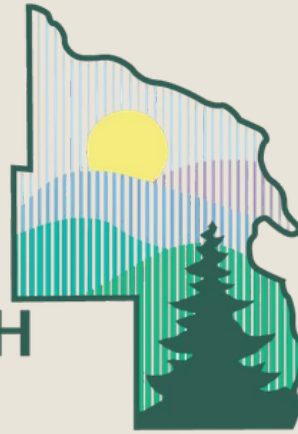


NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY



OCTOBER BOARD MEETING

October 8, 2026 | 400 Johnson St.
3:00 p.m. | Alpena, MI 49707

(989) 356-2161



(800) 968-1964

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

Meeting Agenda | Thursday, October 8, 2026 | 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. Acknowledgement of Conflict of Interest**
- V. Information and/or Comments from the Public**
- VI. Approval of Minutes (Pages 1 – 3)**
- VII. Consent Agenda (Pages 4 – 9)**
- VIII. Consent Agenda: NEMROC (Handout)**
- IX. October Monitoring Reports**
 - 1. Budgeting 01-004 **(Page 10)**
 - 2. Compensation and Benefits 01-008 **(Pages 11 – 12)**
- X. Public Hearing: FY27 Budget (Pages 13 – 17)**
- XI. Board Policies Review**
 - 1. Annual Board Planning Cycle 02-007 [Review & Self-Evaluate] **(Pages 18 – 19)**
 - 2. Executive Director Job Description 03-003 [Review & Self-Evaluate] **(Page 20)**
 - 3. Monitoring Executive Director Performance 03-004 [Review & Self-Evaluate] **(Pages 21 – 26)**
 - 4. Board Ends Statement 04-001 [Review & Approve Revisions] **(Pages 27 – 28)**
- XII. Linkage Reports**
 - 1. NMRE Board **(Verbal)**
 - 2. Advisory Council **(Verbal)**
- XIII. Operations Report (Handout)**
- XIV. Board Chair’s Report**
 - 1. FY27 Strategic Plan **(Handout)**
 - 2. Schedule Nominations Committee Meeting **(Page 29)**
 - 3. CMHA Fall Conference (October 26 & 27): Attendees & Voting Delegates **(Pages 30 – 46)**
- XV. Executive Director’s Report (Verbal)**
- XVI. Information and/or Comments from the Public**
- XVII. Information and/or Comments for the Good of the Organization**
- XVIII. Next NeMCMHA Board Meeting – Thursday, November 12, 2026, at 3:00 p.m.**
 - 1. Proposed November Items..... **(Page 47)**
- XIX. Adjournment**

**Northeast Michigan Community Mental Health Authority
Board Meeting – September 10, 2026**

I. Call to Order

Vice Chair Lloyd Peltier called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present: Dennis Bannon, Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small.
Absent: Bob Adrian (Excused), Dana Labar (Excused), Eric Lawson (Excused)
Staff & Guests: Carolyn Bruning, Connie Cadarette, Rebekah Duhaime, Erin Fletcher, Jason Lepper, Kerry Rastigue, Nena Sork

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

V. Information and/or Comments from the Public

None were presented.

VI. Approval of Minutes

Two corrections will be made: one to revise the header to remove Advisory Council and the second to remove the redundant “million” from the Budget Monitoring Report.

Moved by Terry Small, supported by Lynnette Grzeskowiak, to approve the minutes of the August Board meeting as amended. Motion carried.

VII. September Monitoring Report

1. Budgeting 01-004

Connie Cadarette reported on revenue and expenses for the month ending July 31, 2026, with 83.3% of the year elapsed. The 3% staff retention payment from August is not reflected on the current report. Medicaid and Healthy Michigan combined are underspent by \$1,746,846. She reviewed that Local Funds consist of NMRE incentive revenue, county payments, BHH funds, and some interest. The Agency should be able to keep the full allowed carry forward amount for General Funds, which comes to a little over \$60,000. A budget adjustment was not needed this year, as variances are close, but a new GASB standard will require Connie to report on variances for FY27, so a budget adjustment may be necessary next year. The Agency currently has 47 days of cash on hand.

Moved by Lynnette Grzeskowiak, supported by Bonnie Cornelius, to approve the September monitoring report. Motion carried.

VIII. Board Policies Review

1. General Executive Constraint 01-001

The Board thinks the policy is succinct and good as-is.

2. Compensation and Benefits 01-008

The Board thinks the policy is straightforward and does not require any revisions at this time.

3. Committee Structure 02-006

The policy was revised last year, and the Board agreed that it looks good this year.

4. Executive Director Search Process 03-005

Nena reviewed her succession plan for emergency situations. Duties would fall to Connie Cadarette, Chief Financial Officer; Erin Fletcher, Clinical Director; Kara Steinke, Chief Administrative Officer; and Kerry Rastigue, Deputy Director of Clinical and Support Services.

5. Chairperson's Role 02-004

The Board reviewed and approved two revisions for clarity.

Moved by Dennis Bannon, supported by Kara Bauer LeMonds, to approve the revisions to the Chairperson's Role Policy. Motion carried.

IX. Linkage Reports

1. Northern Michigan Regional Entity (NMRE) Board

Nena reported that as a region, the NMRE is doing well on performance indicators. They are wrapping up the annual survey of individuals served, of which Northeast had the second highest return rate of the five CMHs. She reviewed the status of mediation with MDHHS regarding the FY25 contract, which has been making progress. The NMRE has a fully funded internal savings fund, and Northern Lakes has significantly decreased their deficit under their new executive director.

X. Operations Report

Erin reported on operations for the month of August. She reviewed hospital prescreens, which show whether an individual meets criteria for inpatient treatment. A positive screen means the screener recommends hospitalization. The Agency completed 61 screens in August. If room at a hospital is not immediately available, the individual will continue to be screened daily while they are waiting in the emergency department. In a recent case, 15 screens were necessary until room was found at a hospital. The total of unduplicated individuals served in August was 985.

XI. Board Chair's Report

1. Setting Perpetual Calendar

Rebekah reviewed changes from the FY26 calendar, including adding a reminder for the possible economic opener for the Executive Director's contract in FY28. The Board agreed that the perpetual calendar looked good.

2. Board Self-Evaluation Report

The Board reviewed the results of their annual self-evaluation, with 8 of 12 surveys returned. The Board discussed ways they could improve, including participating in more Agency events. Questions with responses of "disagree" were discussed.

3. CMHA Fall Board Conference – October 26 & 27

Lloyd, Kara, and Bonnie would like to attend. Anyone else wishing to attend can let Rebekah know.

XII. Executive Director's Report

Nena reported on her activities over the last month. She discussed the Rural Health Transformation Program, which is part of H.R.1. The State would split some additional funding between rural and frontier counties, though the way those classifications were designated is under scrutiny. Michigan was awarded \$173 million, which is below the expected \$200 million.

Nena provided her annual report to the Montmorency County Commissioners. The four counties pay a combined \$266,000 every year (per the authority agreement), with the distribution based on population. The

amounts are redetermined every five years, and Montmorency's share will be going down.

MIS held a tabletop exercise with the Michigan State Police to review cybersecurity. The Agency received excellent feedback on measures already in place. Nena participated in the Director's Forum and the Great Lakes Rural Mental Health Association Conference. This was the first time the NMRE was invited to attend. By working together, the NMRE combined with the UP have a population of 300,000 and take up 1/3 of Michigan's geography.

Nena discussed upcoming research to make the Agency's court order system an evidence-based practice. With the Agency's approach, they have seen a 50-60% reduction in recidivism. Most evidence-based practices are created in and for urban populations and don't work well in rural/frontier areas.

Nena shared that 2028 will be the Agency's 60th anniversary. The Board agreed that a celebration should be planned.

XIII. Information and/or Comments from the Public

None were presented.

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

Terry reported that in the most recent issue of the MAC magazine they are putting out a message of support for the CMHs against privatization.

Anne attended the open house for Lake Therapy, a new autism provider in Rogers City, and they praised the Agency for helping them get settled.

Kara is proud of how CMH operates under a difficult mental health system. She praised the community for how hard they work to take care of everyone and feels it is an example of what could be accomplished with a more unified healthcare system.

Jennifer said the State wanted private providers to complete forms regarding the referral process to CMH, and she knew they were skewed to get the answers they wanted.

XV. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, October 8, 2026, at 3:00 p.m.

1. Proposed October Agenda Items

The October agenda items were reviewed.

XVI. Adjournment

Moved by Charlotte Helman, supported by Terry Small, to adjourn the meeting. Motion carried.

This meeting adjourned at 4:20 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

September 30, 2026

A. Compassionate Care

Compassionate Care continues to provide community living support and respite care services within our area. They are requesting a 3% increase to both their CLS and Respite rates to help offset the increase in minimum wage.

CLS/Respite	Code/Service	FY26 Rate	FY27 Rate	Population Served
CLS	H2015	\$7.13	\$7.35	Youth/Adult (same cost for all)
Respite	T1005	\$7.13	\$7.35	Youth/Adult (same cost for all)

B. Bay View Center

The Agency contracts with Bay View Center to provide community members with a Drop-In Center. Bay View Center's FY26 contracted amount was \$200,520. This year's requested contract amount is \$207,738.72 and will be paid in monthly payments of \$17,311.56. This contract will be reviewed bi-annually and Bay View representatives will be invited to give a brief presentation to the Board on growth within their program and improvements that they have been able to make due to the partnership with NeMCMHA. Approval of this contract is recommended.

C. Catholic Human Services

This agreement is a continuation of the contract with Catholic Human Services to provide wraparound coordination and services to Children with Serious Emotional Disturbances. For FY27, the contract will transition from a monthly payment to a fee-for-service model, with a maximum contract amount of \$122,580 for 1,800 billable units. The per unit rate will increase from \$66.12 in FY26 to \$68.10 in FY27, a 3% increase. Approval of the contract is recommended.

D. Touchstone Services, Inc. dba Light of Hope Clubhouse

Touchstone Services (a.k.a. Clubhouse) continues to provide psychosocial rehabilitation services in our community. Due to the continued growth in the Program, this year's FY2027 contract will see an increase to the number of billable units from 80,000 to 96,000 units, while holding the unit rate at \$8.66. The capitation on this contract is \$831,360. We recommend approval.

E. Autism of America

Autism of America is one of our Applied Behavior Analysis (ABA) providers who deliver services to children and families in our autism program. There was no rate increase for FY26 . An increase of rates for service codes 97153, 97155, and 97156 has been requested for FY27. Approval of the contract is recommended.



Service	Code	Cost/Unit/Encounter
Determine Eligibility	H0031	\$420.24/encounter
ABA Behavior ID Assessment	97151	\$43.44/unit
Adaptive Behavior Treatment <i>(3% Increase from FY2026)</i>	97153	\$17.00/15-minute unit (BCBA) \$15.04/15-minute unit (tech staff)
ABA Supervision & Monitoring <i>(4.9% Increase from FY2026)</i>	97155	\$28.50/ 15-minute unit
Family Guidance/ Training <i>(4.9% Increase from FY2026)</i>	97156	\$28.50/ 15-minute unit
Psychological Assessment	96116	\$321.00/encounter
Psychological Assessment, Each Additional Hour	96121	\$100.00/hour

F. Acorn Health

This Provider is another of our ABA Providers who delivers services to children and families in our autism program. They did not request an increase for FY27. We recommend approval and continuation of their contract.

