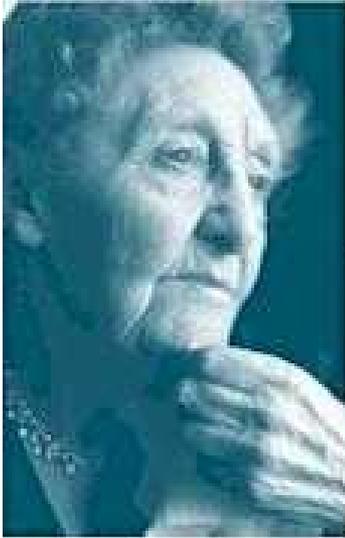




*Northeast Michigan Community Mental Health Authority
Board Meetings - December 2019*



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



**Board Meeting –
Thursday,
December 12 @
3:00 p.m.**

Merry Christmas

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

December 12, 2019 at 3:00 p.m.

A G E N D A

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Educational Session – Special Music/Christmas Cookies All
- VIII. Approval of Minutes (See pages 1-8)
- IX. Workers' Compensation Carrier Change..... (Available at the Meeting)
- X. December Monitoring Reports
 - 1. Grants or Contracts 01-011 (See pages 9-11)
- XI. Board Policies Review and Self Evaluation
 - 1. Grants or Contracts 01-011 [Review] (See pages 12-13)
 - 2. Board Member Recognition 02-011 [Review & Self-Evaluation] (See page 14)
 - 3. Board Member Orientation 02-015 [Review & Self-Evaluation] . (See pages 15-16)
- XII. Linkage Reports
 - 1. CMHAM
 - 2. Northern Michigan Regional Entity
 - a. Board Meeting (12/11/19) (Verbal)
 - 3. Consumer Advisory Council Update (12/09/19) (Verbal)
- XIII. Operations Report (Available at the Meeting)
- XIV. Chair's Report
 - 1. By-Law Review..... (See pages 17-27)
- XV. Director's Report
 - 1. Director's Update (Verbal)
- XVI. Information and/or Comments from the Public
- XVII. Next Meeting – Thursday, January 9, 2020 at 3:00 p.m.
 - 1. Set January Agenda..... (See page 28)
 - 2. Evaluation of meeting..... All
- XVIII. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

November 14, 2019

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Wnuk

Absent: Gary Nowak, Pat Przeslowski (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Connie Cadarette, Mary Crittenden, Lynne Fredlund, Margie Hale-Manley, Ruth Hewett, Judy Hutchins, Cassandra Shaw, Nena Sork, Lauren Tallant, Jen Whyte

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Bonnie Cornelius as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

Board members had no conflicts to acknowledge.

VI. Information and/or Comments from the Public/ Board Member Communication

There was no information or comments presented.

Gary Nowak arrived at 3:05 pm

VII. Educational Session – Compliance Report

Jen Whyte presented the Board with an Annual Compliance Report, which is a requirement. She reviewed the audits and reviews the Board undergoes during the year and the types of monitoring conducted internally.

She reported the Michigan Fidelity Assistance Support Team (MIFAST) conducted fidelity reviews for ACT and LOCUS during the year. Quarterly the NMRE conducts a Medicaid verification audit. She reported the three quarters reviewed in this calendar year achieved 100% compliance. The Medicaid verification audit takes a random sampling of claims submitted and services are checked to assure they are identified in the Plan of Service to warrant the charge.

Jen Whyte reported there were a couple of closures this year. One closure was due to retirement and one was a site closure. She reported one complaint did reach the desk of the Office of Inspector General. This resulted in a recoup of \$12,647.57 from the provider.

Mark Hunter inquired as to how large the compliance department is. Jen White responded she is the only compliance person; however, she receives assistance from many staff within the agency and Lynne Fredlund provides Quality Improvement support for the department. Mark Hunter noted auditing is very important and agencies need to assure tools are available to do the job efficiently. He suggested this focus be part of the future budget development assure adequate resources are available.

VIII. Approval of Minutes

Revised minutes were distributed to correct a couple of areas with errors. *Moved by Gary Nowak, supported by Roger Frye, to approve the minutes of the October 10, 2019 meeting as presented.* Gary Wnuk abstained due to not attending the October meeting. Mark Hunter reported he voted "no" on Thunder Bay Transportation Authority contract during the Roll Call. *Moved by Gary Nowak, supported by Roger Frye, to approve the minutes of the October 10, 2019 meeting with correction to the Roll Call approving Thunder Bay Transportation Authority to reflect Mark Hunter as a "Nay" vote versus an "Aye" vote.* Motion carried.

IX. Consent Agenda

1. Contracts

- a. Centria Contract Extension
- b. Partnership for Behavior Change
- c. Autism of America
- d. RHC Consulting

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

X. November Monitoring Reports

1. Treatment of Individuals Served 01-002

Judy Jones reported MidMichigan is establishing their own Recipient Rights Advisory Committee. The Appeals Committee will continue to serve as their appeal committee, however. The quarterly and annual reports were included in the materials distributed and reviewed.

2. Budgeting 01-004

Nena Sork introduced Connie Cadarette to the Board. Ms. Cadarette is handling many of the duties previously handled by Cheryl Jaworowski. Nena Sork reported Ms. Cadarette is very active in working with the group providing the transition to automate the general accounting system (Great Plains) with Majestic. She is an accountant as well as very familiar with computer systems and report writing.

Nena Sork reported the monitoring report for budgeting is a preliminary report as not all data is input during this soft close period. Revenues and expenses are still being input. The year-end, at this point, is in the black and it is forecast to remain in the black when the final close out occurs. Overall, the Agency ended the year with \$152,382 to the black in the soft close. She reported this Agency has done extremely well in managing the Medicaid Funds and Healthy Michigan Funds this year. It is projected to be only \$21,203 in deficit. The General Funds transfers to the two Boards were made, which was \$40,000 (\$20,000 each to Centra Wellness and Northern Lakes). The carryforward with the soft close in General Funds is \$5,478.

Mark Hunter inquired as to what degree Connie Cadarette has and it was noted she has a Bachelor's Degree. Larry Patterson is off today and will remain in charge of the expense portion of the Agency and Connie Cadarette will focus on revenues and state reporting. Larry Patterson, Connie Cadarette and Nancy Kearly [Reimbursement Officer] will all be cross-trained in the accounting needs.

3. Financial Condition 01-005

The Board reviewed the Statement of Net Position and Change in Net Position for month ending September 30, 2019, noting this is also preliminary. Eric Lawson inquired as to whether the

number of days of operating expense was a record noting 56 days is a healthy amount. This is a slight increase from the previous report.

4. Ends 04-001

This report is the final report on the Ends for last fiscal year.

Sub-End #1A – Services to Children – “90% of all children who participate in service (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show a 20 point decrease in CAFAS scores at the completion of services.”

This goal was not met, as the original language did not take into account those individuals who left before treatment was complete due to unforeseen circumstances. The sub-end has been redrafted for FY20 to indicate this goal will be for those children who complete services, eliminating having to include those moving out of the area or just dropping out of treatment.

Mark Hunter questioned if there is any tracking on the children who drop out of service. Lauren Tallant reported she provides a monthly report at the supervisor’s meeting and tracking is done to determine the cause of the drop out from services. Due to the flaws identified, the revised sub-end will address the count on those completing services.

Sub-End #2A – Services to Adults with Mental Illness and Persons with I/DD – “Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.”

This goal was met and the Agency continues to work to develop additional residential facilities, with two new locations to open in FY20.

Sub-End #2B – Services to Adults with Mental Illness and Persons with I/DD – “Development of additional supported independent services for two individuals currently living in licensed Foster Care.”

This goal was met early in FY19; however, the Agency continues to develop additional independent living services.

Sub-End #3A – Services to Adults with Co-Occurring Disorders – “75% of those persons with a diagnosed substance use disorder will have one objective in their plan of service addressing treatment options or services.”

As explained earlier in this fiscal year, this goal was established believing the Agency would be providing medication-assisted treatment services during the fiscal year and able to measure this sub-end. As the Agency did not proceed with providing this service, this sub-end could not be tracked or measured. The FY20 Ends does not include this objective.

Sub-End #3B – Services to Adults with Co-Occurring Disorders – “100% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing medication assisted treatment.”

This sub-end relies on the self-reporting of the individuals receiving services. Some of the individuals were crisis only and did not return to have a plan of service developed, some of the individuals did not follow up with ongoing services and in one instance, the individual was participating in MAT but for non-opioid use disorder. Of the 16 qualifying cases, eight have an identified objective within their plan of service addressing substance use obtaining 50% of the goal. An adjustment to the FY20 sub-end to reflect 90% in lieu of 100% was made and staff

will need to review the BH-TEDS closer to determine if an individual has self-reported participation in a medication assisted treatment program to assure they are addressing objectives in the plan of service to reflect substance use.

Sub-End #4 – Financial Outcomes – “The Board’s agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year...”

As of the September 30, 2019’s preliminary report, agency-wide revenues exceed expenses by \$152,382. This amount may be adjusted somewhat as reporting is finalized.

Sub-End #5A – Financial Outcomes – “Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approval in advance by the Board and PIHP.”

As of the September 30, 2019’s preliminary report, Medicaid and Healthy Michigan funds were over- and underspent by (\$364,417) and \$343,214 respectively. This will result in a cost settlement with the PIHP from available carryforward Medicaid funds or risk funds. Per the Board members who also sit on the NMRE Board, our partner boards are all in a deficit in overall Medicaid funding.

Sub-End #5B – Financial Outcomes – “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.”

As of the September 30, 2019’s preliminary report, General Funds were underspent by \$5,500 after the transfers made to Centra Wellness and Northern Lakes of \$20,000 each. The transfers had to be finalized prior to the end of the fiscal year and based upon July projections a lapse of \$40,000 would occur. Each Board is able to carryforward a percentage of General Funds into the next fiscal year and must return any additional funds to the Michigan Department of Community Health. There could be some adjustments to this number, as the fiscal year will not be fully closed until November. Board members will be updated on final numbers when available.

Sub-End #6A – Community Education – “The Board will provide community education. This will include the following: “... at least one Report to Community annually.”

The Annual Report published in May 2019 and is posted to the Agency’s website, distributed through e-mail as well as hard copies available for offices, commissioners, collaborative members and those requesting a hard copy.

Sub-End #6B – Community Education - “The Board will provide community education. This will include the following: “...Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.”

This Agency contracts with Partners in Prevention to conduct the trainings involved in this sub-end. A listing of the trainings held during the last fiscal year were provided in this report.

Sub-End #6C – Community Education - “The Board will provide community education. This will include the following: “...Support community advocacy.”

Steve Dean noted the Community Education provided by the Agency is tremendous.

Moved by Lester Buza, supported by Steve Dean, to accept the November monitoring reports as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. Treatment of Individuals Served 01-002

The proposed revision changes CEO to Executive Director. In addition, a grammatical correction was suggested in #6. To add an "s" to individual.

2. Staff Treatment 01-003

The proposed revision changes CEO to Executive Director. In addition, a couple of grammar corrections were made to make the sentences clearer.

3. Ends 04-001

The proposed revision to the Ends policy updates the sub-ends based on the Strategic Plan adopted last month by the Board.

Moved by Gary Wnuk, supported by Bonnie Cornelius, to revise policies 01-002 Treatment of Individuals Served and 01-003 Staff Treatment to reflect Executive Director versus CEO and correct some grammar and policy 04-001 to reflect the new sub-ends for this fiscal year. Motion carried.

XII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting October 23, 2019

Roger Frye reported the Governor vetoed Section 298 and as a result, the Michigan Department of Health and Human Services (MDHHS) has ended the pilot. An award was presented to Eric Kurtz and Sara Sircely for their work in the development of the Opioid Health Home, the first one to receive an award in the state. Mr. Frye also reported Eric Kurtz's contract was renewed for five more years.

2. CMHAM (Community Mental Health Association of Michigan)

a. Fall Board Conference Report

Judy Jones reported the conference was very good. She attended a meeting about what happens to children in the formative young years. She noted she adopted three children when the children were older and the information in this segment was very informative. Bonnie Cornelius noted several trauma workshops were held. Roger Frye noted he attended a workshop on coding of services.

Bonnie Cornelius noted the Key Note speakers were good. Nena Sork reported Robert Gordon, Director of MDHHS, was there and it was good to hear from him as the new Director for the Department. She reported the Spring Conference will also be held at Grand Traverse Resort.

Judy Jones noted there are dollars available in the State for opioid treatment and Boards were cautioned to assure treatment include both opioid and alcohol addiction.

b. FY19/20 Membership Dues

The FY19/20 membership dues invoice was received from the Community Mental Health Association of Michigan for \$13,412.00.

Moved by Gary Nowak, supported by Albert LaFleche, to approve the FY19/20 Membership Dues as presented. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Pat Przeslowski. Motion carried.

XIII. Operational Report

Mary Crittenden reviewed the Operational Report for month ending October 31, 2019. She reported there are some discrepancies she discovered in previous reports and this report has been redesigned to reflect more understandable numbers. She reported the previous report included all individuals open to the program and not those actually receiving services during the identified period. She reported Touchstone Clubhouse numbers are the numbers enrolled in the program and due to this provider being outside our system, the data is not input as quickly as internal data. She also noted the residential services would not have many variances.

