 116,538	**2,332,131**	5.3%
32	Bay View Center	**181,262**	$ -	**181,262**	0.0%
33	Peer Directed Activities	**34,086**	$ 2,954	**37,040**	8.7%
34	MI Peer Support Services	**178,881**	$ 37,771	**216,652**	21.1%
35	DD SIP Monitoring	**490,086**	$ (40,554)	**449,532**	-8.3%
36	Hospital Transportation	**32,752**	$ (11,687)	**21,065**	-35.7%
37	Cambridge Residential DD	**640,345**	$ (55,827)	**584,518**	-8.7%
38	Princeton Residential DD	**563,237**	$ (10,766)	**552,471**	-1.9%
39	Walnut Residential DD	**568,860**	$ (63,099)	**505,761**	-11.1%
40	Thunder Bay Heights Residential DD	**626,419**	$ (64,060)	**562,359**	-10.2%
41	Pinepark Residential DD	**598,888**	$ (6,392)	**592,496**	-1.1%
42	Brege Residential DD	**650,297**	$ (119,219)	**531,078**	-18.3%
43	Harrisville Residential DD	**618,591**	$ (48,785)	**569,806**	-7.9%
44	Millcreek Residential DD	**604,825**	$ (58,534)	**546,291**	-9.7%
45	Infant Mental Health	**3,790**	$ (1,050)	**2,740**	-27.7%
46	Skill Building	**2,429**	$ 883	**3,312**	36.4%
47	Crisis Services	**243,162**	$ 87,288	**330,450**	35.9%
48	Behavior Treatment	**24,779**	$ 13,531	**38,310**	54.6%
49	**Total Expenditures**	**$ 37,885,308**	**$ 191,091**	**$ 38,076,399**	0.5%

Northeast Michigan Community Mental Health Authority

2024-2025 Budget

Capital Purchases

Line #	Program	Description	$$$
	Equipment, Furniture, Building Improvements		
	Facilities	Vehicle Replacement	28,000
	Facilities	Vehicle Replacement	28,000
	Facilities	Vehicle Replacement	42,000
	Facilities	Vehicle Replacement	42,000
	Facilities	Vehicle Replacement	62,000
	Facilities	Vehicle Replacement	62,000
	Cambridge	One Major Appliance	1,000
	Princeton	One Major Appliance	1,000
	Walnut	One Major Appliance	1,000
	Thunder Bay	One Major Appliance	1,000
	Pine Park	Two Major Appliances	2,300
	Brege	One Major Appliance	1,000
	Harrisville	One Major Appliance	1,000
	Millcreek	One Major Appliance	1,000
	Total Equipment, Furniture, Building Improvements		**$ 273,300**
	Computer Equipment		
	Computer Equipment	Switches	10,000
	Total Computer Equipment		**$ 10,000**

Vehicle Replacement Policy:

Agency owned vehicles will be reviewed for replacement when:

a. they have reached a service life of five years and/or they have accumulated 120,000 miles,

b. excessive wear or costs dictates that the vehicle be removed from service, or

c. safety conditions require that they be removed from service.

Northeast Michigan Community Mental Health Authority

2024-2025 Budget

Staffing - Full Time Equivalents (FTE's)

Line #	Program	**FY24 Budget**	FTE Incr./(Decr.)	**FY25 Budget**	% Incr./(Decr.)
1	Board Administration (now only Board Members)	**0.09**	-	**0.09**	0.0%
2	General Administration	**7.68**	0.66	**8.34**	8.6%
3	Managed Information Systems (MIS)	**7.00**	(2.00)	**5.00**	-28.6%
4	Training	**0.38**	(0.02)	**0.36**	-5.3%
5	Budget & Finance	**11.75**	(1.02)	**10.73**	-8.7%
6	Direct Run Support Staff (old clerical plus some)	**11.00**	0.11	**11.11**	1.0%
7	Human Resources	**5.57**	(2.07)	**3.50**	-37.2%
8	Facilities (old Housekeeping now in Facilities)	**4.57**	0.58	**5.15**	12.7%
9	Quality Improvement	**2.00**	-	**2.00**	0.0%
10	MI Outpatient	**5.13**	2.66	**7.79**	51.9%
11	Physician Services	**9.35**	1.99	**11.34**	21.3%
12	Geriatric Services - PASARR	**2.15**	0.08	**2.23**	3.7%
13	Case Management	**17.71**	9.90	**27.61**	
14	Assertive Community Treatment (ACT)	**4.14**	(2.02)	**2.12**	-48.8%
15	Home Based	**2.47**	0.23	**2.70**	9.3%
16	Mobile Crisis	**0.51**	(0.51)	**-**	-100.0%
17	Clinical Supervisors	**27.93**	2.21	**30.14**	7.9%
18	Behavior Health Home	**2.75**	0.66	**3.41**	24.0%
19	Supported Employment	**12.65**	0.44	**13.09**	3.5%
20	Physical, Occupational & Speech Therapy	**1.00**	-	**1.00**	0.0%
21	Peer Directed Activities	**0.88**	-	**0.88**	0.0%
22	MI Peer Support Services	**3.31**	0.64	**3.95**	19.3%
23	SIP Monitoring	**9.34**	(0.43)	**8.91**	-4.6%
24	SIP/Community Support	**43.33**	(0.21)	**43.12**	-0.5%
25	Provider Network	**5.07**	(4.07)	**1.00**	-80.3%
26	Hospital Transportation	**0.73**	(0.23)	**0.50**	-31.5%
27	Cambridge Residential DD	**10.72**	(1.08)	**9.64**	-10.1%
28	Princeton Residential DD	**10.42**	(0.32)	**10.10**	-3.1%
29	Walnut Residential DD	**10.04**	(0.94)	**9.10**	-9.4%
30	Thunder Bay Residential DD	**10.52**	(1.93)	**8.59**	-18.3%
31	Pinepark Residential DD	**10.78**	(0.42)	**10.36**	-3.9%
32	Brege Residential DD	**10.88**	(2.48)	**8.40**	-22.8%
33	Harrisville Residential DD	**10.75**	(1.03)	**9.72**	-9.6%
34	Millcreek Residential DD	**10.01**	(1.38)	**8.63**	-13.8%
35	Greenhaven	**8.00**	(0.72)	**7.28**	-9.0%
36	Infant Mental Health	**0.03**	(0.01)	**0.02**	-33.3%
37	Skill Building	**0.04**	0.01	**0.05**	25.0%
38	Crisis Services	**0.78**	0.75	**1.53**	96.2%
39	Behavior Treatment	**0.21**	0.15	**0.36**	71.4%
40	**Total FTE's**	291.67	(1.82)	**289.85**	-0.6%

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eleventh Month Ending August 31, 2024
91.67% of year elapsed

		Actual August Year to Date	Budget August Year to Date	Variance August Year to Date	Budget FY24	% of Budget Earned or Used
	Revenue					
1	State Grants	186,863.55	201,842.66	$ (14,979)	220,192.00	84.9%
2	Grants from Local Units	244,418.06	244,418.16	(0)	266,638.00	91.7%
3	NMRE Incentive Revenue	330,756.66	295,504.66	35,252	330,757.00	100.0%
4	Interest Income	5,489.90	5,083.34	407	5,750.00	95.5%
5	Medicaid Revenue	29,729,920.03	28,672,974.91	1,056,945	31,279,609.00	95.0%
6	General Fund Revenue	1,162,694.00	1,102,554.75	60,139	1,202,787.00	96.7%
7	Healthy Michigan Revenue	1,767,489.69	2,299,197.98	(531,708)	2,508,216.00	70.5%
8	Contract Revenue Blue Horizons	423,766.68	430,665.59	(6,899)	469,817.00	90.2%
9	3rd Party Revenue	420,665.30	510,935.07	(90,270)	569,111.00	73.9%
10	Behavior Health Home Revenue	293,712.72	246,608.32	47,104	296,300.00	99.1%
11	Food Stamp Revenue	80,882.14	95,479.09	(14,597)	104,159.00	77.7%
12	SSI/SSA Revenue	514,407.11	531,225.75	(16,819)	579,519.00	88.8%
13	Revenue Fiduciary	264,645.33	0.00	264,645	0.00	0.0%
14	Other Revenue	47,214.73	48,081.91	(867)	52,453.00	90.0%
15	**Total Revenue**	**35,472,926**	**34,684,572**	**788,354**	**37,885,308**	**93.6%**
	Expense					
16	Salaries	14,614,945.87	14,084,591.75	(530,354)	15,367,191.00	95.1%
17	Social Security Tax	595,417.15	623,420.42	28,003	680,095.00	87.5%
18	Self Insured Benefits	2,124,689.91	2,216,655.05	91,965	2,324,351.00	91.4%
19	Life and Disability Insurances	235,925.69	229,716.58	(6,209)	250,600.00	94.1%
20	Pension	1,301,556.48	1,248,914.64	(52,642)	1,389,316.00	93.7%
21	Unemployment & Workers Comp.	120,235.23	109,185.11	(11,050)	119,111.00	100.9%
22	Office Supplies & Postage	43,944.81	44,374.90	430	48,409.00	90.8%
23	Staff Recruiting & Development	175,679.10	186,774.31	11,095	207,981.00	84.5%
24	Community Relations/Education	57,024.21	57,025.73	2	64,119.00	88.9%
25	Employee Relations/Wellness	104,112.79	128,233.33	24,121	120,800.00	86.2%
26	Program Supplies	554,473.84	527,834.98	(26,639)	590,820.00	93.8%
27	Contract Inpatient	1,382,086.98	1,598,377.59	216,291	1,682,321.00	82.2%
28	Contract Transportation	12,586.92	27,758.05	15,171	24,827.00	50.7%
29	Contract Residential	4,750,572.58	4,593,614.33	(156,958)	5,099,852.00	93.2%
30	Local Match Drawdown NMRE	98,568.00	90,354.00	(8,214)	98,568.00	100.0%
31	Contract Employees & Services	6,943,955.78	6,499,307.23	(444,649)	7,151,517.00	97.1%
32	Telephone & Connectivity	204,404.56	238,813.00	34,408	242,796.00	84.2%
33	Staff Meals & Lodging	26,747.31	25,485.28	(1,262)	29,193.00	91.6%
34	Mileage and Gasoline	421,960.33	394,906.12	(27,054)	451,234.00	93.5%
35	Board Travel/Education	5,590.98	12,525.34	6,934	13,664.00	40.9%
36	Professional Fees	29,543.21	69,444.82	39,902	75,758.00	39.0%
37	Property & Liability Insurance	98,022.95	80,775.75	(17,247)	88,119.00	111.2%
38	Utilities	187,146.21	174,035.62	(13,111)	189,857.00	98.6%
39	Maintenance	156,140.06	203,058.80	46,919	211,007.00	74.0%
40	Interest Expense Leased Assets	23,854.72	21,281.66	(2,573)	24,580.00	97.0%
41	Rent	11,599.61	15,888.59	4,289	17,333.00	66.9%
42	Food	128,641.57	150,741.27	22,100	164,445.00	78.2%
43	Capital Equipment	44,507.05	36,840.38	(7,667)	45,644.00	97.5%
44	Client Equipment	28,023.47	19,447.92	(8,576)	24,625.00	113.8%
45	Fiduciary Expense	294,741.93	0.00		0.00	
46	Miscellaneous Expense	95,633.44	116,366.26	20,733	126,945.00	75.3%
47	Depreciation & Amoritization Expense	883,108.65	847,823.30	(35,285)	948,230.00	93.1%
48	MI Loan Repayment Program	3,000.00	11,000.00		12,000.00	
49	**Total Expense**	**35,758,441**	**34,684,572**	**(787,127)**	**37,885,308**	**94.4%**
50	**Change in Net Position**	**$ (285,515)**	**$ 0**	**$ (285,515)**	**$ -**	**-0.8%**