Service	Code	Rate
Determine Eligibility	90791	\$159.12 per encounter (BCBA)
Determine Eligibility	H0031	\$159.12 per encounter (BCaBA)
ABA Behavior ID Assessment	97151	\$28.08/15-minute unit (BCBA) \$19.88/15-minute unit (BCaBA)
Family Guidance/training	97156	\$28.08/15-minute unit (BCBA) \$19.88/15-minute unit (BCaBA)
ABA Supervision and Monitoring	97155	\$28.08/15-minute unit (BCBA) \$19.88/15-minute unit (BCaBA)
Adaptive Behavior Treatment	97153	\$16.50/15-minute unit (BCBA &BCaBA) \$15.15/15-minute unit (BT)
Group Adaptive Behavior Treatment	97154	\$6.05 per 15-minute unit (BCaBA, BCBA) BT Rates Group of 1-3 \$11.30 per 15-minute unit Group of 4-6 \$8.78 per 15-minute unit Group of 7-8 \$7.72 per 15-minute unit
Group Adaptive Behavior Treatment	0373T	\$32.17 per 15-minute unit (BCBA) \$23.08 per 15-minute unit (BCaBA) \$29.57 per 15-minute unit (BT)
ABA Behavioral Follow-Up Assessment	0362T	\$31.20 per 15-minute unit (BCBA/QBHP) \$22.10 per 15-minute unit (BCaBA)



G. The Sunset Project

The Sunset Project is a local non-profit organization that provides suicide prevention training to high school students within NeMCMHA's catchment area. The Sunset Project anticipates providing up to twenty-seven *Ending the Silence* presentations this fiscal year. Presentations have taken place in both Alpena and Alcona, and this past year they were successful in providing the training at Rogers City High School. Presentations will be reimbursed at \$1,496.17, with mileage being reimbursed at \$0.71/mile. This is an overall increase of \$10,450.85, with five additional presentations being provided next year. We recommend approval of this contract.

H. Partners In Prevention

Partners In Prevention provides behavioral health education and prevention services on behalf of NeMCMHA. The total amount of this agreement is not to exceed \$30,181.00. This is a reduction of \$3,812.50 over the previous agreement. Partners In Prevention will provide the following:

- I. Youth Mental Health First Aid Training
- II. Mental Health First Aid
- III. Caring for Children Who Have Experienced Trauma
- IV. How Trauma in the Developmental Years Can Impact Adults
- V. Suicide Prevention and Mental Health Promotion

I. Assistance to Independence (ATI)

ATI continues to provide both Respite and Community Living Support services. Their rate for FY27 on Service Code H2015 is now inclusive of the Direct Care Wage Passthrough. Approval is recommended.

Service Name	Service CPT (Billing) Code	FY26 Rate	Proposed FY27 Rate
Community Living Supports (CLS) – Individual Client	H2015	\$7.25 per 15-minute unit or \$29.00 per hour	\$8.00 per 15-minute unit or \$32.00 per hour
Respite	T1005	\$7.00 per 15-minute unit or \$28.00 per hour	\$7.00 per 15-minute unit or \$28.00 per hour

J. Thunder Bay Transportation

The Agency contracts for transportation services from Thunder Bay Transportation. The amount budgeted for FY27 is unchanged at \$10,000. The per run cost continues to include a fuel surcharge in addition to the base charge and remains unchanged from last year.

Run	Cost/Hour FY26	Cost/Hour FY27
Contracted Services	\$45.00	\$45.00
Bus Aid (if requested by NeMCMHA)	\$16.25	\$16.25



K. Hospitals

The NMRE negotiates the hospital rates and contracts for each of their member Boards; however, our Agency is responsible for the final execution of the contracts. Below is a table with the details of FY27 negotiations:

Hospital Name	Location	FY26 Rate	FY26 Rate	Population Served
BCA Stone Crest	Detroit	\$825.00 \$1,093.00 (1:1 Staffing)	\$945.00 \$1,126.00 (1:1 Staffing)	Adult
Forest View	Grand Rapids	\$1110.70 \$495.71 (Partial Hospitalization)	\$1178.00 \$526.00 (Partial Hospitalization)	Adult/ Adolescent (same cost for all)
Havenwyck	Auburn Hills	\$1029.00 \$453.00(Partial Hospitalization) SCA Only for 1:1 Staffing	\$1059.87 \$453.00(Partial Hospitalization) SCA Only for 1:1 Staffing	Adult/ Adolescent (same cost for all)
McLaren	Bay Region Flint Greater Lansing Lapeer Region Northern MI (Cheboygan) Macomb Oakland Port Huron	\$1068.00 \$535.00 (Partial Hospitalization)	\$1100.00 \$551.00 (Partial Hospitalization)	Adult
MyMichigan	Alma, Alpena, Midland, Sault	\$1,138.35 \$632.42 (Partial Hospitalization)	\$1,172.50 \$670.93 (Partial Hospitalization)	Adult
Pine Rest	Grand Rapids	\$1,294.00 \$1,421.00 \$594.00 (Partial Hospitalization) \$1,159.00 ECT Outpatient	\$1,333.00 \$1,464.00 \$612.00 \$1,194.00	Adult/Older Adult Adolescent / Child Adult/Older Adult
Southridge Behavioral Health Hospital	Byron Center	\$1,000.35	\$1,100.00	Adult/Geriatric
Healthsource	Saginaw	\$1103.13	\$1,125.19 \$1,136.23	Adult Adolescent
Cedar Creek Hospital	St. Johns	\$1,140.00 \$467.00 (Partial Hospitalization)	\$1,175.00 \$481.00	Adult Adolescent (same cost for all)
Harbor Oaks	New Baltimore	\$840.00 \$1,431.00	\$990.00 \$1,474.00	Adult Specialized Pediatric



L. Karen's Accounting

Karen's Accounting provides Financial Management Services, formerly Fiscal Intermediary Services, to individuals served. They have requested a 3% rate increase for the following services they provide. Additional services they provide will remain the same as FY26. Approval is recommended.

Financial Management Service Contract Setup Fee

FY26 Rate: \$189.75 per Enrollment

FY27 Rate: \$195.44

Duties on Behalf of the Employer

FY26 Rate: \$189.75 per Enrollment

FY27 Rate: \$195.44 per Enrollment

Closeout Fees

FY26 Rate: \$189.75 per closeout

FY27 Rate: \$195.44 per closeout

Duties on behalf of Employer without payroll

FY26 Rate: \$92.00 per month

FY27 Rate: \$94.76 per month

M. Amanda's Payroll Services

Amanda's Payroll Services provides Financial Management Services to individuals served. They have requested a 3% rate increase for the following services they provide. Additional services they provide will remain the same as FY26. Approval is recommended.

Financial Management Service Contract Setup Fee

FY26 Rate: \$189.75 per Enrollment

FY27 Rate: \$195.44

Duties on Behalf of the Employer

FY26 Rate: \$189.75 per Enrollment

FY27 Rate: \$195.44 per Enrollment

Closeout Fees

FY26 Rate: \$189.75 per closeout

FY27 Rate: \$195.44 per closeout

Duties on behalf of Employer without payroll

FY26 Rate: \$92.00 per month

FY27 Rate: \$94.76 per month

N. Case Management of Michigan

Case Management of Michigan provides services to individuals that are not served by the local community mental health in the Grand Rapids area. They requested no increase for FY27. We recommend approval and continuation of their contract.



CPT**	Service	Cost	Unit
T1017	Case Management	\$88.00	15 minutes
T1017 TF^	Case Management of Individuals in secured settings	\$109.00	15 minutes
90834/90837	Individual Therapy	\$125.00	Encounter
90853	Group Therapy	\$57.00	Encounter
H0032	Treatment Planning (WO/IDT)	\$62.00	Encounter
H0031 6Y	Assessment of behaviors including FBA and Behavior Plan	\$1100.00	Encounter
90791 AF	Psychiatric Eval	\$750.00	Encounter
992xx	Medication Review-Physician/NP	\$122.00	Encounter
96372	Medication Injection	\$42.00	Encounter
T1001	Health Assessment	\$255.00	Encounter
T1002	RN Services	\$40.00	15 minutes
H2000*	Comprehensive Multidisciplinary Evaluation	\$128.00	Encounter
T1017 (DD)	Support Coordination	\$88.00	15 minutes
H2000 TS, H0032 (TS)*	Behavior Plan Monitoring	\$424.00	Encounter
H0031 ST	Sexual Behavior Risk Assessment	TBD	Encounter
96101	Psychological Testing	\$800.00	Encounter

O. North Shores/Alpine CRU/Bay City CRU

Crisis Residential	Code/Service	FY26 Rate	FY26 Rate	Population Served
North Shores	H0018 Crisis Residential H0045 Respite	\$500.00 \$325.00	\$525.00 \$325.00	Adults
Alpine CRU	H0018 Crisis Residential H0045 Respite	\$600.00 \$350.00	\$800.00 \$350.00	Adults
Bay City CRU	H0018 Crisis Residential H0045 Respite		\$550.00 \$350.00	Adults



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, 2026
91.67% of year elapsed

	Actual August Year to Date	Budget August Year to Date	Variance August Year to Date	Budget FY26	% of Budget Earned or Used
Revenue					
1 State Grants	209,753.34	269,166.37	(59,413.03)	293,636.00	71.4%
2 Grants from Local Units	266,638.00	244,418.13	22,220	266,638.00	100.0%
3 NMRE Incentive Revenue	404,695.00	238,333.37	166,362	260,000.00	155.7%
4 Interest Income	19,825.50	6,416.63	13,409	7,000.00	283.2%
5 Medicaid Revenue	31,513,655.92	33,586,791.48	(2,073,136)	36,640,136.00	86.0%
6 General Fund Revenue	1,102,555.00	1,102,554.53	0	1,202,787.00	91.7%
7 Healthy Michigan Revenue	2,202,981.61	1,864,273.51	338,708	2,033,753.00	108.3%
8 3rd Party Revenue	398,864.52	366,666.63	32,198	400,000.00	99.7%
9 Behavior Health Home Revenue	603,390.71	366,666.63	236,724	400,000.00	150.8%
10 Food Stamp Revenue	92,243.06	87,605.76	4,637	95,570.00	96.5%
11 SSI/SSA Revenue	555,588.52	571,285.00	(15,696)	623,220.00	89.1%
12 Revenue Fiduciary	252,891.65	0.00	-	0.00	0.0%
13 Other Revenue	73,973.92	34,016.51	39,957	37,109.00	199.3%
14 Total Revenue	37,697,057	38,738,195	(1,294,029)	42,259,849	89.2%
Expense					
15 Salaries	14,520,592.53	15,381,455.98	860,863	16,779,770.00	86.5%
16 Social Security Tax	561,897.35	602,299.30	40,402	722,759.00	77.7%
17 Self Insured Benefits	1,692,286.46	2,555,471.82	863,185	2,801,916.00	60.4%
18 Life and Disability Insurances	196,779.08	260,653.47	63,874	284,349.00	69.2%
19 Pension	1,263,066.54	1,352,592.01	89,525	1,475,555.00	85.6%
20 Unemployment & Workers Comp.	121,098.85	133,515.47	12,417	131,524.00	92.1%
21 Office Supplies & Postage	37,381.34	55,719.62	18,338	60,785.00	61.5%
22 Staff Recruiting & Development	11,969.10	6,737.50	(5,232)	7,350.00	162.8%
23 Community Relations/Education	47,306.48	61,325.00	14,019	66,900.00	70.7%
24 Employee Relations/Wellness	114,084.06	153,764.38	39,680	110,838.00	102.9%
25 Program Supplies	631,890.59	729,688.52	97,798	796,024.00	79.4%
26 Contract Inpatient	1,549,592.00	1,787,500.00	237,908	1,950,000.00	79.5%
27 Contract Transportation	1,055.25	12,586.25	11,531	14,025.00	7.5%
28 Contract Residential	5,737,395.00	5,633,005.50	(104,390)	6,079,098.00	94.4%
29 Local Match Drawdown NMRE	98,568.00	90,354.00	(8,214)	98,568.00	100.0%
30 Contract Employees & Services	7,400,676.00	7,513,095.37	112,419	8,196,104.00	90.3%
31 Telephone & Connectivity	210,313.93	247,500.00	37,186	270,000.00	77.9%
32 Staff Meals & Lodging	31,028.66	26,138.75	(4,890)	85,420.00	36.3%
33 Mileage and Gasoline	387,057.53	425,507.39	38,450	464,190.00	83.4%
34 Board Travel/Education	6,512.37	12,558.37	6,046	13,700.00	47.5%
35 Professional Fees	0.00	0.00	-	130.00	0.0%
36 Property & Liability Insurance	126,949.26	90,291.63	(36,658)	98,500.00	128.9%
37 Utilities	211,923.65	215,737.50	3,814	235,350.00	90.0%
38 Maintenance	209,187.03	184,525.00	(24,662)	201,300.00	103.9%
39 Interest Expense Leased Assets	36,232.10	33,434.61	(2,797)	36,474.00	99.3%
40 Rent	5,540.00	5,316.63	(223)	5,800.00	95.5%
41 Food	130,141.88	128,333.48	(1,808)	140,000.00	93.0%
42 Capital Equipment	0.00	0.00	-	0.00	0.0%
43 Client Equipment	23,656.83	36,666.63	13,010	40,000.00	59.1%
44 Fiduciary Expense	239,150.42	0.00	0.00	0.00	0.0%
45 Miscellaneous Expense	148,758.26	113,923.26	(34,835)	124,150.00	119.8%
46 Depreciation & Amortization Expense	881,278.90	877,497.50	(3,781)	957,270.00	92.1%
47 MI Loan Repayment Program	3,000.00	11,000.00	8,000	12,000.00	25.0%
48 Total Expense	36,636,369	38,738,195	2,340,976	42,259,849	86.7%
49 Change in Net Position	\$ 1,060,687	\$ (0)	\$ 1,060,687	\$ -	2.5%
50 Contract settlement items included above:					
51 Medicaid Funds (Over) / Under Spent	\$ 1,500,048				
52 Healthy Michigan Funds (Over) / Under Spent	(257,152)				
53 Total NMRE (Over) / Under Spent	\$ 1,242,896				
54 General Funds to Carry Forward to FY26	\$ 28,477				
55 General Funds Lapsing to MDHHS	-				
56 General Funds (Over) / Under Spent	\$ 28,477				
57 Behavior Health Home Revenues	603,391				
58 Behavior Health Home Expenses	(378,267)				
59 BHH Funds (Over) / Under Spent	225,124				
60 Total BHH (Over) / Under Spent	\$ 225,124				

