Northeast Michigan Community Mental Health Authority
April 2019 Meetings

- Board Meeting – Thursday, April 11 at 3:00 pm {Organizational Meeting}
- Recipient Rights Committee* – Wednesday, April 17 at 3:15 pm

All meetings held at the main office located at 400 Johnson Street in Alpena unless otherwise noted

** Meeting held in the Administrative Conference Room/400 Johnson Street/Alpena*

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
April 11, 2019 at 3:00 p.m.
A G E N D A

I. Call to Order

II. Seating of Board Members

Gary Wnuk – Alcona County
Les Buza – Presque Isle County
Terry Larson – Presque Isle County
Mark Hunter – Alpena County
Judy Jones – Alpena County

III. Roll Call & Determination of a Quorum

IV. Report of the Nomination's Committee ..... (See page 1)

V. Election of Officers ..... (See page 2 – By-law excerpt)

VI. Information and/or Comments from the Public

VII. Approval of Minutes..... (See pages 3-7)

VIII. Compliance Audit Presentation..... (Straley Lamp & Kraenzlein – See Booklet)

IX. April Monitoring Reports

1. **Budgeting 01-004 [Jan/Feb] ..... (See page 8)**
2. **Communication and Counsel 01-009 ..... (See pages 9-11)**

X. Board Policies Review and Self-Evaluation

1. **Financial Condition 01-005 ..... [Review Only] ..... (See page 12)**
2. **Communication and Counsel 01-009 ..... [Review Only] ..... (See pages 13-14)**
3. **Governing Style 02-002 ..... [Review & Self Evaluate] ..... (See page 15)**
4. **Cost of Governance 02-013 ..... [Review & Self Evaluate] ..... (See page 16)**

XI. Linkage Reports

1. **Northern Michigan Regional Entity**
   a. **Regional Board Meetings**
      i. **March 27, 2019..... (Available at the Meeting)**
      ii. **February 27, 2019 ..... (See pages 17-21)**
2. **Board Association**
   a. **Spring Conference June 10 & 11 – Novi ..... (Verbal)**
3. **Consumer Advisory Council ..... (Verbal)**

XII. Operational Report ..... (Page 22)

XIII. Chair's Report

1. **Executive Committee Report ..... (See pages 23-24)**
2. **CMH PAC Campaign Continues ..... (Verbal)**
3. **Section 222 & Conflict of Interest ..... (See pages 25-27)**
4. **Strategic Planning Discussion ..... (Verbal)**

XIV. Director's Report

1. **Directors Report..... (See page 28)**
2. **Annual Submission..... (See pages 29-40)**

XV. Information and/or Comments from the Public

XVI. New Business

1. **Establishment of Regular Meeting Date**
2. **Appointment of Standing Committees ..... (See page 41)**

XVII. Next Meeting – Thursday, May 10 at 3:00 p.m.

1. **Set May Agenda..... (See page 42)**
2. **Evaluation of meeting..... (All)**

XVIII. Adjournment

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

Nominations Committee

March 14, 2019

Terry Larson called the meeting to order at 2:30 p.m. in the Administrative Conference Room.

Present: Terry Larson, Steve Dean

Absent: Bonnie Cornelius, Albert LaFleche (excused)

Staff & Guest: Diane Hayka

I. Slate of Officers

The Committee discussed the officer positions for the coming year. Concern about making sure representation from each county is maintained and if this is the correct way to look at officer positions. This may be a topic to further discuss during by-law review.

Consensus of the members was to recommend the following for officers for next year.

Chair	Eric Lawson
Vice Chair	Roger Frye
Secretary	Bonnie Cornelius
Past Chair	Gary Nowak

Adjournment by the call of the Chair. This meeting adjourned at 2:52 p.m.

_____

Terry Larson, Chair

Diane Hayka
Recorder

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.

Northeast Michigan Community Mental Health Authority Board

Board Meeting

March 14, 2019

I. Call to Order

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

II. Seating of Board Member

Gary Wnuk was excused from this meeting so will be seated at the April Board meeting.

III. Roll Call and Determination of a Quorum

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Judy Hutchins, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski

Absent: Albert LaFleche (excused), Gary Wnuk (excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Lee Ann Bushey, Lynne Fredlund, Julie Hasse, Margie Hale-Manley, Cheryl Jaworowski, Mary Jameson, Jim Kraenzlein, Cathy Meske, Nena Sork, Peggy Yachasz

IV. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

V. Appointment of Evaluator

Gary Nowak appointed Roger Frye as evaluator for this meeting.

VI. Acknowledgement of Conflict of Interest

No conflicts were identified.

VII. Information and/or Comments from the Public

There were no comments presented.

VIII. Approval of Minutes

Moved by Steve Dean, supported by Judy Hutchins, to approve the minutes of the February 14, 2019 meeting as presented. Motion carried.

IX. Audit Report

Jim Kraenzlein presented the Financial audit report to the Board. He noted the compliance audit is still underway with one area in contracts and billings being focused on for resolution. The compliance audit is not due until June. The Financial audit is due March 31, 2019. He reported the Agency received a clean financial audit again this year.

Mr. Kraenzlein reviewed the unrestricted net assets and notes this continues to gain strength. He reported the change in net position for last fiscal year was $26,403 which is less than the previous year; however, in that year there was a transfer from AuSable Valley of $100,000.

He reviewed the audit communication letter. He noted there are some new requirements to be added for financial reporting of leases next year and this will be reviewed during the next audit period.

Steve Dean inquired about the uncompensated leave dollars identified and also incurred claims estimates. Cheryl Jaworowski reported the incurred claims would be anticipated claims from hospital admissions and also some claims from other Community Mental Health boards where the bills had not yet been received.

He reported the finance staff at this Agency are extremely talented. The Board thanked the accounting staff for a job well done.

Moved by Roger Frye, supported by Pat Przeslawski, to accept and file the audit for Fiscal Year 2018. Motion carried.

X. Board Member Recognition

Gary Nowak presented certificates to Judy Hutchins for 15 years and Roger Frye for 25 years. Roger Frye presented Gary Nowak with certificate for 20 years. Albert LaFleche was not in attendance to accept his 10 year award. The meeting recessed for refreshments in recognition of these accomplishments. The full Board was recognized as having 132 combined years of service.

Meeting recessed at 3:15 p.m.

Meeting resumed at 3:30 p.m.

XI. Consent Agenda

1. **Grants and/or Contract**
    - **a. Blue Horizons Management Agreement**
    - **b. University of Michigan – MC3 Grant**
    - **c. MITC Agreement**

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

XII. March Monitoring Reports

1. Treatment of Consumers 01-002

Cathy Meske noted the Survey Brochure includes surveys from individuals receiving services through the I/DD Program. Carolyn Bruning reported last year the surveys were all sent out at once whereas prior to last year, the surveys were sent out along with the Plan of Service information. The return rate increased using this new method.

Cathy Meske reported the second survey report information was compiled by the NMRE and the colored graph provides responses to the questions and compares Northeast to the partner boards for each question.

Cathy Meske noted the return rate increased from last year's survey by just over 12% overall with Northeast's return rate increasing by 11%.

Steve Dean noted the comments provided much praise for the staff.

2. Staff Treatment 01-003

Board members reviewed the survey information related to exit surveys provided to staff when leaving the Agency.

3. Budgeting 01-004

Cheryl Jaworowski noted the Statement of Revenue & Expense included in the mailing was for month ending December 31, 2018. In a handout at this meeting, the January statement was distributed.

Cheryl Jaworowski noted the January statement had some adjustments due to individuals having their Medicaid restored which then freed up General Fund dollars that were initially tapped with those associated costs.

Cheryl Jaworowski reported she will be working on a budget amendment to be presented in May. This will fix some of the budget adjustment on Line #41. Cheryl Jaworowski reported the Grants from Local Units include anticipated incentive dollars the Agency should be receiving.

Cheryl Jaworowski also noted the recruitment line item is over budget due to recruitment of psychiatrists. She also reports the Indeed.com fees for recruitment will be scaled back.

Cheryl Jaworowski reports the legal fees are larger due to attempting to get proper contract language and other opinions so this will need additional funding. She also reported there will be a net asset distribution from MMRMA so the Property & Liability Insurance line item deficit is a timing issue. The Rent line item deficit is partially due to subletting the Clubhouse out to Touchstone. She also reports rents to AIS Investors require a cash settlement to address any increases in property taxes or insurance increases.

She reports after four months into the fiscal year we are in a deficit of $131,935. Cheryl Jaworowski also responded to Gary Nowak's question of what amount of bad debt the Agency wrote off from last year.

4. Financial Condition 01-005

Cheryl Jaworowski reviewed the Financial Condition report with Board members. She reports we still have 51 days of operating expenses in unrestricted net position.

Cheryl Jaworowski reviewed the financial statement for the endowment fund.

5. Asset Protection 01-007

This monitoring report is reported as part of the Audit presentation.

Moved by Eric Lawson, supported by Pat Przeslawski, to accept the March monitoring reports as presented. Motion carried.

XIII. Board Policy Review and Self Evaluation

1. Budgeting 01-004

Board members reviewed the policy. There were no recommended revisions or any further discussion on this policy.

2. Board Members Ethical Code of Conduct 02-008

This policy was reviewed and revised last month. Board members were requested to sign the Code of Conduct and turn their signed copy in to Diane Hayka today.

XIV. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Appointment of Board Member to NMRE

Terry Larson was re-appointed as Board member to the NMRE

b. Board Meeting February 27, 2019

The minutes from the February meeting are not available at this point. Gary Nowak noted the OPS Committee had reviewed a policy for recommendation to the NMRE Board; however Cathy Meske and Chip Johnston did not vote on the recommendation. Cathy Meske reported it is not within the authority of the OPS committee to vote on policies such as presented.

c. Board Meeting January 23, 2019

The minutes for the NMRE Board meeting of January 23, 2019 were included in the materials mailed. Cathy Meske reported this meeting the NMRE Board was informed it was in 100% compliance with standards tied to the performance incentive bonus payment and will be receiving approximately $1.2M, which will be passed on to the member boards.

Cathy Meske noted at the February Board meeting the partner boards inquired as to what each member board is doing to resolve any budget deficits so this will most likely be captured in the February minutes.

2. Community Mental Health Association of Michigan (CMHAM)

The Spring Board Conference is scheduled for June 10 & June 11 in Novi, MI. Gary Nowak requested Board members expressing interest in attending to report next month. Eric Lawson, Judy Jones, and Bonnie Cornelius all indicated interest.

XV. Operation's Report

Nena Sork reviewed the Operation's Report for month ending February 28, 2019. She reviewed the ACT data noting for the past several years, the ACT Program has been understaffed. She reported a nurse has been hired and this will complete the Team. She reported once the staff is full, the numbers of individuals served can increase to 45.

Nena Sork noted the hospital pre-screens are also down slightly. It is anticipated this is due to the new provider for crisis calls. She noted ProtoCall provides more thorough screening and calls are screened by clinicians.

Clubhouse provider Touchstone has increased their numbers in the first month of their operations. The referral process is being established in the electronic record which should make those transitions smoother.

XVI. Nomination's Committee Report

Terry Larson reported the Nomination's Committee met just prior to this meeting. He reports the Board has had a "gentleman's agreement" to keep representation by a board member for each county on the Executive Committee throughout its history. He notes the recommendation for the Slate of Officers does not reflect any displeasure of performance just time to make some adjustments. Board members received a copy of the minutes from the meeting recommending the following slate of officers:

Chair – Eric Lawson
Vice Chair – Roger Frye
Secretary – Bonnie Cornelius
Past Chair – Gary Nowak

Elections will take place at the April Board meeting.

XVII. Chair's Report

1. CMH PAC Campaign

The CMH PAC campaign in underway. This pledge needs to be made by June as pledges are submitted just prior to the Spring Board Conference. Gary Nowak noted the suggested pledge is the equivalent of a per diem.

2. Appointment to Recipient Rights Committee

Gary Nowak appointed Barbara Murphy to the Recipient Rights Advisory Committee.

XVIII. Director's Report

1. **Director Report Summary**

Cathy Meske reported the Agency has been trying to get independent facilitators to assist in the Person-Centered Planning process. She reported she had contacted ARC of Michigan to see if there were options through there. Cathy Meske reported the requirements of our contracts mandate the facilitator carry liability insurance. She reported there could be options to provide incentives; however, the professional liability could not be waived.

HSAG review was conducted and there was one finding. She reported that finding dealt with the second 14-day window. This is being rectified through a change in our process.

mySchedule software is being proposed to assist in scheduling and allow for an easier process in filling schedules. Two SIP sites and two residential homes will pilot the program. This was approved under the Consent Agenda previously in this meeting.

She reported Lisa Anderson and she participated in the HUB strategic planning.

She noted she participating in the CMHSP training on the Behavioral Health Fee Screen Data Collection tool. She noted this process has been pushed out until late May or June.