51	Contract settlement items included above:	
52	Medicaid Funds (Over) / Under Spent	$ (366,839)
53	Healthy Michigan Funds (Over) / Under Spent	(202,248)
54	**Total NMRE (Over) / Under Spent**	**$ (569,087)**
55	General Funds to Carry Forward to FY24	$ -
56	General Funds Lapsing to MDHHS	(644,105) Inclusive of Carryforward of $60,139
57	**General Funds (Over) / Under Spent**	**$ (644,105)**

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING REPORT

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Compensation and Benefits, 01-008
REPORT FREQUENCY & DUE DATE: Annual, October 2024
POLICY STATEMENT:

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

Accordingly, the Executive Director may not:

1. . . . change their own compensation and benefits.
   - **Interpretation:** The Board will set the Executive Director's salary.
   - **Status:** The contract with the Executive Director, which addresses salary, expires September 30, 2025.

2. . . . promise or imply permanent or guaranteed employment.
   - **Interpretation:** Neither the Executive Director nor any other person will indicate to an employee or prospective employee that employment is guaranteed or permanent.
   - **Status:** Employment terms for various types of employees are defined elsewhere in personnel policies. None are "guaranteed" employment.

     We establish a variety of employment relationships that can be used to provide services. Beyond the standard full- or part-time status used for 80 – 85% of our positions, contractual and casual status may be used for particular purposes. Contractual employees include certain professional clinical staff, and casual employees are those on a call-in status, largely in group homes as substitute workers.

     The Board's professional clinical employees are organized with the Office and Professional Employees International Union (OPEIU), and many of the Board's paraprofessional staff (group home staff) are in a separate bargaining unit of that same union. Other employees are not represented by unions.

3. . . . establish current compensation and benefits which:
   A. Deviate materially from the geographic or professional market for the skills employed.
   B. Create obligations over a longer term than revenues can be safely projected, in no event longer than one year with the exception of labor contracts and in all events subject to losses of revenue.
   - **Interpretation**: Subject to sufficiency of financial resources, staff compensation and benefits will be set following a review of data describing the geographic or professional market for the skills employed by our staff. To the extent possible, surveys of like agencies will be used. Labor contracts for represented employees will be negotiated with the intent to avoid material differences in overall compensation, understanding that salaries, wages, and benefits may differ from those of non-union staff as a result of the negotiation process.
   - **Status:**
     - Salary & Wages:
       The Board's salaries and wages are set according to either a salary schedule that applies to non-union staff or the terms of labor agreements with OPEIU, the union that represents a number of staff. To help determine the market conditions of which to

compare these rates, we use the Board Association's survey of compensation packages used by Michigan's CMH Boards.

- Fringe Benefits:
  - Health Insurance
    The organization provides benefits for full-time (40 hours/week) employees covering medical and prescription. All full- and part-time staff are eligible for dental and vision benefits, which the Agency covers 100% of the premium for. All health benefit plans are self-insured. Participating employees pay 20% of the premium for the Agency's benefit plans through payroll deduction. If employees agree to participate and meet the requirements of the Agency's Wellness program, the premium is reduced by 4%.

  - Leave
    The Board's leave policy combines vacation and sick leave into one bank to be managed by the employee (full- and part-time). New employees are eligible for approximately 18 leave days per year if working 40 hours per week. We attempt to accommodate staff requests for use of leave and allow very flexible use of leave.

  - Other
    Other fringe benefits provided for employees include:
    - Deferred Compensation (voluntary retirement account)
    - Flexible Medical – Sec. 125 (voluntary medical account)
    - Short-term disability insurance
    - Long-term disability insurance (full-time only)
    - Life insurance (full-time only)
    - Accidental death and dismemberment

4. . . . establish or change pension benefits so the pension provisions:
   A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
   B. Provide less than some basic level of benefits to all full-time employees, though differential benefits to encourage longevity in key employees are not prohibited.
   C. Allow any employee to lose benefits already accrued from any foregoing plan.
   D. Treat the Executive Director differently from other comparable key employees.
   E. Are instituted without prior monitoring of these provisions.
   - **Interpretation**: The organization will avoid defined-benefit plan structures in favor of defined contribution plans clearly stating and limiting employer liability. The organization's retirement savings plans, and related retirement benefits as established in policy or labor contracts, will be available to full-time employees meeting eligibility criteria as defined in policy or labor contracts. Changes in retirement savings plans (if any) will not result in loss of benefits to employees; this will not preclude the possibility of changing plan structures in ways offering at least an equivalent benefit. The Executive Director will participate in the same plan available to other Management Team employees.

- **Status**

  The organization offers several plans depending on the employees' employee group status. Employer retirement savings contributions to the three groups' retirement accounts differ as shown below as a result of negotiations with the Union.

  - Non-Union: 7.5%
  - Professional Union: 7%
  - Paraprofessional Union: 6%

  According to CMHA data, our contribution to employee pensions is at par with the average CMH board.

  Non-union employees no longer participate in Social Security; instead, the organization and the employee contribute a total of 11.9% of pay to a 401a retirement savings plan that is separate from the Agency's basic retirement savings plan. The Board's Union employees continue participation in the Social Security program and the Board's basic retirement savings program, as well.

  Only the Board's full-time employees (40 hours/week) participate in the "basic" retirement savings program.

Board Review/Comments

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

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

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

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

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GOVERNANCE PROCESS
(Manual Section)

ANNUAL BOARD PLANNING CYCLE
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	June 9, 2022

●1 POLICY:

To accomplish its role with a governance style consistent with Board policies, the Board will follow an annual agenda, which (a) completes a re-exploration of Ends policies annually and (b) continually improves its performance through attention to Board education, enriched input and deliberation, as well as insistence upon measurement and achievement of Ends.

1. The cycle will conclude each year on the last day of September in order that administrative budgeting can be based on accomplishing a one-year segment of the most recent Board long-range vision.

   - By September preceding the new cycle, the Board will develop its agenda for the ensuing one-year period.

2. Education, input, and deliberation will receive paramount attention in structuring the series of meetings and other Board activities during the year.

   - To the extent feasible, the Board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.

3. The sequence of the process for the Board planning year ending September 30 is as follows:

   - May: The planning process begins with a brief review of progress to-date toward the current year ends. The session will include an environmental scan and exploration of the primary factors affecting public mental health services. The goal of the session will be to identify areas upon which the Board wishes to focus its planning efforts over the next several months.

   - June through August: During these months, the planning areas identified above are refined with the active assistance of staff.

- September: The Board's plan (including Ends) for the coming year is adopted. This plan will also include the Board's desires for educational presentations for the year.

- November: Review of past year Ends achievement. Celebration.

4. Executive Director monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.

    - July: The Board prepares for the Executive Director's evaluation by reviewing any of the monitoring reports provided in the last year.

    - August: The Board finalizes the evaluation of the Executive Director and prepares to extend a contract renewal.

5. Executive Director remuneration will be decided after a review of monitoring reports received in the last year by September. The compensation philosophy of the Board is to attract and retain leadership talent, yet respond to market trends, reflecting the value of the functional demands of executive work and reward performance results.