Eric Lawson reported this report is clearer to understand.

Mark Hunter requested clarification of the term state hospital. Mary Crittenden provided information on state hospital admissions and locations. Nena Sork reported the Agency pays 10% of the costs if an individual is hospitalized at in a state facility.

XIV. Nomination's Committee Report

Terry Larson reported there are four board members with terms expiring March 2020 – Bonnie Cornelius, Steve Dean, Gary Nowak and Roger Frye. Steve Dean had informed the Board he would not be seeking reappointment. Terry Larson reported letters would be sent out to the Board of Commissioners with a recommendation to reappoint for three of the counties. This Committee will meet again in February when their charge will be to present a Slate of Officers for consideration during elections in April.

Mark Hunter inquired as to procedure to follow should a potential candidate be identified for Alpena County's vacancy. Alpena County advertises for the positions and includes the Board Chair when interviewing candidates for appointment. If an individual is identified prior to Alpena County's process, a letter could be sent to recommend the candidate as well. The individual would still have to submit an application to the county.

XV. Chair's Report

Eric Lawson presented Gary Nowak with his recognition certificate from the Board Association for his 20 years of service. Nena Sork noted Gary Nowak's name was up in lights during the Fall Conference.

XVI. Director's Report

1. Director's Report

Nena Sork reported she has begun attending the Human Service Coordinating Council (HSCC) meetings in the various counties. She wants to become familiar with the workings of these committees. She reported she has attended the Alpena and Alcona meetings thus far.

She reported she met with Partners in Prevention and the Suicide prevention The Ripple Effect will begin showings in December. A guided session will be held after the viewing. Board members were provided with a flyer identifying three locations for this venue.

Nena Sork reported she attended a meeting with our healthcare consultant and the stop/loss options were reviewed. She reports the rates are somewhat less than anticipated. She explained the stop/loss policy the Agency currently has. This includes medical only at this point. The Agency is looking at possibly adding a prescription stop/loss.

Nena Sork reported she has participated in a Critical Incident Stress Management (CISM) event for a group of EMTs and First Responders. A second CISM occurred three days later and Cathy Meske provided this debriefing. This was also first responders and firefighters.

Nena Sork reported she met with Bay View Center and looked at ways to market their program to increase attendance. She also reported the ACT Supervisor role has been filled and Barb Olsen will start on November 20.

Nena Sork attended the Director's Forum in Lansing last week. She notes our membership dues are very important and she is glad to see support from this Board. She reported the Board Association is the working voice for community mental health in fighting off some of the potential detrimental changes the state has tried to implement. The rate increase we will see this year is due to the support from CMHAM and their efforts to justify the increase. Section 928 on the local match draw down will be transitioned over the next four years and each year the dollar amount we have to send to the State will be reduced until it is dissolved. In addition, 298 advocacy was spearheaded by CMHAM and was heard.

Northern Michigan Opioid Response Consortium Board covers northern Michigan and she now sits on the Board and is a member on the prevention committee.

Nena Sork reported the second VISA card, which was approved at the October meeting, has been put on hold as one of the authorized users has since announced her retirement. This will be requested again once the new staff member is in place.

Mark Hunter requested further information on the Northern Michigan Rural Opioid Response Consortium and how appointments are made. Nena Sork noted this is funded under a grant and there are many providers represented on the Board and she is the representative for community mental health programs. The consortium covers a 16-county region. It includes representatives from hospitals, clinics, Community Mental Health agencies, local Public Health agencies and others. Cathy Meske was the representative for community mental health previously and Nena Sork has assumed her position on the Board.

2. QI Council Update

The minutes from the October QI Council meeting were included in the materials distributed for this meeting. Board members had no questions or concerns.

XVII. Information and/or Comments from the Public/Board Member Communication

Mark Hunter noted Chris Harper, the man who provided the Clubhouse presentation previously to the Board, provided him with a tour of the Clubhouse and an invitation to come back for lunch.

Gary Nowak proposed an opportunity to improve visibility in the community would be updating the sign for the Agency. He reports the sign does not provide what type of services are provided within. Nena Sork reported communication is very important to her and she notes a new website is under development, which will address some of the visibility issues the Agency encounters.

Gary Nowak also provided the Board with information related to an individual served, whom he encountered recently, and the changes she has undergone since the passing of her mother. He reported the changes in the individual, both physically and her outgoing personality, were most notable and she is very happy with her current living situation.

Mark Hunter questioned if the funding would increase if more services were provided. Nena Sork reported we are limited in those we serve as we must serve a certain population group. Under Managed Care, funding is provided and the Agency must manage the funding to cover whatever services are needed for those that qualify for services. Nena notes the HSCCs are good venues to work collaboratively with other human services organizations to understand the limitation and/or services each organization can provide.

Gary Nowak noted the signs still could use an update to be more visible.

Nena Sork reported we are a “no wrong door” organization and see individuals presenting for treatment. If they do not meet criteria, a soft handoff is provided to a referral agency/provider.

Mark Hunter requested information as to the Director’s private practice and if the private practice continues. Ms. Sork noted she has scaled back in practice but had told the Board at the time of hire, she would like to continue a small practice.

XVIII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, December 12, 2019 at 3:00 p.m.

1. Set December Agenda

The December agenda items were reviewed.

Gary Wnuk left the meeting at 4:25 p.m.

XIX. Evaluation of Meeting

Bonnie Cornelius reports the meeting did start on time. All members had opportunity to speak. She noted she does enjoy going to conferences and learns so much. She is sorry to hear of Steve Dean’s decision not seek reappointment. She has herself questioned whether she wanted to continue and was encouraged to request reappointment.

XX. Adjournment

Moved by Bonnie Cornelius, supported by Judy Jones, to adjourn the meeting. Motion carried. This meeting adjourned at 4:35 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY CATEGORY:

EXECUTIVE LIMITATIONS

POLICY TITLE AND NUMBER:

GRANTS OR CONTRACTS, 01-011

REPORT FREQUENCY AND DUE DATE:

ANNUAL, DECEMBER

CEO Report:

Following each of the five sub-items within the policy, I will indicate my interpretation and status of each.

Policy Statement:

With respect to contracts and grants, the CEO may not enter into any grant or contract, unless it emphasizes the production of ends and the avoidance of unacceptable means. Accordingly, he or she may not:

1. Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
 - **Interpretation:** Contracts must include language that mandates all contractors, vendors, subcontractors and suppliers of goods to adhere to all applicable laws, ordinances and regulations when providing services. Contractors must agree to provide service in an ethical manner.
 - **Status:** All service contracts contain language that requires the contractors to adhere to all applicable local, state and federal laws, ordinances and regulations when providing services as part of the agreement.

Noted problems with contract compliance this past year include:

1. As with years past, we continue to have a few homes which needed to complete their 16 hours of required training. These hours have been requested and providers are completing them. Plans of correction are in place for these sites.

There continues to be two different contracts used as it relates to foster care contracts, one for large group homes that contract with other CMH's and one for the smaller AFC homes.

It is noted that during FY 2019 a decision was made to utilize the boilerplate contracts presented by the PIHP. This will include AFC contracts, Independent Contractors, Fiscal Intermediary contracts etc. These contracts have been reviewed by a lawyer and language therein coincides with the state contract. Rationale for not starting them in 2019 – we need to train our staff who are preparing them, training the providers on the new language and include all attachments (i.e. billing requirements/documentation requirements, etc.) that are relevant only to NeMCMHA.

2. Fail to assess and consider an applicant's capability to produce appropriately targeted efficient results.
 - **Interpretation:** Contracts must include language that indicates expected outcomes and evaluation of services provided by contractors, vendors and subcontractors.
 - **Status:** Service Contracts contained language indicating what the measurable expected outcomes of the service contracts are and that contracts will be evaluated at least annually.

The agency's major provider of service (other than residential) is NEMROC. Monthly meetings occurred to address service outcomes and problem solving areas of concern. For other contractors, evaluation continues via Recipient Rights Office, regular meetings with providers, and contract site visit evaluations.

3. Enter into any contract for services without approval from the Board except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the Board, the Director may approve such contracts when the total cost of the contract does not exceed \$25,000.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

- **Interpretation:** The Board will approve all service contracts excluding those pertaining to residential services or professional clinical services.
 - **Status:** All contracts (excluding residential and professional clinical) are submitted to the Board on a regular basis for review and approval. As a matter of policy, routine contracts are included on the Board's consent agenda; contracts that require more detailed discussion and consideration (such as the provider agreement with the PIHP) are handled as separate agenda items.
4. Fail to maintain financial obligations for contracts on a fiscal year basis.
- **Interpretation:** The contract term shall follow the fiscal year calendar.
 - **Status:** For those contracts that Northeast provides payment, the contracts are written on a fiscal year basis. Occasionally, multi-year contracts are used (e.g., DHHS) but language limits financial obligations to fiscal year periods.
5. Fail to determine to the best of his/her ability that all contractors, vendors, subcontractors and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
- **Interpretation:** All contracts must include language that prohibits discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
 - **Status:** All contracts contain language that prohibits discrimination based upon the above-mentioned areas.
6. For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Director will request the Executive Committee to review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.
- **Interpretation:** Any urgent contracts over \$25,000 needing approval prior to the regularly scheduled Board meeting will get approval from Executive Committee members.
 - **Status:** As this should be an infrequent occurrence, we have not yet had to utilize this method.
7. The Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.
- **Interpretation:** The Board will be notified for all applications for grant funds made through the Agency.
 - **Status:** Grant application notices are included on the Consent Agenda as they are applied for and if the grant is awarded, the dollars for the grant are incorporated into the budget or budget amendment.

Summary:

I believe we are in substantial compliance with the Board's policy. The small AFC home contracts continue to include an "Evergreen Clause" which allows the contract to continue on a month-to-month basis until a successor agreement can be completed. These contracts will transition to the new boilerplate contracts over the next year and this language will be removed.

This year contract monitoring reciprocity, meaning that we can ask another CMH who has completed a site visit at a location we have someone living, for their review of a site to determine compliance, was utilized with many of the out of catchment area residential homes. The NeMCMHA Contract staff have

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

reviewed those providers, which have only a NeMCMHA person served in them. We, in turn, will share with other boards our site visit information. This reduces the number of duplicate reviews the homes are involved with and allows less intrusion into the person's home situation. The Contract staff continues to complete provisional Home and Community Based Services (HCBS) surveys on all new providers who deliver adult foster care, community living supports, and supported employment services. This is to ensure the providers are prepared to meet the HCBS guidelines.

This year, Contract management has been expanded to have the Human Resources Department manage and monitor independent contractors and the Accounting Department manage single case agreements with hospitals, Community Living Support Contracts, Fiscal Intermediary Contracts and Case Management Contracts. The Accounting Department is also managing County of Financial Responsibility duties. The remainder of the contracts are managed by the QI/Contracts Manager at NeMCMHA.

Board Review/Comments

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

EXECUTIVE LIMITATIONS

(Manual Section)

GRANTS OR CONTRACTS

(Subject)

Board Approval of Policy
Last Revision Approved by the Board:

August 8, 2002
December 812, 2016

●1 **POLICY:**

The ~~CEO~~Executive Director may not enter into any grant or contract, unless it emphasizes the production of Ends and the avoidance of unacceptable means.

Accordingly, he or she may not:

- Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
- Fail to assess and consider an applicant's capability to produce appropriately targeted efficient results.

In addition, for **CONTRACTS:**

- Enter into any contract for services without approval from the Board except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the board, the Executive Director may approve such contracts when the total cost of the contract does not exceed \$25,000.
- Fail to maintain financial obligations for contracts on a fiscal year basis.
- Fail to determine to the best of his/her ability that all contractors, vendors, subcontractors and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
- For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Executive Director will request the Executive Committee to review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.

In addition, for **GRANTS:**

- The Executive Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

GOVERNANCE PROCESS

(Manual Section)

BOARD MEMBER RECOGNITION

(Subject)

Board Approval of **Policy**
Board Revision of Policy

August 8, 2002
December ~~8, 12, 2016~~ 2019

•1 POLICY:

The Board may recognize its members for extended tenure or upon termination or retirement, either upon completion of full terms or partial terms of office. Such recognition may take any form deemed appropriate by the Board. The Board may include such recognition for service within the Board meeting minutes.

The following schedule shall provide guidance concerning frequency and nature of awards to Board members:

Award Schedule

At 5 years	A framed Certificate of Appreciation signed by the current Board Chair and CEO <u>Executive Director</u>
At 10 years	A Certificate of Appreciation signed by the current Board Chair and CEO <u>Executive Director</u>
At 15 years	A Certificate of Appreciation signed by the current Board Chair and CEO <u>Executive Director</u>
At 20 years and each 5 years thereafter	An appropriate gift
Upon retirement from Service at any other time	A Letter of Appreciation from the Board and if possible a Certificate of Appreciation from the Department of Health and Human Services

These acknowledgements shall be presented at the March Board meeting.