2. **QI Council Update**
The minutes of the QI Council were included in the mailing. Cathy Meske reported satisfaction surveys completed using survey monkey was a suggestion.

XIX. Information and/or Comments from the Public
There was no information or comments presented.

XX. Next Meeting
The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, April 11, 2019 at 3:00 p.m.

1. Set April Agenda
The April agenda items were reviewed. April is the Board's organizational meeting so election of officers, setting meeting dates and times and other housekeeping tasks will be addressed.

XXI. Evaluation of Meeting
Roger Frye reported the meeting started on time and the Board Chair did a good job. He believes all Board members came away with some new information. He thanked the staff for their good work on the audit.

Pat Przeslawski notes she is proud of hearing the audit report with the auditors enjoying working with the staff. She also thanked Judy Hutchins for her years of service on the Board.

XXII. Adjournment
Moved by Pat Przeslawski, supported by Steve Dean, to adjourn the meeting. Motion carried. This meeting adjourned at 4:20 p.m.

_____
Bonnie Cornelius, Secretary

_____
Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

CMH Compliance Examination

September 30, 2018

STRALEY LAMP & KRAENZLEIN P.C.

C O N T E N T S

Page

Straley Lamp & Kraenzlein P.C.
Certified Public Accountants

Philip T. Straley, CPA/PFS
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Nicholas L. Cordes, CPA
Chelsea A. Meeder, CPA
Robert D. Ilsley
J. Michael Kearly

INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO MEDICAID, GF AND CMHS BLOCK GRANT PROGRAMS AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH *CMH COMPLIANCE EXAMINATION GUIDELINES* ISSUED BY THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

To the Board of Directors
Northeast Michigan Community Mental Health Authority

Compliance

We have examined the compliance of the Northeast Michigan Community Mental Health Authority (the "Authority") with the specified requirements described in *CMH Compliance Examination Guidelines*, issued by the Michigan Department of Health and Human Services ("MDHHS"), that are applicable to its Medicaid, General Fund ("GF") and Community Mental Health Services ("CMHS") Block Grant Programs for the year ended September 30, 2018. Compliance with these requirements is the responsibility of the Authority's management. Our responsibility is to express an opinion on the Authority's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material misstatements of the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination on the Authority's compliance with those requirements.

In our opinion, Northeast Michigan Community Mental Health Authority complied, in all material respects, with the specified requirements referred to above that are applicable to its Medicaid, GF and CMHS Block Grant Programs for the year ended September 30, 2018. However, the results of our auditing procedures disclosed an instance of immaterial noncompliance with those requirements which is required to be reported in accordance with *CMH Compliance Examination Guidelines* and which is described in the accompanying schedule of findings and questioned costs as item 2018-001.

2106 US 23 South, PO Box 738, Alpena, MI 49707 Telephone (989) 356-4531 Facsimile (989) 356-0494 Website silcpa.com

Internal Control Over Compliance

The management of the Authority is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations and programs applicable to its Medicaid, GF and CMHS Block Grant Programs. In planning and performing our examination, we considered the Authority's internal control over compliance with the requirements that could have a direct and material effect on its Medicaid, GF and CMHS Block Grant Programs in order to determine our examination procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with criteria established by MDHHS, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a MDHHS contract that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2018-001 to be a significant deficiency.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies, or material weaknesses in internal control over compliance. We did not identify any deficiencies in internal control over compliance that we consider to be a material weakness, as defined above.

Examination Schedules

As required by CMH Compliance Examination Guidelines, we have prepared the accompanying Examined FSR Schedule and Examined Cost Settlement Schedule.

Purpose of this Report

This report is intended solely for the information and use of the Authority's board of directors, management, and MDHHS. This report is an integral part of our examination in accordance with these guidelines in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Straley Lamp & Kraenzlein P.C.

March 22, 2019

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

				REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
A		**MEDICAID SERVICES - Summary From FSR - Medicaid**				
A	190	**TOTAL REVENUE**		-	-	-
A	290	**TOTAL EXPENDITURE**		-	-	-
A	295	**NET MEDICAID SERVICES SURPLUS (DEFICIT)**		-	-	-
A	390	**Total Redirected Funds**		-	-	-
A	400	**BALANCE MEDICAID SERVICES**		-	-	-
AC		**SUD NON-MEDICAID SERVICES - Summary From FSR - SUD**				
AC	190	**TOTAL REVENUE**		-	-	-
AC	290	**TOTAL EXPENDITURE**		-	-	-
AC	295	**NET SUD NON-MEDICAID SERVICES SURPLUS (DEFICIT)**		-	-	-
AC	390	**Total Redirected Funds**		-	-	-
AC	400	**BALANCE SUD NON-MEDICAID SERVICES**		-	-	-
AE		**INTENTIONALLY LEFT BLANK**				
AG		**HEALTH HOME SERVICES - Summary From FSR - Health Home Services**				
AG	190	**TOTAL REVENUE**		-	-	-
AG	290	**TOTAL EXPENDITURE**		-	-	-
AG	295	**NET HEALTH HOME SERVICES SURPLUS (DEFICIT)**		-	-	-
AG	390	**Total Redirected Funds**		-	-	-
AG	400	**BALANCE HEALTH HOME SERVICES**		-	-	-
AI		**HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan**				
AI	190	**TOTAL REVENUE**		-	-	-
AI	290	**TOTAL EXPENDITURE**		-	-	-
AI	295	**NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)**		-	-	-
AI	390	**Total Redirected Funds**		-	-	-
AI	400	**BALANCE HEALTHY MICHIGAN SERVICES**		-	-	-
AK		**MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link**				
AK	190	**TOTAL REVENUE**		-	-	-
AK	290	**TOTAL EXPENDITURE**		-	-	-
AK	295	**NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)**		-	-	-
AK	390	**Total Redirected Funds**		-	-	-
AK	400	**BALANCE MI HEALTH LINK SERVICES**		-	-	-
RES		**RESTRICTED FUND BALANCE ACTIVITY**				
RES	180	**Beginning Restricted Fund balance**		-		
RES	190	**TOTAL REVENUE (Deposits)**		-		
RES	290	**TOTAL EXPENDITURE (PBIP only)**		-		
RES	390	**Total Redirected Funds**		-		
RES	400	**BALANCE RESTRICTED FUND**		-		
B		**GENERAL FUND**				
B	100	**REVENUE**				
B	101	CMH Operations		699,887		699,887
B	102	Categorical		10,000		10,000
B	120	**Subtotal - Current Period General Fund Revenue**		709,887	-	709,887
B	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services		200,288		200,288
B	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services				-
B	123	Prior Year GF Carry Forward		40,494		40,494
B	140	**Subtotal - Other General Fund Revenue**		240,782	-	240,782
B	190	**TOTAL REVENUE**		950,669	-	950,669
B	200	**EXPENDITURE**				
B	201	100% MDHHS Matchable Services / Costs		529,648		529,648
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap		-	-	-
B	203	90% MDHHS Matchable Services / Costs - REPORTED	486,705			
		90% MDHHS Matchable Services / Costs - EXAMINATION ADJUSTMENTS				
		90% MDHHS Matchable Services / Costs - EXAMINED TOTAL	$ 486,705.00	438,035	-	438,035
B	290	**TOTAL EXPENDITURE**		967,683	-	967,683
B	295	**NET GENERAL FUND SURPLUS (DEFICIT)**		(17,014)	-	(17,014)
B	300	**Redirected Funds (To) From**				
B	301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - **A331** (PIHP use only)		-	-	-
B	301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - **AI331** (PIHP use only)		-	-	-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
B	301.2	(TO) SUD Non-Medicaid - Redirected for Unfunded SUD Non-Medicaid Services **AC331** (PIHP use only)	-	-	-
B	301.3	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - **AK331** (PIHP use only)	-	-	-
B	301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services **AG331** (PIHP use only)	-	-	-
B	304	(TO) Targeted Case Management - **D301**	-	-	-
B	305	(TO) GF Cost of SED - **E301**	-	-	-
B	306	(TO) GF Cost of SED - Not SED Waiver eligible - **E303**	-	-	-
B	308	(TO) GF Cost of Children's Waiver - **F301**	-	-	-
B	309	(TO) Allowable GF Cost of Injectable Medications - **G301**	-	-	-
B	310	(TO) PIHP to Affiliate Medicaid Services Contracts - **I304**	-	-	-
B	310.1	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - **IA304**	-	-	-
B	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - **IC304**	-	-	-
B	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID304**	-	-	-
B	312	(TO) CMHSP to CMHSP Earned Contracts - **J305** (explain - section Q)	-	-	-
B	313	FROM CMHSP to CMHSP Earned Contracts - **J302**	4,959		4,959
B	314	FROM Non-MDHHS Earned Contracts - **K302**			-
B	330	**Subtotal Redirected Funds rows 301 - 314**	4,959	-	4,959
B	331	FROM Local Funds - **M302**	22,055		22,055
B	332	FROM Risk Corridor - **N303**			-
B	390	**Total Redirected Funds**	27,014	-	27,014
B	400	**BALANCE GENERAL FUND (cannot be < 0)**	10,000	-	10,000
OTHER GF CONTRACTUAL OBLIGATIONS					
C		**INTENTIONALLY LEFT BLANK**			
FEE FOR SERVICE MEDICAID					
D		**TARGETED CASE MANAGEMENT - (GHS Only)**			
D	190	Revenue			-
D	290	Expenditure			-
D	295	**NET TARGETED CASE MANAGEMENT (cannot be > 0)**	-	-	-
D	300	**Redirected Funds (To) From**			
D	301	FROM General Fund - **B304**			-
D	302	FROM Local Funds - **M304**			-
D	303	(TO) CMHSP to CMHSP Earned Contracts - **J304.4**	-	-	-
D	304	FROM CMHSP to CMHSP Earned Contracts - **J303.4**			-
D	390	**Total Redirected Funds**	-	-	-
D	400	**BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)**	-	-	-
E		**SED WAIVER**			
E	100	**REVENUE**			
E	101	FFS Medicaid - SED-Trad			-
E	102	FFS Medicaid - SED-DHS			-
E	190	**TOTAL REVENUE**	-	-	-
E	200	**EXPENDITURE**			
E	201	Expenditure - Traditional - Federal Reimbursable			-
E	202	Expenditure - Traditional - Not SED waiver eligible			-
E	203	Expenditure - SED-DHS - Federal Reimbursable			-
E	204	Expenditure - SED-DHS - Not SED waiver eligible			-
E	290	**TOTAL EXPENDITURE**	-	-	-
E	295	**NET SED WAIVER (DEFICIT)**	-	-	-
E	300	**Redirected Funds (To) From**			
E	301	FROM General Fund - **B305**			-
E	302	FROM Local Funds - **M305**			-
E	303	FROM General Fund - Not SED Waiver eligible - **B306**			-
E	304	FROM Local Funds - Not SED Waiver eligible - **M306**			-
E	390	**Total Redirected Funds**	-	-	-
E	400	**BALANCE SED WAIVER (must = 0)**	-	-	-
F		**CHILDREN'S WAIVER**			
F	190	Revenue	50,953		50,953
F	290	Expenditure	50,953		50,953
F	295	**NET CHILDREN'S WAIVER (cannot be > 0)**	-	-	-
F	300	**Redirected Funds (To) From**			
F	301	FROM General Fund - **B308**			-
F	302	FROM Local Funds - **M308**			-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
F	303	FROM Activity not otherwise reported - **O301**			-
F	390	**Total Redirected Funds**	-	-	-
F	400	**BALANCE CHILDREN'S WAIVER (must = 0)**	-	-	-
G		**INJECTABLE MEDICATIONS**			
G	190	Revenue			-
G	290	Expenditure			-
G	295	**NET INJECTABLE MEDICATIONS (cannot be > 0)**	-	-	-
G	300	**Redirected Funds (To) From**			
G	301	FROM General Fund - **B309**			-
G	302	FROM Local Funds - **M309**			-
G	390	**Total Redirected Funds**	-	-	-
G	400	**BALANCE INJECTABLE MEDICATIONS (must = 0)**	-	-	-
OTHER FUNDING					
H		**MDHHS EARNED CONTRACTS**			
H	100	**REVENUE**			
H	101	PASARR	96,937		96,937
H	102	DHHS Block Grants for CMH services			-
H	103	DD Council Grants			-
H	104	PATH/Homeless	8,009		8,009
H	105	Prevention			-
H	106	Aging			-
H	107	HUD Shelter Plus Care			-
H	108	Multicultural Integration			-
H	150	Other MDHHS Earned Contracts (describe):			-
H	151	Other MDHHS Earned Contracts (describe):			-
H	190	**TOTAL REVENUE**	104,946	-	104,946
H	200	**EXPENDITURE**			
H	201	PASARR	96,937		96,937
H	202	DHHS Block Grants for CMH services			-
H	203	DD Council Grants			-
H	204	PATH/Homeless	8,009		8,009
H	205	Prevention			-
H	206	Aging			-
H	207	HUD Shelter Plus Care			-
H	208	Multicultural Integration			-
H	250	Other MDHHS Earned Contracts (describe):			-
H	251	Other MDHHS Earned Contracts (describe):			-
H	290	**TOTAL EXPENDITURE**	104,946	-	104,946
H	400	**BALANCE MDHHS EARNED CONTRACTS (must = 0)**	-	-	-
I		**PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY**			
I	100	**REVENUE**			
I	101	Revenue - from PIHP Medicaid (incl Autism)	24,601,182		24,601,182
I	104	Revenue - from PIHP Healthy Michigan Plan (incl Autism)	1,440,119		1,440,119
I	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	489,426		489,426
I	123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate			-
I	190	**TOTAL REVENUE**	26,530,727	-	26,530,727
I	201	Expenditure - Medicaid (incl Autism)	25,090,608		25,090,608
I	202	Expenditure - Healthy Michigan Plan (incl Autism)	1,440,119		1,440,119
I	203	Expenditure - MI Health Link (Medicaid) Services			-
I	290	**TOTAL EXPENDITURE**	26,530,727	-	26,530,727
I	295	**NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)**	-	-	-
I	300	**Redirected Funds (To) From**			
I	301	(TO) CMHSP to CMHSP Earned Contracts - **J306**	-	-	-
I	302	FROM CMHSP to CMHSP Earned Contracts - **J303**			-
I	303	FROM Non-MDHHS Earned Contracts - **K303**			-
I	304	FROM General Fund - **B310**			-
I	306	FROM Local Funds - **M309.1**			-
I	390	**Total Redirected Funds**	-	-	-
I	400	**BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)**	-	-	-
IA		**PIHP to AFFILIATE SUBSTANCE USE DISORDER (NON-MEDICAID) CONTRACTS - CMHSP USE ONLY**			
IA	100	**REVENUE**			
IA	101	Revenue - SUD Non-Medicaid - from PIHP			-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
IA	122	Revenue - Fees & Collections - Affiliate			-
IA	190	**TOTAL REVENUE**	-	-	-
IA	200	**EXPENDITURE**			
IA	201	Expenditure			-
IA	290	**TOTAL EXPENDITURE**	-	-	-
IA	295	**NET PIHP to AFFILIATE SUD (NON-MEDICAID) SERVICES CONTRACTS SURPLUS (DEFICIT)**	-	-	-
IA	300	**Redirected Funds (To) From**			
IA	301	(TO) CMHSP to CMHSP Earned Contracts - **J306.2**	-	-	-
IA	302	FROM CMHSP to CMHSP Earned Contracts - **J303.2**			-
IA	303	FROM Non-MDHHS Earned Contracts - **K303.2**			-
IA	304	FROM General Fund - **B310.1**			-
IA	306	FROM Local Funds - **M309.2**			-
IA	390	**Total Redirected Funds**	-	-	-
IA	400	**BALANCE PIHP to AFFILIATE SUD (NON-MEDICAD) SERVICES CONTRACTS (must = 0)**	-	-	-