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY CATEGORY:

Executive Limitations

POLICY TITLE AND NUMBER:

Compensation and Benefits, 01-008

REPORT FREQUENCY & DUE DATE:

Annual, October 2026

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, 2028.
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:** 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 the 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 and, in all events subject to losses of revenue, in no event longer than one year with the exception of labor.
 - **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 similar 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:
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. To help determine the market conditions of which to compare these rates, we use the CMHA's survey of compensation packages.
 - 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, with premiums covered at 100% by the Agency. All health benefit plans are self-insured. Participating employees pay 20% of the premium for the Agency's medical and prescription plans through payroll deduction. Employees can optionally participate in the Agency's Wellness program for a small reduction in their monthly premium.
 - ◆ Leave
The Agency's leave policy combines vacation and sick leave into one bank to be managed by the employee (full and part-time). ESTA does not require employers to provide additional leave but establishes a maximum number of Earned Sick Time hours employees may use. New employees are eligible for approximately 18 leave days per year if working 40 hours per week. Full and part-time employees of NeMCMHA accrue leave/PTO in excess of 72 hours per year, meeting the

required accrual thresholds within the existing Leave/Sick Time/Paid Time Off Policy, which honors all required ESTA guidelines. 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 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?

Northeast Michigan Community Mental Health Authority
2026-2027 Budget
Revenue Budget

Line #	Revenue Source	FY26 Budget	\$\$\$ Incr./(Decr.)	FY27 Budget	Totals	% of Total Budget
1	State Contracts		\$ -		308,681	0.71%
2	PASARR (Nursing Home Services) & Bay View	293,636	\$ 15,045	308,681		
3	Local Funding	-	\$ -	-	266,638	0.61%
4	Alcona County Allocation	35,223	\$ 4,203	39,426		
5	Alpena County Allocation	150,216	\$ (13,145)	137,071		
6	Montmorency County Allocation	31,435	\$ 1,198	32,633		
7	Presque Isle County Allocation	49,764	\$ 7,744	57,508		
8	Rebates/Incentives/Other local revenue/Grants	260,000	\$ (260,000)			
9	Interest Income	7,000	\$ 13,000	20,000	20,000	0.05%
10	Medicaid	36,640,136	\$ 916,004	37,556,140	37,556,140	86.61%
11	General Funds from MDCH	-	\$ -	-	1,262,926	2.91%
12	Operational (Community) Funding	1,202,787	\$ -	1,202,787		
13	Carryforward from FY26 to FY27	-	\$ 60,139	60,139		
14	Healthy Michigan Plan	2,033,753	\$ 88,970	2,122,723	2,122,723	4.90%
15	Third Party Insurance (incl. COFR)	400,000	\$ 4,944	404,944	404,944	0.93%
16	Residential Clients - Room & Board	623,220	\$ 9,517	632,737	632,737	1.46%
17	Behavior Health Home Revenue	400,000	\$ 290,000	690,000	690,000	1.59%
18	Other Revenue	-	\$ -	-	98,520	0.23%
19	Reimbursed Class Fees	10,000	\$ (1,000)	9,000		
20	Food Stamps	95,570	\$ (28,070)	67,500		
21	Representative Payee Fees	10,000	\$ -	10,000		
22	Record Copying Fees	3,000	\$ (1,500)	1,500		
23	Miscellaneous Other Income	14,109	\$ (3,589)	10,520		
24	Total Revenues	\$ 42,259,849	\$ 1,103,460	\$ 43,363,309	\$ 43,363,309	100.00%

Northeast Michigan Community Mental Health Authority

2026-2027 Budget

Expenditure Budget (by account)

Line #	Expenditure Type	FY26 Budget	\$\$\$ Incr./(Decr.)	FY27 Budget	% Incr./(Decr.)
1	Salaries	\$ 16,779,770	\$ 748,502	\$ 17,528,272	4.5%
2	Social Security Tax	\$ 722,759	\$ 27,293	\$ 750,052	3.8%
3	Health Savings Accounts	\$ 26,000	\$ 6,500	\$ 32,500	25.0%
4	Health Insurance (self insured)	\$ 2,123,581	\$ (482,427)	\$ 1,641,154	-22.7%
5	Prescription Insurance (self insured)	\$ 421,429	\$ 146,882	\$ 568,311	34.9%
6	Dental Insurance (self insured)	\$ 164,508	\$ (31,044)	\$ 133,464	-18.9%
7	Vision Insurance (self insured)	\$ 52,269	\$ (19,217)	\$ 33,052	-36.8%
8	Life Insurance	\$ 34,578	\$ (15,452)	\$ 19,126	-44.7%
9	Long Term Disability Insurance	\$ 39,239	\$ (11,790)	\$ 27,449	-30.0%
10	Short Term Disability Insurance	\$ 210,532	\$ (37,361)	\$ 173,171	-17.7%
11	Pension	\$ 997,725	\$ 42,809	\$ 1,040,534	4.3%
12	Pension (Social Security Opt Out)	\$ 477,831	\$ 18,635	\$ 496,466	3.9%
13	Unemployment	\$ 14,129	\$ 10,871	\$ 25,000	76.9%
14	Workers Compensation	\$ 131,524	\$ 15,263	\$ 146,787	11.6%
15	Office Supplies	\$ 26,561	\$ (261)	\$ 26,300	-1.0%
16	Postage	\$ 31,674	\$ (11,374)	\$ 20,300	-35.9%
17	Advertisement/Recruitment	\$ 7,350	\$ (5,300)	\$ 2,050	-72.1%
18	Public Relations/Community Education	\$ 66,900	\$ (3,600)	\$ 63,300	-5.4%
19	Employee Relations/Wellness	\$ 110,838	\$ (46,838)	\$ 64,000	-42.3%
20	Computer Maintenance/Supplies	\$ 499,024	\$ 976	\$ 500,000	0.2%
21	Activity/Program Supplies	\$ 41,760	\$ (1,865)	\$ 39,895	-4.5%
22	Medical Supplies & Services	\$ 59,890	\$ 2,735	\$ 62,625	4.6%
23	Household Supplies	\$ 88,000	\$ (17,000)	\$ 71,000	-19.3%
24	Interest Expense - Leases	\$ 36,474	\$ (3,110)	\$ 33,364	0.0%
25	Contracted Transportation	\$ 14,025	\$ (13,325)	\$ 700	-95.0%
26	Contracted Inpatient	\$ 1,950,000	\$ 94,862	\$ 2,044,862	4.9%
27	Contracted Residential	\$ 6,079,098	\$ 605,846	\$ 6,684,944	10.0%
28	Contracted Employees/Services	\$ 8,071,104	\$ (238,544)	\$ 7,832,560	-3.0%
29	Local Match Drawdown	\$ 98,568	\$ -	\$ 98,568	0.0%
30	Telephone / Internet (Communications)	\$ 270,000	\$ (29,000)	\$ 241,000	-10.7%
31	Staff Meals & Lodging	\$ 28,865	\$ 12,260	\$ 41,125	42.5%
32	Staff Travel Mileage	\$ 238,039	\$ 1,271	\$ 239,310	0.5%
33	Vehicle Gasoline	\$ 157,800	\$ 3,950	\$ 161,750	2.5%
34	Client Travel Mileage	\$ 68,000	\$ (11,500)	\$ 56,500	-16.9%
35	Board Travel and Expenses	\$ 13,700	\$ -	\$ 13,700	0.0%
36	Staff Development-Conference Fees	\$ 46,805	\$ (4,810)	\$ 41,995	-10.3%
37	Staff Physicals/Immunizations	\$ 9,500	\$ 1,055	\$ 10,555	11.1%
38	Professional Fees (Audit)	\$ 22,500	\$ -	\$ 22,500	0.0%
39	Professional Liability Insurance Drs.	\$ 15,000	\$ 3,000	\$ 18,000	20.0%
40	Property/Staff Liability Insurance (net)	\$ 83,500	\$ 11,500	\$ 95,000	13.8%
41	Heat	\$ 55,450	\$ 5,075	\$ 60,525	9.2%
42	Electricity	\$ 112,600	\$ 17,670	\$ 130,270	15.7%
43	Water/Sewage	\$ 42,350	\$ (4,800)	\$ 37,550	-11.3%
44	Sanitation	\$ 24,950	\$ 3,575	\$ 28,525	14.3%
45	Maintenance	\$ 149,300	\$ 73,000	\$ 222,300	48.9%
46	Vehicle Maintenance	\$ 52,000	\$ 23,000	\$ 75,000	44.2%
47	Rent-Homes and Office Buildings	\$ 5,800	\$ 1,300	\$ 7,100	22.4%
48	Amoritization Expense - Leases (Rent)	\$ 282,734	\$ 178,578	\$ 461,312	63.2%
49	Rent-Equipment	\$ 2,500	\$ (2,500)	\$ -	-100.0%
50	Membership Dues	\$ 16,130	\$ 23,870	\$ 40,000	148.0%
51	Food	\$ 140,000	\$ 23,000	\$ 163,000	16.4%
52	Capital Equipment over \$5000	\$ 374,500	\$ (96,500)	\$ 278,000	-25.8%
53	Equipment	\$ 107,000	\$ (73,750)	\$ 33,250	-68.9%
54	Client Adaptive Equipment	\$ 40,000	\$ 55,000	\$ 95,000	137.5%
55	Depreciation Expense Adjustment	\$ 301,036	\$ 22,800	\$ 323,836	7.6%
56	General Fund Expenditures (DFA & MRS)	\$ 85,650	\$ (4,250)	\$ 81,400	-5.0%
57	Local Fund Expenditures (10% State Hospital)	\$ 125,000	\$ 100,000	\$ 225,000	80.0%
58	MI Loan Repayment	\$ 12,000			
59	Total Expenditures	\$ 42,259,849	\$ 1,115,460	\$ 43,363,309	2.6%