    - Compensation will take into consideration market comparable data [i.e., Board Association Salary Survey, comparable functional positions information, etc.] and the total compensation and benefit plan will be defined.
        - Review of the compensation and benefit plan will be completed by the full Board.
        - The Executive Director's contract will include information regarding terms of compensation, approval dates, disclosure of any conflict of interest, etc.
        - If warranted, the Executive Committee will meet prior to contract renewal to discuss base pay and benefit plans, expiration date of contract, incorporating overall performance and development. Names, if any, of the independent, unrelated Board members assigned to a review committee will be documented.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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BOARD STAFF RELATIONSHIP
(Manual Section)

EXECUTIVE DIRECTOR JOB DESCRIPTION
(Subject)

Board Approval of Policy August 8, 2002
Last Revision of Policy Approved: October 10, 2019

●1 POLICY:

As the Board's single official link to the operating organization, the Executive Director's performance will be considered to be synonymous with organizational performance as a total.

Consequently, the Executive Director's job contributions can be stated as performance in the following areas:

1. Organizational accomplishment of the provisions of Board policies on *Ends*.
2. Organization operation within the boundaries of prudence and ethics established in Board policies on *Executive Limitations.*

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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BOARD STAFF RELATIONSHIP
(Manual Section)

MONITORING EXECUTIVE DIRECTOR PERFORMANCE
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	October 10, 2019

●1 POLICY:

Monitoring executive performance is synonymous with monitoring organizational performance against board policies on *Ends* and on *Executive Limitations*. Any evaluation of the Executive Director's performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of Board time so that meetings can be used to create the future rather than to review the past.

2. A given policy may be monitored in one or more of three ways:

   A. Internal report: Disclosure of compliance information to the Board from the chief executive.

   B. External report: Discovery of compliance information by a disinterested, external auditor, inspector, or judge who is selected by and reports directly to the Board. Such reports must assess executive performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.

   C. Direct Board inspection: Discovery of compliance information by a Board member, a committee, or the Board as a whole. This is a Board inspection of documents, activities, or circumstances directed by the Board which allows a "prudent person" test of policy compliance.

3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the Board according to frequency and method.

   A. See Board Monitoring Schedule for frequency and method.

4. By each September, the Board will have a formal evaluation of the Executive Director. This evaluation will not only consider monitoring data as defined here, but as it has appeared over the intervening year. In every case, the standard for compliance shall be any reasonable Executive Director interpretation of the Board policy being monitored. The Board is final arbiter of reasonableness, but will always judge with a "reasonable

person" test rather than with interpretations favored by Board members or by the Board as a whole.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

Exhibit 1 – Monitoring Schedule

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Policy	Reports	Internal/External/Direct	Frequency	Month
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	January – December** (NOTE: This is reported monthly if available
Emergency Executive Succession 01-006	Executive Director Report	Internal	Annual	January
Emergency Executive Succession 01-006	Board Evaluation	Internal -Board Review of Policy	Annual	January
Executive Director Role 03-001	Board-Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	January
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Feb., May, Aug., Nov.
Staff Treatment 01-003	Turnover Report/Exit	Internal	Semi-Annual	February/August
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	February – January** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Feb., May, Aug., Nov.
Asset Protection 01-007	Board Evaluation	Internal. Board Review of Policy	Annual	February
Budgeting 01-004	CPA Audit	External	Annual	February
Financial Condition 01-005	CPA Audit	External	Annual	February
Asset Protection 01-007	CPA Audit	External	Annual	February
Delegation to the Executive Director 03-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Board Committee Principles 02-005	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Treatment of Consumers 01-002	Executive Director Report Consumer Satisfaction Survey	Internal Internal	Annual Annual	March
Staff Treatment 01-003	Employee Survey Policy Review	Direct Internal – Board Review of Policy	Annual	March
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	March-February** (NOTE: This is reported monthly if available)
Budgeting 01-004	Board Evaluation	Internal – Board Review of Policy	Annual	March

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Policy	Reports	Internal/External/Direct	Frequency	Month
Code of Conduct 02-008	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	March
Board Member Recognition 02-011	Executive Director Report	Internal (Board Member Recognition Awards)	Annual	March
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	April - March** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Board Evaluation	Internal – Board Review of Policy	Annual	April
Communication & Counsel 01-009	Executive Director Report	Internal	Annual	April
Communication & Counsel to Board 01-009	Board Evaluation	Internal – Board Review of Policy	Annual	April
Governing Style 02-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	April
Cost of Governance 02-013	Board Evaluation Self-Evaluation	Internal – Board Review of Policy Update Policy with Budget Amounts	Annual Annual	April April
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	May, Aug., Nov., Feb.
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal (2 months May/Jun)	At least Quarterly	May - April** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	May, Aug., Nov., Feb.
Board Job Description 02-003	Self-Evaluation & Policy Review Survey to Owners Employee Survey	Internal – Board Review of Policy	Annual	May
Board Core Values 02-014	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Planning Session	Planning Session	Internal/External	Annual	June
Ends 04-001	Executive Director Report	Internal	Semi-Annual	June

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Policy	Reports	Internal/External/Direct	Frequency	Month
Staff Treatment 01-003	Executive Director Report	Internal (Staff Recognition)	Annual	July/August**
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	July - June** (NOTE: This is reported monthly if available)
Asset Protection 01-007	Insurance Reports	External/Internal	Annual	July
Community Resources 01-010	Board Evaluation	Internal – Board Review of Policy	Annual	July
Community Resources 01-010	Executive Director Report	Collaboration Report	Annual	July
Public Hearing 02-010	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	July
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Aug., Nov., Feb., May
Staff Treatment 01-003	Turnover Report/Exit Interview	Internal	Semi-Annual	August/February
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	August - July** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Aug., Nov., Feb., May
Chairperson's Role 02-004	Self-Evaluation & Policy Review Board Survey	Internal – Board Review of Policy	Annual	August
Board Members Per Diem 02-009	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Board Self-Evaluation 02-012	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
General Executive Constraint 01-001	Board Evaluation of Executive Director Policy Review	Internal Internal – Board Review of Policy	Annual Annual	September September
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	September - August** (NOTE: This is reported monthly if available)
Compensation & Benefits 01-008	Policy Review	Internal – Board Review of Policy	Annual	September

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Policy	Reports	Internal/External/Direct	Frequency	Month
Board Committee Structure 02-006	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Executive Director Search Process 03-005	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	October - September** (NOTE: This is reported monthly if available)
Annual Board Planning Cycle 02-007	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Executive Director Job Description 03-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Monitoring Executive Director Performance 03-004	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Treatment of Consumers 01-002	Recipient Complaint Log Policy Review	Internal Internal – Board Review of Policy	Quarterly Annual	Nov./Feb./May/Aug.
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	November - October** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Nov., Feb., May, Aug.
Ends 04-001	Executive Director Report	Internal	Semi-Annual	November/May
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	December – Nov.** (NOTE: This is reported monthly if available)
Grants or Contracts 01-011	Executive Director Report Board Evaluation	Internal Internal – Board Review of Policy	Annual	December
Board Member Recognition 02-011	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
Board Member Orientation 02-015	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
By-Laws	Self-Evaluation & Review	Internal – Board Review of Bylaws	Annual	December
Compensation & Benefits 01-008	Association Salary Survey Pension Report Executive Director Report	External/Internal External/Internal Internal	Annual	Within 60 days of receipt of Salary Survey
Ends 04-001	Policy Review	Internal – Board Review of Policy	Annual	Conducted when Strategic Plan is adopted

Revised 10-10-19

ENDS
(Manual Section)

BOARD ENDS STATEMENT
(Subject)

Board Approval of Policy	August 8, 2002
Revision to Board Policy	October ~~12~~10, ~~2023~~2024

●1 POLICY:

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

Sub-Ends
Services to Children

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

   A. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
   B. ~~95~~80% of home-based services will be provided in a home or community setting.

Services to Adults with Mental Illness and Persons with I/DD

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

   A. Expand the Supported Independence Program (SIP) to one additional county served.
   B. Development of additional supported independent services for two individuals currently living in a dependent setting.
   C. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.
   D. Individual Placement and Support (IPS) employment services will successfully close ~~20~~ 15 individuals with an SPMI diagnosis who have maintained competitive integrated employment.

Services to Adults with Co-Occurring Disorders

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

   A. ~~35~~25% of eligible individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, cardiac issues will be enrolled in Behavioral Health Home (BHH).
   B. 100% of individuals enrolled in BHH will see their primary care provider annually.
   C. ~~100~~98% of individuals enrolled in BHH will have a baseline A1C.