IB		**INTENTIONALLY LEFT BLANK**			

IC		**PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY**			
IC	190	Revenue - Medicaid Health Home Services - from PIHP			-
IC	290	Expenditure - Medicaid Health Home Services			-
IC	295	**NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)**	-	-	-
IC	300	**Redirected Funds (To) From**			
IC	304	FROM General Fund - **B310.3**			-
IC	306	FROM Local Funds - **M309.4**			-
IC	390	**Total Redirected Funds**	-	-	-
IC	400	**BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (must = 0)**	-	-	-

ID		**PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY**			
ID	100	**REVENUE**			
ID	101	Revenue - MI Health Link - from PIHP			-
ID	122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate			-
ID	190	**TOTAL REVENUE**	-	-	-
ID	200	**EXPENDITURE**			
ID	201	Expenditure			-
ID	290	**TOTAL EXPENDITURE**	-	-	-
ID	295	**NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)**	-	-	-
ID	300	**Redirected Funds (To) From**			
ID	301	(TO) CMHSP to CMHSP Earned Contracts - **J306.3**	-	-	-
ID	302	FROM CMHSP to CMHSP Earned Contracts - **J303.3**			-
ID	303	FROM Non-MDHHS Earned Contracts - K303.3			-
ID	304	FROM General Fund - **B310.4**			-
ID	306	FROM Local Funds - **M309.3**			-
ID	390	**Total Redirected Funds**	-	-	-
ID	400	**BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)**	-	-	-

J		**CMHSP to CMHSP EARNED CONTRACTS**			
J	190	Revenue	177,351		177,351
J	290	Expenditure	172,392		172,392
J	295	**NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)**	4,959	-	4,959
J	300	**Redirected Funds (To) From**			
J	301	(TO) Medicaid Services - **A302** (PIHP use only)	-	-	-
J	301.1	(TO) Healthy Michigan - **AI302** (PIHP use only)	-	-	-
J	301.2	(TO) SUD (Non-Medicaid) Services Contracts - **AC302** (PIHP use only)	-	-	-
J	301.3	(TO) MI Health Link - **AK302** (PIHP use only)	-	-	-
J	302	(TO) General Fund - **B313**	(4,959)	-	(4,959)
J	303	(TO) PIHP to Affiliate Medicaid Services Contracts - **I302**	-	-	-
J	303.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - **IA302**	-	-	-
J	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID302**	-	-	-
J	303.4	(TO) Targeted Case Management - **D304**	-	-	-
J	304	FROM Medicaid Services - **A301** (PIHP use only)			-
J	304.1	FROM Healthy Michigan - **AI301** (PIHP use only)			-
J	304.2	FROM SUD (Non-Medicaid) Service Contracts - **AC301** (PIHP use only)			-
J	304.3	FROM MI Health Link - **AK301** (PIHP use only)			-
J	304.4	FROM Targeted Case Management - **D303**			-
J	305	FROM General Fund - **B312**			-
J	306	FROM PIHP to Affiliate Medicaid Services Contracts - **I301**			-
J	306.2	FROM PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - **IA301**			-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
J	306.3	FROM PIHP to MI Health Link Services Contracts - **ID301**			-
J	307	FROM Local Funds - **M310**			-
J	390	**Total Redirected Funds**	(4,959)	-	(4,959)
J	400	**BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)**	-	-	-
K		**NON-MDHHS EARNED CONTRACTS**			
K	190	Revenue	53,256		53,256
K	290	Expenditure	53,895		53,895
K	295	**NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)**	(639)	-	(639)
K	300	**Redirected Funds (To) From**			
K	301	(TO) Medicaid Services - **A303** (PIHP use only)	-	-	-
K	301.1	(TO) Healthy Michigan - **AI303** (PIHP use only)	-	-	-
K	301.2	(TO) SUD (Non-Medicaid) Services Contracts - **AC303** (PIHP use only)	-	-	-
K	301.3	(TO) MI Health Link - **AK303** (PIHP use only)	-	-	-
K	302	(TO) General Fund - **B314**	-	-	-
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - **I303**	-	-	-
K	303.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - **IA303**	-	-	-
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID303**	-	-	-
K	304	(TO) Local Funds - **M315**	-	-	-
K	305	FROM Local Funds - **M311**	639		639
K	390	**Total Redirected Funds**	639	-	639
K	400	**BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)**	-	-	-
L		**Intentionally left Blank**			
M		**LOCAL FUNDS**			
M	100	**REVENUE**			
M	101	County Appropriation for Mental Health	266,638		266,638
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds			-
M	103	Section 226 (a) Funds	98,139	-	98,139
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)			-
M	105	Medicaid Fee for Service Adjuster Payments			-
M	106	Local Grants			-
M	107	Interest	12,233		12,233
M	109	SED Partner			-
M	110	All Other Local Funding	37,200		37,200
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding	188,634		188,634
M	190	**TOTAL REVENUE**	602,844	-	602,844
M	200	**EXPENDITURE**			
M	201	GF 10% Local Match	48,670	-	48,670
M	202	Reported Local match cap amount			
		Examination Adjustment Local match cap amount			
		Local match cap amount $ -			
M	203	GF Local Match Capped per MHC 330.1308	-	-	-
M	204	Local Cost for State Provided Services	59,600		59,600
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)	250,088		250,088
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)			-
M	207	Local Match to Grants and MDHHS Earned Contracts			-
M	209	Local Only Expenditures	195,388		195,388
M	290	**TOTAL EXPENDITURE**	553,746	-	553,746
M	295	**NET LOCAL FUNDS SURPLUS (DEFICIT)**	49,098	-	49,098
M	300	**Redirected Funds (To) From**			
M	301	(TO) Medicaid Services - **A332** (PIHP use only)	-	-	-
M	301.1	(TO) Healthy Michigan - **AI332** (PIHP use only)	-	-	-
M	301.2	(TO) SUD (Non-Medicaid) Services - **AC332** (PIHP use only)	-	-	-
M	301.3	(TO) MI Health Link - **AK332** (PIHP use only)	-	-	-
M	301.4	(TO) Health Home Services - **AG332** (PIHP use only)	-	-	-
M	302	(TO) General Fund - **B331**	(22,055)	-	(22,055)
M	304	(TO) Targeted Case Management - **D302**	-	-	-
M	305	(TO) SED Waiver - **E302**	-	-	-
M	306	(TO) SED Waiver - Not SED Waiver eligible - **E304**	-	-	-
M	308	(TO) Children's Waiver - **F302**	-	-	-
M	309	(TO) Injectable Medications - **G302**	-	-	-
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - **I306**	-	-	-
M	309.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - **IA306**	-	-	-
M	309.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID306**	-	-	-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - **IC306**	-	-	-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
M	310	(TO) CMHSP to CMHSP Earned Contracts - **J307**	-	-	-
M	311	(TO) Non-MDHHS Earned Contracts - **K305**	(639)	-	(639)
M	313	(TO) Activity Not Otherwise Reported - **O302**	-	-	-
M	313.3	FROM MI Health Link (Medicare) - **AK336** - (PIHP use only)			-
M	315	FROM Non-MDHHS Earned Contracts - **K304**			-
M	390	**Total Redirected Funds**	(22,694)	-	(22,694)
M	400	**BALANCE LOCAL FUNDS**	26,404	-	26,404

N		**RISK CORRIDOR**			
N	100	**REVENUE**			
N	101	Stop/Loss Insurance			-
N	102	Medicaid ISF for PIHP Share Risk Corridor			-
N	103	MDHHS for MDHHS Share of Medicaid Risk Corridor			-
N	190	**TOTAL REVENUE**	-	-	-
N	300	**Redirected Funds (To) From**			
N	301	(TO) Medicaid Services - PIHP Share - **A333** (PIHP use only)	-	-	-
N	301.1	(TO) Healthy Michigan - PIHP Share - **AI333** (PIHP use only)	-	-	-
N	302	(TO) Medicaid Services - MDHHS Share - **A334** (PIHP use only)	-	-	-
N	302.1	(TO) Healthy Michigan - MDHHS Share - **AI334** (PIHP use only)	-	-	-
N	303	(TO) General Fund - **B332**	-	-	-
N	390	**Total Redirected Funds**	-	-	-
N	400	**BALANCE RISK CORRIDOR (must = 0)**	-	-	-

O		**ACTIVITY NOT OTHERWISE REPORTED**			
O	100	**REVENUE**			
O	101	Other Revenue (describe): Production offset and donor directed revenue	57,357		57,357
O	102	Other Revenue (describe):			-
O	103	Other Revenue (describe):			-
O	190	**TOTAL REVENUE**	57,357	-	57,357
O	200	**EXPENDITURE**			
O	201	Other Expenditure (describe): Production offset and donor directed expenditures	57,357		57,357
O	202	Other Expenditure (describe):			-
O	203	Other Expenditure (describe):			-
O	290	**TOTAL EXPENDITURE**	57,357	-	57,357
O	295	**NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)**	-	-	-
O	300	**Redirected Funds (To) From**			
O	301	(TO) Children's Waiver - **F303**	-	-	-
O	302	FROM Local Funds - **M313**			-
O	390	**Total Redirected Funds**	-	-	-
O	400	**BALANCE ACTIVITY NOT OTHERWISE REPORTED**	-	-	-

P		**GRAND TOTALS**			
P	190	**GRAND TOTAL REVENUE**	28,528,103	-	28,528,103
P	290	**GRAND TOTAL EXPENDITURE**	28,491,699	-	28,491,699
P	390	**GRAND TOTAL REDIRECTED FUNDS (must = 0)**	-	-	-
P	400	**NET INCREASE (DECREASE)**	36,404	-	36,404

Q		**REMARKS**
Q		This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q		B400 - Lapsed Categorical AOT funds $10,000. M101 - Alcona County $35,224, Alpena County $150,216, Montmorency County $31,435, Presque Isle County $49,764. M103 - Section 226 (a) funds restricted to less than received.