Northeast Michigan Community Mental Health Authority
2026-2027 Budget
Expenditure Budget (by program)

Line #	Program	FY26 Budget	\$\$\$ Incr./ (Decr.)	FY27 Budget	% Incr./ (Decr.)
1	Board Administration	\$ 31,649	\$ (26)	\$ 31,623	-0.1%
2	General Administration	1,326,224	\$ 64,598	1,390,822	4.9%
3	Managed Information Systems (MIS)	1,393,662	\$ 97,845	1,491,507	7.0%
4	Training	78,086	\$ (26,376)	51,710	-33.8%
5	Budget & Finance	1,006,643	\$ 75,908	1,082,551	7.5%
6	Direct Run Support Staff (old Clerical plus a few)	868,759	\$ 36,475	905,234	4.2%
7	Human Resources	738,608	\$ (79,127)	659,481	-10.7%
8	Facilities	318,694	\$ 11,353	330,047	3.6%
9	Alpena Facilities (Utilities, Rent, Depreciation)	259,900	\$ 56,400	316,300	21.7%
10	Alcona Facilities (Utilities, Rent, Depreciation)	2,400	\$ 900	3,300	37.5%
11	Hillman Facilities (Utilities, Rent, Depreciation)	88,761	\$ 1,983	90,744	2.2%
12	Rogers City Facilities (Utilities, Rent, Depreciation)	57,154	\$ 728	57,882	1.3%
13	Fletcher Facilities (Utilities, Rent, Depreciation)	103,350	\$ 12,305	115,655	11.9%
14	Vehicle Fleet (Gasoline, Depreciation, Maintenance)	547,000	\$ (27,000)	520,000	-4.9%
15	Quality Improvement	205,603	\$ 11,458	217,061	5.6%
16	MI Outpatient	1,377,403	\$ 261,024	1,638,427	19.0%
17	Physician Services	2,074,065	\$ 166,697	2,240,762	8.0%
18	Older Adult Services - PASARR	293,636	\$ 15,045	308,681	5.1%
19	Case Management	2,246,097	\$ (271,273)	1,974,824	-12.1%
20	Assertive Community Treatment (ACT)	241,571	\$ 181,731	423,302	75.2%
21	Children's Home Based and Comm. Services	710,586	\$ 123,424	834,010	17.4%
22	Children's Wraparound	79,344	\$ 43,236	122,580	54.5%
23	Clinical Supervision	2,840,305	\$ (56,156)	2,784,149	-2.0%
24	Physical, Occupational & Speech Therapy	101,045	\$ 3,605	104,650	3.6%
25	Provider Network (Self Det. Internal, Contracts)	88,686	\$ 6,347	95,033	7.2%
26	External Services	15,084,971	\$ 113,280	15,198,251	0.8%
27	Behavior Health Home	319,619	\$ 157,751	477,370	49.4%
28	State Hospitalization (County 10% Share only)	125,000	\$ 100,000	225,000	80.0%
29	Supported Employment	826,931	\$ 71,717	898,648	8.7%
30	SIP/Community Support/Skill Building	2,572,363	\$ (175,807)	2,396,556	-6.8%
31	Bay View Center	200,520	\$ 7,219	207,739	3.6%
32	Peer Directed Activities	38,575	\$ 418	38,993	1.1%
33	MI Peer Support Services	281,280	\$ 4,772	286,052	1.7%
34	DD SIP Monitoring	546,869	\$ (24,253)	522,616	-4.4%
35	Hospital Transportation	20,852	\$ (5,954)	14,898	-28.6%
36	Cambridge Residential DD	580,797	\$ 62,509	643,306	10.8%
37	Princeton Residential DD	522,208	\$ 60,914	583,122	11.7%
38	Walnut Residential DD	537,598	\$ 59,600	597,198	11.1%
39	Thunder Bay Heights Residential DD	651,468	\$ (2,157)	649,311	-0.3%
40	Pinepark Residential DD	625,627	\$ (34)	625,593	0.0%
41	Brege Residential DD	607,309	\$ 19,807	627,116	3.3%
42	Greenhaven Residential DD	443,754	\$ (3,432)	440,322	-0.8%
43	Millcreek Residential DD	553,646	\$ 82,124	635,770	14.8%
44	Infant Mental Health	2,115	\$ (3)	2,112	-0.1%
45	Crisis Services	378,286	\$ (125,308)	252,978	-33.1%
46	Behavior Treatment	38,310	\$ (33,909)	4,401	-88.5%
47	Recipient Rights	222,520	\$ 23,102	245,622	10.4%
48	Total Expenditures	\$ 42,259,849	\$ 1,103,460	\$ 43,363,309	2.6%

Northeast Michigan Community Mental Health Authority
2026-2027 Budget
Capital Purchases

Line #	Program	Description	\$\$\$
Equipment, Furniture, Building Improvements			
	Facilities	Vehicle Replacement	\$28,000
	Facilities	Vehicle Replacement	\$62,000
	Facilities	Vehicle Replacement	\$62,000
	Facilities	Vehicle Replacement	\$42,000
	Facilities	Vehicle Replacement	\$42,000
	Facilities	Vehicle Replacement	\$42,000
	Total Equipment, Furniture, Building Improvements		\$ 278,000
Computer Equipment			
	Total Computer Equipment		\$ -

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
2026-2027 Budget
Staffing - Full Time Equivalents (FTEs)

Line #	Program	FY26 Budget	FTE Incr./ (Decr.)	FY27 Budget	% Incr./ (Decr.)
1	Board Administration	0.09	0.01	0.10	11.1%
2	General Administration	6.34	(0.21)	6.13	-3.3%
3	Managed Information Systems (MIS)	5.00	-	5.00	0.0%
4	Training	0.36	(0.20)	0.16	-55.6%
5	Budget & Finance	10.44	(0.26)	10.18	-2.5%
6	Direct Run Support Staff	12.75	0.80	13.55	6.3%
7	Human Resources	3.00	-	3.00	0.0%
8	Facilities	5.15	(0.14)	5.01	-2.7%
9	Quality Improvement	2.00	0.02	2.02	1.0%
10	MI Outpatient	13.17	0.05	13.22	0.4%
11	Physician Services	11.34	0.69	12.03	6.1%
12	Geriatric Services - PASARR	2.23	0.42	2.65	18.8%
13	Case Management	27.61	(1.66)	25.95	-6.0%
14	Assertive Community Treatment (ACT)	2.81	1.63	4.44	58.0%
15	Home Based	8.75	1.56	10.31	17.8%
16	Clinical Supervisors	31.11	(0.58)	30.53	-1.9%
17	Behavior Health Home	4.43	1.95	6.38	44.0%
18	Supported Employment	14.25	0.48	14.73	3.4%
19	Physical, Occupational & Speech Therapy	1.00	-	1.00	0.0%
20	Peer Directed Activities	0.88	(0.06)	0.82	-6.8%
21	MI Peer Support Services	4.76	0.03	4.79	0.6%
22	SIP Monitoring	11.28	(0.91)	10.37	-8.1%
23	SIP/Community Support	48.70	(3.77)	44.93	-7.7%
24	Provider Network	1.00	-	1.00	0.0%
25	Hospital Transportation	0.50	(0.18)	0.32	-36.0%
26	Cambridge Residential DD	10.03	0.65	10.68	6.5%
27	Princeton Residential DD	10.10	-	10.10	0.0%
28	Walnut Residential DD	9.55	1.01	10.56	10.6%
29	Thunder Bay Residential DD	10.17	0.17	10.34	1.7%
30	Pinepark Residential DD	10.95	(0.57)	10.38	-5.2%
31	Brege Residential DD	10.33	0.67	11.00	6.5%
32	Millcreek Residential DD	9.36	1.64	11.00	17.5%
33	Greenhaven	6.60	(0.05)	6.55	-0.8%
34	Infant Mental Health	0.02	-	0.02	0.0%
35	Crisis Services	1.94	(1.51)	0.43	-77.8%
36	Behavior Treatment	0.36	(0.33)	0.03	-91.7%
37	Recipient Rights	3.00	-	3.00	0.0%
38	Total FTEs	311.36	1.35	312.71	0.4%

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GOVERNANCE PROCESS

(Manual Section)

ANNUAL BOARD PLANNING CYCLE – POLICY 02-007

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

October 9, 2025

Last Revision to Policy Approved by Board:

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.

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

- 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 – POLICY 03-003

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

October 9, 2025

Last Revision to Policy Approved by Board:

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 – POLICY 03-004

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

October 9, 2025

Last Revision to Policy Approved by Board:

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

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

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
POLICY & PROCEDURE MANUAL**

ENDS

(Manual Section)

BOARD ENDS STATEMENT – POLICY 04-001

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

October ~~98~~, 20252026

Last Revision to Policy Approved by Board:

October ~~98~~, 20252026

●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. 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~~ Establish the Supported Independence Program (SIP) ~~to one additional~~ in all four counties 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 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% of eligible individuals served with two or more of the following chronic conditions – asthma/COPD, high blood pressure, diabetes, morbid obesity, or 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. 98% of individuals enrolled in BHH will have a baseline A1C.

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

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:



INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Nominations Committee Meeting
DATE: September 29, 2026

The following four NeMCMHA Board members have terms expiring on March 31, 2027:

Terry Small, Alcona County
Eric Lawson, Alpena County
Kara Bauer LeMonds, Alpena County
Charlotte Helman, Montmorency County

Per the Board's Bylaws, the Nominations Committee shall meet to make recommendations to the county boards of commissioners for the reappointment of current Board members who wish to remain on the Board. The Nominations Committee should be comprised of members from each representative county. The current members of the Nominations Committee are:

Terry Small, Alcona County
Kara Bauer LeMonds, Alpena County
Charlotte Helman, Montmorency County
Dana Labar, Presque Isle County

The Nominations Committee can meet at 2:30 p.m. prior to the November 12 Board meeting, if all committee members are available.