•2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

•3 DEFINITIONS:

•4 REFERENCES:

•5 FORMS AND EXHIBITS:

GOVERNANCE PROCESS

(Manual Section)

BOARD MEMBER ORIENTATION

(Subject)

Board Approval of Policy
Last Revision to Policy Approved:

April 14, 2005
December 8, 2016

•1 POLICY:

The Board will provide an orientation for new board members as well as regular updates for all board members. This orientation program will include information addressing the areas noted below. Primary responsibility for delivery of each section is also noted:

- Community Mental Health History (General perspective: MACMHB Boardworks 2.0 module: “Foundations: Public Policy;” Northeast perspective: Executive Committee/Director)
- Community Mental Health Mission and Priorities (General perspective: MACMHB Boardworks 2.0 module: “Foundations: Intended Beneficiary Ownership,” and “Foundations: Intended Beneficiary Orientation;” Northeast perspective: Executive Committee/Director)
- Michigan’s Mental Health Code (General perspective: MACMHB Boardworks 2.0 module “Management: Legal;” Northeast perspective: Director)
- Policy Governance (primarily Executive Committee with elements from MACMHB Boardworks 2.0 modules: “Leadership: Fundamentals” and “Leadership: Character”)
- Organizational structure of Northeast Michigan Community Mental Health Authority (General perspective: MACMHB Boardworks 2.0 modules: “Implementation;” Northeast perspective: Director)
- Services offered by Agency (Director, Services Directors, Boardworks 2.0 modules: “Management: System” and “Implementation: Best Practice”)
- Basics of mental healthcare financing and managed care (General perspective: MACMHB Boardworks 2.0 modules: “Management: Budget” and “Management: System;” Northeast perspective: Director and Budget and Finance Director)
- The Board’s relationships with the Counties, Department of Health and Human Services, the PIHP, the Board Association and other local agencies (Executive Committee/Director; MACMHB Boardworks 2.0 modules: “Management: Legal” and “Management: System”)

For newly appointed board members, those portions of the orientation program that are to be delivered by members of the Executive Committee, other members of the Board or the Director shall be delivered within the first 90 days of the

members' terms. New Board members will be encouraged to complete the Michigan Association of Community Mental Health Boards' Boardworks 2.0 Training program within one year.

The Executive Committee shall assure that at least one board member is both knowledgeable in the area of policy governance and is willing and able to train other board members in its principles.

For each of the other curriculum areas, the Director, with the support of the Board, will assure that orientation material is developed, available in appropriate media and kept current.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board members

●3 **DEFINITIONS:**

●4 **REFERENCES:**

On Board Leadership, Carver, John, Jossey – Bass, 2002

The Policy Governance Fieldbook, Oliver, Carolyn, Jossey – Bass, 1999

“John Carver on Board Governance” A Video Presentation

MACMHB Resource Manual

Mental Health Code, Michigan PA 258 of 1976

Plan of Service, NeMCMH

●5 **FORMS AND EXHIBITS:**

NMRE Board meeting is scheduled for Wednesday, December 11 - Verbal Update

Consumer Advisory Council meets Monday, December 9 - Verbal Update

Operations Report - Available at Meeting

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

BYLAWS

PREAMBLE^[DH1]

Recognizing the responsibility of the Alcona, Alpena, Montmorency, and Presque Isle County Boards of Commissioners to provide suitable mental health services to the above named counties, the boards of commissioners have duly appointed a Community Mental Health Board as a Mental Health Authority according to Public Act 258, 1974, as amended.

Recognizing further the responsibility of this Authority in upholding the best interests of the citizens through concerted effort in providing and maintaining mental health services in accordance with Public Act 258, 1974, as amended, the Northeast Michigan Community Mental Health Authority hereby organizes in conformity with bylaws and regulations herein-stated.

For the purpose of these bylaws, whenever the term "Authority" shall appear, it shall be interpreted to mean the Northeast Michigan Community Mental Health Authority, who shall have authority in the government of the county mental health services for the above-mentioned counties. Whenever the term "Board" shall appear, it shall be interpreted to mean the Board of Directors of the Northeast Michigan Community Mental Health Authority. Whenever the term "Department" is used, it shall be interpreted to mean the Michigan Department of Health and Human Services.

ARTICLE I - NAME

The name of this Board shall be the NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY.

ARTICLE II - MISSION

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

ARTICLE III - DUTIES

This community mental health authority shall:

- A. Examine and evaluate the mental health needs of the counties it represents and the public and nonpublic services necessary to meet those needs.

Approved by the Northeast Board – March 10, 1994

Last revision approved by the Northeast Board – December 13, 2018

- B. Review and approve an annual plan and budget for the program. (The format and documentation of the annual plan and budget shall be as specified by the Department.)
- C. Provide and advertise a public hearing on the annual plan and budget.
- D. Submit to each board of commissioners a copy of the Board's needs assessment, annual plan and requests for new State funds.
- E. Take such actions as it deems necessary and appropriate to secure private, federal, and other public funds to help support the program.
- F. Approve and authorize contracts for services.
- G. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the program.
- H. Appoint a director of the community mental health program who shall meet standards of training and experience as established by the Department in Administrative Rules.
- I. Establish general policy guidelines within which the director shall execute the program.
- J. Subject to the provisions of Chapter II of Public Act 258, 1974, as amended, the Authority may enter into contracts for purchase of mental health services with private or public agencies.

Contracts may be entered into with any facility or entity of the Michigan Department of Health and Human Services with the approval of the Michigan Department of Health and Human Services.

ARTICLE IV- MEMBERSHIP

Section 1. Appointment

The county boards of commissioners of the counties involved, being Alcona, Alpena, Montmorency, and Presque Isle, shall establish a 12-member community mental health authority board of directors. Each board of commissioners shall appoint the board members from its county.

Section 2. Composition

The composition of the Board shall be as specified in the Mental Health Code, section 222.

Section 3. Terms; Vacancies; Removal of Member

The term of office of a board member shall be three (3) years from April 1 of the year of appointment. Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board members are encouraged to attend all board meetings. If a Board member misses two consecutive meetings without advance notice to the Board Chairperson or his or her designee, a letter from the Board Chairperson will be sent to the board member inquiring about the member's intent to fulfill his or her term of office. If no response is received within 30 days, a second letter will be sent with a copy to the Chairperson of the appointing County Commission. If no response is received within 30 days, a letter will be sent to the Chairperson of the appointing County Commission requesting the removal of the board member according to the requirements of the Mental Health Code, § 224, which states in part: A board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office.

ARTICLE V - OFFICERS

Section 1. Officers; Election; Term of Office

The officers of this Board shall consist of a Chair, Vice-Chair, and Secretary who shall perform the duties usually pertaining to such offices or as provided by the Board. All officers shall be elected for a term of one year and shall hold office until the next regular election; such election to be held at the April meeting of each year.

The annual election of Board Members to Board Offices shall be conducted in the following manner:

- By the October Meeting prior to the April election, the Chair will recommend to the Board, subject to the approval of the Board, a "Board Officers Nominating Committee", a Special Committee of the Board which shall exist for the sole purpose of nominating candidates to fill the positions of the Board's Offices; that Committee shall consist of at least four and no more than six Board Members, preferably one from each county and excluding the Chair.

The Nominating Committee shall also review the terms of all Board members to identify the need for consumer or consumer representative appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county Boards of Commissioners as necessary by the Board's Chair.

- By the March Meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.

- During the April Meeting, a slate of candidates for the Board's three offices shall be placed in nomination first by the Nominating Committee, which shall give its report at the call of the Chair.
- Election of the Board's Chair for the next year shall be the first election, and shall be conducted by the current Chair, who shall state the Nominating Committee's nomination, then ask if there are any [further] nominations from the floor; if/when none is heard after *three* such invitations, then the Chair shall declare that nominations are closed and the election may proceed.
- Balloting may be by voice, by show-of-hands or by secret written ballot, as the Board may determine in advance or by its majority vote at any time during the election process; a majority of votes cast shall determine the outcome of the election.
- Following the election of a new Chair (and assuming the current Chair does not succeed to the office), the immediate-past-Chair shall relinquish the chair to the new Chair, who shall conduct the balance of the elections in the same manner.
- Elections then proceed in this order:
Vice-Chair... then Secretary.
- Newly-elected officers assume their offices immediately upon elections.
- If questions of procedure arise before or during the meeting or elections, the Board shall resolve these questions via reference to its ByLaws, Policies and/or Robert's Rules.

Section 2. Duties

Chair - The Chair shall be the presiding officer at all meetings of the Board; shall be an ex officio member of all committees; shall appoint the Chair of the standing and special committees; shall sign and execute in the name of the Board; shall call meetings of the Board; and shall perform such other duties as are required by the Board.

Vice-Chair - The Vice-Chair, in the event of the incapacity or absence of the Chair, shall assume the duties prescribed to the Chair. In the absence of the Chair from a meeting of the Board, the meeting shall be called to order by one of the officers of the appointed Board, designated as temporary Chair, in the following order of precedence:

Vice Chair ... then Secretary.

If the Chair does arrive, the temporary Chair shall surrender the chair to him/her.

Secretary - The Secretary or his/her designee shall send appropriate notices and prepare agendas for all meetings of the Board, shall act as custodian of all records and reports, and shall be responsible for the keeping and reporting of adequate records of all meetings of the Board.

Section 3. Additional Officers

The Board may elect or appoint such other officers or agents as it may deem necessary for the transaction of business of the Board, and for terms to expire the same as other officers provided for in these Bylaws.

Section 4. Removal of an Officer

The Board may remove an Officer for just cause by the majority of the Board (7). A member removed from office shall remain a member of the Board unless he or she is removed from the Board by the appointing board of commissioners according to Article IV, Section 3.

Section 5. Replacement of an Officer

Should an Officer be unable to finish their term of office, the Board Chair will appoint a replacement for the position vacated, preferably from the same County to assure equal representation on the Executive Committee. If the appointee rejects the appointment, the Chair will appoint another Board member.

ARTICLE VI - MEETINGS

Section 1. Regular Meetings

The board of directors of Northeast Michigan Community Mental Health Authority shall hold at least twelve regular meetings annually at a time and place to be designated by the Chair of the Board. All meetings of the Board shall be open to the public and shall be held in a place available to the general public. All meetings shall be held in accord with 1976 P.A. Act 267 (the "Open Meetings Act") and 1976 P.A. 422 (the "Freedom of Information Act"). Within ten days after the April meeting of the Board in each year, the Secretary shall post a public notice stating the dates, times and places of its regular meetings.

If there is a change in the schedule of regular meetings of the Board, there shall be posted within three days after the meeting at which the change is made, a public notice stating the new dates, times, and places of its regular meetings.

Upon written request, at the same time a public notice of meeting is posted, the Secretary shall provide a copy of the public notice of that meeting to any newspaper published in the state and to any radio and television station located in the state, free of charge.

Other requirements pertaining to regular meetings of this Board contained in Public Act 267, 1976 shall be adhered to.

The agenda for regular meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Pledge of Allegiance
- Appointment of Evaluator
- Acknowledgement of Conflict of Interest
- Information and/or Comments from the Public
- Board Training
- Approval of Minutes
- Consent Agenda
- Monitoring Reports
- Policy Review, Approval & Self-Evaluation (if any)
- Chair's Report
- Director's Report
- Operation's Report (if any)
- Next Meeting – Setting Agenda
– Meeting Evaluation
- Adjournment

Section 2. Special Meetings

Special meetings of the Board may be called by the Chair or upon written request of any three members of the Board filed with the Secretary or his/her designee. Notices of a special meeting shall be given by one of the following means or as required by the Open Meetings Act:

- a. Personal notice by telephone or otherwise to each Board member at least 24 hours before such meeting.
- b. Public notice at least eighteen hours before such meeting, stating date, time, and place.
- c. As otherwise determined by the Chair.

Each notice of a special meeting shall state the time, place, and purpose thereof.

The agenda for special meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Statement of Purpose of Meeting
- Transaction of Business According to Stated Purpose
- Adjournment

Section 3. Closed Meetings

A 2/3 majority roll call vote of appointed Board members shall be required to call a closed session, for purposes stated in Section 8, Public Act 267, 1976. The roll call vote and the purpose or purposes for calling the closed meeting shall be entered into the minutes of the meeting at which the vote is taken.

Section 4. Meeting by Remote Communication

A Board member may participate in a meeting by conference telephone or any similar communication equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

Section 5. Minutes

The Board shall keep minutes of each meeting showing the date, time, place, members present, members absent, any decisions made at a meeting open to the public, and the purpose or purposes for which a closed session is held. The minutes shall include all roll call votes taken at the meeting.

Minutes shall be public records open to public inspection and shall be available at the address designated on posted public notices pursuant to Section 1. Copies of the minutes shall be available to the public at a reasonable estimated cost for printing and copying.

Proposed minutes shall be available for public inspection no later than eight (8) business days after the meeting to which the minutes refer. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting at which the minutes are approved by the Board.

A separate set of minutes shall be taken by the Secretary or his/her designee at the closed meeting; these minutes shall not be available to the public, and shall only be disclosed if required by a civil action filed under Section 10, 11, or 13 of Public Act 267, 1976. These minutes may be destroyed one year and one day after approval of the minutes of the regular meeting at which the closed meeting was approved.