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

1.	General Fund Services - Available Resources	Funding Resources
a.	CMH Operations (FSR B 101)	699,887
b.	Categorical	10,000
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	$ 709,887
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	200,288
f.	Prior Year GF Carry-Forward (FSR B 123)	40,494
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	4,959
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	$ 245,741
k.	Local 10% Associated to 90/10 Services (FSR M 201)	48,670
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	$ 48,670
n.	Total General Fund Services - Resources	$ 1,004,298

2.	General Fund Services - Expenditures	90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		529,648
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	486,705	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	486,705
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		$ 1,016,353
h.	GF Supplement for Unfunded Medicaid - (PIHP use only) (FSR B 301)		-
i.	GF Supplement for Unfunded Healthy Michigan - (PIHP use only) (FSR B 301.1)		-
j.	GF Supplement for SUD (Non-Medicaid) Services (PIHP use only) (FSR B 301.2)		-
k.	GF Supplement for Unfunded MI Health Link - (PIHP use only) (FSR B 301.3)		-
l.	GF Supplement for Unfunded Health Home Services (PIHP use only) (FSR B 301.4)		-
m.	GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
n.	GF Supplement for SED (FSR B 305 + B 306)		-
o.	GF Supplement for Children's Waiver (FSR B 308)		-
p.	GF Supplement for Injectable Medications (FSR B 309)		-
q.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
r.	GF Supplement for PIHP to Affiliate SUD (Non-Medicaid) Services Contracts (FSR B 310.1)		-
s.	Intentionally left blank		
t.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
u.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
v.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		-
w.	Sub-Total General Fund Services Supplement - Expenditures		$ -
x.	Total General Fund Services - Expenditures		$ 1,016,353

3.	Summary of Resources / Expenditures	Amount
a.	Total General Fund Services - Resources	1,004,298
b.	Total General Fund Services - Expenditures	1,016,353
c.	Sub-Total General Fund Services Surplus (Deficit)	$ (12,055)
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	(10,000)
e.	Net General Fund Services Surplus (Deficit)	$ (22,055)

4.	Disposition:	Amount
a.	**Surplus**	
b.	Transfer to Fund Balance - GF Carry-Forward Earned	-
c.	Transfer to Fund Balance - GHS - Crisis Counseling - GF Carry-Forward	-
d.	Lapse to MDHHS - Contract Settlement	-
e.	Total Disposition - Surplus	$ -
f.	**Deficit**	
g.	Redirected from Local (FSR B 331)	22,055
h.	Redirected from risk corridor (FSR B 332)	-
i.	Total Disposition - Deficit	$ 22,055

6.	General Fund MDHHS Commitment	
a.	MDHHS / CMHSP Contract Funded Expenditures	699,887
b.	Earned General Fund Carry-Forward	-
c.	Categorical Crisis Counseling - (GHS Only) Carry-Forward	-
d.	Total MDHHS General Fund Commitment	$ 699,887

5.	Cash Settlement: (Due MDHHS) / Due CMHSP	Amount
a.	Forced Lapse to MDHHS	(10,000)
b.	Lapse to MDHHS - Contract Settlement	-
c.	Return of Prior Year General Fund Carry-Forward	
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	-
f.	Intentionally left blank	
g.	Misc: (please explain)	
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	$ (10,000)

Examined Cash Settlement and MDHHS Commitment

	Cash Settlement	Carry Forward
Examined	$ (10,000)	$ -
Original	-10000	
Increase (Decrease)	$ -	$ -

Comments:

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED GENERAL FUND CONTRACT SETTLEMENT WORKSHEET
FOR THE YEAR SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

1. General Fund (Formula and Categorical Funding)		Contract Authorization	Cash Received: Through 9/30	Cash Received: After 9/30 Prior to Settlement	Cash Received: Total	Amount Due CMHSP / (MDHHS) Cash Settlement
a.	CMH Operations	699,887	699,887		699,887	-
b.	Categorical	10,000	10,000		10,000	-
c.	Total Current FY GF Authorization / Cash Received / Cash Settlement	$ 709,887	$ 709,887	$ -	$ 709,887	$ -

2. Current Year - General Fund Carry-Forward - Maximum		Contract Authorization	Maximum C/F
a.	CMH Operations	699,887	
b.	Total Current Year Maximum Carry-Forward	$ 699,887	$ 34,994

3. Prior Year - General Fund Carry-Forward		FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a.	Prior Year GF Carry-Forward Earned		
b.	Prior Year GF Carry-Forward (FSR B 123)	40,494	
c.	Balance of Prior Year General Fund Carry-Forward	$ (40,494)	

4. Categorical - Crisis Counseling - (GHS Only)		Amount
a.	Authorization / Carry Forward	
b.	Expenditures	
c.	Balance of Categorical - (GHS use only) Carry-Forward	$ -

5. Categorical - Categories		Authorization	Expenditures	Lapse	Cost Above Authorizations
a.	Assisted Outpatient Treatment (AOT)	10,000		(10,000)	-
b.	Other Funding - Please explain			-	-
c.	Other Funding - Please explain			-	-
d.	Totals	$ 10,000	$ -	$ (10,000)	$ -

6. Narrative: Both CRCS and Contract Settlement Worksheet

Explanation of Accrual and Examination Adjustments

SPECIAL FUND ACCOUNT
For Recipient Fees and Third-Party Reimbursement
As Added to Mental Health Code per PA 423, 1980
FOR THE YEAR ENDED SEPTEMBER 30, 2018

CMHSP: Northeast Michigan Community Mental Health Authority

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level		EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. County Funding - 1979/1980	$ 83,304		$ 83,304
2. County Funding - Current Fiscal Year	$ 266,638		$ 266,638

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections
Year to Date by Service Category and Source

Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total	EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. Inpatient Services				$ -		$ -
2. Residential Services				$ -		$ -
3. Community Living Services				$ -		$ -
4. Outpatient Services	$ 487	$ 96,707	$ 945	$ 98,139		$ 98,139
5. Total	$ 487	$ 96,707	$ 945	$ 98,139	$ -	$ 98,139

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections Quarterly Summary		EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
1. First Quarter	$ 56,690		$ 56,690
2. Second Quarter	$ 41,449		$ 41,449
3. Third Quarter			$ -
4. Fourth Quarter			$ -
5. Total	$ 98,139	$ -	$ 98,139

Explanation of Accrual and Examination Adjustments

MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT 1915(b)/(c) WAIVER PROGRAM CONTRACT
AND
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS C.6.5.1.1 & P.7.7.1.1 REPORT SUBMISSIONS

PIHP:	-	**FISCAL YEAR:**	FY 17 / 18
CMHSP:	Northeast Michigan Community Ment	**SUBMISSION TYPE:**	YE Final
		SUBMISSION DATE:	2/28/2019

An "X" in the appropriate box in the section(s) below identifies the reports covered by this certification.

		Contact		
General Fund - Non Medicaid Reports	**"X"**	**Name**	**Telephone #**	**Email Address**
Special Fund Account - Section 226a	x	Cheryl Jaworowski	989-358-7737	cjaworowski@nemcmh.org
Financial Status Report (FSR) - All Non-Medicaid	x	Cheryl Jaworowski	989-358-7737	cjaworowski@nemcmh.org
Contract Reconciliation and Cash Settlement	x	Cheryl Jaworowski	989-358-7737	cjaworowski@nemcmh.org
Contract Settlement Worksheet	x	Cheryl Jaworowski	989-358-7737	cjaworowski@nemcmh.org
Year End Accrual Schedule				

		Contact		
Medicaid Reports	**"X"**	**Name**	**Telephone #**	**Email Address**
Financial Status Report (FSR) - Medicaid				
Financial Status Report (FSR) - Healthy Michigan				
Financial Status Report (FSR) - Health Homes				
Financial Status Report (FSR) - MI Health Link				
Financial Status Report (FSR) - SUD				
SUD - Supplemental				
RES Fund Balance				
Internal Service Fund (ISF)				
Shared Risk Calculation & Risk Financing				
Contract Reconciliation and Cash Settlement				
Contract Settlement Worksheet				
Year End Accrual Schedule				

CERTIFICATION

The name below is authorized to certify on behalf of the CMHSP or PIHP that this is an accurate statement of revenues / expenditures for the reporting period. Appropriate documentation is available and will be maintained for the required period to support the revenues and expenditures reported.

Contact Information

Name & Title	Date	Telephone #	Email Address
Cheryl Jaworowski, Finance Director	February 28, 2019	989-358-7737	cjaworowski@nemcmh.org

MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT 1915(b)/(c) WAIVER PROGRAM CONTRACT
AND
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT BUNDLE

PIHP:	-	**FISCAL YEAR:**	FY 17 / 18
CMHSP:	Northeast Michigan Community Mer	**SUBMISSION TYPE:**	YE Final
		SUBMISSION DATE:	2/28/2019

The "Additional Narrative" tab of the FSR Bundle should be utilized to provide additional narrative explanation regarding any entry or activity where additional information would be beneficial when the narrative section of the individual form was not sufficient.

Column Instructions:	
FORM (FSR Bundle Tab):	Select the appropriate Form (FSR Bundle Tab) from the drop down menu.
Row Reference:	Enter the row reference that the additional narrative refers to.
Narrative:	Enter narrative explanation regarding any entry or activity where additional information would be beneficial.

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2018

SECTION I - SUMMARY OF ACCOUNTANT'S RESULTS

Medicaid Program

Type of accountant's report issued on compliance:	Unmodified
Internal control over Medicaid program: Material weakness(es) identified?	____ Yes __X__ No
Significant deficiency(ies) identified not considered to be material weaknesses?	__X__ Yes ____ None reported
Material noncompliance with the provisions of laws, regulations, or contracts noted?	____ Yes __X__ No
Known fraud identified?	____ Yes __X__ No

General Fund Program

Type of accountant's report issued on compliance:	Unmodified
Internal control over General Fund program: Material weakness(es) identified?	____ Yes __X__ No
Significant deficiency(ies) identified not considered to be material weaknesses?	____ Yes __X__ None reported
Material noncompliance with the provisions of laws, regulations, or contracts noted?	____ Yes __X__ No
Known fraud identified?	____ Yes __X__ No

CMHS Block Grant Program

Not applicable.

SECTION II - CURRENT YEAR FINDINGS AND QUESTIONED COSTS

Finding Number 2018-001 – Significant Deficiency in Compliance and Internal Control over Compliance – Appropriate Documentation on Costs and Services.

Criteria: The Medicaid subcontract between the Authority and the Northern Michigan Regional Entity (NMRE) along with 42 CFR 434.6(b) from the Code of Federal Regulations require that reimbursements to subcontractors must have appropriate supporting documentation on costs and allowable services to be provided.

Condition: In our original sample of subcontracts, one subcontractor was noted as being reimbursed at amended rates and allowable service codes that were agreed upon during the fiscal year, but the written contract was still in the process of being updated to reflect these changes. Our sample was expanded for additional subcontractors. Two additional subcontractors were found that had amended rates and allowable service codes updated during the fiscal year; however, their written contract had not yet been updated to reflect those changes.

Examination Adjustment: There are no examination adjustments associated with this finding.

Cause: The updated rates and allowable service codes had been agreed upon; however, the written contract had not been updated to reflect the changes.

Effect: The invoices submitted for payment from the subcontractors reflected the amended rates and allowable service codes while the contracts were still in the process of being modified for the changes.

Recommendations: We recommend when amendments to rates and allowable service codes are necessary that the written contracts timely reflect these changes. This will provide the documentation required in the Medicaid subcontract.

Views of Responsible Officials: The Authority concurs with the Auditors recommendation noted in Finding Number 2018-001. This potential finding was brought to the attention of audit staff by the Finance Director at the beginning of audit fieldwork. Although there was a negotiated verbal agreement in place for all contractors impacted by this finding, the written contracts had not been finalized. However, no examination adjustments were necessary as the amounts paid to contractors impacted by this finding were correct amounts in all occurrences. Payment accuracy has been attested to in writing by the staff that were involved with contract rate negotiations including the Executive Director, Chief Operating Officer, Finance Director, and Quality Improvement Coordinator. This was also verified retroactively with all contractors impacted by this finding. Staff members who approved the impacted invoices approved them correctly as they had been verbally given the correct rates to be approved prior to invoice approval in anticipation of final written contracts.

SECTION II - CURRENT YEAR FINDINGS AND QUESTIONED COSTS (continued)

Planned Corrective Action: The Authority will hold payments to all sub-contractors until fully executed written contracts are in place. The internal controls to facilitate this improvement have been completed and were put in place during March 2019.

Responsible Party for the Corrective Action: The Executive Director, Chief Operating Officer, Compliance Officer, Finance Director and Quality Improvement Coordinator are responsible for the implementation of the planned corrective action.