Community Mental Health Association **Annual Fall Conference**

*Stronger
Together,*



*Greater
Impact*

October 26-27, 2026 - Main Conference

Grand Traverse Resort | Traverse City, Michigan

CONFERENCE AGENDA

Sunday, October 25, 2026

11:00am	CMH Golf Outing Tee Times starting at 11:00am with every 10-minute sequential times to follow (based on availability) Wolverine Golf Course, Grand Traverse Resort \$60 per person (9 holes and a cart) – Call 231-534-6470 for tee times to reserve your spot. – Deadline for pre-registration: Monday, October 19th, 2026 – Credit card is required to hold a tee time. 48-hour cancellation and no shows will be billed.
2:00pm – 6:15pm	Early-Bird Conference Registration
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

Monday, October 26, 2026

7:15am – 5:00pm	Conference Registration and Exhibits Open
7:15am – 8:15am	Group Networking Breakfast
8:00am – 8:30am	Conference Welcome – <i>Joseph Stone, President, CMHA; Board Member, Network 180</i> State of CMHA Address – <i>Alan Bolter, CEO, CMHA</i>
8:30am – 9:30am	Keynote: Intentional Partnerships for Meaningful Outcomes – <i>Patricia Neitman, MS, LLP, Bureau Director, Bureau of Children's Coordinated Health, Policy, and Supports</i> The presentation will highlight the growing partnership between BCCHPS and CMHA and discuss how ongoing collaboration will strengthen service delivery to create meaningful outcomes for the children, youth, and families we serve. The presentation will also provide updates on BCCHPS's current work, including key projects, policy priorities, and discuss where continued collaboration with CMHA can help move this work forward. Objectives: 1. Understanding of the progress toward meaningful partnership between BCCHPS and CMHA. 2. Examples of collaborative project work and outcomes. 3. Opportunities moving forward.
9:30am – 10:00am	Exhibitor-Sponsored Refreshment Break

	Concurrent Workshops
10:00am - 11:30am	1. CCBHCs and the Future of Michigan's Behavioral Health Safety Net – <i>TBD</i> Michigan's CCBHC landscape continues to evolve, creating important opportunities for CCBHCs, specialty SUD providers, and other behavioral health organizations to rethink how they work together across the continuum of care. This 90-minute workshop will explore where CCBHCs are headed in Michigan, how stronger CCBHC-SUD partnerships can support integrated care and provider sustainability, and what emerging state and national developments may mean for organizations across the behavioral health system. Designed for a broad audience, from CEOs and board members to finance, clinical, and operational leaders, the session will combine brief updates with panel discussion focused on how organizations can participate in, partner with, and help shape the future of Michigan's behavioral health safety net. Objectives: 1. Strengthening CCBHC and SUD provider partnerships, including opportunities to improve coordination, rethink the continuum of care, support specialty SUD provider sustainability, and identify meaningful partnership roles within an increasingly integrated system. 2. The future of CCBHC in Michigan, including upcoming State Plan Amendment planning and opportunities to strengthen and expand the model. Building sustainable CCBHC infrastructure, including emerging work related to a provider-led CCBHC data warehouse. 3. CCBHC-Transformation, and how partnerships among CMHA, the state, national experts, and providers are supporting technical assistance, implementation, and sustainability. Expanding CCBHC reach in rural communities, including lessons from other states and approaches that may support rural participation.
10:00am - 11:30am	2. Dismantling Clinical Silos: A Model for Building Better Bridges in Organizations with Multiple Levels of Care – <i>Phillip Hunter, PsyD, MLP, CAADC, CCS, Senior Director, Common Ground</i> It is often said that individuals in recovery are at their most vulnerable while navigating the gaps between levels of care. Some treatment organizations address this by offering multiple stops along the treatment continuum for smoother transitions. However, when distinct programs feel removed from other levels of care in their organization, client success suffers. Acknowledging and addressing these gaps internally increases the likelihood of positive treatment outcomes and has positive effects on the organization's culture. This workshop explores practical steps that organizations can implement to create better transitions from one level of care to the next. Objectives: 1. Identify barriers to successful inter- and intra-organizational client transfers. 2. Describe potential consequences to client care and organizational health related to clinical silos. 3. Describe at least 3 practical steps organizations can take to address clinical silos.
10:00am - 11:30am	3. Governance Essentials for CMH Boards: Integrating Best Practices with the Carver Model – <i>Jennifer Fair Margraf, MBA, MA, CFRE, Executive Director, Kevin's Song</i> This workshop provides a practical, accessible overview of effective board governance for Michigan's behavioral-health and human-service organizations. Participants will explore core board responsibilities, including fiduciary oversight, strategic leadership, and mission stewardship. The session addresses common governance challenges such as unclear expectations, uneven engagement, and role confusion. It also introduces Policy Governance (the Carver Model), highlighting how Community Mental Health agencies in Michigan use this framework to clarify roles, define Ends and Means, and strengthen board-executive relationships. Through real-world examples and tools used by successful nonprofits, attendees will examine how traditional governance practices and Carver principles can work together to enhance accountability and collaboration. The workshop emphasizes inclusive decision-making, board diversity, and governance practices that reflect the communities served. Participants will leave with actionable steps to improve

	board effectiveness and support long-term organizational sustainability. Objectives: 1. Participants will be able to identify and explain the core roles and responsibilities of nonprofit boards—including fiduciary oversight, strategic leadership, and mission stewardship—and assess how these responsibilities apply within Michigan’s behavioral-health and human-service organizations. 2. Participants will be able to analyze common governance challenges such as unclear expectations, uneven engagement, and role confusion, and apply practical tools and strategies to strengthen board performance, accountability, and collaboration. 3. Participants will be able to describe the foundational principles of Policy Governance (the Carver Model) and evaluate how Community Mental Health agencies in Michigan use this framework to clarify board–executive roles, define Ends and Means, and support disciplined, mission-aligned decision-making.
10:00am - 11:30am	4. A Framework for Assessing and Costing Specialized Residential Care Services – Lynne Doyle, MPA, MA, LLP, Quality Improvement Contractor, Lakeshore Regional Entity – Erin Barbus, LMSW Clinical/Macro, ACSW, Lead Consultant, Edgewater Professional Development As the complexity of individuals requiring specialized residential services continues to increase, so do the costs of delivering high-quality, person-centered care. This workshop explores an ongoing regional initiative to better understand the true costs of specialized residential services and develop a more sustainable rate-setting approach within Michigan's public behavioral health system. Participants will gain insight into the project's methodology, emerging findings, pilot testing, and implementation lessons learned. The session will also examine practical implications for community mental health organizations, providers, and system leaders while identifying opportunities for collaboration and advocacy. Attendees will leave with a deeper understanding of the challenges, promising practices, and next steps needed to sustain this critical service for the future. Objectives: 1. Describe the key factors contributing to the increasing costs and complexity of specialized residential services. 2. Identify opportunities for leadership, collaboration, and advocacy to strengthen specialized residential services. 3. Describe key findings from the project and discuss their implications with providers, CMHSPs, PIHPs, and policymakers.
10:00am - 11:30am	5. Overdose Response Strategy (ORS): Cross-sector Partnership Innovation and Emerging Drug Trends – Emily Godfrey, MPH, Michigan Public Health Analyst, CDC Foundation – Robert Kerr, MLS, Michigan Drug Intelligence Officer, Michigan HIDTA The Overdose Response Strategy (ORS) is an innovative program that leverages cross-sector partnerships to optimize overdose prevention efforts across the United States. At its core, it is an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives across the nation. 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 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 and treatment/recovery. This presentation will share how to gain access to near-real-time overdose data, how to connect with the Michigan ORS team and the value, training and technical assistance the MI ORS team can provide to those working in this space. In this presentation, the MI ORS team will give a brief overview of the ORS program, share resources including overdose data mapping applications and new and emerging drug trends. Objectives: 1. identify their state Overdose Response Strategy (ORS) team and know how to connect with them. 2. describe at least one way that the Michigan ORS team can assist in their work. 3. recognize two current or emerging drug trends.

10:00am - 11:30am	6. Stronger Together: Expanding Michigan's Behavioral Health Crisis Continuum Through Public-Private Partnership and Behavioral Health Urgent Care – <i>Audrey E. Smith, MPH, Chief Executive Officer, SafetyZone Behavioral Health Urgent Care</i> – <i>Sharon K. Dodd-Kimmey, MD, Chief Medical Officer, SafetyZone Behavioral Health Urgent Zone</i> – <i>Pamela Nolen, BSA/AML, Compliance/Operations Director, SafetyZone Behavioral Health Urgent Care</i> Michigan continues to face unprecedented demand for timely behavioral health services, particularly during evenings, weekends, and other non-traditional service hours when access to care is often limited. As Michigan's first private Behavioral Health Urgent Care, SafetyZone offers an early implementation perspective on an emerging model of care that may inform future behavioral health access strategies across diverse communities. This presentation will share practical implementation lessons from launching and operating this emerging model while highlighting opportunities for collaboration among Community Mental Health organizations, hospitals, primary care providers, pediatric practices, schools, and community-based organizations. Presenters will discuss strategies for developing referral partnerships, establishing clinical and operational workflows, navigating payer and sustainability challenges, and creating seamless transitions across levels of care. Particular emphasis will be placed on the role of public-private partnerships in increasing statewide behavioral health capacity and strengthening services during evenings, weekends, and other non-traditional service hours when traditional outpatient resources are often unavailable. Participants will leave with practical strategies, implementation tools, and collaborative approaches that can be adapted to strengthen behavioral health crisis response systems in communities throughout Michigan. This presentation is designed for Community Mental Health leaders, behavioral health providers, healthcare executives, clinicians, policymakers, and community partners seeking innovative, collaborative approaches to strengthening Michigan's behavioral health infrastructure. Objectives: 1. Describe the essential clinical, operational, and administrative components required to develop and sustain a community-based Behavioral Health Urgent Care program. 2. Explain how public-private partnerships can strengthen Michigan's behavioral health continuum by expanding access, increasing system capacity, and improving care coordination during evenings, weekends, and other non-traditional service hours. 3. Identify practical implementation strategies—including referral development, workforce planning, payer engagement, quality improvement, and operational workflows—that support successful integration of Behavioral Health Urgent Care into existing behavioral health systems.
10:00am - 11:30am	7. Making Self-Directed Services Work – <i>Angela Martin, LMSW, Senior Associate Director, Michigan Developmental Disabilities Institute, Wayne State University</i> – <i>Jan Lampman, BA, Owner, Community Drive</i> – <i>Nicole Gillies, MA, SD Coordinator, Summit Pointe</i> DWIHN and Summit Pointe will describe their experiences working with Partners Advancing Self-Determination to improve/refine their self-directed services. Learn how using a team approach helped them achieve their goals, overcome barriers, and hear about their successes. Practical solutions to issues will be shared. Objectives: 1. Identify the principles of self-determination. 2. Identify effective methods for practical applications related to improving the delivery of self-directed services. 3. Describe the roles of SD Coordinators and Support Brokers
10:00am - 11:30am	8. When Emerging Adults Struggle: Recognizing Mental Health Decline to Make a Difference

	– <i>Patricia Dixon, LMSW - Clinical and Macro, Associate Director of Warrior Urgent Services, Wayne State University</i> – <i>Anne Di Iorio-Fitzpatrick, LMSW-Clinical, Crisis Specialist - University Counselor II, Wayne State University</i> – <i>Sheila Lewis, MA, LPC, Crisis Specialist-University Counselor II, Wayne State University</i> Emerging adulthood is a time of growth, change, and increased vulnerability to mental health challenges. Learn how to recognize the early warning signs of mental health decline before they become a crisis. This session will provide practical strategies for identifying clients who may be struggling, and techniques for responding with confidence and compassion. Participants will gain tools to support meaningful conversations and learn how to connect CMH clients to appropriate resources on a college campus. Together, we can make a lasting difference by helping emerging adults stay on the path to success. Objectives: 1. Recognize the early warning signs of mental health decline. 2. learn basic crisis mitigation and management skills. 3. learn how to connect emerging adults to appropriate and available community resources
11:30am – 12:30pm	Group Networking Lunch
12:00pm – 1:00pm	Keynote: The Sound of Safety: A Story of Trauma and Resiliency – <i>Mara (Skinner) McCalmon, Founder & Spokesperson, P.S. You're My Hero</i> – <i>Julie Jowett-Lee, LMSW, Clinical Social Worker, Thumb Coast Counseling</i> In November 2010, Mara McCalmon survived a violent attack in her Yale home that claimed the life of her husband, Paul, and forever changed her family and community. In this powerful keynote, Mara shares her experience of unimaginable loss, the lasting effects of trauma, and her decision to honor Paul's memory by founding P.S. You're My Hero, a nonprofit supporting victims of crime. Mara is also the author of a new book titled, "The Sound of Safety: When All That's Left is Love & Hope & Truth". Julie Jowett-Lee, a licensed social worker who worked in the school community at the time, offers insight into how the tragedy affected students, families, and others connected to it. Together, they explore the far-reaching impact of trauma and the power of connection, resilience, and hope. Objectives: 1. Describe how a traumatic event can affect individuals, families, schools, and communities. 2. Identify common emotional, behavioral, and relational responses to trauma and loss. 3. Recognize the role of social support and community connection in promoting resilience. 4. Explain how advocacy, purpose, and helping others can support healing after trauma.
1:00pm – 1:30pm	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
1:30pm – 3:00pm	9. From Assessment Data to Clinical Action: Outcomes Monitoring, AI-Assisted Intelligence, and Risk Signals Using MichiCANS – <i>Erin Mobley, MA, Biology, Section Manager, Data Monitoring and Quality Improvement, The Bureau of Children's Coordinated Health Policy and Supports, MDHHS</i> – <i>Joe Torres, MS, Data Scientist Consultant, TBD Solutions Inc</i> – <i>Lisa Collins, EdS, MA, CCC-SLP, Section Manager, Access, Workforce Development and Education, The Bureau of Children's Coordinated Health Policy and Supports, MDHHS</i> Assessment data can provide clinically meaningful insights from a youth's initial assessment and throughout their changing service experience. Using MichiCANS, this workshop will demonstrate how assessment results, utilization and episode information, statistically derived latent class profiles, and narrative notes can be brought together into a unified view of the youth. Participants will explore web applications with clearly defined