Financial Outcomes

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

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

Community Education

6. The Board will support the Agency in providing community education. This will include the following:

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

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

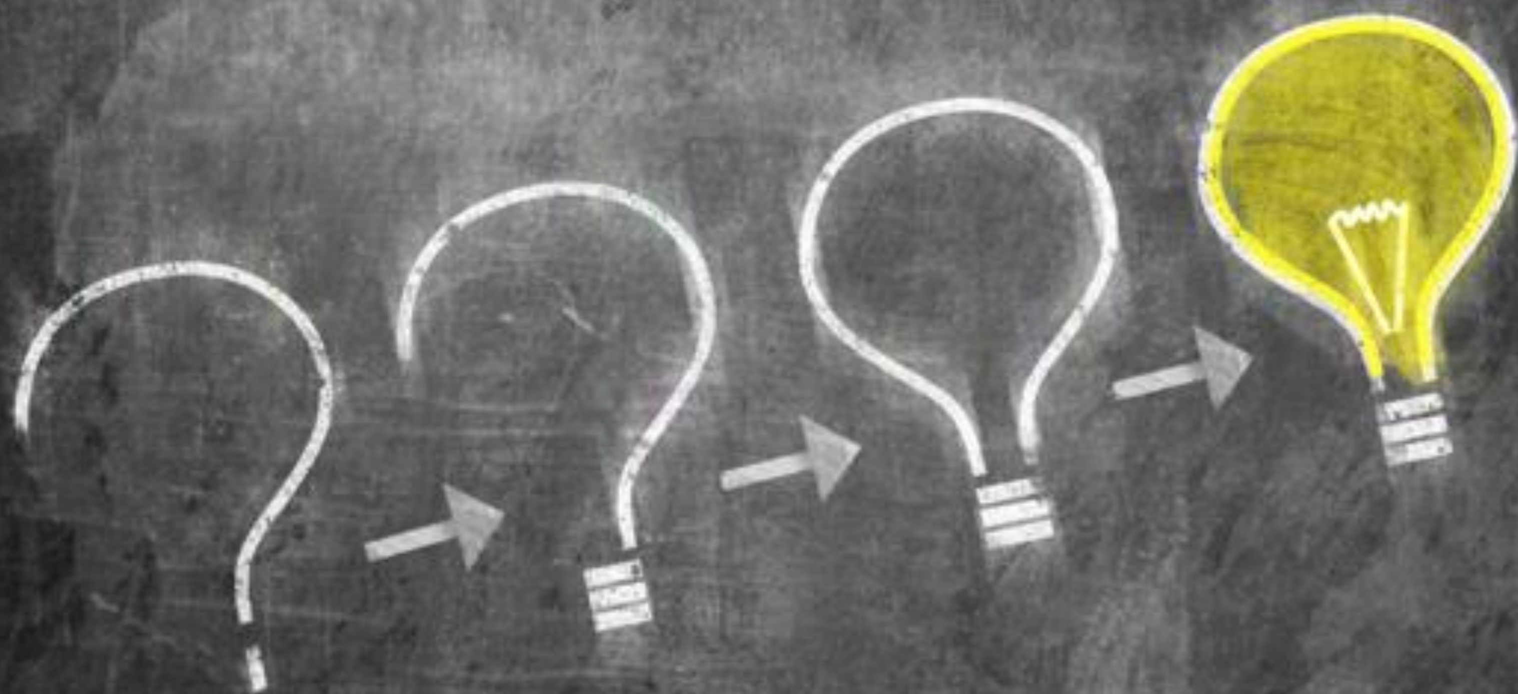
●4 REFERENCES:

●5 FORMS AND EXHIBITS:

	Program	Consumers served September 2024 (9/1/24 - 9/30/24)	Consumers served in the Past Year (10/1/23 - 9/30/24)	Running Monthly Average(year) (10/1/23- 9/30/24)
1	**Access** **Routine**	51	626	52
	Emergent	0	1	0
	Urgent	0	2	0
	Crisis	54	489	40
	Prescreens	57	609	49
2	**Doctors' Services**	427	1334	453
3	**Case Management**			
	Older Adult (OAS)	90	144	88
	MI Adult	62	167	65
	MI ACT	21	30	23
	Home Based Children	40	89	34
	MI Children's Services	88	239	87
	IDD	145	296	154
4	**Outpatient Counseling**	96(15/81)	221	76
5	**Hospital Prescreens**	57	609	49
6	**Private Hospital Admissions**	19(5/14)	199	16
7	**State Hospital Admissions**	0	4	0
8	**Employment Services**			
	IDD	45	63	48
	MI	35	86	37
	Touchstone Clubhouse	70	105	86
9	**Peer Support**	42	59	37
10	**Community Living Support Services**			
	IDD	83	97	80
	MI	70	121	72
11	**CMH Operated Residential Services**			
	IDD Only	50	59	50
12	**Other Contracted Resid. Services**			
	IDD	39	43	35
	MI	32	36	30
13	**Total Unduplicated Served**	1045	2323	1051

County	Unduplicated Consumers Served Since October 2023
Alcona	240
Alpena	1379
Montmorency	288
Presque Isle	329
Other	69
No County Listed	18

Community Mental Health Association of Michigan Annual Fall Conference



SHARING SOLUTIONS

October 21 & 22, 2024

Grand Traverse Resort • Traverse City, Michigan

CONTINUING EDUCATION

Social Workers: The 2024 Fall Conference qualifies for a maximum of **9 Continuing Education Hours**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. Qualifies as "face-to-face (in-person) education."
Substance Use Disorder Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Use Disorder Professionals participating in the 2024 Fall Conference may receive a maximum of **10 contact hours**. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.
Recipient Rights: The Fall Conference qualifies for 6 RR CEU hours (Categories I and IV).
Continuing Education Requirement: National Accreditation Rules: National Accreditation rules indicate that if you are over five (5) minutes late or depart early, you forfeit your continuing education hours for that session. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide continuing education hours in the future. This rule will be strictly followed.
Certificate Awarded: At the conclusion of this conference, turn in your Certificate of Attendance form to CMHA Staff to be approved. Turn in the top sheet and retain the bottom sheet which serves as your certificate. No other certificate will be given.
Certicate Issued by: Christina Ward, Director of Education and Training, cward@cmham.org; 517-374-6848
Grievance: If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA 517-374-6848 or through our webpage at www.cmham.org for resolution.

EDUCATIONAL SESSIONS

Sunday, October 20, 2024	
11:27am	**CMH Golf Outing:** Wolverine Golf Course, Grand Traverse Resort 11:27am with sequential tee times to follow. $50 per person (9 holes and a cart) • Call 231-534-6470 for tee times to reserve your spot. • Deadline for pre-registration: Sunday, October 13, 2024 • Credit card is required to hold a tee time. • 48-hour cancellation and no shows will be billed
2:30pm – 6:15pm	**Conference Registration Open**
3:00pm – 3:40pm	**CMHSP/PIHP Board Chairperson Roundtable and Networking** This roundtable will be an informal gathering of chairpersons to discuss the latest issues affecting board members. Hear solutions used by chairpersons to overcome challenges in their board. Compare notes and learn what works and what doesn't. Bring your questions and be ready to be an active participant in this lively discussion! If the board chairperson is unable to attend, a board member may come in their place.
4:00pm – 5:30pm	**CMHA Members: Board of Directors Meeting**
5:40pm – 6:15pm	**CMHA Members: Member Assembly Meeting and Special Election**

Monday, October 21, 2024

Time	Session
7:00am – 5:00pm	**Conference Registration and Exhibits Open**
7:15am – 8:00am	**Group Networking Breakfast**
8:00am – 8:30am	**Conference Welcome** **Board Member Longevity Certificates** **Boardworks Certificates**
8:30am – 9:30am	**Keynote: Addressing Stigma to Optimize Health and Healing** ▪ Qualifies for 1 CE Hour for Social Work + Related MCBAP Education Contact Hour + RR CEU Hour in Category IV – *Devika Bhushan, MD, Chief Medical Officer, Daybreak Health* In this presentation, the four facets of stigma will be defined, with key personal and research-based examples of how they can impact belonging, professional success, and health. Attendees will gain tools for crafting clinical communication that is free of stigma and bias to enhance equity in outcomes and will also understand key systemic and individual strategies that work in tandem to both reduce stigma and enhance well-being, including lessons from the speaker's own journey. Objectives: 1. Define stigma and its attributes. 2. Describe potential impacts of carrying a stigmatized identity on belonging, professional success and health. 3. Gain tools for crafting clinical communication that is free of stigma and bias. 4. Understand systemic and individual strategies to reduce stigma and enhance well-being.
9:30am – 10:00am	**Exhibitor Sponsored Refreshment Break**
	Concurrent Workshops
10:00am – 11:30am	**1. Strategic Approaches to Building and Supporting Your Workforce** ▪ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Cheryl Williams-Hecksel, MSW, Senior Outreach Specialist, Field Education Coordinator, Michigan State University School of Social Work* – *Takisha LaShore, PhD, MSW Program Director, Michigan State University School of Social Work* Recruitment and retention of a high-quality workforce are critical challenges that impact the quality of care for consumers of services. This workshop will explore innovations around recruitment and key issues that impact retention. Recruitment strategies may include strategic partnerships with colleges and universities and development of quality internship programs. Retention strategies may include professional development opportunities for the current and newly recruited workforce. Objectives: 1. Identify current and potential partners for strategic engagement to build the workforce. 2. Identify at least one strategy that will impact recruitment in your organization. 3. Identify at least one strategy that will impact retention in the workforce.
10:00am – 11:30am	**2. The Michigan Child and Adolescent Needs and Strengths Tool (MichiCANS)** ▪ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours + RR CEU Hour in Category IV – *Erin Mobley, MA, Section Manager, Data Monitoring and Quality Improvement, The Bureau of Children's Coordinated Health Policy and Supports, MDHHS* – *Lisa Collins, EdS, MA, CCC-SLP, Section Manager, Access, Workforce Development and Education, The Bureau of Children's Coordinated Health Policy and Supports, MDHHS* This presentation will provide an overview of the MichiCANS Screener and Comprehensive tools including how the tool will be used at access/intake to guide eligibility determinations, treatment planning and ongoing assessment. This presentation will also review the overarching goals of the MichiCANS and drill down to provide the audience with information related to domains, modules and how the information gained from this communication-based tool can be used to facilitate the linkage between the assessment process and the design of individualized service plans. We will also provide preliminary data and observations related to the soft launch of the tool. Objectives: 1. Demonstrate ways in which MichiCANS has been integrated and the benefits provided to children, youth, and families. 2. Demonstrate knowledge of the development and implementation of the state standardized MichiCANS tool. 3. Demonstrate an understanding of the MichiCANS Screener and Comprehensive versions of the tool.