Anticipated Completion Date: March 31, 2019.

SECTION III - EXAMINATION ADJUSTMENTS

None reported.

SECTION IV - PRIOR YEAR FINDINGS AND QUESTIONED COSTS

None reported.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Comments and Recommendations

For the Year Ended September 30, 2018

None reported.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Five Months Ending February 28, 2019
41.7% of year elapsed

		Actual February Year to Date	Budget February Year to Date	Variance February Year to Date	Budget FY19	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 34,364	$ 40,449	$ (6,085)	$ 97,000	35.4%
2	Private Contracts	20,610	23,907	(3,297)	57,331	35.9%
3	Grants from Local Units	114,615	205,069	(90,454)	491,772	23.3%
4	Interest Income	3,263	4,170	(907)	10,000	32.6%
5	Medicaid Revenue	10,612,886	10,366,031	246,855	24,858,588	42.7%
6	General Fund Revenue	250,313	296,023	(45,710)	709,887	35.3%
7	Healthy Michigan Revenue	495,613	560,703	(65,091)	1,344,612	36.9%
8	3rd Party Revenue	135,283	267,339	(132,056)	641,100	21.1%
9	SSI/SSA Revenue	207,671	208,964	(1,293)	501,112	41.4%
10	Other Revenue	34,682	19,964	14,718	47,876	72.4%
11	**Total Revenue**	**11,909,299**	**11,992,619**	**(83,320)**	**28,759,278**	**41.4%**
	Expense					
12	Salaries	5,054,636	5,440,105	385,470	13,045,816	38.7%
13	Social Security Tax	227,261	267,432	40,171	641,324	35.4%
14	Self Insured Benefits	993,014	1,096,457	103,443	2,629,392	37.8%
15	Life and Disability Insurances	90,613	97,518	6,905	233,855	38.7%
16	Pension	410,962	426,660	15,698	1,023,166	40.2%
17	Unemployment & Workers Comp.	81,968	99,945	17,977	239,676	34.2%
18	Office Supplies & Postage	14,452	20,094	5,642	48,188	30.0%
19	Staff Recruiting & Development	69,486	50,693	(18,793)	121,567	57.2%
20	Community Relations/Education	532	990	458	2,373	22.4%
21	Employee Relations/Wellness	28,733	21,714	(7,019)	52,072	55.2%
22	Program Supplies	178,769	195,433	16,664	468,665	38.1%
23	Contract Inpatient	425,954	468,503	42,550	1,123,509	37.9%
24	Contract Transportation	43,559	54,733	11,174	131,253	33.2%
25	Contract Residential	2,147,041	2,256,504	109,463	5,411,280	39.7%
26	Contract Employees & Services	1,308,945	1,472,578	163,633	3,531,361	37.1%
27	Telephone & Connectivity	46,441	48,283	1,842	115,786	40.1%
28	Staff Meals & Lodging	8,630	15,927	7,297	38,194	22.6%
29	Mileage and Gasoline	171,338	188,742	17,404	452,618	37.9%
30	Board Travel/Education	4,775	5,698	922	13,664	34.9%
31	Professional Fees	34,109	23,232	(10,878)	55,712	61.2%
32	Property & Liability Insurance	40,593	25,316	(15,277)	60,711	66.9%
33	Utilities	72,797	71,976	(820)	172,605	42.2%
34	Maintenance	75,175	77,344	2,169	185,477	40.5%
35	Rent	111,577	97,314	(14,263)	233,367	47.8%
36	Food (net of food stamps)	23,561	23,983	422	57,512	41.0%
37	Capital Equipment	10,873	47,344	36,472	113,535	9.6%
38	Client Equipment	5,619	11,872	6,253	28,469	19.7%
39	Miscellaneous Expense	28,604	32,707	4,103	78,435	36.5%
40	Depreciation Expense	105,368	108,279	2,911	259,661	40.6%
41	Budget Adjustment	-	(754,756)	(754,756)	(1,809,967)	0.0%
42	**Total Expense**	**11,815,385**	**11,992,619**	**177,234**	**28,759,278**	**41.1%**
43	**Change in Net Position**	**$ 93,914**	**$ (0)**	**$ 93,914**	**$ (0)**	**0.3%**

44	Contract settlement items included above:	
45	Medicaid Funds (Over) / Under Spent	$ (248,795)
46	Healthy Michigan Funds (Over) / Under Spent	151,494
47	Total NMRE (Over) / Under Spent	$ (97,300)
48	General Funds to Carry Forward to FY20	$ 16,676
49	General Funds Lapsing to MDHHS	66,536
50	General Funds (Over) / Under Spent	$ 83,212

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Communication and Counsel to the Board, Policy # 01-009
REPORT FREQUENCY & DUE DATE: Annual: April 2019

POLICY STATEMENT:
With respect to providing information and counsel to the board, the CEO may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.
    - **Interpretation**

    The monitoring reports required by board policy and included in the monitoring schedule are to be prepared, delivered and presented clearly to the Board on a timely basis including any necessary data or evidence.
    - **Status**

    During the last 12 months, monitoring reports have been submitted on a timely basis in accordance with the monitoring schedule. This report will occur at our April meeting. Lead staff from various departments continue to be included in the development and presentation of various reports to more accurately relay information.

2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any board policy has previously been established.
    - **Interpretation**

    The Director will keep the Board apprised of any significant information or events that bear on the Board's responsibilities.
    - **Status**

    In addition to the expansion in the Autism program and those costs associated with the expansion, we continue to discuss the potential impact of the 298 Pilots and the Integration efforts of Behavioral and Physical Health Care and the Medicaid Health Plans. We continue to address the migration of those persons enrolled in DABs to the Healthy Michigan Plan, which negatively affects our Per Member Per Month funding formula. We have also discussed the impact of the Home and Community Based Services Rule on Community Living Supports, Residential placements, skill building and supported employment.

3. Fail to advise the board if, in the CEO's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the CEO.
    - **Interpretation**

    The Director has the opportunity and responsibility to frankly raise concerns related to the Governance Process, Board Relationships and Board-Staff Relationships and the Board has the duty to consider those concerns.
    - **Status**

    The Board's commitment to adopt and implement Policy Governance appears to be very strong. Frank open conversation between the Board and CEO provides an environment which supports the governance model, allowing the sharing of critical information without placing Board Members in the role expected of the Director or other employees. Board

Members adhere to their policies and hold the CEO responsible for reporting and compliance with its annual planning goals, policies and expectations. Board members have managed concerns about individual consumers and citizens requests discretely and in a manner consistent with the laws of confidentiality and the Health Insurance Privacy and Portability Act.

4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.
    - **Interpretation**

    Though the Director is the only employee that reports directly to the Board, he/she is expected to assure that the expertise of staff and valued input from other community resources are available for the Board.
    - **Status**

    Each month key staff participates in reporting to the Board in addition to the CEO. Routine reports from the Finance Director and Chief Operations Officer occur monthly along with Quality Improvement reports on a quarterly basis. Periodic reports from Human Resources and the Office of Recipient Rights are also made with regularity. Educational presentations from staff concerning programs and services occur throughout the year and occasional presentations from community partners, the NMRE Director, our Compliance Officer and staff of the Community Mental Health Association of Michigan Board is included in the Board's agenda.

5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.
    - **Interpretation**

    Monitoring reports and other material prepared to assist the Board in its responsibilities should be concise and logical in presentation.
    - **Status**

    During the past year the Board heard reports on the NeMCMHA Audit, Compliance Plan, Veterans Navigator, Staff Training Requirements, CARF Updates and a musical presentation by Eric Lawson discussing music as communication. The board also completed a thorough review of the By-laws of the Board. Monitoring Reports to the board occur using a perpetual calendar of review. While on occasion some of those presentations required lengthy detailed discussions, most presentations met the tests of this policy issue.

6. Fail to provide a mechanism for official board, officer or committee communications.
    - **Interpretation**

    The Director is to assist with and facilitate meetings of the Board and provide whatever support, including clerical, necessary to assure communication among board members and officers.
    - **Status**

    I believe this requirement continues to be met for all routine meetings, Recipient Rights Committee meetings and the Executive Committee and all other communications. Communication with Board members assigned to the Northern Michigan Regional Entity continues to be sufficient, in my opinion.

7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.
    - **Interpretation**

    The Director is to respond to directives of the whole Board rather than to individual members except when such an individual member or committee is duly authorized by the Board for a specific purpose.
    - **Status**

    Over the last year the Board continues to act as an entire body and does not place individual demands on the CEO or leadership staff. Board members have handled citizen concerns professionally and confidentially.

8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.
    - **Interpretation**

    The Director is to inform the board when issues of noncompliance either actual or anticipated with any Board policy occurs either through communication at the next board meeting or via contacting the Chair directly to inform him/her of the noncompliance.

    - **Status**

    Over the last year there has been no instances when noncompliance, whether actual or anticipated occurred.

9. Fail to supply for the consent agenda all items delegated to the CEO yet required by law or contract to be board approved, along with the monitoring assurance pertaining thereto.
    - **Interpretation**

      The Director is to report to the board all items required by law or contract to be distributed to the board in Agenda prior to the next board meeting. If there is an occasion where contracts or actions need to be addressed or signed prior to the next board meeting, the Director will contact the Chair for guidance and direction.

    - **Status**

      The Director has presented a thorough consent agenda for those contract obligations when received by the State or contract providers. The Director has also contacted the Chair when additions to the consent agenda needed to be included at the board meeting which were not originally sent out in the board packet.

Board Review/Comments

Reasonableness Test: Is the interpretation by the CEO reasonable?

Data Test: Is the data provided by the CEO both relative and compelling?

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

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

EXECUTIVE LIMITATIONS
(Manual Section)

FINANCIAL CONDITION
(Subject)

Board Approval of Policy April 13, 2006

●1 POLICY:

With respect to the actual, ongoing condition of the organization's financial health, the CEO may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in Ends policies.

Accordingly, he or she may not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.

2. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.

3. Use any designated reserves other than for established purposes.

4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain, otherwise unencumbered revenues within 30 days.

5. Fail to settle payroll and debts in a timely manner.

6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.

7. Acquire, encumber, or dispose of real property.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

EXECUTIVE LIMITATIONS
(Manual Section)

COMMUNICATION AND COUNSEL TO THE BOARD
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved	June 8, 2006

●1 POLICY:

With respect to providing information and counsel to the board, the CEO may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.

2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any board policy has previously been established.

3. Fail to advise the board if, in the CEO's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the CEO.

4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.

5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.

6. Fail to provide a mechanism for official board, officer or committee communications.

7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.

8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.

9. Fail to supply for the consent agenda all items delegated to the CEO yet required by law or contract to be board-approved, along with the monitoring assurance pertaining thereto.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

GOVERNANCE PROCESS
(Manual Section)

GOVERNING STYLE
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved by Board:	April 13, 2006

●1 POLICY:

The board will govern with an emphasis on outward vision encouraging diversity of viewpoints, strategic leadership more than administrative detail, clear and concise roles of board and CEO, collectively and proactively focusing on the future.

The board will:

1. Function as a unit, be responsible for governing itself, and initiate its own practices. The board will use the expertise of individual members to enhance the ability of the board as a body.

2. Focus its primary efforts on the intended long term impact outside the operating organization, and will direct the organization through the development of written board policies.

3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of governance capability. Continual board development will include orientation of new members in the board's governance process and periodic board discussion of process improvement.

4. Monitor and discuss the board's process and performance at each meeting. Self-monitoring will include comparison of board activity and discipline to policies in the Governance Process and Board-Staff Relationship categories.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

GOVERNANCE PROCESS
(Manual Section)

COST OF GOVERNANCE
(Subject)

Board Approval of Policy	November 7, 2002
Last Revision of Policy Approved	April ~~12~~11, 201~~8~~9

●1 POLICY:

Because poor governance costs more than learning to govern well, the board will invest in its governance capacity.

Accordingly:

1. Board skills, methods and supports will be sufficient to assure governing with excellence.
   A. Training and retraining will be used liberally to orient new members and candidates for membership, as well as to maintain and increase existing member's skills and understandings.
   B. Outside monitoring assistance will be arranged so that the board can exercise confident control over organizational performance. This includes but is not limited to fiscal audits.
   C. Outreach mechanisms will be used as needed to ensure the board's ability to listen to owner viewpoints and values.
2. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior capability.
   A. Up to $~~14,616~~13,664 in fiscal year '~~18~~ 19 for training including attendance at conferences and workshops.
   B. Up to $28,192 in fiscal year '~~18~~ '19 for audit and other third-party monitoring of organizational performance.
   C. Up to $~~6,560~~5,039 in fiscal year '~~18~~ 19 for surveys, focus groups, opinion analysis, and meeting costs.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, FEBRUARY 27, 2019
NMRE BOARD ROOM, GAYLORD

BOARD MEMBERS IN ATTENDANCE:	**Roger Frye, Annie Hooghart, Randy Kamps, Gary Klacking, Terry Larson, Gary Nowak, Jay O'Farrell (on phone), Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora (on phone)**
BOARD MEMBERS ABSENT:	**Ed Ginop, Mary Marois, Dennis Priess**
CEOs IN ATTENDANCE:	**Christine Gebhard, Chip Johnston, Karl Kovacs (on phone), Cathy Meske, Diane Pelts**
NMRE STAFF IN ATTENDANCE:	**Eric Kurtz, Brian Martinus, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek**
PUBLIC IN ATTENDANCE:	**Chip Cieslinski, Chris Frasz, Sue Winter**

CALL TO ORDER
Let the record show that Chairman Randy Kamps called the meeting to order at 10:04AM.