	metrics and visuals designed to highlight needs, strengths, service patterns, and other important clinical signals at both initial and subsequent assessments. Longitudinal views will show how profiles and outcomes change over time, helping users understand a youth's trajectory and recognize stability, improvement, or emerging risk. The workshop will also explore agentic approaches to data intelligence, enabling users to ask natural-language questions of specialized AI agents that can synthesize information across multiple sources and help interpret observed patterns. The session will emphasize how structured analytics, interactive visuals, AI, and clinical expertise can work together to transform complex assessment data into a clearer and more actionable understanding of the youth and their family. Objectives: 1. Identify a set of high-value analytic questions MichiCANS can answer for service planning, quality improvement, and population management (e.g., profiling, variation, and change over time). 2. Describe methods for outcomes tracking using longitudinal MichiCANS data, including profile-based approaches and interpreting change using model-derived scoring outputs (e.g., posterior probabilities over time) in combination with the perspective of lived. 3. Interpret dashboard-ready metrics and visualizations derived from MichiCANS, including how to communicate uncertainty, avoid common analytic pitfalls, and ensure results are decision-relevant.
1:30pm – 3:00pm	10. Beyond the Bubble Bath: Burnout Recovery for Organizations and Real People – Holly Wixon, MA, MSW, CAADC, CCS, Co-Founder, Better Balance Consulting LLC – Charity Gorbach, MA, MSW, CAADC, Co-Founder, Better Balance Consulting – Nicole Gillies, MA, SD Coordinator, Summit Pointe Burnout continues to be one of the most pervasive issues within the human services field. Organizations see turnover, decreased morale, impaired communication and relationships, and individuals face significant physical and mental health implications. This workshop will move beyond the standard self-care suggestions and take a look at meaningful changes at an organization/agency level, as well as practical strategies for individuals. Objectives: 1. Participants will be able to describe the three dimensions of burnout. 2. Participants will be able to understand how organizations can implement a multicomponent strategy to address burnout. 3. Participants will be able to list three strategies for effectively managing burnout on an individual level.
1:30pm – 3:00pm	11. Bridging Systems for Transition Age Youth and Young Adults: Enhancing Assessments for Transition Age Youth and Young Adults. – Kelly France, MSW CAD, Founder and Principal Consultant, Whole Life Balanced, LLC A concise, practical workshop introducing the Transformational Collaborative Outcomes Management (TCOM) framework, demonstrating why and how it provides best practice assessment standards for assessing behavioral health needs of Transition-Age Youth (TAY) and Young Adults. The workshop will emphasize how to use TCOM and TCOM tools (such as the MichiCANS) to provide strengths-based, youth-centered assessment, culturally responsive engagement, shared decision-making, measurement-informed care, and system-level benefits (coordination, outcomes, equity). Objectives: 1. Identify best practice standards for assessment and treatment of Transition Age Youth (TAY) and Young Adults. 2. Understand how Transformational Collaborative Outcome Management (TCOM) supports best practice standards for assessing TAY. 3. Understand implications of TAY items in Michigan's TCOM tool (MichiCANS).
1:30pm – 3:00pm	12. Building a Mental Health Ready Workforce: Integrating Mental Health First Aid and Psychological Safety in Community Behavioral Health – Cyril Davis, DNP, PMHNP-BC, Program Director Psychiatric Mental Health Nurse Practitioner, Lakes Center Mental Health Network – Lynne Lyons, M.D, Medical Director and Psychiatrist, Lakes Center Mental Health Network

	Behavioral health professionals face rising burnout, workforce shortages, compassion fatigue, and complex clinical needs. Preparing staff requires clinical expertise, practical crisis intervention skills, psychologically safe workplaces, and a culture that supports learning, collaboration, and resilience. This interactive workshop presents findings from a doctoral quality improvement project that implemented Mental Health First Aid (MHFA) training in a high-volume depression clinic while expanding the discussion to organizational readiness and workforce development. Participants will explore how MHFA and psychological safety complement one another to improve staff confidence, therapeutic communication, stigma reduction, and crisis response. Lessons learned from implementation, measurable outcomes, common barriers, and strategies for sustaining change will be shared. Attendees will leave with practical tools and an implementation framework that can be adapted within community mental health organizations, crisis programs, and integrated behavioral health settings. Objectives: 1. Describe the core components of a Mental Health Ready Workforce and explain how Mental Health First Aid (MHFA) and psychological safety contribute to improved workforce readiness, crisis response, and patient care within community behavioral health organizations. 2. Apply evidence based strategies from Mental Health First Aid and psychological safety to strengthen therapeutic communication, reduce stigma, increase staff confidence, and support effective responses to individuals experiencing mental health crises. 3. Develop an implementation plan to integrate Mental Health First Aid training and psychologically safe leadership practices within their own organization, including strategies to promote workforce resilience, organizational culture, and continuous quality improvement.
1:30pm – 3:00pm	13. Building Strong Supervisors: Developing Leadership Capacity in Community Mental Health – <i>Marika Orme, MSA, MS, LLP, Training Supervisor, The Guidance Center</i> Great organizations are built by great supervisors—but many supervisors are promoted because they excel in their clinical or technical roles, not because they've had the opportunity to develop as leaders. In response, our organization created a Supervisor Leadership Training Series specifically for Community Mental Health that transforms supervision into intentional leadership development through practical, interactive learning. This session will share the framework, key leadership competencies, implementation strategies, and lessons learned so attendees can replicate or adapt the model within their own organizations. Participants will leave with ready-to-use tools that strengthen communication, accountability, team engagement, and leadership confidence while fostering a culture of continuous leadership development. The success of this initiative has also laid the foundation for a complementary manager development program, demonstrating how organizations can build a sustainable leadership pipeline. As workforce challenges continue across behavioral health, investing in supervisors is one of the most impactful strategies for strengthening leaders, retaining staff, and creating resilient organizations equipped to deliver exceptional care. Objectives: 1. Identify the core leadership competencies that contribute to effective supervision and staff engagement in Community Mental Health organizations. 2. Describe the key components of a structured Supervisor Leadership Training Series, including strategies for designing, implementing, and sustaining a leadership development program. 3. Apply practical tools and implementation strategies to strengthen supervisory leadership and build a sustainable leadership pipeline within their own organizations.
1:30pm – 3:00pm	14. Employing People with Substance Use Lived/Living Experience (PSULE) – <i>Larry West, BSW, CPSS, Senior Project Coordinator, Wayne State University Center for Behavioral Health and Justice</i> – <i>Meghan Peake, MSW, CPRC, CADC, Evaluation Support Associate, Wayne State University - Substance Use Research Team</i>

	This session highlights a compensated, long-standing workgroup of Michigan employees with lived and living experience of substance use who came together over three years to design a statewide training and employer handbook on equitable hiring, retention, and advancement. Workgroup members span health departments, universities, harm reduction agencies, recovery community organizations, and grassroots groups, including individuals historically excluded from the workforce. Developed in collaboration with the Michigan Department of Health and Human Services and Vital Strategies, the resulting training is delivered quarterly and facilitated entirely by workgroup members themselves. Presenters will walk through how the training was developed, its core content on reducing stigma and dismantling structural barriers to employment, and evaluation findings showing measurable gains in participant knowledge. Attendees will leave with practical, take-home strategies for building more inclusive hiring and workforce development practices at their own organizations. This session is especially relevant for those in hiring, supervisory, or management roles within the SUD field. Objectives: 1. describe the development process of a peer-led training program, including the key workplace inequities and employment barriers identified by a workgroup of individuals with lived/living experience of substance use. 2. apply strategies to reduce workplace stigma and address barriers to employment and advancement—including those tied to criminalization and poverty—in their own hiring, supervisory, and workforce development practices. 3. summarize training evaluation findings and identify actionable, take-home resources for implementing equitable and inclusive employment practices for people with lived experience within their own organizations.
1:30pm – 3:00pm	15. More Than a Meeting Place: How Recovery Community Organizations and Treatment Providers Can Build Partnerships That Actually Work – Salvatore Russo, LMSW, CCS, CAADC, Sr. Director of SUD and Prevention Services, Hegira Health, Inc. – Allison Herrst, LLMSW, CPRM, CPRC, Executive Director, Recovery Action Network of Michigan Recovery does not happen in a single office, during a single treatment episode, or within the walls of any one organization; and yet our systems often continue to operate in silos. This workshop explores what happens when a behavioral health treatment provider and a Recovery Community Organization (RCO) stop competing and start collaborating. Drawing on the evolving partnership between Hegira Health and the Recovery Action Network of Michigan (RANMI), presenters will share how two organizations moved from strangers to co-creators of community events, prevention initiatives, shared referral pathways, and sustainable recovery supports. Attendees will gain a practical understanding of how RCOs differ from peer support services within treatment settings, explore strategies for building partnerships that outlast funding cycles, and discuss approaches to organizational sustainability through diversified funding, community engagement, and collaborative initiatives. Through honest reflection on barriers, practical tools, and a real-world case study, participants will leave with actionable strategies for breaking down silos and strengthening recovery-oriented systems of care within their own communities. Objectives: 1. Define the role of Recovery Community Organizations (RCOs) within the continuum of care, including how they differ from clinical peer support services, and identify at least three ways RCOs can complement treatment provider efforts to support long-term recovery. 2. Describe strategies for building sustainable RCO-provider partnerships through diversified funding, shared resources, community engagement, collaborative initiatives, and cross-sector partnerships that strengthen recovery supports beyond individual funding. 3. Apply a framework for fostering collaborative, rather than competitive, relationships among behavioral health providers, Recovery Community Organizations, and community partners using the Hegira Health and RANMI partnership as a practical case study for breaking down organizational silos and building stronger recovery-oriented systems of care.