Section 6. Materials to be Furnished Board Members

Insofar as possible, all members of the Board shall be mailed a copy of the proposed agenda and copies of all material to be considered at regular Board meetings in advance of such meetings, unless this requirement shall be waived by unanimous consent of Board members present at any regular meeting; provided, however, that any

Board member or the Director may place an item on the agenda by requesting the Chair to include such item or items.

Insofar as possible, all members of the Board shall be mailed copies of the agenda to be considered at special Board meetings, unless this requirement shall be waived by unanimous consent of all Board members.

Section 7. Quorum and Voting

One-half of the appointed Board members, which shall include one officer, shall constitute a quorum of the Board. Consistent with Robert's Rules of Order, motions made during Board and committee meetings shall require a second in order to be considered. The affirmative vote of the majority of the votes cast shall be required for the passage of any motion or resolution at any meeting of the Board or its committees. The Chair of the Board will be allowed to vote.

It shall be the prerogative of any Board member to require a roll call vote on any motion.

Section 8. Decorum during Debate

Board members shall confine their remarks to the question, be courteous in their language and behavior, not arraign the motives of another board member and emphasize it is not the individual, but the measure which is subject of debate. The Chair will assure enforcement of these behavioral guidelines.

The Chair shall call to order any person who is being disorderly by speaking or otherwise disrupting the meeting proceedings by failing to be courteous, by speaking longer than a reasonable time or by speaking vulgarities. Such person shall thence be seated until the Chair shall have determined whether the person is in order. If the person shall have been ruled out of order, he/she shall not be permitted to speak further at the same meeting except upon special request of the board. If the person continues to be disorderly and disrupt the meeting, the Board Chair or a designee shall contact local law enforcement to have said individual removed from the meeting. No person shall be removed from a public meeting except for an actual breach of the peace committed at the meeting.

ARTICLE VII - COMMITTEES

The Board of Directors shall establish the following standing committees: Executive Committee and Recipient Rights Committee. The standing committees shall perform such functions and duties as designated by the Board.

At the annual organizational meeting of the Board, the Chair of the Board shall appoint the Chair and members of the standing committees; those persons shall be members of

the Board, except that the Recipient Rights Committee membership may include Community Mental Health Board members, staff personnel, government officials, attorneys, mental health consumer interest group representatives, or other persons, at the discretion of the Board Chair.

The Chair shall appoint the chair and members of special committees, subject to the approval of the Board; those persons need not be members of the Board, shall be counted for quorum and shall be eligible to vote on committee matters. The Chair of the Board shall be the only ex officio member of any and all standing committees, shall be included in counting for quorum, if present, and shall be eligible to vote.

The Board may establish such other committees as it deems proper.

All standing and special committees shall meet upon the call of the committee Chair, with the concurrence of the Board Chair, to consider whatever business is before said committee in order to recommend appropriate action to the Board.

Committees of the Board may meet by teleconference providing all requirements of the Open Meetings Act are met including providing and announcing a location at which members of the public may attend and hear the entire deliberations of the committee and all committee members.

Matters reported by a committee may be reported with a recommendation for Board action, or solely for the information of the Board.

Tenure on standing committees shall be for a one-year term beginning in April or until the appointment of a new committee; however, nothing herein shall be construed to prevent reappointment of any committee member.

Nothing contained in this Article shall be construed to deny any Board member the right to attend any meeting of any standing or special committee.

For Board committees a quorum shall be defined as equal to at least fifty percent (50%) of the committee membership.

Notices to the public regarding committee meetings shall be posted pursuant to Section 5, Public Act 267 of 1976, and Article VI of these Bylaws.

Section 1. Executive Committee

The Executive Committee shall consist of four members: the Chair, Vice-Chair, Secretary of the Board and immediate past Chair. If the immediate past Chair is no longer a current member of the Board, the Board shall elect an additional board member to serve as an at-large member of the Committee. It is the preference of the Board to have all four counties represented on the Committee. This committee shall

have authority to act on behalf of the Board during the period between meetings of the Board, subject to any prior limitation imposed by the Board and with the understanding that all matters of major importance be referred to the Board.

This Committee shall research and apprise Board members of proposed, pending and current legislation pertaining to mental health services, and shall recommend a Board position.

Section 2. Recipient Rights Committee

This Committee shall advise the Board and Director concerning implementation of policy as it relates to the Recipient Rights system and shall review the operation of the Office of Recipient Rights in accordance with Section 757 of the Mental Health Code. This Committee shall serve as the Appeals Committee under Section 784.

ARTICLE VIII - DIRECTOR OF COMMUNITY MENTAL HEALTH AUTHORITY

The Director of the Northeast Michigan Community Mental Health Authority shall be selected by the Board. The Director shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as may be adopted by the Board, or any of its committees to which it has delegated authority. The Director shall ensure that appropriate orientation programs for new Board members and continuing education programs for all Board members are carried out and shall represent the Board in all areas in which the Board has not formally designated some other person to so act.

ARTICLE IX - MISCELLANEOUS

Section 1. Amendment and Adoption of Bylaws

These Bylaws may be amended or repealed by the affirmative vote of a majority of the members of the Board present at any regular or special meeting of the Board if notices of the proposed amendment or repeal are contained in the written notice of the meeting, such notice to be given prior to such a meeting by ordinary mail. Bylaws may also be amended without notice by a three-fourths vote of the Board members present.

Section 2. Rules of Order

Robert's Rules of Order shall be the parliamentary guideline for all matters of procedure not specifically covered by the Bylaws or by specific rules or procedures adopted by this Board.

Section 3. Conflict of Interest

No Board member shall in any way be a contractor for purposes of remuneration of this Authority or its contracting agencies unless a competitive bid process is utilized, the Board member discloses the association and affiliation, and a two-thirds (2/3) majority vote of the Board supports such a contract.

Section 4. Employment

Employment of a Board member or any member of his or her immediate family is prohibited.

Section 5. Suspension of Rules

The rules governing all matters of procedure of the Board provided in the Bylaws and in subsequent governing resolutions may be temporarily suspended at any time by the unanimous consent of the members present to facilitate the accomplishment of any legal objectives of the Board.

Section 6. Depository

As a Mental Health Authority, the Board may act as its own depository of funds, or, at its discretion, designate a county willing to act as depository.

Section 7. Per Diem and Reimbursement

Board members shall be paid in accord with the payment schedule for Northeast Michigan Community Mental Health Authority.

Section 8. Assurances

With respect to both employment practices and services rendered, the Authority will not discriminate against persons because of religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation or physical or mental handicap.

No service or program provided by the Authority will be withheld from any person on the basis of residence in a county other than Alcona, Alpena, Montmorency, and Presque Isle counties. If a person cannot meet financial obligations incurred by such program or service, the county of residence will be billed.

JANUARY AGENDA ITEMS

Policy Review

Emergency Executive Succession 01-006

Policy Review & Self-Evaluation

Executive Director Role 03-001

Monitoring Reports

Emergency Executive Succession 01-006

Budgeting 01-004

Activity

Ownership Linkage

Educational Session

Lynne Fredlund – Entities providing monitoring/oversite to this Agency

Contents:

New Feature - Searching for past articles in Weekly Update: Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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CMH Association and Member Activities:

New! North Country Community Mental Health Awarded Fifth Successive Three-Year CARF Accreditation

Petoskey, MICHIGAN – CARF (formerly known as Commission on Accreditation of Rehabilitation Facilities) announced North Country Community Mental Health Authority has been accredited for a period of three years (through 2021) for eight programs.

This is the fifth three-year accreditation that the international accrediting commission has awarded to North Country Community Mental Health. The first survey was in 2007.

“North Country staff do high quality, difficult work every day and it is rewarding to have their efforts validated in this way,” said Christine Gebhard, North Country CEO. “This accomplishment reflects our focus

on clients, our consistency in operations as one organization serving six counties, our relationships with our valued community partners, and our strong staff foundation.”

North Country Community Mental Health provides services to residents of Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego Counties experiencing a serious mental illness, severe emotional problem, or intellectual/developmental disability, including individuals with co-occurring substance use disorder.

Gebhard indicated the accrediting body was on site for several days in October and did a comprehensive review of service programs, policies and procedures, and operations, including conducting interviews with staff, board members, community partners and persons served by North Country.

According to the formal CARF report, in addition to its “committed, respectful and caring staff,” several strengths were noted, including the almost perfect score the Recipient Rights Office received in its recent state audit, the innovative and cost effective Emergency Services Program and its use of teleconferencing technology, its rapid upgrade and expansion of the use of technology throughout the organization, its excellent community partnerships and extremely positive image and reputation in the community.

The organization’s development and implementation of the LEAN Process Improvement System for human services delivery was cited as exemplary and having an impressive impact on the efficiency and effectiveness of services.

New! Clubhouse is just a special place: Lapeer Harmony Hall receives accreditation

Below are excerpts from a recent article recognizing the receipt of international accreditation by Harmony Hall, the Psychosocial Rehabilitation Program (aka Clubhouse) in Lapeer County. Congratulations to the members of Harmony Hall.

Accreditation recognizes impact of Harmony Hall, a CMH program

Hundreds if not thousands of cars pass along Saginaw Street in Lapeer every day, pausing outside Harmony Hall to wait for trains to pass by. Drivers smile at the little sayings that are posted on the sign out front, but many wonder what happens inside.

Harmony Hall, according to clubhouse director Brian Schmitt, is an evidence-based psychosocial rehabilitation program.

“We assist our members in developing skills to live life to the fullest,” he said.

Harmony Hall is a Lapeer County Community Mental Health (CMH) program, and its members are referred by CMH and accepted by the other members. At Harmony Hall, they build relationships and develop skills that can be applied outside of the clubhouse.

“One of the things we do really well at the clubhouse is get people back to work,” said Schmitt.

“The only way you can put choice back into people’s lives is to put money in their pockets.

Working also gives people purpose, he said, and “how we define ourselves is by what we do every day.”



Andrew Helzer (left) served up bowls of chili for lunch on Thursday.

There are 70 active Harmony Hall members, and around 30 are at the clubhouse on any given day. It's open Monday through Friday, as well as one Saturday a month, one evening a week, and every holiday. It is a Medicaid-billable service and Schmitt said the concept has proven very successful.

"There are more clubhouses in Michigan than anywhere in the world, and the state has bought into the model," he said. The reason for that, he said, is people are actively engaged in their own treatment and the level of self-satisfaction is high. In addition, this type of service cuts down on people going in and out of the hospital, and saves money in the end, while offering greater results.

On Thursday, Schmitt and other staff as well as some Harmony Hall clubhouse members came to the Lapeer County Commission meeting for recognition of their achievement of accreditation through Clubhouse International.

"Accreditation with a three year return review is awarded to clubhouses that substantially adhere to each of the categories of the standards: Membership, relationships, space, work-ordered day, employment, education, functions of the house and funding governance and administration," reads a letter from Clubhouse International Executive Director Joel D. Corcoran. "These clubhouses operate in a truly effective manner providing excellent opportunities for clubhouse members."

The work-ordered day at Harmony Hall involves the kitchen unit, where meals are cooked, the clerical unit, which tackles duties such as billing Medicaid for services, recording videos and creating newsletters in the media lab, handling funds through the clubhouse bank, and making sure wages earned by the members are reported to Social Security and monitored so entitlements aren't severely impacted.

Clubhouse members, Schmitt said, work at a variety of places in the community, earning at least minimum wage. Some may work only a few hours, while others are working regular part-time hours. They are always looking for employers, and there is a bulletin board at the clubhouse upon which job opportunities are posted.

New! CMHA publishes HMP work requirement tool kit

Healthy Michigan Plan requirements will be changing beginning January 1, 2020 to incorporate the new work requirements. The Community Mental Health Association of Michigan (CMHA) at the request of the Michigan Medicaid Director, Kate Massey, has collaborated with the Medicaid office and other segments of MDHHS to develop and share information, flyers, toolkits, and other documentation to ensure that providers, clients, and the public are aware of these changes.

In an effort to disseminate information in a timely matter, CMH developed a tool kit of Michigan Department of Health and Human Services promotional tools to post around your local agencies. These

posters, table tents, and rack cards, will help ensure that clients and providers are aware of the upcoming changes to the Healthy Michigan Plan.

CMHA's Healthy Michigan Plan Resource Guide has been updated with new this information and the resources have been posted to the CMHA website where they can be accessed anytime.

You can find both the Resource Guide and the Promotional Materials on the CMHA website by clicking [here](#).

If you have any questions, comments, or concerns, please contact Kaylee Nellett, Policy Analyst at CMHA (publicpolicy@cmham.org).

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute "Your Rights When Receiving Mental Health Services in Michigan" booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 43¢ per booklet. Orders must be received by November 22, 2019 to qualify for the discount. Any booklets ordered after November 22, will be charged 55¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an additional charge of \$100 per order. Personalization is only offered during the fall – deadline is November 22, 2019.** The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:

Cost Per Booklet if Ordered by **November 22: 43¢ (Plus Shipping)**

Cost Per Booklet if Ordered After **November 22, 2019: 55¢ (Plus Shipping)**

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

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



Click at left for a video overview of the new Moving Beyond Trauma program

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals Move Beyond Trauma. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

[Request a Meeting](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

State and National Developments and Resources:

New! Lawsuit to halt HMP work requirements filed

Saying Michigan was unlawfully allowed to impose work requirements on its some 650,000 Medicaid Healthy Michigan recipients, a poverty rights group has filed a lawsuit against federal officials challenging the work requirements scheduled to take effect on January 1.