ROLL CALL
Let the record show that Jay O'Farrell and Nina Zamora attended the meeting by phone; Ed Ginop, Mary Marois, and Dennis Pries were absent. All other NMRE Board members were present.

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Let the record show that no conflicts of interest were expressed with any of the meeting agenda items.

APPROVAL OF PAST MINUTES
The minutes of the January meeting of the NMRE Governing Board were included in the materials for the meeting on this date.
MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE JANUARY 23, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY GARY NOWAK. MOTION CARRIED.

Let the record show the decision was made to continue sending draft minutes to the CMHSP Boards for their Board packets.

APPROVAL OF AGENDA
Mr. Kamps called for approval of the meeting agenda.
MOTION MADE BY ROGER FRYE TO APPROVE THE AGENDA FOR THE FEBRUARY 27, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY TERRY LARSON. MOTION CARRIED.

CORRESPONDENCE

1. Email between Joe Sedlock (MidState Health Network), Bob Sheehan (CMHAM) and Eric Kurtz dated February 11th & 12th regarding Monthly Revenue and Expense Reporting.
2. Email from Bob Sheehan to CMHSP and PIHP CEOs/Executive Directors dated February 13th "Seeking Advisory Committee Members to Guide the CMH Association/National Council Payer-Relevant Practice Transformation Academy".
3. The slides from MDHHS Medicaid 101 Presentation to the House Appropriations Subcommittee on Health and Human Services dated February 13th.
4. Email from Christine Gebhard to Eric Kurtz, Chip Johnston, Karl Kovacs, Cathy Meske, and Diane Pelts dated February 14th commenting in response to an email from Alan Bolter on Budget and Policy Considerations.
5. Email from Alan Bolter to CMHSP and PIHP CEOs/Executive Directors dated February 21st on the 2019-20 House Republican policy agenda.

Mr. Kurtz drew attention to his email to Bob Sheehan regarding monthly revenue and expenditure reporting (item 1 above). He maintained that the process will not serve the intended purpose (to inform the Legislature that a PIHP is in danger of hitting the risk corridor; PIHPs must notify the Department). He also advocated for CMHSP participation in discussions. Conversations continue. Mr. Kamps voiced support of Mr. Kurtz's stated position.

Discussion of the email correspondence from Alan Bolter regarding budget and policy followed. The Michigan Association of Health Plans have indicated an "actuarily soundness rate increase between 2.4% and 4.9%" for FY20. The increase in FY19 was stated as 2.8%. This information was shared alongside reports of failing PIHP regions (which received no rate increase in FY19).

Karl Kovacs suggested the Region contact a public relations firm to respond timely to news emerging from Lansing. Mr. Stone agreed that "We should communicate these points now."

MOTION MADE BY GARY NOWAK TO TASK THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER WITH EXPLORIING OPTIONS FOR PUBLIC RELATIONS ADVOCACY; SECOND BY KARLA SHERMAN. MOTION CARRIED.

ANNOUNCEMENTS

Mr. Stone announced that his grandson won State Championship wrestling. Ms. Gebhard announced that it was Mr. Kurtz's birthday.

PUBLIC COMMENTS

Let the record show that there were no comments from the public during this time on the agenda.

REPORTS

Board Chair Report/Executive Committee

Let the record show that no meetings of the NMRE Executive Committee have occurred since the December NMRE Board Meeting.

CEO's Report

The NMRE CEO Monthly Report for February 2019 was included in the materials for the meeting on this date. Mr. Kurtz noted many changes are occurring in the SUD system; this topic will be addressed in greater detail later during the meeting. Mr. Kurtz and Ms. Gebhard met with State Senator Wayne Schmidt on February 22nd. Mr. Kurtz called it a good meeting. A follow-up with Senate Appropriations is planned sometime around the next Directors Forum.

Mr. Tanner asked how contract negotiations are going. Mr. Kurtz responded that discussions continue about administrative cost reporting/medical loss ratio.

SUD Board Report
Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for March 4th at 10:00AM in the NMRE Board Room in Gaylord.

Financial Report
The NMRE Monthly Financial Report for December 2018 was included in the materials for the meeting on this date.

- Traditional Medicaid showed $38,805,330 in revenue, and $39,170,450 in expenses, resulting in a net deficit of $ 365,120 for three months ending December 31, 2018. Medicaid ISF was estimated at $10,402,709 as of November 10, 2018. Medicaid Savings was estimated at $1,100,000 as of November 10, 2018. It was noted that Medicaid ISF and Savings amounts will be updated after the final FSR.
- Healthy Michigan Plan showed $4,290,994 in revenue, and $ 4,671,214 in expenses, resulting in a net deficit of $380,220.
- Behavioral Health Home showed $63,793 in revenue and expenses of $29,898, resulting in a surplus of $33,895.
- SUD showed all funding source revenue of $3,475,853, and $ 3,753,739 in expenses, resulting in a deficit of $277,886.

Mr. Stone noted the Boards operating at a deficit. He asked whether this is likely to continue throughout the year. Cathy Meske replied that Northeast Michigan is working on a plan to get to PM/PM. Ms. Gebhard Ms. Gebhard expressed North Country's goal is to spend up to PM/PM this year. Mr. Johnston indicated Centra Wellness plans to dip into the ISF to get down to 7.5%. Mr. Kovacs is keeping a close eye on Northern Lakes. It was noted that financials for the beginning of the fiscal year are difficult to discern due to the close out of the previous year. No plans to expand services are in process.

Mr. Kamps requested that a percentage be attached to the ISF amount which Ms. Yockey agreed to provide.

Mr. Kurtz stressed that SUD spending is being tracked very closely. A budget amendment will be brought to the Board in the coming months. Five additional OHH providers are onboarding. It was noted that FQHC enrollment has been slower than anticipated.

Ms. Yockey shared that NMRE will receive the full incentive payment for FY18 of $1.3M; this will be distributed proportionately to the CMHSPs and can be used as local funds.

Mr. Schmidt requested a list of PA2 projects by County which Mr. Kurtz said is being developed.

MOTION MADE BY GARY NOWAK TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR DECEMBER 2018, SECOND BY ROGER FRYE. MOTION CARRIED.

NEW BUSINESS
PIHP CMHSP Monthly Revenue and Expense Reporting
A memorandum from Jeff Wieferich to CMHSP and PIHP CEOs/Executive Directors dated February 7, 2019 was included in the meeting materials. The Behavioral Health and Developmental Disabilities Administration is instituting a Monthly Revenue and Expenditure Report for each CMHSP and PIHP. The

slides from a PowerPoint presentation on the subject were also included in the meeting materials. This topic was discussed on under the Correspondence portion of the Agenda.

Milliman Risk Adjustment Methodology Evaluation
The Milliman-MDHHS SFY2020 Behavioral Health Risk Adjustment Methodology Evaluation dated February 5, 2019 presentation was included the meeting materials. The process adds additional morbidity factors to the rate setting process. Mr. Kurtz referred to this as a "moving target." Monthly meetings are taking place to determine what variables will be included. It is likely that none will demonstrate statistical significance. No additional funds will be allocated to the PIHPs, just shifted from one to another.

Beneficiary Grievance and Appeal Policy
The NMRE Policy Committee met prior to the meeting on this date to review the policy. After discussion, the recommendation for approval was made.
MOTION MADE BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BENEFICIARY GRIEVANCE AND APPEAL POLICY, SECOND BY KARLA SHERMAN. MOTION CARRIED.

Disclosure of Ownership Policy
The NMRE Policy Committee met prior to the meeting on this date to review the policy. After discussion, the recommendation for approval was made.
MOTION MADE BY KARLA SHERMAN TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY DISCLOSURE OF OWNERSHIP POLICY, SECOND BY ANNIE HOOGHART. MOTION CARRIED.

EQR/HSAG Plan of Corrections
The NMRE's Plan of Correction to the FY18 External Quality Review was included in the materials. Updates have been made to the NMRE Guide to Services and Provider Directory. Mr. Kamps asked whether there was any indication of fraud found, to which Mr. Kurtz replied there was not.
MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY FISCAL YEAR 2018 EXTERNAL QUALITY REVIEW PLAN OF CORRECTION, SECOND BY GARY NOWAK. MOTION CARRIED.

OLD BUSINESS
SUD Overview and Discussion
Mr. Kurtz noted the meetings with SUD Providers shown on his monthly CEO report. The NMRE has discontinued using "bundled" services. Strict adherence is being applied to ASAM (American Society of Addiction Medicine) criteria. Large gaps in continuum of care have been discovered which do not allow for appropriate step-down services. Authorization processes have changed. A systematic review of the entire SUD system is upcoming. Mr. Stone asked whether it's possible for a SUD Provider(s) to present to the NMRE Board. Mr. Kurtz responded "absolutely." He added that the 1115 Waive approval for SUD outlines processes. He has reached out to the Department to determine at what level NMRE providers are staged.

ProtoCall
The NMRE and the four CMHSPs that had been using Child & Family Services of Northwestern Michigan/Third Level Crisis Center will all have moved to ProtoCall by April 1st. Mr. Kovacs reported there has been some community backlash in Traverse City after communication was sent by Third Level to stakeholders." Third Level will cease operations in its current form effective April 30th. Northern Lakes continues to partner with Child & Family for other services.

PRESENTATION
Patriot Award

Albert Janutolo from the Department of Defense was in attendance to present the ESGR (Employer Support of the Guard and Reserve) Patriot Award to Mr. Kurtz and the NMRE. NMRE Veteran Navigator, Lt Col. Brian Martinus, nominated Mr. Kurtz for the award in recognition of the support he has received to enable him to continue to serve in the Michigan Army National Guard, including flexible scheduling and time off prior to and after deployment. National Guard and Reverses comprise 50% of USA's fighting service. Mr. Kurtz thanked the Board for their support and applauded Lt Col. Martinus for his efforts.

COMMENTS

Board

Mr. Tanner commented on the Cash Advance Request from AuSable Valley noted in the January Operations Committee minutes; he agreed with Mr. Johnston that it's a contractual arrangement between the NMRE and AVCMH. Mr. Kurtz responded that information, particularly regarding Medicaid funds, will always be shared with the Region. Eric commented that transparency, particularly regarding money, will be shared regionally for transparency.

CMHSP CEO

Mr. Johnston suggested presentations to the Board be made earlier in the meeting to allow the outside presenter to leave when finished.

Public

Sue Winter thanked the Board for its interest in opioid treatment services and expressed she would be happy to present to the Board as requested.

MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for 10:00AM on March 27, 2019 at 1999 Walden Drive in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 11:47AM.

	Program	Consumers served March 2019 (3/1/19 - 3/31/19)	Consumers served in the Past Year (4/1/18 - 3/31/19)	Yearly Average (4/1/18 - 3/31/19)
1	**Access / Crisis / Prescreens**	65 - Routine 0 - Emergent 0 - Urgent 73 - Crisis 38 - Prescreens	725 - Routine 2 - Emergent 8 - Urgent 1078 - Crisis 554 - Prescreens	60 - Routine 0 - Emergent 1 - Urgent 90 - Crisis 45 -Prescreens
2	**Doctors' Services**	1122	1536	1128
3	**Case Management**			
	Older Adult (OBRA)	136	179	130
	MI Adult	215	353	232
	MI ACT	30	40	31
	Home Based Children	10	28	11
	MI Children's Services	134	224	130
	DD	333	363	337
4	**Outpatient Counseling**	180(31/149)	524	204
5	**Hospital Prescreens**	38	554	45
6	**Private Hospital Admissions**	17	251	21
7	**State Hospital Admissions**	0	0	0
8	**Employment Services**			
	DD	75	116	80
	MI	50	86	51
	Touchstone Clubhouse	68	87	60
9	**Peer Support**	60	82	60
10	**Community Living Support Services**			
	DD	143	154	147
	MI	190	253	199
11	**CMH Operated Residential Services**			
	DD Only	59	61	59
12	**Other Contracted Resid. Services**			
	DD	31	36	33
	MI	28	35	29
13	**Total Unduplicated Served**	1132	2406	1136

County	Unduplicated Consumers Served Since April 2018
Alcona	276
Alpena	1505
Montmorency	258
Presque Isle	288
Other	60
No County Listed	19

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
EXECUTIVE COMMITTEE
MARCH 18, 2019
3:05 P.M.