1:30pm – 3:00pm	16. State and Federal Disability Civil Rights Laws – <i>Michael McCann, MA, Training and Development Coordinator, Michigan Department of Civil Rights</i> This session will provide an overview of the key provisions of the Americans with Disabilities Act (ADA) and the Michigan Persons with Disabilities Civil Rights Act (PWDCRA). These laws are examined in detail including definitions, affirmative duties, prohibited actions, and exemptions. Attendees will learn how the civil rights protections of these laws apply to individuals with disabilities as they engage with public and private service providers. These protections extend to education, housing, and employment as well. Additionally, attendees will learn about the requirements for public entities to provide reasonable modifications of programs, services, and activities along with requirements for effective communication. Objectives: 1. Explain the definition of a disability under the Americans with Disabilities Act (ADA). 2. Identify the Americans with Disabilities Act (ADA) requirements for Title II entities along with the requirements from the Person's with Disabilities Civil Rights Act (PWDCRA). 3. Apply the legal requirements from the ADA and PWDCRA for reasonable modifications and effective communication within community mental health settings.
3:00pm – 3:30pm	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
3:30pm – 5:00pm	17. Beyond Program Development: Building Community Infrastructure That Strengthens Crisis Response Systems – <i>Kevin Fischer, Executive Director, CIT International Michigan</i> – <i>April Switala, Director of Programs, CIT International Michigan</i> Communities across Michigan have made significant progress expanding behavioral health crisis response through Crisis Intervention Team (CIT) training, co-response models, mobile crisis services, peer support, and 988 implementation. As these investments continue to grow, communities increasingly face the challenge of integrating them into a coordinated, sustainable crisis response system. The evidence-based CIT International model emphasizes that effective crisis response extends beyond training to include cross-sector partnerships, governance, operational policies, referral pathways, and long-term sustainability. This workshop examines how communities can operationalize the full CIT model by strengthening the infrastructure that supports these investments. Drawing from statewide CIT program development, community technical assistance, and lessons learned across Michigan, participants will explore practical strategies to improve system coordination, align policies across partners, and strengthen community collaboration. The session will also examine how intentional system design can maximize existing crisis response investments and support more sustainable, effective behavioral health crisis systems over time. Objectives: 1. Identify the foundational infrastructure components within the evidence-based CIT International model necessary to support sustainable community crisis response systems, including governance structures, policy alignment, and cross-sector collaboration. 2. Evaluate how behavioral health crisis response programs such as CIT training, co-response, mobile crisis services, and peer support initiatives function more effectively when integrated within a coordinated system framework. 3. Recognize opportunities within their own communities to strengthen CIT implementation by aligning visible crisis response programs with the foundational infrastructure required for long-term sustainability.
3:30pm – 5:00pm	18. Staff Resilience & Retention: Strengthening Organizational Connection in Turbulent Times – <i>Anthony Zipple, ScD, MBA, Senior Consultant, Organizational Health & Talent Optimization, INCITE Consulting Solutions</i>

	– <i>Kara S Guerriero, MPH, Founder & CEO, INCITE Consulting Solution</i> Behavioral health organizations have a single product: hours of skilled and effective staff time. No CEO will disagree with the statement “people are our most important asset” but few organizations have dedicated the resources to create a deep and coherent “People Plan” with goals, timelines and metrics – essential for building a healthy, engaged, and resilient workforce. This workshop will give you data to back the argument that investing in individual employee wellness and resilience serves as the cornerstone of organizational health and effectiveness, as well as provide evidence-based-best-business-practices proven to building a culture of resilience. Specific strategies discussed will include building more gratitude into the culture; strengthening social connection between staff; empowering leaders throughout the organization; celebrating good moments; and encouraging a growth mindset. Objectives: 1. Describe the importance of staff wellness and resilience and its relationship to retention, productivity, staff engagement, and quality of care. 2. Identify specific organizational interventions that have been shown to be effective in building stronger staff wellness and resilience. These interventions include gratitude, social connection, appreciating good moments, and growth mindset. 3. Develop a personal plan for incorporating at least one specific change in your management style, wherever you are in the organization, that will encourage higher levels of staff wellness and resilience.
3:30pm – 5:00pm	19. Michigan Youth with Epilepsy Transition Project: Successful Transition through Teamwork – <i>Terra Depew, MPH, Section Manager for Policy and Program Development, MDHHS Children's Special Health Care Services</i> – <i>Danielle Pitchford, BA, Outreach and Engagement Analyst, MDHHS Children's Special Health Care Services</i> "Successful Transition through Teamwork" will introduce attendees to the Children's Special Health Care Services (CSHCS) program and the Michigan Youth with Epilepsy Transition (MiYET) project. MiYET is a demonstration project to help youth with epilepsy understand, prepare for, and navigate healthcare, employment, education and independent living systems to reach their goals for adult life. Objectives: 1. Describe the Children's Special Health Care Services (CSHCS) program and supports to make connections for mutually served individuals. 2. Understand the role they play in successfully transition to adult services for the individuals they serve. 3. Connect the individuals they serve to MiYET tools and resources to support successful transition to adult serving systems.
3:30pm – 5:00pm	20. Moments that Matter: Leadership Behaviors that Build Psychological Safety – <i>Denae Tracy, LMSW, Clinical Training Supervisor, LifeWays</i> This presentation explores how everyday leadership behaviors influence psychological safety and team culture. Participants learn practical strategies for responding to mistakes, inviting input, handling silence, and reacting to challenges in ways that build trust and encourage open communication. Through reflection and interactive activities, leaders develop skills to foster environments where employees feel safe to contribute, learn, and perform at their best. This session emphasizes that psychological safety is built through consistent, intentional actions in everyday moments. Objectives: 1. Differentiate between leadership behaviors that strengthen psychological safety and those that unintentionally discourage employee engagement and open communication. 2. Apply practical communication strategies to respond effectively to mistakes, invite meaningful input, navigate silence, and address challenges in ways that foster trust and accountability. 3. Develop an action plan to intentionally use everyday leadership behaviors that promote psychological safety, encourage diverse perspectives, and improve team performance.

3:30pm – 5:00pm	21. Plant the seeds of CE-CERT and Watch What Grows: Building Workforce Resilience Through the Application of CE-CERT Daily Practice – Mary Diepstra, LMSW, Supervisor, Community Mental Health for Central Michigan – Renee Raushi, MA, LPC, Chief Operating Officer, Community Mental Health for Central Michigan Community mental health professionals are regularly exposed to complex trauma, high acuity needs, crisis situations, and many barriers when attempting to provide support and services to individuals accessing services. All these things create significant risks for secondary traumatic stress (STS), compassion fatigue, and burnout. Recognizing the impact of this work on our workforce, Community Mental Health for Central Michigan (CMHCM) took action in 2022 by investing resources to incorporate CE-CERT practice into the agency culture. CE-CERT, Components for Enhancing Career Experience and Reducing Trauma, is a skill-based, evidence-informed approach to thriving in the helping professions developed by Brian C. Miller, Ph.D. Presenters will share the progression of implementation across the six-county CMH and how the skill practice has been made relevant for staff across all roles including the decision to implement the Secondary Traumatic Stress Informed Organization Assessment (STSI-OA) tool. This tool, developed by members of the National Child Traumatic Stress Network (NCTSN) and available through the University of Kentucky Center on Trauma and Children, is an assessment tool that can be used by organizational representatives at any level to evaluate the degree to which their organization is STS-informed and able to respond to the impact of secondary traumatic stress in the workplace. Objectives: 1. Recognize the impact of secondary traumatic stress, compassion fatigue, and burnout on workforce well-being, retention and service delivery. 2. Examine system-wide implementation of the CE-CERT model and identify strategies that support embedding resilience-building practices across all levels of an organization to promote wellness and strengthen culture. 3. Identify practical leadership strategies, including the use of an organizational assessment tool to support strategic planning, and sustain long-term organizational change.
3:30pm – 5:00pm	22. Reducing Administrative Inefficiencies in the Intake and Assessment Process – Aaron Wilson-Ahlstrom, Facilitated Learning Programs Lead, Civilla – Jessica Tucelli, LMSW, Director of Access Services, LifeWays – Conner Gibbons, EMR System Administrator, LifeWays – Dale Hull, CPRM, MSW Candidate, Director of Operations, Wellness InX "By the time they get to me, clients don't even know why they're here." That frustration drove teams from five Michigan CMHs and CCBHCs to spend six months taking a hard look at their intake and assessment processes — interviewing frontline staff and clients, identifying what was within their control, and redesigning it. Three of those teams will share the specific changes they made, the impact on clients and staff, and the tools they used to make change stick in a difficult environment. Their results include reduced time from initial contact to first appointment, shorter assessments that maintain compliance with state policy, and improved first-appointment show rates. These are teams of regular CMH employees — clinical staff, program managers, operations leads — and the changes they made are the kind your team could adapt and adopt too. Objectives: 1. Understand the value of doing user interviews to surface opportunities for improving client experience. 2. Describe three specific, replicable process changes implemented by participating CMH teams and the outcomes those changes produced. 3. Apply at least one tool or approach from the session to assess opportunities for reducing administrative inefficiency within your organization's intake process.
3:30pm – 5:00pm	23. Resilience Rising: Understanding Trauma & the Path to Healing – Julie Jowett-Lee, LMSW, Clinical Social Worker, Thumb Coast Counseling – Mara (Skinner) McCalmon, Founder & Spokesperson, P.S. You're My Hero

	– <i>Victor Polito, Certified Peer Support Specialist, St. Clair County Community Mental Health</i> Trauma can result from a single life-altering event or accumulate over a lifetime of adversity. Mara McCalmon and Victor Polito, a veteran and person in recovery, share their distinct experiences with trauma and the different paths they have taken toward healing. Mara discusses the process of rebuilding her life following a devastating personal tragedy, while Victor reflects on the effects of childhood trauma, military experiences, and substance use. Licensed social worker Julie Jowett-Lee explains how trauma affects the mind and body, how healing can occur, and why recovery looks different for everyone. Together, the presenters explore the roles of safety, connection, support, and purpose in moving beyond survival and building resilience. Objectives: 1. Compare how different types of trauma can influence individual recovery journeys. 2. Explain how trauma can affect the brain, nervous system, and body over time. 3. Identify barriers that may affect a person's willingness or ability to seek 4. help, including stigma, shame, fear, and previous experiences with support systems. 5. Apply trauma-informed strategies that promote emotional and physical safety, personal choice, trust, and individualized recovery.
3:30pm – 5:00pm	24. Supporting the Individuals Nobody Else Can Serve: Innovative Residential Approaches for High-Acuity Adults – <i>Cassidy Jewell, LMSW-C, Vice President of Clinical Operations (MI & OH), Beacon Specialized Living Services</i> – <i>Emily Thompson, LMSW, Clinical Director, Beacon Specialized Living Services</i> What happens when an individual has been through multiple placements, countless hospitalizations, and every provider seems to say, "We can't meet their needs?" This dynamic and interactive workshop challenges participants to rethink how we support adults with serious mental illness, intellectual and developmental disabilities, trauma histories, and other complex behavioral health needs. Through compelling case studies, audience discussion, and practical clinical frameworks, attendees will learn how to move beyond managing behaviors and uncover the underlying factors driving crises, instability, and service failures. Participants will explore innovative residential strategies that reduce hospitalization, improve quality of life, strengthen interdisciplinary collaboration, and increase long-term placement success. Whether you're a clinician, administrator, case manager, or residential provider, you'll leave with actionable tools, fresh perspectives, and renewed confidence in serving individuals often considered the most challenging - and the most deserving - members of our communities. Objectives: 1. Differentiate psychiatric symptoms from behavioral, trauma-related, medical, communication, and environmental contributors. 2. Identify characteristics of individuals considered "high acuity" and develop multidisciplinary strategies to improve their quality of life. 3. Apply trauma-informed, person-centered approaches to improve stability while reducing crisis frequency, hospitalizations, and placement disruption.
5:30pm – 6:30pm	CEO Retirement Reception
Tuesday, October 27, 2026	
7:00am – 12:00pm	Conference Registration and Exhibits Open
7:00am – 8:15am	Breakfast Activities (full breakfast buffet will be served until 8:30am) Regional Breakfast Meetings Non-Member and Staff Networking Breakfast
8:30am – 9:30am	Welcome and Keynote: Everything Everywhere All at Once: A Federal Policy Update