10:00am – 11:30am	**3. Efforts to Reduce Administrative Inefficiencies in the Public Behavioral Health System: A Project Overview** ◘ Does not qualify for continuing education credits. – *Katie VanDorn, Director of Client Services, Public Sector Consultants* – *Amanda Day, MPH, Vice President, Public Sector Consultants* – *Robert Sheehan, CEO, Community Mental Health Association of Michigan* The Community Mental Health Association of Michigan (CMHA) received funding from the Michigan Health Endowment Fund to identify opportunities for increased administrative efficiency within all components of the public mental health system. CMHA is working with Public Sector Consultants to carry out this project. To support this effort, CMHA formed an advisory committee made up of a diverse set of stakeholders that interact with the public mental health system at different levels, including PIHPs, CMHSPs, MDHHS, persons served, community providers, and advocacy organizations. The advisory committee has emphasized the prevalence of inefficiencies in assessments and treatment planning as key areas of focus. Members described these processes as redundant, complicated, and time consuming for people entering the system. The workshop will include an overview of the project scope, the areas of concerns identified so far through the project advisory committee, interviewees, and from frontline staff and consumer discussion groups. Conference participants will have a chance to weigh in on what we have heard so far and to provide input on suggestions to address concerns. Objectives: 1. Gain an overarching understanding of the administrative efficiencies project. 2. Learn about opportunities to give input on the inefficiencies and identified solutions. 3. Learn about opportunities to get involved and to receive project updates.
10:00am – 11:30am	**4. Building a Behavioral Health Crisis Stabilization Unit as a CMH/Hospital Collaboration in Kent County** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours + RR CEU Hour in Category I – *Beverly Ryskamp, JD, LMSW, Chief Operating Officer, network180* – *Kristin Spykerman, LMSW, CAADC, Chief Clinical Officer, network180* – *Carrie Mull, DNP, RN, PMH-BC, NEA-BC, Administrative Director, Behavioral Health, Case Management Services, Trinity Health Grand Rapids* In May 2024, network180, the Kent County Community Mental Health Authority, and Trinity Health opened a behavioral health crisis center on the hospital campus of Trinity Health Grand Rapids. The crisis center includes a brief intervention service and one of the first MDHHS-certified crisis stabilization units to operate in the state of Michigan. This workshop will describe the clinical, operational, and policy work necessary to develop and launch the crisis center, including many challenges and lessons learned along the way. The session will also include preliminary data from the first several months of crisis center operations. Objectives: 1. Describe the clinical and policy goals of operating a behavioral health crisis stabilization unit in the state of Michigan. 2. Describe the unique features of a behavioral health crisis center operating in collaboration with an acute care hospital. 3. Describe the impact of the crisis center model based on initial operational data.
10:00am – 11:30am	**5. Overdose Response Strategy: Cross-Sector Partnership Innovation** ◘ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours – *Emily Godfrey, MPH, Michigan Public Health Analyst, CDC Foundation* – *Robert Kerr, Michigan Drug Intelligence Officer, High Intensity Drug Trafficking Area (HIDTA) Program* The Overdose Response Strategy (ORS) is an innovative program that utilizes cross-sector partnerships to optimize the overdose prevention work being done throughout the United States. Each ORS team consists of a public health analyst and a drug intelligence officer working together to form strong partnerships between public health and public safety partners and any other community organizations interested in reducing substance misuse and overdose deaths. The Michigan ORS team is a valuable resource for those working in overdose prevention, harm reduction and treatment/recovery. In this presentation, the MI ORS team will give a brief overview of the ORS program, share resources including overdose data resources and trends and showcase proven strategies to build cross-sector and community partnerships within this work. Objectives: 1. Identify the state Overdose Response Strategy (ORS) team and know how to connect with them. 2. Describe at least one way that the ORS team can assist in their work. 3. Summarize at least one strategy to strengthen cross-sector partnerships.
10:00am – 11:30am	**6. Preventing Targeted Violence Through Behavioral Threat Assessment and Management** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Vasilis K. Pozios, MD, DFAPA, Chief Medical Officer, Oakland Community Health Network* – *Adam Hamilton, MA, Clinical Director, Oakland Community Health Network*

	Behavioral threat assessment and management (BTAM) is a fact-based, systematic process designed to identify, assess, and manage potentially dangerous or violent situations. School safety experts, law enforcement officials, and the United States Departments of Education, Justice, Secret Service, and Federal Bureau of Education have cited research indicating that before a person commits an act of violence, warning signs are usually evident. The primary goal of BTAM is to evaluate the difference between making a threat and posing a threat to a community. Research and best practice guidelines indicate that a collaborative, multidisciplinary approach to behavioral threat assessment and management can identify effective interventions and supports, build a management plan that mitigates a potential threat and supports the safety of the entire community, while also helping the person(s) toward a more positive pathway (NASP, 2021). With the launch of the Community Behavioral Threat Assessment and Management Program, Oakland Community Health Network hopes to prevent future targeted acts of violence in the community through the implementation and management of intervention strategies. Objectives: 1. Learn the steps of the Pathway to Violence. 2. Learn the eight critical components to be included in a high-quality BTAM process. 3. Understand how BTAM can be used in schools, the community, and workplaces.
10:00am – 11:30am	**7. Social Determinants of Health (SDoH) Innovations Across the Country and What the New MDHHS ILOS Policy Means to Future SDoH Efforts in Michigan** ◘ Qualifies for 1.5 Related MCBAP Education Contact Hours – *Farah Hanley, MBA, Principal, Health Management Associates* – *Linda Vail, MPA, Principal, Health Management Associates* Medicaid programs across the country are developing effective and creative ways to address the many Social Determinants of Health (SDoH) affecting their Medicaid populations. SDoH are community level factors that result in a negative impact on an individual's health and well-being. They are non-medical environmental factors that include where people are born, live, learn, work, play, worship, and age that affect health and well-being. The overarching five domains of SDoH include economic stability, education access and quality, health care access and quality, neighborhood environment, social and community access to connections. States and managed care plans can cover services that are substitutes for services covered under the Medicaid State Plan. These creative, non-medical initiatives to address SDoH in communities are referred to as "In Lieu of Services" or ILOS. MDHHS has recently released an ILOS policy that seeks to include food security initiatives as part of an overarching strategy to address SDoH in communities and through individuals enrolled in health plans. Objectives: 1. Describe SDoH and how it fits into Michigan. 2. Share national models and the impact of efforts to address SDoH in communities. 3. Discuss where the new MDHHS In Lieu of Services (ILOS) policy fits into the broader SDoH discussion.
10:00am – 11:30am	**8. Decision-Making in the Voting Process: What People with IDD and CMH Personnel Need to Know** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours + RR CEU Hour in Category I – *Mary Shehan, MS, Community Inclusion Coordinator, Michigan Developmental Disabilities Council* – *Jeanie Rowe, Supported Decision-Making Youth Ambassador and ADA Coordinator, Center for Youth Voice, Youth Choice (CYVYC)* This presentation will provide an overview of the experiences and rights of voters with disabilities, common barriers to accessibility, the role of community mental health staff, and the Protection and Advocacy Organizations and Recipient Rights systems can play in enforcing these rules. Topics will include Michigan election law, voting and the Michigan Mental Health Code, voting advocacy resources and strategies, NASW ethics and voting advocacy, and state data on polling place accessibility and the experiences of voters with disabilities. Objectives: 1. Understand the barriers experienced by voters with disabilities. 2. Understand the rights of voters with disabilities in Michigan. 3. Learn tools to support people with IDD to vote and will commit to supporting their access.
11:30am – 12:20pm	**Group Networking Lunch** **Connections…Communities that Care** – *Lois Shulman, Editor, Connections*
12:20pm – 1:20pm	**Keynote: Improving Access and Quality of Behavioral Health Services Through Behavioral Health Homes (BHH) and Certified Community Behavioral Health Clinics (CCBHC)** ◘ Qualifies for 1 CE Hour for Social Work + Related MCBAP Education Contact Hour + RR CEU Hour in Category IV

	– *Lindsey Naeyaert, MPH, State Administrative Manager, Michigan Department of Health and Human Services* – *Jennifer Ruff, MPA, CCBHC Demonstration Certification Manager, Michigan Department of Health and Human Services* – *Amy Kanouse, MPH, Behavioral Health Program Specialist, Michigan Department of Health and Human Services* – *Danielle Hall, LMSW, CAADC, Behavioral Health Innovation Specialist, Michigan Department of Health and Human Services* The Behavioral Health Home provides comprehensive care management and coordination services to Medicaid beneficiaries with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis utilizing an interdisciplinary team. The Certified Community Behavioral Health Clinic Demonstration is a service delivery model that increases access to behavioral health services to anyone regardless of insurance type, geographic location, or severity of need. These two models of care are transforming the way Michiganders access care while driving quality of services and enhancing the payment structure for providers. This presentation will provide a brief history of each model, discuss the complementary nature of these models, highlight key outcomes, and share future goals. Objectives: 1. Understand the delivery system structure between two integrated behavioral health models in Michigan. 2. Learn how each model increases access and quality of services for people in Michigan. 3. Understand how practices can participate in each model.
	Concurrent Workshops
1:30pm – 3:00pm	**9. Mental Health in the School: A Collaborative Approach** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Nicolette Cheff, MSW, EdS, Mental Health Coordinator, Livingston Educational Service Agency* – *Connie Conklin, Executive Director, Livingston County Community Mental Health Authority* Livingston County collectively with community mental health and other community partners have come together to develop a three-tiered model of prevention and intervention. Learn how we have worked with our CMH, local hospital, and other community supports to foster a multi-tiered system of supports for our children. We will show the need and approach using data driven decisions and collective partnerships to improve overall mental health for students in our community. Objectives: 1. Leave with ideas and tolls on how you can collaborate with community agencies. 2. Analyze data-based interventions and initiatives to learn strategies to better serve our kids both in and out of school. 3. Learn what works, myths, and how to reduce overall mental health stigma.
1:30pm – 3:00pm	**10. Behavior Treatment Plans and Behavior Support Plans: How to Differentiate Between the Two** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Mary Luchies, PhD, LP, LBA, Manager of the Intellectual/Developmental Disabilities and Autism Spectrum Disorder Services Section, MDHHS* – *Price Pullins, MS, LLP, Psychology Manager, Bureau of Children's Coordinated Health Policy and Supports, MDHHS* Behavior Treatment Plans (BTPs) have evolved from useful documentation to support programs serving individuals with complex behavioral needs to specific treatment protocols developed by licensed behavior analysts. Attendees will learn how BTPs exist in behavioral health practices with Behavior Support Plans (BSPs) and how can they both be best utilized by the mental health system. This session will define both types of plans when they are utilized and how they can be useful in behavioral health outcomes. Examples of each type of plan will assist in identifying the different elements and applications. Objectives: 1. Differentiate between a behavior treatment plan and a behavior support plan. 2. Evaluate appropriate applications for BTPs and BSPs. 3. Identify best practice standards for the development of BTPs and BSPs.
1:30pm – 3:00pm	**11. Understanding Access, Utilization, and Effectiveness of Children's Behavioral Health Services Using Data Analytics and Dashboarding** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Erin Mobley, MA, Manager, Data Monitoring and Quality Improvement, BCCHPS, MDHHS* – *Audrey Rock, MSA, Children's Quality Improvement Specialist, BCCHPS, MDHHS* – *Jane Shank, MSW, Consultant for Integration of Youth and Family Voice, BCCHPS, MDHHS* – *Joe Torres, MS, Data Analytics, Data Scientist Consultant, TBD Solutions* This presentation will provide participants with real world examples of how the public facing dashboard can provide them with information necessary to make data driven decisions to improve their programs, as well as provide examples as to how MDHHS and provider partners may use this data to track and monitor the quality improvement goals surrounding access, utilization, and effectiveness of the Michigan Intensive Child