The action now creates a question of whether the requirements will in fact begin with the start of the new year. Department of Health and Human Services officials have spent months preparing for the requirements and going around the state to inform recipients of what exactly those requirements are and how they can be met.

The lawsuit, *Young v. Azar*, was filed in the U.S. District Court in Washington, D.C. The four defendants – U.S. Secretary of Health and Human Services Alex Azar, Centers for Medicare and Medicaid Services Director Seema Verma, as well as U.S. DHHS and CMS – are all federal officials and agencies. The state itself was not sued.

The case argues federal Medicaid law requires any waivers granted must advance the law's basic purpose of expanding health care and the waiver granted Michigan to impose work requirements fails in that mission.

Michigan now joins Kentucky, Arkansas, Indiana and New Hampshire in having lawsuits filed over the question of work requirements.

The full complaint can be viewed [here](#). The press release from the Michigan League for Public Policy, related to this suit, can be found [here](#).

New! MHEF announces Community Health Impact grant RFP

Below is a recent Request for Proposals announcement from the Michigan Health Endowment Fund:

Michigan's neighborhoods, towns, and cities know what they need to improve the health of residents. Through the Community Health Impact program, the Health Fund supports local or

regional organizations with bold ideas to address health challenges. While these grants are typically responsive to local data or targeted work in Michigan communities, the projects often have the potential to expand or be replicated throughout the state. Proposals should address one of the following eight priority areas:

Infant mortality

- Health services for foster and adopted children
- Wellness and fitness programs
- Access to healthy food
- Behavioral health services
- Technology enhancements
- Health-related transportation services
- Foodborne illness prevention

The RFP can be found at [this link](#).

More information on each focus area can be found at [this link](#).

INFORMATIONAL RFP WEBINAR: MONDAY, DECEMBER 2

Monday, December 2 at 10 a.m. MHEF is hosting a webinar to walk you through the RFP and answer your questions. Find out everything you need to know before submitting a proposal, including:

Program overview. We'll walk you through the Community Health Impact initiative and our focus areas.

Criteria for funding. We'll let you know the types of projects we want to fund, as well as those we can't.

Tips for a successful proposal. From concept papers to full proposals, we'll fill you in on what we look for every step of the way.

Register for the webinar at [this link](#).

New! MDHHS issues RFP for fetal alcohol spectrum disorder programming

Below is a recent announcement from MHDHDS on a request for proposals for initiatives to address fetal alcohol disorder.



The Michigan Department of Health and Human Services (MDHHS) has issued a Request for Proposals (RFP) for public and private non-profit organizations to provide Fetal Alcohol Spectrum Disorder (FASD) programming.

FASD describes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications. Learning and life skills impacted by prenatal alcohol exposure vary greatly among individuals, depending on the amount of exposure, the timing and pattern of exposure and the individual's current and past environment.

"Services needed for individuals affected by Fetal Alcohol Spectrum Disorder and their family vary based on what parts of their brain have been affected, their age or level of maturation, the health

or family dynamics and the overall environment in which they live," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "This funding will help provide supports to individuals at risk or impacted by FASD so they can live their fullest lives."

The RFP seeks competitive plans for local projects that will identify persons who may be or are affected by FASD, deliver services and offer support to the state's population who are at risk or impacted by FASD. The target population for these proposals are children, youth and families or women of childbearing age who drink any amount of alcohol during their pregnancy. Proposals may also provide community education and training to increase awareness of FASD, improve identification of persons at risk of or impacted by FASD, increase the availability of services and support for individuals and the families of individuals impacted by FASD.

Funded applicants will receive ongoing technical assistance from the MDHHS project coordinator which include help with program start-up, reporting requirements and barriers to program implementation.

The first-year program period begins April 1, 2020 and ends Sept. 30, 2020. During the initial six-month award, MDHHS expects to award approximately \$50,500 with varied award sizes based on the scope of the projects. Awards may be renewed annually through Sept. 30, 2022, with \$101,000 in funding available each year.

Grant applications must be submitted electronically through the MI E-Grants program by Dec. 17, 2019, at 3 p.m.

For more information or to apply, visit the MI E-Grants website and select "About EGrAMS" link in the left panel to access the "Competitive Application Instructions" training manual. The complete RFP can be accessed under the 'Current Grants' section under the "Public Health Administration" link and selecting the "FASDP-2020" grant program.

New! SAMHSA's GAINS Center Now Accepting Applications for Sequential Intercept Model (SIM) Mapping Workshops

SAMHSA's GAINS Center is soliciting applications from communities interested in Sequential Intercept Model (SIM) Mapping Workshops (SIM Workshops). SIM Workshops are designed to bring together a local, cross-system, multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice and behavioral systems can be reduced through the development of integrated local strategic plans. SIM Workshop participants are expected to be drawn, in large part, from local criminal justice and behavioral health agencies and organizations.

The GAINS Center is accepting applications for two types of SIM Workshops:

SIM Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use: These SIM Workshops will focus specifically on identifying and treating opioid use disorders across all the intercepts of the Sequential Intercept Model, including screening and assessment, diverting individuals out of the criminal justice system and into appropriate community-based treatment programs, implementing or expanding medication-assisted treatment (MAT), and maintaining continuity of care through transitions in and out of custody.

Traditional SIM Workshops: These SIM Workshops will focus on identifying and responding to the needs of adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system.

Applications for both types of SIM Workshops are due by December 20, 2019. [Download the applications and apply today.](#)

New! Michigan Center for Rural Health accepting conference workshop proposals

The Michigan Center for Rural Health (MCRH) is beginning to plan the 2020 Michigan Rural Health Conference. This year's theme is "Taking Rural Health to New Heights." The conference will be held Wednesday, May 13, 2020 to Thursday, May 14, 2020 at Amway Grand Plaza Hotel in Grand Rapids, MI.

If you are interested, the Center invites you to submit one or more abstracts to present at this year's conference. Go to this link for instructions and the required forms. Please note the deadline for the Call for Presenters is Friday, December 13, 2019.

On behalf of the MCRH and the conference committee, thank you for your contributions to the 2020 Michigan Rural Health Conference; we look forward to having the opportunity to showcase your information to conference participants.

If you have any question please contact: [Victoria Tyra](#), Education & Communications Manager.

New! NARMH seeking proposals for national rural mental health conference

The National Association for Rural Mental Health (NARMH) was founded in 1977 to develop and enhance mental health and substance abuse services and to support mental health providers in rural, remote, and frontier areas. NARMH has added two goals — to proactively support initiatives to strengthen the voices of rural consumers and their families and to develop and mentor the next generation of rural mental health leaders and researchers. NARMH, since its inception, has been strongly committed to rural people and rural providers. This commitment has allowed NARMH to focus on what it takes to provide quality services and meaningful research for rural consumers and providers. Visit the NARMH website at www.narmh.org to learn more about our organization.

NARMH conference 2020: Beyond Treatment: Tackling Social Determinants to Improve Rural Mental Health The NARMH Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators, and policy professionals. Now in its 46th year, the NARMH Annual Conference offers a collaborative environment for participants from many professions to learn and network on vital issues concerning mental health practice, research, policy, and advocacy among rural and remote populations.

NARMH is seeking workshop proposals in the following areas:

Mental Health, Health, and Health Care

- Adapting evidence-based practices (such as Assertive Community Treatment, case management, and permanent supportive housing) to rural and frontier areas, including tribal communities
- Crisis response

- Telehealth
- Integrated health and behavioral health strategies
- Opioid interventions
- Suicide prevention
- Issues specific to specific groups or populations with unique challenges accessing mental health treatment, e.g., migrant workers, American Indian/Alaska Native, Veterans
- Managed care and health system strategies
- Insurance coverage and parity

Social and Community Context

- Stigma
- Building individual and community resilience
- Role of faith-based, civic, and cultural communities or organizations
- Public health/prevention initiatives

Economic Stability

- Housing and homelessness in rural communities: models, funding
- Farm crisis
- Supported employment
- Food and nutrition programs

Education

- School-based mental health programs and services; prevention and early intervention
- Work at the intersections of systems such as health care, justice, and welfare

Neighborhood and Built Environments

- Local criminal justice initiatives
- Jail diversion and re-entry
- Infrastructure, transportation

Email presentation proposals to narmh2020@gmail.com. Proposal deadline is February 1, 2020. If you have additional questions, contact Neche Nelson, NARMH Event Planner, at nnelson@nacbhd.org or (202) 942-4276.

New! Michigan overdose deaths decrease slightly in 2018, the first decline in six years

Below is a recent press release underscoring the reduction in Michigan's opioid overdose death rate. After several years of increases in overdose deaths, in 2018 Michigan experienced a decrease overall, including a slight decline in opioid-related overdose deaths, the Michigan Department of Health and Human Services (MDHHS) announced today. In 2018, there were 2,599 overdose deaths, 2,036 of which were opioid-related.

Overall overdose deaths declined by 3.2 percent from 2017's 2,686 tally – with the deaths down for the first time in six years. Opioid-related overdose deaths decreased by 0.8 percent from the 2017 total of 2,053. The age-adjusted opioid overdose death rate decreased from 21.4 deaths per 100,000 residents in 2017 to 21.1 deaths per 100,000 residents in 2018.

"This is a step in the right direction, however, there is much work to be done, particularly when it comes to disparities and access to treatment," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "We have a plan in Michigan to cut opioid-related overdose deaths by half in five years and we will be using all available resources to make that goal a reality."

The decline in opioid-related overdose deaths in 2018 was largely driven by decreases in the number of deaths due to poisoning by heroin and commonly prescribed natural and semisynthetic drugs such as oxycodone, hydrocodone, hydromorphone and oxymorphone. Drug poisoning deaths involving synthetic opioids such as fentanyl continue to climb.

“With the devastation that the opioid epidemic inflicts on families and communities, the Michigan State Police is committed to doing all that we can to help,” said Col. Joe Gasper, director of the Michigan State Police. “Whether it be from a prevention standpoint with our Angel Program that assists those struggling with opioid use to find treatment or our efforts to arrest drug traffickers and interdict shipments of fentanyl coming into our state, we’re committed to working with our state and federal partners to combat this deadly epidemic.”

Despite overall progress in decreasing overdose deaths, the data show troubling disparities across racial groups. MDHHS is firmly committed to ensuring equitable access to prevention, treatment, and harm reduction and taking targeted steps to address racial disparities.

- Overall overdose mortality rates among white residents decreased by 6.5 percent, while rates among black residents increased by 14.7 percent.
- Opioid overdose mortality rates among white residents decreased by 5.1 percent, while rates among black residents increased by 19.9 percent.
- Michigan residents of other races experienced a 9.1 percent decrease in overall overdose mortality and an 8.7 percent decrease in opioid overdose mortality.

The state is using every available tool to combat the opioid epidemic. The collaborative efforts of state agencies are amplifying Michigan’s efforts related to prevention and treatment of patients, education of health professionals and enforcement of over-prescribers.

Gov. Gretchen Whitmer, MDHHS and other members of the Michigan Opioids Task Force recently announced a slate of steps the state is taking to combat the opioid epidemic. The state’s strategy addresses three key areas: preventing opioid misuse, ensuring individuals using opioids can access high-quality recovery treatment and reducing the harm caused by opioids to individuals and their communities. Efforts include:

- Launching a \$1 million statewide anti-stigma campaign focused on changing the conversation about opioid use disorder treatment and encouraging Michiganders to seek treatment to help improve their lives and ultimately prevent overdoses.
- Releasing a toolkit for medical providers on safer opioid prescribing practices along with the University of Michigan Injury Prevention Center.
- Removing prior authorization requirements for specific medications used to treat these disorders, including buprenorphine, as of Monday, Dec. 2.
- Beginning Medication-Assisted Treatment programs in three state prisons with a goal of expanding treatment to all facilities by 2023.
- Expanding syringe service programs across the state to help reduce the amount of harm caused by opioid use disorder to individuals and their communities from 13 to 25 agencies.

In addition, the Michigan Opioids Task Force, created by Whitmer in August, held its first meeting last month to map out an action plan across state departments to meet this goal. The Task Force will

announce additional actions in the coming months and conduct a series of regional townhall meetings to hear directly from individuals across the state about how the epidemic has affected their communities. For more information about opioids and the additional steps residents can take to protect themselves and loved ones, visit Michigan.gov/Opioids.

New! RWJF blog: It's Time to Connect Rural Health Equity with Community and Economic Development

Below is an introduction to a recent blog published by the Robert Wood Johnson Foundation (RWJF) on health equity and economic development in rural America:

A snapshot of headlines about "rural America" make it sound like it's one homogenous place that is "doomed to decline." But you can't believe everything you read. It's time to question any preconceived notions you may have about rural America. There's an incredible opportunity to improve health and equity in America by learning from and investing in rural people and places.