	- Jonah Cunningham, BS, MPP, President/CEO, National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) Health policy is evolving rapidly, with uncertainty driven by the implementation of H.R. 1, the cancellation of federal funding opportunities, shifting priorities, and a steady stream of updates. Join us for a discussion of recent policy developments, the context behind these actions, and what may come next. Objectives: 1. Understand the role of the federal government in behavioral health provision. 2. Identify current and emerging issues that affect the provision of services & supports. 3. Provide a range of possibilities for future policy activities.
9:30am – 10:00am	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
10:00am – 11:30am	25. Behavioral Threat Assessment and Management: A Collaborative Approach - Lauren Kroll, N/A, Intelligenece Analyst, Michigan State Police - Brittany Prescott, N/A, Statewide Tactical Intelligence Unit Manager, Michigan State Police This presentation explores how professionals can work together to identify, assess, and manage potentially threatening behaviors before they escalate to violence. This presentation provides practical training on the Pathway to Violence framework, helping participants recognize warning signs, leakage, and concerning behaviors in their clients. Attendees will gain an understanding of how the Michigan State Police Behavioral Threat Assessment and Management Unit operates, including its assessment process and how to make referrals. The session will also highlight how Community Mental Health collaborate with MSP's team to support individuals of concern through coordinated intervention strategies. Real-world case studies will illustrate successful prevention efforts and demonstrate how early identification and cross-system collaboration can reduce risk. Objectives: 1. Explain the Pathway to Violence framework and identify key behavioral warning signs in order to recognize potential threats among clients early and accurately. 2. Describe the role of the Michigan State Police Behavioral Threat Assessment and Management Unit, including how multidisciplinary assessments are conducted. 3. Apply collaborative threat management strategies by demonstrating how Community Mental Health partners coordinate with law enforcement and other stakeholders to implement intervention plans, as illustrated through case study analysis.
10:00am – 11:30am	26. Bridging the Continuum of Care: An Interactive Systems Simulation for Strengthening Community Behavioral Health - Rachel Bowling, M.S. in Addiction Policy and Practice, Georgetown University, Director, SAFE Project - Avery Bertocci, MPA, Assistant Director, SAFE Project People experiencing substance use and mental health crises often encounter fragmented systems, disconnected services, and inconsistent transitions between levels of care. This interactive workshop uses a multidisciplinary simulation of the first 72 hours following a substance use or mental health crisis to help participants examine how individuals move through the behavioral health continuum, from crisis response and emergency care to treatment, recovery support, and community integration. Working in cross-sector teams, participants will identify common breakdowns in coordination, explore opportunities for stronger collaboration, and consider how policies, funding structures, and organizational practices influence continuity of care. Through facilitated discussion and practical systems-mapping exercises, attendees will develop strategies for strengthening partnerships across behavioral health, healthcare, public safety, recovery organizations, and community-based services. The workshop concludes with action planning that participants can adapt to their own communities to improve coordination, reduce service gaps, and support better outcomes for the individuals they serve. Objectives: 1. Analyze how individuals experiencing substance use and mental health crises navigate the

	behavioral health continuum and identify common barriers that contribute to fragmented care. 2. Apply systems-thinking principles to strengthen coordination and collaboration across behavioral health, healthcare, public safety, recovery, and community-based organizations. 3. Develop practical strategies to improve continuity of care through enhanced partnerships, sustainable systems planning, and community-specific action planning.
10:00am – 11:30am	27. From Student Voice to Community Impact: Collaborative Approaches to Peer Mental Health Leadership – Sarah Weisbarth, BS, Director, Discover You – Remi Grey, Program Administrator, The ROCK Center for Youth Development Young people are increasingly identifying mental health and suicide prevention as priorities in their schools and communities, yet they are often excluded from designing solutions. This workshop highlights a community-partnership model that elevates student leadership through peer-led mental health promotion, stigma reduction, and suicide awareness initiatives. Drawing on the Developmental Assets Framework, peer support principles, and community collaboration practices, presenters will demonstrate how schools, community mental health agencies, youth-serving organizations, and community foundations can work together to empower youth as partners in prevention efforts. Participants will explore strategies for integrating student voice into program design, developing sustainable partnerships, reducing stigma through peer engagement, and creating environments where young people feel connected, valued, and supported. Attendees will leave with practical tools for building collaborative, youth-centered mental health initiatives that strengthen protective factors, promote help-seeking behaviors, and foster community-wide cultures of care. Objectives: 1. Explain how developmental, ecological, and strengths-based theories support student-led peer mental health and suicide prevention initiatives. 2. Identify strategies for building effective partnerships among schools, community mental health providers, families, and youth-serving organizations that promote consumer integration and youth empowerment. 3. Develop actionable approaches for implementing or strengthening peer-led mental health awareness, stigma reduction, and suicide prevention programs within their own communities.
10:00am – 11:30am	28. CMH Responsibilities for Nursing Facility Residents – Marshall Cronican-Walker, LMSW, PASARR Determination and Federal Compliance Coordinator, MDHHS – Kristin Guise, LMSW, PASARR Appeals Coordinator, MDHHS This workshop will focus on the CMH's responsibilities for carrying out the federally mandated PASARR program as well as the provision of Specialized Mental Health Services for individuals with Mental Illness and/or Developmental Disabilities in nursing facilities. Topics for this session will include appropriate CMH staffing, the responsibility for service delivery and leveraging state/federal dollars for the provision of services. Trends in referrals and best practices will also be discussed with time for question and answers with MDHHS. The target audience for this session is CMH leadership and service providers. Objectives: 1. List the types of qualified professionals required to be compliant with PASARR 2. Identify services required to be provided to nursing facility residents. 3. Identify individuals who are appropriate for nursing facility placement.
10:00am – 11:30am	29. Religion, Spirituality and Mental Health – Katherine Albrecht, Ed.D., Doctorate in Human Development and Psychology, Harvard Graduate School of Education Research in the field of Spirituality and Mental Health has been growing, with spirituality/religiousness (S/R) being consistently related to both physical and mental health. This workshop will provide an updated review of the current scientific evidence on the relationship between S/R and mental health, highlighting a large body of evidence

	across numerous psychiatric disorders, including depression, suicidality, substance use, post-traumatic stress disorder, psychosis, and anxiety. The workshop will discuss broad support for integrating S/R across mental health practice by the APA, the World Psychiatric Association, Harvard University, Duke University, Texas Medical Center, and many more. Attention will be given to workshops, such as the APA World Psychiatric Association's 6th Global Summit on Spirituality, Religion & Mental Health (https://spiritualitymentalhealth.org/), Harvard's Spirituality, Religion, and Mental Health curriculum (https://learn.hms.harvard.edu/programs/spirituality-religion-and-mental-health), Duke University's 22nd annual Spirituality and Health 5-day research workshop (https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/), and the work being done by the Spiritual and Religious Competencies Project, whose grant-funded research goal is to "equip every mental health professional in the U.S. with basic competencies to address religious and spiritual dimension of clients' lives." (https://www.spiritualandreligiouscompetenciesproject.com/) Objectives: 1. Describe the current state of research into Spirituality and Mental Health, covering the past several decades. 2. Describe research findings about the mental health benefits of incorporating Religion and Spirituality into client treatment. 3. Come away with an understanding of how S/R is being applied in clinical settings.
10:00am – 11:30am	30. Stronger Together: Connecting Families to CSHCS, Family Centered Services, and the CSN Fund – <i>Danielle Pitchford, B.A., Outreach & Engagement Analyst, MDHHS/Children's Special Health Care Services</i> – <i>Jacque Lett, B.A., Children with Special Needs Fund Specialist, MDHHS/CSHCS/CSN Fund</i> Children and youth with special health care needs often experience barriers to accessing the services, equipment, and financial resources necessary to achieve optimal health and well-being. This interactive workshop will introduce participants to Michigan's Children's Special Health Care Services (CSHCS), Family Centered (FC) support, and the Children's Special Needs (CSN) Fund, highlighting how these programs work together to improve access to care and reduce financial burden for families. Participants will learn eligibility requirements, referral pathways, and practical strategies for identifying unmet needs and connecting families with available resources. Through case examples and discussion, attendees will explore collaborative approaches that strengthen partnerships among behavioral health providers, medical providers, and families. Participants will leave with practical tools to improve care coordination, increase family engagement, and support equitable access to services for children with special health care needs. Objectives: 1. Participants will be able to describe the purpose, eligibility criteria, and key benefits of Children's Special Health Care Services (CSHCS), Family Centered services, and the Children's Special Needs (CSN) Fund. 2. Participants will be able to identify common barriers experienced by families of children with special health care needs and apply appropriate referral and resource navigation strategies. 3. Participants will be able to integrate family-centered, cross-system collaboration strategies into their practice to improve access to care and support positive outcomes for children and families.
10:00am – 11:30am	31. Technology First: A Blueprint for Success – <i>Cheryl Ohman, BS, Executive Director, Lakestate Industries</i> – <i>Jason Ray, Certified Aging in Place Specialist, Chief Executive Officer, SimplyHome</i> The session will educate participants on the Technology First support approach for individuals with intellectual and developmental disabilities and the efforts to bring it to Michigan. This approach has shown success in other states in demonstrating how enabling technology can empower individuals with intellectual disabilities to live more independently in their communities while also helping to alleviate workforce challenges across the support system. Finally, we will share insights from the work of statewide

	Technology First Task Force and recommendations from its blueprint for implementing Technology first in Michigan. Objectives: 1. Demonstrate knowledge about Technology First, enabling technology and remote support. 2. Gain insights from the Technology First Task Force's recommendations for implementing Technology First in Michigan. 3. Learn practical steps that can be taken at all levels of public mental health system to support technology-enabled, person-centered care in Michigan.
10:00am – 11:30am	32. Understanding the Uniform: Connecting with Veterans – <i>Brandon Hetherton, CPSS, Veteran Peer Support, CMH-CEI Veteran Navigation Program</i> – <i>Marcie Maleport, LLMSW, Veteran Mental Health Therapist, CMH-CEI Veteran Navigation Program</i> The Michigan public behavioral health system increasingly serves justice-involved veterans, aging military populations, and National Guard members dealing with complex trauma. However, a significant gap remains in military cultural competency among civilian clinicians, often resulting in premature treatment termination, misdiagnoses, and therapeutic alienation. This 1.5-hour workshop builds a practical clinical bridge. It provides Community Mental Health Association of Michigan (CMHA) professionals with the specialized structural frameworks, linguistic nuances, and trust-building strategies required to effectively engage and retain veteran clients. Objectives: 1. Identify the three core tenets of military training (collectivism, hyper-vigilance, and emotional stoicism) and trace how they conflict with traditional civilian therapy models. 2. Accurately differentiate how PTSD, Traumatic Brain Injury (TBI), and Moral Injury uniquely present during standard CMH intake and assessment processes. 3. Utilize specific military-informed vocabulary and clinical positioning tactics that bypass the veteran's defensive "stoic barrier".
11:30am – 1:00pm	Group Networking Lunch Closing Keynote: From “Surviving to Thriving” – <i>Rachelle Ellison</i> Rachelle Ellison, the Washington, D.C., housing and homelessness advocate, her story is one of recovery and transformation. Ellison experienced severe abuse as a child and later struggled with substance use, mental-health challenges, and homelessness. She spent 17 years living on the streets of Washington, D.C., including sleeping in Freedom Plaza and Franklin Park. Her life began changing after she connected with Friendship Place and later Pathways to Housing DC. Housing, counseling, treatment, and other support helped her stabilize her life. She eventually became sober, completed her education, and began working as a peer counselor and homelessness advocate. She became involved with the People for Fairness Coalition, advocating for people experiencing homelessness and housing insecurity. She has emphasized that her own lived experience helps her understand the people she serves. In 2022, she joined the inaugural Community Voices Academy cohort, later returning as an instructor. In July 2024, she graduated from Pathways to Housing DC and received a moving-on voucher, marking another major step toward independence. She continues to write and advocate about housing, homelessness, and hope; Street Sense Media has published several pieces by her as recently as 2026. The Washington Post's profile describes her transformation particularly well: after years of homelessness and addiction, mental health challenges she came to see herself not as a victim but as a warrior who went from Surviving to Thriving.
1:00pm	Conference Adjourns

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Wi-Fi Access for Conference Attendees - Signage in the exhibit hall - Recognition in conference program	SOLD OUT!	
	\$500	\$600
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NOVEMBER AGENDA ITEMS

Policy Review

Treatment of Individuals Served 01-002

Staff Treatment 01-003

Monitoring Reports

Budgeting 01-004

Financial Condition 01-005

Treatment of Individuals Served 01-002

Ends 04-001

Ownership Linkage

NMRE Board Meeting

2026 CMHA Fall Conference

Educational Session

Annual Compliance Report/Training