PRESENT: Gary Nowak, Bonnie Cornelius, Roger Frye, Eric Lawson, Pat Przeslawski

STAFF: Lisa Anderson, Diane Hayka, Cathy Meske

Chair Gary Nowak called the Executive Committee meeting to order. This meeting continues from the Board meeting held earlier today addressing the award of the Director position. Details of the contract need to be resolved to provide the Board with the final recommendation along with notifying the candidates who were not chosen.

Lisa Anderson reported the salary range shared with Board members is taken from the salary survey conducted biennially and compares Boards with similar budgets. The Interview Documentation scoring sheets recommends a salary of between $115,000 and $130,000. Current directors per the 2017 Salary Survey have a salary range of $114,690 and $160,178 with the average salary at $128,676. Gary Nowak suggested offering a salary of $110,000 to start with a six-month probationary period and a salary review once probation is completed.

Nena Sork joined the meeting at 3:15 p.m.

Gary Nowak informed Nena Sork the Board had selected her as the potential candidate for the Executive Director position. He requested Ms. Sork provide the Committee with her salary expectations for this position. She indicated she would expect to be paid around the same amount as the current Director. She believes her experience would warrant a similar salary. Gary Nowak informed Nena Sork the salary the Committee had decided on was $110,000. Eric Lawson indicated salary could be adjusted once the probationary period is completed to address the salary difference. She also reported she plans to remain in the position until she would retire which would give the Board approximately 15 years.

Eric Lawson requested a brief time to caucus.

Nena Sork left the meeting.

Cathy Meske reported giving a salary in her range would be budget neutral. Cathy Meske reported her current salary is $124,446 per year. After discussion it was decided to offer $120,000 per year beginning May 1 and include a six-month probation period with a salary adjustment to be discussed at that time. The six-month probation would begin on July 1 after Cathy Meske has retired. The Executive Committee also recommends a three-year contract as this has been past practice.

Nena Sort returned to the meeting at 3:20 p.m.

Gary Nowak informed Nena Sork or the amended offer and she accepted the position. Effective May 1, Nena's salary will be increased to $120,000 per year. Her six-month probation period will begin July 1 with a salary review conducted after successful probation. The contract will be a three-year contract.

Cathy Meske suggested Lisa Anderson notify the two other candidates verbally yet today before it is relayed by others. A formal letter will be sent to the candidates in the mail with Gary Nowak's signature.

Bonnie Cornelius and Pat Przeslawski both complimented Nena Sork on the confidence she exuded during the interview process.

By consensus, the Executive Committee will recommend the Board award the Executive Director position to Nena Sork with a three-year contract with a starting salary $120,000, which will include a six-month probation.

_____

Gary Nowak, Chair

Diane Hayka
Recorder

Northeast Michigan Community Mental Health Authority

M E M O R A N D U M

To: Northeast Board Members

From: Cathy Meske

Date: April 1, 2019

Subject: Mental Health Code Section 222

Annually the Board ***must*** certify its compliance with Section 222 of the Mental Health Code. That section of the Code (a copy of which is attached) sets certain requirements and limitations for participation by individuals as board members. These requirements and limitations may be summarized as follows:

- At least four members must be primary consumers or family members of primary consumers
- At least two of the above four members must be primary consumers
- No more than four county commissioners
- No more than six public officials, including the above mentioned county commissioners (Please use the definitions on the survey form.)

It is important that Board members understand the use of this information. We are required to disclose to the Department (or essentially anyone who might ask) the composition of our Board and prove that we are in compliance with these provisions. It is the Department's interpretation that those Board members who we "count" as primary or family members be willing to have that information publicly disclosed. Therefore, please have this in mind as you complete this form.

Section 222 also addresses avoidance of conflict of interest. The attached form has been revised to address these items as well. Board members must not be:

- employed by the Department of Community Health or Community Mental Health;
- a party to a contract with Community Mental Health; or
- serve in a policy making position with an Agency under contract with Community Mental Health (except under certain circumstances)

Please complete this form and leave it or return it to Diane Hayka as soon as possible. Thank you.

Attachment: Sec. 222(1)(4)(5)

Northeast Michigan Community Mental Health Authority
Mental Health Code Section 222 Survey

_____	_____	_____
Printed Name	Signature	Date

Board Composition (please use the definitions immediately below in responding to these 4 questions.)

1. Are you, or have you ever been a "primary consumer" of mental health services?
   ☐ Yes ☐ No

2. Are you a family member of a primary consumer who is receiving, or has received, mental health services?
   ☐ Yes ☐ No

3. Are you a county commissioner?
   ☐ Yes ☐ No

4. Are you a public official?
   ☐ Yes ☐ No

Please use the following definitions in responding to this inquiry. These are the definitions used in the Mental Health Code.

Primary Consumer:
"Primary Consumer" means an individual who has received or is receiving services from the Department or a community mental health services program or services from the private sector equivalent to those offered by the Department or a community mental health services program.

Family Member:
"Family Member" means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

Public Official
"Public Officials" are individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

Conflict of Interest

1. Are you employed by the Department or Community Mental Health?
   ☐ Yes ☐ No

2. Are you party to a contract with Northeast Michigan Community Mental Health?
   ☐ Yes ☐ No

3. Do you serve in a policy-making position with an agency under contract with CMH?
   ☐ Yes ☐ No

4. Do you serve in other than a policy-making position with an agency with which the Board holds a contract or is considering a contract? [If so, the procedure required by Sec. 222 (5) must be followed regarding disclosure and voting]
   ☐ Yes ☐ No

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1222 Board; composition; residence of members; exclusions; approval of contract; exception; size of board in excess of § 330.1212; compliance.

Sec. 222. (1) The composition of a community mental health services board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members shall be primary consumers. All board members shall be 18 years of age or older.

(2) Not more than 4 members of a board may be county commissioners, except that if a board represents 5 or more counties, the number of county commissioners who may serve on the board may equal the number of counties represented on the board, and the total of 12 board memberships shall be increased by the number of county commissioners serving on the board that exceeds 4. In addition to an increase in board memberships related to the number of county commissioners serving on a board that represents 5 or more counties, board memberships may also be expanded to more than the total of 12 to ensure that each county is entitled to at least 2 board memberships, which may include county commissioners from that county who are members of the board if the board represents 5 or more counties. Not more than 1/2 of the total board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

(3) A board member shall have his or her primary place of residence in the county he or she represents.

(4) An individual shall not be appointed to and shall not serve on a board if he or she is 1 or more of the following:

(a) Employed by the department or the community mental health services program.

(b) A party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program, except for a party to a contract between a community mental health services program and a regional entity or a separate legal or an administrative entity created by 2 or more community mental health services programs under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, or under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536.

(c) Serving in a policy-making position with an agency under contract with the community mental health services program, except for an individual serving in a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or a regional entity to provide community mental health services.

(5) If a board member is an employee or independent contractor in other than a policy-making position with an agency with which the board is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:

(a) The board member shall promptly disclose his or her interest in the contract to the board.

(b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.

(c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.

(6) Subsection (5) does not apply to a board member who is an employee or independent contractor in other than a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, a separate legal or administrative entity established under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, a combination of municipal corporations joined under 1951 PA 35, MCL 124.1 to 124.13, or a regional entity to provide community mental health services.

(7) In order to meet the requirement under subsection (1) related to the appointment of primary consumers and family members without terminating the appointment of a board member serving on March 28, 1996, the size of a board may exceed the size prescribed in section 212. A board that is different in size than that prescribed in section 212 shall be brought into compliance within 3 years after the appointment of the additional board members.

History: 1974, Act 258, Eff. Aug. 6, 1975;--Am. 1995, Act 290, Eff. Mar. 28, 1996;--Am. 2002, Act 596, Imd. Eff. Dec. 3, 2002;--Am. 2003, Act 278, Imd. Eff. Jan. 8, 2004

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Executive Director Report
March-April 2019

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

Date	Subject	Location
3/18/19	Attended Interviews for the Director	Alpena
3/19/19	Attended NMRE (Northern Michigan Regional Entity) (OPS)Operations Committee	Gaylord
3/20/19	Finalized PPGs (Program Policy Guidelines) for submission to MDHHS (Michigan Department of Health and Human Services). Developed Priority Needs Assessment and Planning specific to comments/correspondence from the Public Hearing and FY 18 Strategic Planning.	Gaylord
3/27/19	Attended the NMRE Board Meeting	Gaylord
3/27/19	Participated in a teleconference with NMORC (Northern Michigan Opioid Response Consortium regarding application for the Implementation Grant. As you know, I sit on the Board of this Consortium and 2 staff participates in work groups during the planning phase of this grant.	teleconference
4/2/19	Participated in the NMORC Board Meeting	Webinar
4/3/19	Attended the Alpena County HSCC (Human Services Coordinating Council) Executive Committee	Alpena
4/4/19	Participated in OPIEU (Office of Professional International Employees Union) Negotiations	Alpena
4/4/19	Meeting with Centria Administration regarding rates and the expanded population.	Alpena
4/4/19	Attended NMORC Workgroup Virtual Meeting	Webinar
4/8 -4/9/19	Attended CMHAM (Community Mental Health Association of Michigan) Directors Forum	Lansing

ESTIMATED FTE EQUIVALENTS

CMHSP: Northeast Michigan CMH Authority
Contact name/e-mail: Cathy S. Meske/csmeske@nemcmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/18	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	94.8		94.8
3	b. Contract Agency Staff	75		75
4	Total	169.8	0	169.8

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/18	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	87		87
6	Contract Agency Staff	49.7		49.7
7	Total	136.7	0	136.7

Expected FY 18 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY 19 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

The CMHSP FTE information is centrally maintained. Contract Agency staff estimate based upon pro rata projection of directly operated specialized residential sites FTE's onto contractual costs assuming the same staff to client ratios exist.

Our organization experienced turnover at the same rate as the prior year, which is significantly below the rate for our industry but recruiting difficulties still remain. Enhanced direct support wages has helped increase the flow of applicants to our agency along with the use of web-based recruiting tools. We have seen increased applicant flow for Master Level Social Workers, which has been very helpful; however, our rural location hinders applicant's willingness to move to the area.

Waiting List Information

CMHSP: Authority

Contact name and phone Cathy S. Meske/989-356-2161

As of (Date) 2/14/2019

Time period covered for Added/Removed 05/01/18-02/13/19

	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Intensive Interventions/Intensive Community Services				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Clinic Services				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Residential Living				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Community Living				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Narrative:				

How do you assure that service needs are met at an individual level as well as from a program capacity level?

NeMCMHA has a process which includes all persons placed on a waiting list be reviewed on a weekly basis to determine the need for services, the severity of symptoms, length of time places on waiting list, and change in Medicaid status. Priority is given to those based on highest need and severity. All on waiting list are encouraged to come into crisis walk-in if they are experiencing an increase in symptoms.

CMHSP: Northeast Michigan CMH Authority

Period: October 1, 2017 to September 30, 2018

Contact person and e mail: Cathy S. Meske/csmeske@nemcmh.org

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
1	Total # of people who telephoned or walked in	51	709	169	388	1317
2	Is Info on row 1 an unduplicated count? (yes/no)	Yes	Yes	Yes	Yes	No
3	# referred out due to non MH needs (of row 1)	1	52	3	49	105
4	Total # who requested services the CMHSP provides (of row1)	50	657	166	339	1212
5	Of the # in Row 4 - How many people did not meet eligibility through phone or other screen	1	14	2	89	106
6	Of the # in Row 4 - How many people were scheduled for assessment	26	302	94	122	544
7	other--describe	0	0	0	0	0
	CMHSP ASSESSMENT					
8	Of the # in Row 6 - How many did not receive eligibility determination (dropped out, no show, etc.)	1	44	11	46	102
9	Of the # in Row 6 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 6 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0
11	Of the # in Row 6 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	1	31	2	34	68
11a	Of the # in row 11 - How many were referred out to other mental health providers	1	31	2	31	65
11b	Of the # in row 11 - How many were not referred out to other mental health providers	0	0	0	0	0
12	Of the # in Row 6 - How many people met the cmhsp eligibility criteria	23	222	74	41	360
13	Of the # in Row 12 - How many met emergency/urgent conditions criteria	0	6	0	1	7
14	Of the # in Row 12 - How many met immediate admission criteria	23	216	74	40	353
15	Of the # in Row 12 - How many were put on a waiting list	0	2	0	0	2
15a	Of the # in row 15 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0
15b	Of the # in row 15 - How many were wait listed for all cmhsp services	0	2	0	0	2
16	Other - explain	0	0	0	0	0

Priority Needs and Planned Actions

CMHSP: NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Based on feedback received from stakeholder groups and data collected from this process, the CMHSP must identify at least 5 priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area. The table below provides a format for identifying the top issues.