So what works to create thriving rural regions, and who should be engaged? Here's what we're learning: We need a truer picture of "rural America," which is not one thing but many - tribal lands, the Black Belt, the Rust Belt, small coastal towns, and more. And the best way to better understand rural places? Listen to the people who live there.

A new breed of organizations is endeavoring to "do development differently" in rural places - and it's working. They're building vibrant and resilient regional economies. And it's leading to better health, equity, and economic outcomes for all, not just for some.

While some rural places are thriving, others have experienced deep economic downturns or decades of disinvestment; all too often these places are also low-income communities and communities of color where discrimination and lack of economic opportunity are persistent and intertwined.

Community and economic development are turning the tide by generating wealth that sticks and building power among those who live in rural America. Still, more philanthropic, bank, and federal investment is needed in persistent poverty regions across our nation.

If we care about health and health equity in this great nation, we need to pay attention to, partner with, and support community and economic development efforts in rural places. It's time to recognize the power of rural. Read our latest blog to learn more and join us on this journey.

New! Pontiac General to triple size of profitable psychiatric unit amid inpatient bed shortage

Below are excerpts from a recent Crain's Detroit Business article on the work of Pontiac General Hospital to increase its psychiatric inpatient capacity.

Pontiac General Hospital plans to nearly triple the size of its 44-bed adult psychiatric unit that will be complemented with a 16-resident psychiatry program to address shortages of psychiatrists and inpatient behavioral health beds, the hospital's CEO said.

Since emerging from bankruptcy protection in 2016 under new ownership, 115-year-old Pontiac General has generated more than \$9.3 million in profits that its owners say have been plowed

back into upgrades and infrastructure improvements. It also has resolved more than a dozen quality and poor infrastructure citations from federal and state regulators, the last one issued in early 2018.

"We don't want to keep people in hospitals. We want to fix them and get them out. And the more we can do that on an outpatient basis, the better we see our health care (costs)," he said. "When that's happening, along with tremendous consolidation, what do we do with all those beds? (300 licensed) ... My solution is to focus on community needs."

So Sharma and the board decided to expand on the hospital's financially successful adult psychiatric unit from 44 beds to 120 by 2022. He said the expansion would add much-needed profitability to the hospital and allow it to build up some of its [other inpatient programs](#), including its low-volume 15-bed staffed medical-surgical unit.

"We make money on our inpatient unit because we are efficient," Sharma said. "We could handle a lot more. We think we are underutilized, but growth for hospitals isn't (on the inpatient side). The beds allow us to provide a higher level of care to the community for other services such as surgeries and to support our urgent care (center)."

An expansion would also fill a major need for behavioral health services as mental health professionals daily in Southeast Michigan are constantly searching for inpatient beds for patients in crisis, experts said.

In Michigan, studies have shown a shortage of adult and adolescent inpatient psychiatric beds, including specialized beds for autistic and developmentally disabled patients. There also is an extreme shortage of psychiatrists nationally and especially in Michigan for outpatient care.

Behavioral health and substance-abuse problems have increased over the years in Michigan and nationally with the opioid crisis alone taking 130 lives daily, including five in Michigan. One in five Americans, or 43.8 million adults, has a diagnosable mental health condition. Between 1999 and 2016, suicide rates in Michigan increased 33 percent, according to the Centers for Disease Control and Prevention.

Based on the state Certificate-Of-Need Commission updating its rules that increased the number of allowed psychiatric beds in a market, Pontiac General, Beaumont Health and South Bend-based NeuroPsychiatric Hospitals have made plans to expand psychiatry services.

Beaumont plans to open in 2021 a 75-bed private psychiatric hospital in a joint venture with for-profit Universal Health Services, a King of Prussia, Pa.-based chain. The \$45 million, 100,000-square-foot psychiatric hospital and outpatient center in Dearborn will be located across from Beaumont Hospital Dearborn on Oakwood Boulevard.

NeuroPsychiatric Hospitals recently announced plans to build a 64-bed behavioral health hospital in Kalamazoo County. The company has applied for a certificate of need for the \$37.4 million facility that includes 31 adult psychiatric beds and 33 beds for people with developmental disabilities.

Emily Ehrlich, director of Ann Arbor-based Altarum's Center for Behavioral Health, said the need is great.

In a study released earlier this year, Altarum found a serious shortage of psychiatrists and other mental health care providers in the state. It also detailed how 650,000 people with a mental illness and more than 500,000 with a substance-use disorder receive no treatment.

Last year, Pontiac General received approval for a 16-member psychiatric residency program from the Accreditation Council for Graduate Medical Education, the Chicago-based organization that monitors the nation's 10,000-plus residency programs. There are currently 10 residency programs in Michigan where about 290 psychiatrists are trained, ACGME said.

Last fall, Beaumont Health also announced it would also start a 16-doctor psychiatric residency program in 2020 to rotate through the new Dearborn hospital in 2021. However, \$3 million in state funding earmarked for the program was vetoed last month by Gov. Gretchen Whitmer.

Sharma said Pontiac General projects to spend about \$5 million to expand its fourth-floor adult psychiatric unit, which averages more than 90 percent occupancy. Initially, the hospital will add 15 beds for developmentally disabled people, 13 geriatric psychiatric beds and 25 medical psychiatric beds, later expanding to 120 beds by 2022.

Heather Rae, CEO of Common Ground in Bloomfield Hills, said she welcomes additional psychiatric capacity. She said the shortage of inpatient beds causes many problems.

"Getting psychiatric inpatient hospital units to accept people who are the sickest or have highly complex co-occurring conditions is a challenge," Rae said in an email to Crain's. "Pontiac General has been vocal about wanting to provide more inpatient beds to meet the needs of this population."

Sharma said he wants to open an inpatient unit for the developmentally disabled because of needs he has heard from other providers.

"People heard about it and before we even opened it, we started getting calls from the west side of the state asking to send us patients," Sharma said. "Now they are sending patients to Indiana and Illinois because they want to keep them safe."

Greg Moore, a health care lawyer who heads the behavioral health practice at Dickinson Wright in Troy, said hospitals that add psychiatric beds should have in place effective screening to ensure severely autistic patients aren't "warehoused" in hospitals for undue periods of time. He said he knows 20 families with autistic family members who are dealing with these issues.

"The state of Michigan's only answer for this crisis is to warehouse individuals in places like Hawthorn Center, Kalamazoo Psychiatric Hospital and Caro Center," said Moore, adding: "I worry the increased availability of inpatient psychiatric beds will lead to institutionalization of psychiatric patients, especially developmentally disabled patients, because they have nowhere else to go."

The full article can be found at [this link](#).

New! New Resources for Advancing Engagement in Trauma-Informed Care across Key Audiences

Below are a number of recently announced resources from the Center for Health Care Strategies on trauma-informed care.

Securing buy-in from leadership and engaging community members in implementation planning are critical steps in adopting a trauma-informed approach. Leadership support is essential to securing meaningful investments in trauma-informed care, as well as communicating the rationale and benefits to generate organization-wide buy-in. Engaging patients and community members can provide firsthand insights into how care is experienced, and what changes an organization can make to improve care delivery.



These two new resources, made possible through support from the Robert Wood Johnson Foundation, provide health care organizations and systems with tools to adopt a trauma-informed approach by engaging both leadership and their community:

Making the Case for Trauma-Informed Care: Tips for Talking with Leadership - Outlines key considerations for pitching trauma-informed care implementation to leadership and provides sample language that can be used to tailor pitches.

Engaging Patients and Community Members in Trauma-Informed Care Implementation Planning - Highlights tips for health care organizations looking to engage patients and community members in their trauma-informed care planning.

State Legislative Update:

New! No Action in House and Senate

This week both the House and Senate were scheduled for tentative session on Wednesday, however neither chamber took attendance or voted on any legislation.

The news meant that any agreement between legislative leaders and Gov. Whitmer on moving forward with the FY20 budget will not happen until after Thanksgiving, at the earliest.

The House and Senate are set to next meet on Dec. 3. Lawmakers are set to meet nine days in December before they adjourn until the end of the year.

Federal Update:

New! FCC Announces Next Steps to Update National Suicide Prevention Lifeline

This week, the National Council hosted Federal Communications Commission (FCC) Chairman Ajit Pai, along with leaders from Congress, federal agencies and community groups, to discuss a proposal to

establish "9-8-8" as the new national suicide prevention and mental health crisis hotline number. This announcement closely mirrors Congress's work on the issue via the [National Suicide Hotline Designation Act of 2019](#) (H.R. 4194/S. 2661), which would also designate "9-8-8" as the new suicide prevention hotline number, with a direct line to the Veterans' Crisis Line.

Suicide is the 10th [leading cause of death](#) in the United States, with 47,173 people having died by suicide in 2017 alone. As Chairman Pai noted during the press conference, "this simple [dialing] number could be the lifeline that makes all the difference... Working together we can make this happen. We can and we will save lives."

Chairman Pai was joined by Senator Cory Gardner (R-CO), who introduced S. 2661, Olivia Hussey from H.R. 4194 sponsor Representative Seth Moulton's (D-MA) office, Dr. David Carroll, Department of Veterans' Affairs, Dr. Elinore McCance-Katz, Substance Abuse and Mental Health Services Administration (SAMHSA), Reyna Taylor, National Council for Behavioral Health, David Guth, Centerstone, and Sam Brinton, The Trevor Project.

NEXT STEPS

On December 12, 2019, the FCC will hold a vote to establish the new three-digit hotline number. Following the Commission's approval of the hotline, the new regulation will go through a period of public comment before the final rule is established and implemented. The National Council applauds this significant step forward in addressing the suicide crisis and will follow this story through the vote and regulation process with the FCC.

Education Opportunities:

New! CALL FOR PRESENTATIONS: CMHA 2020 Annual Winter Conference

Share your expertise, research or showcase a successful program with over 400 attendees during our Annual Winter Conference!

[CLICK HERE FOR THE PRESENTATION FORM](#)

Deadline Friday, December 13, 2019

Community Mental Health Association of Michigan
2020 Annual Winter Conference
February 3, 2020 ~ Pre-Conference Institute
February 4 & 5, 2020 ~ Full Conference
Radisson Plaza Hotel, Kalamazoo, Michigan

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

Register Now: 2019 Winter Improving Outcomes Conference

Community Mental Health Association of Michigan presents the 2019 Winter Improving Outcomes Conference on December 5 & 6, 2019 at the Somerset Inn located at 2601 West Big Beaver Road, Troy, MI 48084.

[TO REGISTER FOR THE IMPROVING OUTCOMES CONFERENCE, CLICK HERE!](#)

The conference registration fee includes training materials, admission to all keynote sessions, all workshops, 2 breakfasts, 1 lunch, all breaks, and networking reception.

	Member Early Bird	Member After 11/21/19	Non-Member Early Bird	Non-Member After 11/21/19
Full Conference	\$247	\$282	\$297	\$313
1-Day Only	\$197	\$237	\$239	\$280

Payment Information:

- Payment will be required prior to attendance.
- If Paying by Check: Make payable to CMHA and mail to 426 S. Walnut Street, Lansing, MI 48933.
- Payment methods available in advance and onsite: credit card, check or exact cash.
- If payment has not been received, fees will be collected at registration the day of the event unless alternate arrangements are pre-approved by CMHA.
- Purchase Orders are not considered payment.
- No Shows will be billed the full amount.

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing to cward@cmham.org at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given.

Hotel Room Types:

Tower Room: Featuring one Queen bed or two double beds; rooms are in the Tower section on floors 3-14.

Executive Room: Available with a King bed, a King bed and a sofa bed or two Queens. All Executive rooms were renovated in 2017 and feature spacious floor plans with brand-new furnishings and views of the outdoor garden patio.

Room Rates: Rates below do not include 6% state tax, and city assessment fees.

Tower Room	\$124
Executive Room	\$154

Deadline for Reduced Rate: November 21, 2019

Reservations:

Call 248-643-7800 and indicate Community Mental Health Association of Michigan to receive the discounted rate.

Or register online here: www.somersetinn.com

- In the upper right side of the site: Select your dates and Click on Check Rates
- Then click on the drop-down box for Add Code.
- Then click on Discount Code.
- Then select Group Attendee.
- In the box below Group Attendee enter Group Code 5525.
- Then select ADD.
- It will bring up the Community Mental Health Association of Michigan Room Block.
- Select & Go to the next `.
- All Dates will appear blacked out except the conference dates.
- Select the actual dates you will be attending the conference.
- Update dates of stay.
- At this point you will be able to select the room type and continue making your reservation.

Cancellation Deadline: You must cancel by 6pm the day of your arrival or you will be billed for 1 night's stay.

Check in: 2:00pm

Check out: 12:00pm

New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

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

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.