	and Adolescent Service (MICAS) array. This presentation will challenge participants to consider data collection efforts and data-based quality improvement efforts within their role and organization, with an additional emphasis on how data can inform practices that benefit those children, youth, and families with lived experience. The Data Monitoring and Quality Improvement team within MDHHS' Bureau of Children's Coordinated Health Policy and Supports will share information regarding the design and development of the Children's Behavioral Health Data Dashboard, which is currently in development. Example data visualizations and quality measures will be shared, and feedback will be garnered. Participants will be asked to examine how the Children's Behavioral Health Data Dashboard could be utilized within their work, organization, and health system. Suggestions and feedback will be recorded for exploration and possible implementation on the dashboard. Objectives: 1. Review example data visualizations and quality measures that may be incorporated onto the Children's Behavioral Health Data Dashboard. 2. Identify areas of data collection and quality improvement within their daily work and larger organization. 3. Learn tools to better engage parents, caregivers, youth, and young adults and their voice into treatment, programming, and quality improvement efforts.

1:30pm – 3:00pm	**12. Bridging Gaps: Addressing LGBTQ+ Health Disparities with Peer Support for Trans, Non-Binary, and Queer Communities** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Catherine Spinney, LMSW, CAADC, CCS, Director of Health and Human Services, Affirmation Community Center* – *Brenden Bell, LMSW, Manager of Care Coordination, Affirmation Community Center* – *Derek Davis, Mentor and Support Group Facilitator, Affirmation Community Center* This workshop will explore the unique health disparities faced by the LGBTQ+ community, with a special focus on the trans and non-binary population. We will examine how peer support can serve as a vital tool in addressing these disparities, offering a safe and empowering space for individuals to share experiences and resources. Participants will learn about effective peer support strategies, as well as practical solutions to improve healthcare access and outcomes for trans and non-binary individuals. The workshop will also highlight the importance of inclusive and affirming healthcare environments, with referrals to resources and supports that honor and validate individual identities. This session is ideal for behavioral healthcare professionals, administrators, and advocates looking to enhance their understanding and support of LGBTQ+ health needs. Objectives: 1. Describe the unique health challenges faced by LGBTQ+ individuals and how peer support can help address these disparities by increasing engagement and providing trauma-informed, LGBTQ-affirming resources and referrals. 2. Identify best practices for healthcare professionals and community service providers to foster more inclusive, respectful, and affirming care for trans and non-binary individuals. 3. Implement strategies for involving queer stakeholders in developing and implementing peer services, ensuring these initiatives are truly representative and responsive to community needs.
1:30pm – 3:00pm	**13. Boardworks 2.0: Management – System** ◘ Qualifies for 1.5 Related MCBAP Education Contact Hours – *Christopher Pinter, MSW, Chief Executive Officer, Bay-Arenac Behavioral Health Authority* In this workshop you will focus on the public policy oriented and defined management and organizational structures. Objectives: 1. Identify two management functions of public policy systems. 2. Explore two structural foundations of organizations as related to both managers and implementers of public policy. 3. Examine organizational infrastructure as related to both managers and implementers of public policy. 4. Learn three qualities of provider and manager types of public organizations, including “mixed” organizations and the cost and benefits of such an arrangement. 5. Explore community systems as an ultimate unified community system.
1:30pm – 3:00pm	**14. Artificial intelligence (AI) in the CMH Setting** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Scott Monteith, MD, Medical Director, network180* Artificial intelligence (AI) is presented as a transformative technology for behavioral health. The purpose of this presentation is to describe some of the challenges to successfully implementing AI in the mental health setting. Technical problems with AI include data quality, black-box opacity, validation and regulatory challenges, and human factors such as a lack of education in AI, workflow changes, automation bias, and deskilling. There will also be new and unanticipated safety risks with the introduction of AI. The solutions to these issues are complex and will take time to discover, develop, validate, and implement. However, addressing the many problems in a methodical manner will expedite the safe and beneficial use of AI. Objectives: 1. Describe the importance of understanding AI in health care. 2. Understand the importance of human factors in AI. 3. Keep up with current state and future needs.
1:30pm – 3:00pm	**15. SUD Recovery Incentives Pilot** ◘ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours – *Angela Smith-Butterwick, MSW, Substance Use, Gambling and Epidemiology Section Manager, MDHHS* – *Cassidy Livingston, Recovery Incentives Coordinator, MDHHS* MDHHS is piloting a contingency management program for Medicaid and Healthy Michigan Plan beneficiaries with Stimulant Use Disorder and/or Opioid Use Disorder. Participants can earn up to $599 in incentives in a calendar year based on attendance at treatment appointments and abstaining from the target substance confirmed through weekly drug tests. Learn more about the pilot and how your clients can participate. Objectives: 1. Learn about contingency management as an evidence-based treatment for Stimulant Use Disorder and Opioid Use Disorder. 2. Learn about MDHHS' contingency management pilot for Medicaid and Healthy Michigan Plan beneficiaries. 3. Learn how their clients can participate in the Recovery Incentives Pilot.

1:30pm – 3:00pm	**16. Using LifeCourse Tools to Arrange Supported Decision Making** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Jan Lampman, BA, QIDP, CAPP, Consultant, Community Drive* We will examine the difference between guardianship and supported decision-making and learn how case managers/support coordinators can use the LifeCourse framework to assist individuals in organizing their supported decision- making arrangement. Objectives: 1. Understand what supported decision making is and how it replaces guardianship. 2. Learn how to use LifeCourse tools to have conversations with people served to explore supported decision making. 3. Explain supported decision making using the LifeCourse framework.
3:00pm – 3:30pm	**Exhibitor Sponsored Refreshment Break**
	Concurrent Workshops
3:30pm – 5:00pm	**17. Behavioral Health Quality Transformation: 3 Year Plan** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Jackie Sproat, MSW, Director, BHDDA Division of Program Development, Consultation and Contracts, MDHHS* – *Sha Yuan, PhD, Quality Specialist, Quality Performance, Payment, and Integrity Section, Bureau of Specialty Behavioral Health Services, MDHHS* – *Kasi Hunziger, MSA, Manager, Quality Performance, Payment, and Integrity Section, Bureau of Specialty Behavioral Health Services, MDHHS* MDHHS has developed a three-year roll out process for transforming the federally required quality program in our public behavioral health system. Starting FY26, existing MMBPIS measures are being replaced, primarily with nationally recognized measures. Additional measures will be added in FY27 and in FY28. Measures will align with recently revised CMS managed care quality rule on appointment wait time standards and required use of a standardized patient experience survey. Measures will encompass pertinent domains of care including consumer experience, comorbid conditions, HCBS, access to care and others. Timeline and impact on data reporting will be covered. Objectives:1. Explain measures included in each year of the roll-out strategy to starting FY26. 2. Understand CMS requirements for states to report child and adult behavioral health core set measures and new CMS Medicaid managed care appointment wait time standards.3. Understand the PIHP data reporting timeline and measurement periods.
3:30pm – 5:00pm	**18. Addressing the Needs of Transition-Age Youth and Adults with Autism Spectrum Disorder** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Sarah Mohiuddin, M.D., Clinical Associate Professor, University of Michigan, Michigan Medicine* – *Yavuz Ince, M.D., Clinical Assistant Professor, University of Michigan, Michigan Medicine* Over the next decade, about half a million youth with ASD will enter adulthood in the US. Yet, there is a growing gap between the need and available services for these vulnerable transitional-age youth. About 40% of post-high school youth with ASD do not receive any medical health, mental health, case management services, or speech therapy. This transitional age comes with a unique set of challenges including problems with communication, social skills, behavior, organization, decision-making, planning, and co-occurring mental health problems. Patients, families, caregivers, and providers often find this process very challenging. Adult mental health professionals (MHPs) frequently report limited knowledge, lack of experience, poor competence, and low confidence working with adults with autism. Because of this, a project was developed (TEAM- Teaching and Education for Autism and Developmental Disorder Management) to address this gap in education and training in transition-age youth and adults with ASD. Objectives: 1. Understand the current needs of transition-age youth and adults with Autism Spectrum. Disorders. 2. Identify the key areas of knowledge needed for assessment and management of transition-age youth and adults with ASD. 3. Utilize an online toolkit through TEAM to access training modules/resources specific to diagnosis and mental health concerns for youth and adults with ASD.
3:30pm – 5:00pm	**19. Integrated Approaches to Teen Health: Addressing Marijuana Use and Disordered Eating Through Group Therapy and Psychoeducation** ◘ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours – *Kelly Treharne, LPC, MA, Integrated Health Pathway Team Lead, Easterseals MORC* – *Joan Baert, CPS, Prevention Specialist, Easterseals MORC* – *Alicia Petrunak, BSN, RN, Registered Nurse Care Manager, Easterseals MORC* This workshop will share insights gained by providing integrated health services to adolescents and their families in the community mental health setting. Specifically, the trends of comorbidity in adolescent populations between marijuana use and disordered eating will be explored. Including contributing factors to comorbidity such as maladaptive coping, social media influences, and sociocultural impact of peers and