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Trainings offered on the following dates:

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

Training Fees: (fee includes training material, coffee, lunch and refreshments)

\$115 CMHA Members

\$138 Non-Members

Pain Management and Mindfulness Trainings

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Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

Michigan Partners in Crisis (PIC) announce annual winter conference

Michigan Partners in Crisis recently announced their upcoming winter conference:

Dec. 13, 2019, 8:30 a.m. to Noon

Community Mental Health Association

426 S. Walnut, Lansing

Registration: 8:30 a.m. to 9:15 a.m. | Program: 9:15 a.m. to Noon

Agenda

I. Progress on PIC's 2019 Initiatives

Presenter: Mark Reinstein, PIC Advisory Board Member

II. A Mother's Struggles Dealing with Michigan's Mental Health System

Presenter: Jenny Thomas, Lansing

III. Findings of Recent ALTARUM Study on Behavioral Disorder Prevalence & Unmet Need in Michigan

Presenters from ALTARUM: Emily Ehrlich, Center for Behavioral Health, & Ani Turner, Center for Value in Health Care

To register for this event contact Greg Boyd at ghb1@acd.net

CMS announces practice-based resources

The federal Centers for Medicare and Medicaid Services recently announced a set of webinars focused on a range of topics central to the work of CMHA members. Those webinars are described, below.

Innovative Services in Home and Community-Based Services

The objective of this training is to highlight recently approved services that promise innovation within Home and Community-Based Services (HCBS) including services related to technology, supporting families/caregivers, services to ensure successful community transitions, and others. New Editions

Consulting, Inc. is currently the training lead through the HCBS Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). Mary Sowers, consultant to New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

December 17, 2019: 3:00pm – 4:30pm EST

Register Now.

Medicaid Innovation Accelerator Program Technical Assistance Opportunities

The Medicaid Innovation Accelerator Program (IAP) is announcing upcoming technical assistance opportunities for Medicaid agencies. These opportunities are listed below in order of release, with additional information below.

- Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness: November 19, 2019
- Value-Based Payment for Fee-for-Service Home and Community-Based Services: November 21, 2019
- Value-Based Payment and Financial Simulations - General Technical Assistance: December 12, 2019
- Reducing Substance Use Disorders, including two opportunities on Data Dashboards and Medication Assisted Treatment: December 17, 2019
- Data Analytics – General Technical Assistance: January 2020
- Data Analytics to Better Understand Medicaid Populations with SMI Informational Webinar
- The Medicaid Innovation Accelerator Program (IAP) is launching an eight-month data analytics technical assistance opportunity for Medicaid agencies interested in learning how to use data to gain insight into their adult Medicaid populations with Serious Mental Illness (SMI). We invite you to join us for an informational webinar to learn more about this opportunity on Tuesday, November 19, 2019 from 2:00 pm to 3:00 pm EST.

IAP will provide Medicaid agencies with technical assistance in executing state-specific analyses, using data analytic best practices to leverage Medicaid claims and encounters data, as well as other types of internal/external data to increase their understanding of the Medicaid population with SMI. Participating states will produce data profiles of the adult Medicaid SMI population that can then be used as the basis for policy making, stakeholder engagement, and data-informed delivery system reforms.

This technical assistance opportunity is open to states at all levels of experience in analyzing data. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session.

Register Now.

Value-Based Payment for Fee-for-Service Home and Community-Based Services Informational Webinar

The Medicaid IAP's Community Integration through Long-Term Services and Supports (CI-LTSS) Program Area is launching a seven-month technical assistance opportunity for Medicaid agencies and their team partners seeking to design Value-Based Payment (VBP) strategies for Fee-for-Service (FFS) in Home and Community-based Services (HCBS). We invite you to join us for an informational webinar to learn more about this opportunity on Thursday, November 21, 2019 from 3:30 pm to 4:30 pm EST.

During the informational webinar, participants will learn about the goals, structure, and technical support approach for working with states on VBP for FFS HCBS. Selected states will have the opportunity to work with HCBS industry experts through their individualized technical support and state-to-state learning activities including shared savings and non-financial incentives.

This technical support opportunity is open to states at all levels of experience and progress in developing a VBP strategy for FFS in HCBS. States that have previously participated in the Medicaid IAP CI-LTSS tracks are welcome to submit an expression of interest for this technical assistance opportunity. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session.
Register Now.

Value-Based Payment and Financial Simulations Information Session

The Medicaid IAP's Value-Based Payment (VBP) and Financial Simulation functional area is launching a six-month technical assistance opportunity for Medicaid agencies seeking to design, develop, and implement Value-Based Payment approaches (i.e. payment models that range from rewarding for performance in Fee-for-Service to capitation, including alternative payment models and comprehensive population-based payments). Interested states are encouraged to attend the information session on Thursday, December 12, 2019 from 3:00 pm to 4:00 pm EST.

During the information session, participants will learn about the goals, structure, and technical assistance approach for working with states on VBP and financial simulations. Selected states will have the opportunity to work with VBP and financial simulation experts through individualized technical assistance and state-to-state learning activities. This technical assistance opportunity is open to states at all levels of experience and progress in developing a VBP approach. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar.
Register Now.

Reducing Substance Use Disorders Information Session

The Medicaid IAP Reducing Substance Use Disorders (SUD) program area is launching two new technical assistance opportunities for Medicaid agencies. All interested states are encouraged to attend an information session on Tuesday, December 17, 2019 from 2:00 pm to 3:00 pm EST.

During the information session, states will learn about the two technical assistance opportunities and state selection process and have an opportunity to ask questions. These collaborative learning opportunities are:

- Medication-Assisted Treatment (MAT): Participating states will focus on methods to improve and expand MAT delivery services.
- SUD Data Dashboards: Participating states will design and/or update SUD data dashboards for internal and/or external audiences.

These opportunities are open to states at all levels of expertise and experience. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar.
Register Now.

Miscellaneous News and Information:

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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

Contents:

New Feature - Searching for past articles in Weekly Update: Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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CMH Association and Member Activities:

New! CMHA posts SAMHSA evidence-based practice resource newsletter on website

The Community Mental Health Association of Michigan was named the Michigan partner for the Substance Abuse and Mental Health Services Administration (SAMHSA) Great Lakes Mental Health Technology Transfer Center (MHTTC). This collaborative partnership between CMHA and MHTTC ensures that our members, partners, and persons served have access to on-line resources, webinars, and face-to-face opportunities that address evidence-based practices for mental health disorders.

The Mental Health Technology Transfer Center Network is funded by the Substance Abuse and Mental Health Services Administration, designed to spread knowledge and resources from years of research regarding evidence-based practices that help support mental health efforts in an effective way. MHTTC’s purpose, in partnership with CMHA, is to effectively disseminate education, training, and technical assistance resources to foster the use of evidence-based practices across the mental health field by creating a collaborative network of supports and allies.

In our role as the Michigan partner to the Great Lakes MHTTC, our association **regularly publishes two Michigan MHTTC newsletters**, one that aims at directing readers to resources for **mental and behavioral health practices**, and one for **school-based mental health resources**. The aim of these newsletters is to make accessing the MHTTC resources easier for practitioners and providers and to promote evidence-based interventions.

These newsletters are sent to CMHA members and stakeholders and also posted here on the MHTTC Newsletter page of the CMHA website.

New! Bear River Health at Walloon Lake announces sports impact luncheon



SAVE THE DATE

THE SPORTS IMPACT SERIES

A discussion with NFL Legend Herman Moore on how addiction affects us all.

SPORTS IMPACT LUNCHEON
SATURDAY, JANUARY 25, 2020
11 AM TO 1 PM

BEAR RIVER HEALTH | **BRH**
at Walloon Lake
2594 SPRINGVALE RD. BOYNE FALLS, MI 49713
PRIVATE VIP RECEPTION
FRIDAY JANUARY 24TH 6 TO 8 PM



HERMAN MOORE ('91-01)
DETROIT LIONS LEGEND

NFL ALUMNI
Detroit Chapter

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute "Your Rights When Receiving Mental Health Services in Michigan" booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 43¢ per booklet. Orders must be received by November 22, 2019 to qualify for the discount. Any booklets ordered after November 22, will be charged 55¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an additional charge of \$100 per order. Personalization is only offered during the fall – deadline is November 22, 2019.** The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:

Cost Per Booklet if Ordered by **November 22: 43¢ (Plus Shipping)**

Cost Per Booklet if Ordered After **November 22, 2019: 55¢ (Plus Shipping)**

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

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



Click at left for a video overview of the new Moving Beyond Trauma program

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals Move Beyond Trauma. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

[Request a Meeting](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

State and National Developments and Resources:

New! MSU School of Social Work announce youth mental health website

The Michigan State University School of Social Work recently announced the opening of its “Mental Health Information for Teens” website. The website is intended to deliver accurate, non-stigmatized mental health information for young teens (ages 11 through 15). The content was recommended by teens and largely created by MSU students.

This website can be found at [this link](#).

State Legislative Update:

New! BUDGET UPDATE: Still no agreement on outstanding issues

Mid last week the framework for a deal on a supplemental seemed in place. By Thursday morning, news began circulating the Senate Majority Leader had an issue with said deal and shortly thereafter, the Senate adjourned at Noon leaving many members in both chambers frustrated and disappointed with the latest fumble.

Last Tuesday, Lieutenant Governor Garlin Gilchrist II sent a letter to both House Speaker Lee Chatfield (R-Levering) and Senate Majority Leader Mike Shirkey (R-Clarklake) stating Governor Whitmer would agree to not execute State Administrative Board (SAB) transfers in a supplemental (that had been approved by all) and negotiating boilerplate language as the potential compromise all parties can support. The legislative leaders agreed boilerplate was a necessary compromise but additional statutory language via a stand-alone bill would be necessary. The Governor however, has been firm in refusing to neuter the powers of the Executive Office for herself or future governors.

In a rare deviation, the Speaker split from the Majority Leader and purportedly struck a deal with Governor Whitmer that did not include a statutory change to the SAB. It was upon this agreement that an estimated \$200 million supplemental began being drafted for potential consideration by both chambers on Thursday. The supplemental would include restoration of funding to critical functions of government. Senator Shirkey, however, abruptly called Senate session to a close after caucus meetings on Thursday, citing the need for statutory weight behind any SAB compromise. The House adjourned later in the afternoon officially dashing any hopes for a resolution this week.

The House did not hold votes this week, while Senate held two days of light action. The Legislature will be on hunting/Thanksgiving break the remainder of the month.

New! Governor Whitmer, Michigan Opioids Task Force announce efforts to combat opioid epidemic

Yesterday, Gov. Gretchen Whitmer, the Michigan Department of Health and Human Services (MDHHS) and other members of the Michigan Opioids Task Force announced a slate of steps the state is taking to combat the opioid epidemic. The state’s strategy addresses three key areas: preventing opioid misuse, ensuring individuals using opioids can access high-quality treatment and reducing the harm caused by opioids to individuals and their communities.

The state is announcing new actions in all three areas; the beginning of a multi-year blitz to cut opioid-related overdose deaths by half in five years.

- PREVENTION - \$1 million media campaign seeks to reduce stigma
- TREATMENT - Eliminating barriers by removing prior authorization for treatment medications
- MDOC expanding medication-assisted treatment in Michigan prisons
- HARM REDUCTION - Syringe Service Programs expand across Michigan

PREVENTION

To address the stigma associated with seeking opioid use disorder treatment, MDHHS is launching a \$1 million statewide campaign. Funded through State Opioid Response federal grant funds, the campaign focuses on changing the conversation about opioid use disorder treatment and encourages Michiganders to seek treatment to help improve their lives and ultimately prevent overdoses.

The campaign includes TV, radio, billboards, social media, paid search and mobile ads that will run through April 2020. The ads will direct people to Michigan.gov/Opioids, which will provide information about programs and resources available to Michigan residents from multiple state agencies.

With partners at the University of Michigan Injury Prevention Center, the state is also releasing a toolkit for medical providers on safer opioid prescribing practices. These comprehensive resources will help medical professionals make evidence-based decisions when prescribing opioids to decrease the risk of opioid misuse. The toolkit will be broadly shared with the Michigan medical community.

TREATMENT

To increase access to treatment for Medicaid recipients with opioid use disorders, MDHHS will remove prior authorization requirements for specific medications used to treat these disorders, including buprenorphine as of Monday, Dec. 2.

Prior authorization is a requirement that physicians must obtain approval from a patient's health care insurer before prescribing a specific medication for or to perform a particular operation. "Removing prior authorization for these medications in the Medicaid program eliminates an unnecessary barrier to treatment access for people who are struggling with an opioid use disorder," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "By eliminating this requirement, we will increase availability of treatment and increase their chances of a successful recovery."

Medication-assisted treatment, combined with counseling or behavioral therapy, is the gold standard for treating individuals with opioid use disorder, leading to significantly better outcomes.

MDOC

More than 20 percent of incarcerated individuals in Michigan have been identified as having an opioid use disorder, and those leaving prison are 40 to 120 times more likely to die of an overdose within two weeks of release. To help address this issue, the Michigan Department of Corrections (MDOC) is beginning Medication-Assisted Treatment (MAT) programs in three facilities with a goal of expanding treatment to all its facilities by 2023.

Central Michigan Correctional Facility, Carson City Correctional Facility and Charles Egeler Reception and Guidance Center will be the first facilities to pilot medication-assisted treatment. The Women's Huron Valley Correctional Facility will be added as a fourth site for the program, following the launch of the initial pilot. The facilities will offer methadone, buprenorphine and naltrexone as treatment regimens for individuals in prison.

HARM REDUCTION

To help reduce the amount of harm caused by opioid use disorder to individuals and their communities, MDHHS has expanded support for syringe service programs (SSP), which are now being offered by 25 agencies, up from 13 the previous year. This includes organizations in Detroit and Macomb, St. Clair, Genesee, Washtenaw, Ingham, Jackson, Calhoun, Kalamazoo, Ionia, Kent, Muskegon, Grand Traverse, Chippewa and Marquette counties, and several other counties. A full list is available at Michigan.gov/SSP.

MDHHS data highlights the impact the opioid epidemic has had on infectious disease transmission and demonstrates the need for SSP expansion. New diagnoses of hepatitis C (HCV) among adults less than 40 years old increased from 292 in 2000 to 3,774 in 2018, following similar patterns in accidental drug overdoses in the state. Where data was collected on HCV diagnoses among adults less than 40 years old in 2018, more than 80 percent selfreported a history of injecting drugs.

SSPs also offer referrals to substance use disorder treatment, distribution of the overdose reversal drug naloxone, collection of sharps disposal containers, providing sterile syringes, HCV and HIV testing and treatment, hepatitis A and B vaccinations.

Federal Update:

New! House Bill Would Increase Provider Education for MAT

The Medication Access and Training Expansion (MATE) Act (H.R. 4974) would standardize substance use disorder (SUD) training for providers that prescribe Drug Enforcement Agency (DEA) scheduled medications, such as those used in medication-assisted treatment (MAT). The bipartisan bill, introduced in the House last week, would help to increase access to high-quality care for individuals living with addiction. The National Council thanks Representatives Lori Trahan (D-MA), **Jack Bergman (R-MI)**, Buddy Carter (R-GA), David Trone (D-MD), Harold Rogers (R-KY), and Ann Kuster (D-NH) for their leadership on this issue.

The MATE Act includes provisions to strengthen prescriber training, including the following:

- Create a one-time requirement for all DEA licensed scheduled medication prescribers to complete training on treating and managing patients with opioid and other SUDs, unless the prescriber is otherwise qualified.
- Allow accredited medical schools and residency programs, physician assistant schools, and schools of advanced practice nursing to fulfill the training requirement through comprehensive curriculum that meets the standards laid out in statute, without having to coordinate the development of their education with an outside medical society or state licensing body.

- Normalize addiction medicine education across certain professional schools and phase out the need for these future practitioners to take a separate, federally mandated addiction course.
- Satisfy the DATA 2000 X-waiver training requirement to prescribe addiction medications as long as a separate DATA 2000 X-waiver is required by law.

Education Opportunities:

Registration is Now Open for the 2019 Winter Improving Outcomes Conference

Community Mental Health Association of Michigan presents the 2019 Winter Improving Outcomes Conference on December 5 & 6, 2019 at the Somerset Inn located at 2601 West Big Beaver Road, Troy, MI 48084.

[TO REGISTER FOR THE IMPROVING OUTCOMES CONFERENCE, CLICK HERE!](#)

The conference registration fee includes training materials, admission to all keynote sessions, all workshops, 2 breakfasts, 1 lunch, all breaks, and networking reception.

	Member Early Bird	Member After 11/21/19	Non-Member Early Bird	Non-Member After 11/21/19
Full Conference	\$247	\$282	\$297	\$313
1-Day Only	\$197	\$237	\$239	\$280

Payment Information:

- Payment will be required prior to attendance.
- If Paying by Check: Make payable to CMHA and mail to 426 S. Walnut Street, Lansing, MI 48933.
- Payment methods available in advance and onsite: credit card, check or exact cash.
- If payment has not been received, fees will be collected at registration the day of the event unless alternate arrangements are pre-approved by CMHA.
- Purchase Orders are not considered payment.
- No Shows will be billed the full amount.

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing to cward@cmham.org at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given.

Hotel Room Types:

Tower Room: Featuring one Queen bed or two double beds; rooms are in the Tower section on floors 3-14.

Executive Room: Available with a King bed, a King bed and a sofa bed or two Queens. All Executive rooms were renovated in 2017 and feature spacious floor plans with brand-new furnishings and views of the outdoor garden patio.

Room Rates: Rates below do not include 6% state tax, and city assessment fees.

Tower Room	\$124
Executive Room	\$154

Deadline for Reduced Rate: November 21, 2019

Reservations:

Call 248-643-7800 and indicate Community Mental Health Association of Michigan to receive the discounted rate.

Or register online here: www.somersetinn.com

- In the upper right side of the site: Select your dates and Click on Check Rates
- Then click on the drop-down box for Add Code.
- Then click on Discount Code.
- Then select Group Attendee.
- In the box below Group Attendee enter Group Code 5525.
- Then select ADD.
- It will bring up the Community Mental Health Association of Michigan Room Block.
- Select & Go to the next `.
- All Dates will appear blacked out except the conference dates.
- Select the actual dates you will be attending the conference.
- Update dates of stay.
- At this point you will be able to select the room type and continue making your reservation.

Cancellation Deadline: You must cancel by 6pm the day of your arrival or you will be billed for 1 night's stay.

Check in: 2:00pm

Check out: 12:00pm

2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019 at the Kellogg Hotel & Conference Center located at 55 South Harrison Road, East Lansing 48823.

This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.



Registration for the Annual Home and Community Based Waiver Conference is currently at capacity. To be placed on a wait list, please email awilson@cmham.org

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Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

New! SAMHSA webinar - Center of Excellence launch: resources for enhancing integrated care

Whether you're just getting started integrating primary and behavioral health care, or well into providing whole-person care, the new Center of Excellence for Integrated Health Solutions is here to support you. The Center is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to advance the implementation of high-quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders. Come learn how you can access the many tools and resources.

Wednesday, November 20, 2 – 3 p.m. ET

Register at this link

New! Michigan Partners in Crisis (PIC) announce annual winter conference

Michigan Partners in Crisis recently announced their upcoming winter conference:

Dec. 13, 2019, 8:30 a.m. to Noon

Community Mental Health Association

426 S. Walnut, Lansing

Registration: 8:30 a.m. to 9:15 a.m. | Program: 9:15 a.m. to Noon

Agenda

I. Progress on PIC's 2019 Initiatives

Presenter: Mark Reinstein, PIC Advisory Board Member

II. A Mother's Struggles Dealing with Michigan's Mental Health System

Presenter: Jenny Thomas, Lansing

III. Findings of Recent ALTARUM Study on Behavioral Disorder Prevalence & Unmet Need in Michigan

Presenters from ALTARUM: Emily Ehrlich, Center for Behavioral Health, & Ani Turner, Center for Value in Health Care

To register for this event contact Greg Boyd at ghb1@acd.net

New! CMS announces practice-based resources

The federal Centers for Medicare and Medicaid Services recently announced a set of webinars focused on a range of topics central to the work of CMHA members. Those webinars are described, below.

Innovative Services in Home and Community-Based Services

The objective of this training is to highlight recently approved services that promise innovation within Home and Community-Based Services (HCBS) including services related to technology, supporting families/caregivers, services to ensure successful community transitions, and others. New Editions Consulting, Inc. is currently the training lead through the HCBS Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). Mary Sowers, consultant to New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

December 17, 2019: 3:00pm – 4:30pm EST
Register Now.

Medicaid Innovation Accelerator Program Technical Assistance Opportunities

The Medicaid Innovation Accelerator Program (IAP) is announcing upcoming technical assistance opportunities for Medicaid agencies. These opportunities are listed below in order of release, with additional information below.

- Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness: November 19, 2019
- Value-Based Payment for Fee-for-Service Home and Community-Based Services: November 21, 2019
- Value-Based Payment and Financial Simulations - General Technical Assistance: December 12, 2019
- Reducing Substance Use Disorders, including two opportunities on Data Dashboards and Medication Assisted Treatment: December 17, 2019
- Data Analytics – General Technical Assistance: January 2020
- Data Analytics to Better Understand Medicaid Populations with SMI Informational Webinar
- The Medicaid Innovation Accelerator Program (IAP) is launching an eight-month data analytics technical assistance opportunity for Medicaid agencies interested in learning how to use data to gain insight into their adult Medicaid populations with Serious Mental Illness (SMI). We invite you to join us for an informational webinar to learn more about this opportunity on Tuesday, November 19, 2019 from 2:00 pm to 3:00 pm EST.

IAP will provide Medicaid agencies with technical assistance in executing state-specific analyses, using data analytic best practices to leverage Medicaid claims and encounters data, as well as other types of internal/external data to increase their understanding of the Medicaid population with SMI. Participating states will produce data profiles of the adult Medicaid SMI population that can then be used as the basis for policy making, stakeholder engagement, and data-informed delivery system reforms.

This technical assistance opportunity is open to states at all levels of experience in analyzing data. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session.
Register Now.

Value-Based Payment for Fee-for-Service Home and Community-Based Services Informational Webinar

The Medicaid IAP's Community Integration through Long-Term Services and Supports (CI-LTSS) Program Area is launching a seven-month technical assistance opportunity for Medicaid agencies and their team partners seeking to design Value-Based Payment (VBP) strategies for Fee-for-Services (FFS) in Home and Community-based Services (HCBS). We invite you to join us for an informational webinar to learn more about this opportunity on Thursday, November 21, 2019 from 3:30 pm to 4:30 pm EST.

During the informational webinar, participants will learn about the goals, structure, and technical support approach for working with states on VBP for FFS HCBS. Selected states will have the opportunity to work with HCBS industry experts through their individualized technical support and state-to-state learning activities including shared savings and non-financial incentives.

This technical support opportunity is open to states at all levels of experience and progress in developing a VBP strategy for FFS in HCBS. States that have previously participated in the Medicaid IAP CI-LTSS tracks are welcome to submit an expression of interest for this technical assistance opportunity. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session.
Register Now.

Value-Based Payment and Financial Simulations Information Session

The Medicaid IAP's Value-Based Payment (VBP) and Financial Simulation functional area is launching a six-month technical assistance opportunity for Medicaid agencies seeking to design, develop, and implement Value-Based Payment approaches (i.e. payment models that range from rewarding for performance in Fee-for-Service to capitation, including alternative payment models and comprehensive population-based payments). Interested states are encouraged to attend the information session on Thursday, December 12, 2019 from 3:00 pm to 4:00 pm EST.

During the information session, participants will learn about the goals, structure, and technical assistance approach for working with states on VBP and financial simulations. Selected states will have the opportunity to work with VBP and financial simulation experts through individualized technical assistance and state-to-state learning activities. This technical assistance opportunity is open to states at all levels of experience and progress in developing a VBP approach. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar.
Register Now.

Reducing Substance Use Disorders Information Session

The Medicaid IAP Reducing Substance Use Disorders (SUD) program area is launching two new technical assistance opportunities for Medicaid agencies. All interested states are encouraged to attend an information session on Tuesday, December 17, 2019 from 2:00 pm to 3:00 pm EST.

During the information session, states will learn about the two technical assistance opportunities and state selection process and have an opportunity to ask questions. These collaborative learning opportunities are:

- Medication-Assisted Treatment (MAT): Participating states will focus on methods to improve and expand MAT delivery services.
- SUD Data Dashboards: Participating states will design and/or update SUD data dashboards for internal and/or external audiences.

These opportunities are open to states at all levels of expertise and experience. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar.
Register Now.

Miscellaneous News and Information:

New! MARO is now Incompass Michigan

Please see blurb below from MARO, now Incompass Michigan, regarding their recent name change.

We are excited to share with you that MARO, a statewide network of comprehensive human service providers, is now Incompass Michigan.

The Association celebrated its 45th anniversary this year, while launching a new phase in our strategic plan to better represent the diverse members we serve, and emphasize a shared passion for independence and inclusion for all.



We have grown and evolved over time to represent a diverse membership of mission-driven organizations. Our members serve individuals and families with a broad range of barriers, and provide a wide array of supports and services, taking a wraparound approach. This, in turn, leads to the association taking an increasingly holistic approach to how we serve our members.

The new name is an invented word that incorporates several key elements of our mission and core values: independence, inclusion, community, compassion — and the imagery of the compass, noting “true north,” and leading change and innovation reflective of our members. The association serves as a navigator, helping to guide our members by connecting them with resources that will support their journey to the future of quality, comprehensive human services.

The purpose of this new brand is to strengthen our collective resolve to positively impact communities statewide. Our name has changed; our commitment to our members, to valued partnerships, and to quality and customer service, remains the same. We look forward to embracing this next chapter and thank you for your continued support.

[Click here to watch a short video about the new name](#) and see the attached press release for further details.

Please note our new contact information:

incompassmi.org

TODD CULVER, CEO

tculver@incompassmi.org

LAURIE MORSE-DELL, Associate Director

ldell@incompassmi.org

GLORIA Mc MULLAN, Services Director

gmcnullan@incompassmi.org

RENEE HALL, Director of Education and Technology

rhall@incompassmi.org

KAREN STEVENS, Accounting Manager

kstevens@incompassmi.org

Our phone and address remain the same:

(517) 484-5588 • 417 Seymour Ave Suite 5, Lansing MI 48933

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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