	family. This workshop will examine the social and biological mechanisms underlying both marijuana use and disordered eating, focusing on shared risk factors, how these disorders are perpetuated and exacerbated, and treatment approaches such as group therapy and psychoeducation. Presenters will provide actionable steps for implementation of support by sharing experiences from the field that highlight successful methods, common barriers, and next steps for community mental health agencies. Objectives: 1. Gain insight into the emerging trends of comorbidity between substance use and disordered eating among adolescents within community mental health settings. 2. Learn about similarities in mechanisms that drive, perpetuate, and treat eating disorders and marijuana use in adolescents. 3. Leave with information about group therapy modalities, psychoeducation, and actionable strategies for community mental health professionals to effectively support adolescents with comorbid substance use and disordered eating.

3:30pm – 5:00pm	**20. Putting Children First: Sharing Solutions for Infants, Toddlers, Children, and Their Families** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Cassandra Phipps, LP, LLP, CAADC, Director of Children Initiative, Detroit Wayne Integrated Health Network* – *Christie Spudowski, LMSW, IMH-E, Wayne County Baby Court Coordinator, Detroit Wayne Integrated Health Network* This workshop aims to address the most pressing challenges faced by communities regarding children aged 0 to 6 years. Key topics include postpartum depression among parents, infant and early childhood development, child abuse and neglect, parent-child attachment, and educational support for infants, toddlers, and young children. Participants will gain insights into evidence-based practices, programs, and services that effectively combat these issues. The workshop will cover solutions such as the early childhood courts, autism services, infant and early childhood mental health consultation, home visiting programs, postpartum depression screenings, the school success initiative, and child abuse and neglect training. These programs and services are all designed to foster stable and thriving homes and communities. Objectives: 1. Gain a comprehensive understanding of the most common challenges faced by communities regarding children aged 0 to 6 years. 2. Identify and describe various evidence-based practices, programs, and services designed to address these challenges. 3. Learn how to implement these evidence-based solutions within their own communities to build and sustain stable homes and environments for young children, ensuring their overall well-being and development.
3:30pm – 5:00pm	**21. Situational Awareness for Emergency Response** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Brian Uridge, MPA, CHPA, CPP, CTM, Senior Director of Public Safety and Security, University of Michigan; Director of Security, Michigan Medicine* SAFER (Situational Awareness For Emergency Responders) is a workplace violence awareness and prevention curriculum geared toward healthcare professionals. In this training, hospital psychiatric emergency room staff will complete a didactic session focused on situational awareness and behavioral emergency preparedness. Staff will also critique and strategize real-life emergent situations in the psychiatric emergency room. Finally, the learners will complete the hands-on portion of the training that will strengthen their procedural memory. Objectives: 1. Describe key outcomes necessary to maintain situational awareness. 2. Discuss methods to systematically observe any environment. 3. Recognize how to respond during a crisis.
3:30pm – 5:00pm	**22. Empowering Counselors: Navigating Burnout While Enhancing Efficiency in Behavioral Health Clinics** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Danilo Sirias, Ph.D., Professor of Management, Saginaw Valley State University* – *Jill Hogenson, MSW, LMSW, President/CEO, Child and Family Services of Saginaw County* – *Gina Latty, LMSW, Counseling and Employee Wellness Center Director, Child and Family Services of Saginaw County* This workshop will address common challenges in behavioral health clinics. The presenters will cover topics such as low productivity, high no-show rates, and counselor burnout. Using a real-life case study, we will explore strategies based on the Theory of Constraints to improve clinic efficiency and counselor well-being. Attendees will gain practical tools to enhance operational processes, increase productivity, and deliver high-quality patient care. We will also explore using the efficiencies gained to develop strategies to grow the clinic. This session offers valuable insights and actionable solutions to optimize your practice and effectively support your team. Objectives: 1. Develop strategies for improving counselor well-being in behavioral health settings. 2. Design practical tools and solutions to enhance productivity. 3. Explore how to utilize productivity gains to support the growth and expansion of their clinics.

3:30pm – 5:00pm	**23. Poverty Solutions for Your Clients: Community Action Leading the Way** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Brian McGrain, MPA, Executive Director, Michigan Community Action* – *Lori Johnson, President, EightCAP* – *Kerry Baughman, Executive Director, Northwest Michigan Community Action Agency* For 60 years, Community Action has been at the forefront when it comes to implementing creative, homegrown solutions to poverty challenges in communities across the nation. Michigan's 27 agencies are part of this legacy, covering all counties and offering a variety of programming, ranging from safe/affordable housing to utility assistance to early childhood programming to workforce readiness -- and beyond! Come learn about the history of this movement, how it transforms lives, and what possibilities there are for cross-agency collaboration. Objectives: 1. Understand the history of the community action movement. 2. Articulate the myriad services provided by community action agencies. 3. Identify areas of intersection between their work and the work of a local community action agency.
3:30pm – 5:00pm	**24. Boardworks 2.0: Foundations: Intended Beneficiary Command** ◘ Qualifies for 1.5 Related MCBAP Education Contact Hours – *Malkia Newman, Team Supervisor, CNS Anti-Stigma Program, Community Network Services, Inc.* In this workshop you will focus on the public policy expectations of intended beneficiaries from the community system. Objectives: 1. Describe the relationship between the Board, individual beneficiaries, and other stakeholders. 2. Identify at least three opportunities and/or strategies for promoting and supporting individual beneficiaries in leadership, administrative, management and in the provision of supports, services, care, and treatment. 3. Identify at least three opportunities and/or strategies for promoting and supporting community individual beneficiaries and other stakeholders with system assessment, evaluation, planning, implementation management, monitoring and improvement efforts. 4. Identify at least two opportunities and/or strategies for promoting and supporting individual beneficiaries' choice as an informed, responsible and prudent purchaser
Tuesday, October 22, 2024	
7:30am – 12:00pm	**Conference Registration and Exhibits Open**
7:30am – 8:45am	**Breakfast Activities** (full breakfast buffet will be served until 8:45am) Regional Breakfast Meetings Provider Alliance Breakfast Meeting Non-Member and Staff Networking Breakfast
9:00am – 10:00am	**Keynote: Key Issues Update from Michigan Department of Health and Human Services** ◘ Qualifies for 1 Related MCBAP Education Contact Hour + RR CEU Hour in Category I – *Elizabeth Hertel, Director, Michigan Department of Health and Human Services* – *Robert Sheehan, CEO, Community Mental Health Association of Michigan* During this conference, the Key Issues Update (a longstanding tradition at the Association's conferences) will again use an interview format, allowing Elizabeth Hertel, the Director of the Michigan Department of Health and Human Services, the opportunity to discuss a wide range of issues that impact the CMH, PIHP, and provider systems, and the people and communities served by those systems.
10:00am – 10:30am	**Exhibitor Sponsored Refreshment Break**

	Concurrent Workshops
10:30am – 12:00pm	**25. The Impact of HCBS Services and On-Going Monitoring Solutions** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Dalontrius Acacya, MSA, CMHP, QMHP, Home and Community Based Services Waiver Coordinator, Mid-State Health Network* – *Victoria (Tori) Ellsworth, LLMSW, QIDP, QMHP, Habilitative Supports Waiver Coordinator, Mid-State Health Network* This presentation aims to educate the audience on the historical development of Home and Community-Based Services (HCBS) in Michigan. It will also examine the far-reaching implications of the HCBS Final Rule from both a systemic and individual perspective while also proposing potential strategies for ongoing monitoring. Objectives: 1. Increase their working knowledge of HCBS and their critical role in service delivery within the public behavioral health system. 2. Identify the key historical points for HCBS service delivery within Michigan split into three phases: institutionalization, deinstitutionalization, and supported independence. 3. Note key elements of HCBS final rule implementation related to provider home shifts and the individual rights of persons served.
10:30am – 12:00pm	**26. Transforming Crisis Response: Expanding the Training Model** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Meghan Taft, LLP, CAADC, Program Manager, Wayne State University* – *Melinda Holliday, LMSW, CAADC, Training Specialist, Wayne State University* – *Tatyana Potts, BA, Research Assistant, Behavioral Health Crisis Response Training, Wayne State University School of Social Work* How can we ensure that individuals experiencing a crisis receive the support they need? Currently workforce shortages and limited training hinder this to effectively happening. To confront this challenge, a collaborative solution has been developed based on extensive research and feedback from service users and professionals. Through a partnership between Wayne State University and MDHHS, a comprehensive 40-hour training program has been tailored specifically for behavioral health professionals working in crisis systems. Attendees will have the opportunity to explore the components of this training, including the CARES model, and discuss how it can effectively address enhanced crisis response in communities. Objectives: 1. Understand the impact of workforce shortages and inadequate training on crisis response within the behavioral health field. 2. Identify the components of the 40-hour training program, including the CARES module, developed by Wayne State University and MDHHS to address these challenges. 3. Discuss practice strategies for implementing the training program to enhance crisis response and improve outcomes for individuals experiencing mental health crises.
10:30am – 12:00pm	**27. MDHHS Updates on Autism Services** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Mary Luchies, PhD, LP, LBA, Manager of the Intellectual/Developmental Disabilities and Autism Spectrum Disorder Services Section, MDHHS* This session will provide updates on policy language, integration and supports for autism services available to Medicaid beneficiaries in Michigan. The Medicaid autism program has moved from an insurance reform benefit program in 2013 to its current inclusion in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage for beneficiaries under the age of 21. Services for individuals with autism continue to be an important part of the mental health system in Michigan. This session will discuss all the recent updates and proposals for autism services. Objectives: 1. Identify best practice standards for behavioral health treatment for individuals diagnosed with autism. 2. Describe the changes to Medicaid requirements for beneficiary coverage of autism services from 2013 to present day. 3. Summarize updated policy language related to Medicaid coverage of autism services.
10:30am – 12:00pm	**28. AOT in Michigan - One Year of Research** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Julia Stewart, MA Social Innovation, MSW, Innovation and Project Lead - AOT/Courts, The Center for Behavioral Health and Justice* – *Autumn Gold, Project Coordinator, Center for Behavioral Health and Justice* – *Kali Rickertsen, Project Assistant, Center for Behavioral Health and Justice* This workshop presentation details the first-year results of a landscape evaluation of Assisted Outpatient Treatment (AOT) in Michigan by the Center for Behavioral Health and Justice. The evaluation, still underway, has so far highlighted key facilitators, such as strong community partnerships and effective coordination among service providers, as well as barriers. Surveys from participants and providers revealed mixed experiences, with some noting improved access to mental health services while others cited challenges in program implementation. Qualitative interviews provided deeper insights into the nuanced

	ways that AOT works, highlighting both positive outcomes and areas needing improvement. The next steps include addressing the identified barriers, refining data collection methods, and expanding the evaluation to include a broader range of stakeholders including those with lived experience on orders. Objectives: 1. Identify the facilitators to successful AOT implementation. 2. List the barriers to successful AOT implementation. 3. Understand what data is needed and why.
10:30am – 12:00pm	**29. Supporting Adults and Youth through Psychiatric Residential Treatment Facility and Intensive Community Transition Services** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Alexandra Kruger, LLMSW, Manager, Division of Adult Home and Community-Based Services, MDHHS* – *Jan Lampman, Contractor-ICTS Transition Coordinator, MDHHS* – *Cody Akers, LMSW, Lotus Residential Manager, Pine Rest* This workshop will provide information on the Psychiatric Residential Treatment Facility (PRTF) and Intensive Community Transition Services (ICTS) programs. Presenters will discuss the PRTF and ICTS programs supported through MDHHS and how the programs are implemented through providers and contractors. Objectives: 1. Understand ICTS and PRTF policies and implementation. 2. Understand from the provider's perspective on how these setting support individuals with highly complex needs that require this level of care. 3. Understand the creative solutions sought for individuals with complex needs to be supported in their community, following state hospitalization.
10:30am – 12:00pm	**30. Comprehensive Solutions for Saving Lives: Enhancing Safety Planning and Lethal Means Safety Practices for Suicide Prevention** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Kiersten Gutherman, LLMSW, Suicide Prevention Program Lead, CNS Healthcare* – *Amy Stern, LMSW, Program Manager, CNS Healthcare* Research has proven that two of the most effective ways to prevent suicide and save lives are safety planning and lethal means safety. Learning how to use both effectively is an essential part of an organization's suicide prevention efforts. An effective safety plan involves concrete steps an individual can use during a crisis, and lethal means safety counseling is the practical solution that often keeps a person from accessing methods of lethality during that crisis. This workshop will explore evidence-based methods for both lethal means counseling and creating practical and personalized safety plans, diving deep into these important, and effective solutions. Objectives: 1. Define the evidence-based practices of safety planning and reducing access to lethal means. 2. Understand the efficacy of safety planning and reducing access to lethal means in preventing suicide attempts and deaths. 3. Identify practical implementation of strategies to reduce access to lethal means.
10:30am – 12:00pm	**31. Getting the Most Out of Your CCBHC Status Through Pharmacy Partnership** ◘ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – *Brandie Hagaman, Washtenaw County CMH* – *Tiffany Becken, Director of Operations, Genoa Healthcare* CCBHCs in Michigan can now receive reimbursement through Medicaid, helping increase access to mental health and substance use services for people who need it most. While the CCBHC program offers new opportunities for clinics, it also presents new challenges. Learn how an effective pharmacy partnership allows your clinic team to 1. Expand your service offerings and care coordination. 2. Easily report on outcomes. 3. Strengthen grant requests. Objectives: 1. Understand how pharmacy plays a role in CCBHC status. 2. Identify ways to lean on pharmacy partners for support. 3. Understand how an effective pharmacy will be an active partner in care.
10:30am – 12:00pm	**32. NEW! From Data to Action: Empowering Provider Networks for Superior Mental Health Service Quality – Risk Matrix** ◘ Qualifies for 1.5 Related MCBAP Education Contact Hours – *Manny Singla, Interim President and CEO, Detroit Wayne Integrated Health Network* – *Jeff White, Associate VP of Operations, Detroit Wayne Integrated Health Network* This presentation explores the transformative impact of data analytics in enhancing the quality of mental health service delivery through provider network optimization. It will highlight how data-driven insights empower healthcare providers, improve decision-making, and streamline operations to ensure better access to high-quality care for patients. Objectives: 1. Identify key metrics for Provider Network performance. 2. Showcase data-driven strategies for service improvement. 3. promote data empowerment for decision-making.

12:00pm – 1:30pm	**Group Lunch and Keynote: Real Stories of Change: A Family and Care Team's Journey in Family-Driven, Youth-Guided Mental Health Practices** ■ Qualifies for 1 CE Hour for Social Work + Related MCBAP Education Contact Hour – *Nova Harahap, Wraparound Specialist/Clinician, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties* – *Michael Bunker, LMSW, TF-CBT Therapist, Community Mental Health of Clinton, Eaton, and Ingham Counties; Through the Storm Counseling Services* – *Sunshine Riddle, BA, Family-Driven, Youth-Guided Analyst, Association for Children's Mental Health of Michigan* – *Ethel-Regina Lewis, BA, MFA, Youth Grandmother* – *Carla Pretto, BA, RN, Executive Director, Association for Children's Mental Health* – *Justin Tate, MSW, Manager, Family and Community Partnership Section, Michigan Department of Health and Human Services* The panel will explore the vital role that families and youth play in shaping mental health care. This discussion will feature a real family, alongside members of their youth's mental health care team, to share their personal experiences with Family-Driven, Youth-Guided (FDYG) practices. The panelists will discuss successful strategies, and the challenges faced in implementing FDYG approaches, providing a firsthand perspective on how these practices can transform care. Attendees will gain valuable insights into how collaboration between families, youth, and providers can enhance mental health services and create a more inclusive system. The session will also offer practical takeaways for attendees to apply FDYG principles in their own work and advocate for systemic improvements. Objectives: 1. Gain a clear understanding of FDYG principles and their importance in mental health care. 2. Discover effective strategies for implementing FDYG practices in mental health settings. 3. Identify common challenges in promoting FDYG approaches and explore solutions for overcoming them. 4. Learn how to foster collaboration between families, youth, and providers to improve mental health services. 5. Discuss steps to further integrate FDYG principles within broader mental health care systems and advocate for systemic changes.
1:30pm	Conference Adjourns

Conference Objectives:

- To identify advocacy efforts at the local, state, or federal level, including self-advocacy.
- To spotlight programs on local CMHs/jails/courts regarding Crisis intervention training and Assisted Outpatient Treatment.
- To identify innovative initiatives designed to increase access to substance use disorder services.
- To discuss the plans to address the challenges and opportunities emerging due to the federal Home and Community Based Services rules and the "mega" Managed Care rule changes.
- To address efforts to further the aims of state and federal policy initiatives, including healthcare reform, healthcare integration, and health homes.
- To provide examples of local efforts to improve healthcare outcomes through a range of healthcare integration efforts such as: initiatives between CMHs, PIHPs, and BHIDD provider organizations and physical healthcare providers and payers such as FQHCs/Rural Health Centers/Hospitals/Medicaid health plans/Primary care physicians.
- To focus on evidence-based, best and promising practices by 1) identifying strategies for overcoming barriers to EBP implementation; 2) showing how communities have embedded existing EBPs into their system for sustainability; and 3) increasing understanding of the ways in which continuous quality improvement in EBPs can improve outcomes and performance measures.
- To identify ways to use data and data analytics to improve outcomes and care and focus on the needs of persons with patterns of super/high healthcare utilization.
- To increase participants' awareness, knowledge, and skills, related to mental illness, developmental disability, substance use disorders, and trauma informed care.

NOVEMBER AGENDA ITEMS

Policy Review
Treatment of Individuals Served 01-002
Staff Treatment 01-003

Monitoring Reports
Budgeting 01-004

Ownership Linkage
NMRE
Fall 2024 CMHA Board Conference (Verbal Report)

Educational Session
Supported Independence Program