Priority Issue: Please give a brief explanation of the issue, in order of priority, with 1 being highest.

Reasons for Priority: Identify what makes this a priority issue. For example: the issue was identified by multiple stakeholder groups; or the size of the issue; or consistency with other community efforts, etc.

CMHSP Plan: Give a brief overview of what steps the CMHSP intends to take to address the identified issue. Please include basic time frames and milestones.

Priority Issue	Reasons For Priority	CMHSP Plan
1. Trauma Informed Community	- Community concerns of domestic violence, sexual abuse, poverty, depression, self-harmful behaviors (cutting, substance use/opioids and alcohol abuse); Opioid abuse, prescription medication abuse; Mental Health concerns in middle and high school student population; violent outbursts in schools across all grade levels.	Promote a trauma-informed community through education, assessment and participation in community initiatives as evidenced by: Continue contracts with Partners in Prevention for community education specific to: - Caring for children who have experienced trauma - Mental Health First Aid and - Youth Mental Health First Aid - Coordination of efforts with the public schools specific to identifying and providing services/referral to those children and adults effected by trauma. Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.
2. Increase Suicide prevention across all populations	Increasing suicides in Northeast Michigan.	NeMCMHA has partnered with Presque Isle Suicide Prevention Task Force to increase suicide awareness and prevention. - Provide community trainings using 'safeTALK' from Living Works through our partnership with Partners in Prevention

Priority Issue	Reasons For Priority	CMHSP Plan
(2. continued)		- Provide members of the community with myStrength App. - NeMCMHA staff are members of the Alpena Suicide Prevention Workgroup …and - the Board and staff of NeMCMHA are supporting efforts to establish a community NAMI group.
3. Increased substance abuse services including prevention	Increasing opioid use disorders has strained community resources	Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic as evidenced by: - Participation in the Rural Communities Opioid Response Program Planning Grant to include participation in Board meetings and workgroups to attain the Consortium's Mission of, "An integrated consortium working to effectively treat, educate, train and reduce opioid use disorder in Northern Michigan through prevention, treatment and recovery" - NeMCMHA staff will continue as a member of the new Family Recovery Care Team (Catholic Human Services, Alpena/Montmorency County DHHS, Courts and Freedom Recovery Center) targeting families involved with DHHS Child Welfare services and have a caregiver identified as having a substance use disorder or concern that substance abuse is present in the home. This project is a result of the Health Endowment Fund grant awarded to Catholic Human Services. - Northeast staff are members of the Substance Use Coalition and Northeast staff will continue training specific to substance use.
4. Increasing need for consistent and accessible Behavioral Health Services in the schools for all populations.	'No wrong door', those without Medicaid are unable to access Mental Health Services, need a better process for communication and referral process Mental Health concerns in middle and high school	Two NeMCMHA staff have participated in the MDHHS-sponsored training by University of Michigan "TRAILS" (Transforming Research into Action to Improve the Lives of Students) model. "TRAILS" provides free training to school professionals in core concepts of cognitive behavioral therapy (CBT) and mindfulness – two evidence-based strategies shown to reduce anxiety and depression in youth. TRAILS is unique

Priority Issue	Reasons For Priority	CMHSP Plan
(4. continued)		in that school partners receive not only classroom instruction, but also are provided a personal coach who helps implement a CBT- and mindfulness-based skills group to students in need, right at school. University of Michigan has identified Posen Consolidate Schools at the Pilot Site for TRAILS.
5. Increase awareness of Mental Health concerns	- Community concerns of depression, suicide, self-harm behaviors (cutting, substance use/opioids and alcohol abuse); Mental Health concerns in middle and high school student population – violent outbursts in schools across all grade levels - Community expressed need to establish Northern Michigan NAMI Chapter	NeMCMHA will continue to partner with Partners in Prevention to provide continued: - Caring for children who have experienced trauma - Mental Health First Aid and - Youth Mental Health First Aid …and - Coordination of efforts with the public schools specific to identifying and providing services/referral to those children and adults effected by trauma. - the Board and staff of NeMCMHA are supporting efforts to establish a community NAMI group.

Northeast MI Community Mental Health Authority
Priority Needs and Planned Actions: Update of Progress FY 18: 10/1/17-3/31/18

Based on feedback received from stakeholder groups and data collected during the Public Hearing in 2017, Northeast Michigan Community Mental Health developed a priority needs assessment and a plan of action to begin addressing those needs during this past year. The table below provides a format for identifying the top issues along with a status update. This plan continues to evolve as goals are reached and new resources are developed to further support our efforts. With the help of our community partners and the services they provide we have been able to address the priority issues identified

Priority Issue	Reasons For Priority	CMHSP Plan	2018 Update to Planned Actions
1. Develop a Trauma Informed Community	-Effects on Children/Family Children K-3 exhibiting serious signs of emotional disturbance in Classroom. – Children acting out aggressively without little/if any regard for law enforcement - Law Enforcement noting increased acting out behaviors of children in this age range. Requesting additional inservice opportunities.	1. NeMCMHA will Complete education of Bus Drivers and Aides in Alpena Public Schools on the effects of trauma on children/adults (teachers completed FY 16-17) 2. Increase CMH presence in schools to include increased outpatient access in schools by CMH contractors 3. Complete Trauma assessments on children/adults referred by local DHHS Children's Services through partnership Children's Trauma Assessment Center (CTAC) 4. Community Wide Trauma informed community kick off to occur May 17, 2017 with Drs. Henry and Sloan	1. One of NeMCMHA contract providers, Partners in Prevention, completed **training on the effects of Trauma to 42 persons** 2. NeMCMHA contracted with Alcona Health Center (AHC) to provide additional outpatient counseling services at the identified pilot school up to 2 days per week. NeMCMHA will reimburse AHC for providing services to children who are experiencing a serious emotional disturbance. Students who do not have a serious emotional disturbance and in need of counseling may also be offered counseling through AHC at the school. Two NeMCMHA staff are participating in the MDHHS sponsored training by University of Michigan, "TRAILS" (Transforming Research into Action to Improve the Lives of Students) model. "TRAILS" provides free training to school professionals in core concepts of cognitive behavioral therapy (CBT) and mindfulness – two evidence-based strategies shown to reduce anxiety and depression in youth. TRAILS is unique in that school partners receive not only classroom instruction, but also are provided a personal coach (trained CMH staff) who helps implement a CBT- and mindfulness-based skills group to students in need, right at school. 3. NeMCMHA worked with the NEMSCA School Success

Priority Issue	Reasons For Priority	CMHSP Plan	2018 Update to Planned Actions
Develop a Trauma Informed Community (continued)		from CTAC 5. Identify Pilot school to focus on increased CMH and/or contractor presence/Trauma services. Increase educational opportunities from CTAC for teachers in dealing with children experiencing aggressive behaviors	staff, local DHHS staff and the Children's Trauma Assessment Center (CTAC) in developing a protocol to screen children for trauma. Those children who may need further assessment are referred to NeMCMHA for assessment and services as appropriate. 4. The Pilot school was identified; additional counseling services are currently in place and NeMCMHA Children's Services staff also making school visits to the children we serve. 5. NeMCMHA staff have participated in training specific to Secondary Trauma:
2. Improve Emergency Response, Jail Services, and Assisted Outpatient Treatment	- Noted challenging wait times by law enforcement in emergency rooms awaiting mental health screen. - Community members lacking knowledge of mental health treatment options. What to do when spouse is experiencing confusion (dementia vs. mental health disorder). - Courts noting need for AOT vs. ATO. Focus on earlier intervention -Correction Officers, court personnel and	1. CMH will continue to meet with local hospitals in an attempt of developing a standard protocol to decrease wait times of law-enforcement individuals in Emergency Departments when bringing in citizens on mental health petitions 2. Provide Community Education opportunities (churches, senior centers, service organizations and others) about community resources for persons experiencing mental health concerns to include court processes 3. Increase knowledge of CMH staff about the process of probate court forms for persons requiring	1. NeMCMHA has attempted to reach out to the MidMichigan Emergency Department Physician Group to address Behavioral Health Services. We will continue our efforts to meet with hospitals. 2. NeMCMHA continues to contract with Partners in Prevention to provide Youth and Mental Health First Aid to our communities: **During the First and Second Quarter of FY 18:** • **33 community members participated in Mental Health First Aide** • **8** community members completed Youth Mental Health First Aid; • NeMCMHA staff has provided mental health training for two of our local jail staff (Montmorency and Alpena). NeMCMHA jail diversion staff available to provide mental health training Presque Isle and Alcona jail staff 3. All NeMCMHA supervisors were trained in the completion of probate court treatment orders and processes.

Priority Issue	Reasons For Priority	CMHSP Plan	2018 Update to Planned Actions
	Law enforcement requesting inservice on symptoms of mental health disorders.	court ordered treatment and/or guardianship	
3. ABA Service Increase	Expanded population eligible for ABA services	Increase contract opportunities for expanded population. Recruit additional staff for 18 mos-6 year olds eligible for Behavioral Treatment Services	NeMCMHA continues its efforts to recruit additional contract opportunities for the expanded population requiring Behavioral Treatment services. **NeMCMHA sent a proposed contract to another provider in May of 2018.**
4. Increased suicide prevention for youth and vets	Lack of community presentations on suicide prevention	PSA on suicide prevention. Coordinate community partnerships in suicide prevention. Work with the schools, VA, community members and Behavioral Health providers to coordinate suicide prevention and protocol	NeMCMHA, Partners in Prevention and other community partners will provide community wide suicide awareness/prevention training scheduled to begin in May 2018. NeMCMHA has partnered with Presque Isle Suicide Prevention Task Force to increase suicide awareness and prevention. Community Trainings using 'safeTALK' from Living Works **and trained 19 individuals in Onaway and Hillman**
5. Increased Substance Abuse Services	-Notable increase in opioid use, limited community resources; folks have to travel to Gaylord for Methadone therapy. - Synthetic drug abuse, lack of community knowledge - Substance use disorders that co-occur with mental health disorders	1. Partner with local substance use disorder providers to investigate options for increasing SUD providers 2. Participate in community presentations regarding substance use disorders and synthetic drug abuse 3. Increase CMH provided substance use treatment that affects the people served by CMH	NeMCMHA staff is a member of the new Family Recovery Care Team (Catholic Human Services, Alpena/Montmorency County DHHS. Courts and Freedom Recovery Center) targeting families involved with DHHS Child Welfare services and have a caregiver identified as having a substance use disorder or concern that substance abuse is present in the home. This project is a result of the Health Endowment Fund grant awarded to Catholic Human Services. Northeast staff are members of the Substance Use Coalition and Northeast staff is scheduled to participate in training specific to adolescent substance use.

		Commuity Needs Assessment											
		Community Data Sets											
		CMHSP name:	Northeast Michigan Community Mental Health Authority										
		Contact person/e mail address:	Cathy Meske / csmeske@nemcmh.org										
1	**1**	**Population (Census)-- As of September -- by county**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
County 1	County 1	**Alcona**	**11299**	**11091**	**10942**	**10787**	**10635**	**10578**	**10454**	**10349**	**10461**	**10263**	**10413**
County 2	County 2	**Alpena**	**29600**	**29289**	**29598**	**29352**	**29234**	**29091**	**28988**	**28803**	**28929**	**28076**	**28730**
County 3	County 3	**Montmorency**	**10185**	**10094**	**9765**	**9590**	**9476**	**9350**	**9300**	**9259**	**9317**	**9157**	**9290**
County 4	County 4	**Presque Isle**	**13574**	**13436**	**13376**	**13198**	**13129**	**13062**	**13004**	**12841**	**12955**	**12685**	**12854**
County 5	County 5												
County 6	County 6												
		Total CMHSP Population	64658	326910	63681	62927	62474	62081	61746	61252	61662	60181	61287
		Change from Prior Year		262252	-263229	-754	-453	-393	-335	-494	410	-1481	1106
		% change from Prior Year		405.60%	-80.52%	-1.18%	-0.72%	-0.63%	-0.005396	-0.008001	0.0066937	-0.024018	0.0183779
		Cumulative Change since 2008		262252	-977	-1731	-2184	-2577	-2912	-3406	-2996	-4477	-3371
		% cumulative change since 2008		405.60%	-1.51%	-2.68%	-3.38%	-3.99%	-0.045037	-0.052677	-0.046336	-0.069241	-0.052136
		Source:	State of Michigan Census Estimates										
		2000-2009	http://www.michigan.gov/documents/cgi/cgi_census_county0009_329372_7.xls										
		2010-2012	http://www.michigan.gov/documents/cgi/cgi_census_CVTR1012_422152_7.xls										
		2013	http://www.census.gov/popest/data/cities/totals/2013/SUB-EST2013-3.html										
		2013-2015	http://www.census.gov/popest/data/state/totals/2015/index.html										
2		**Medicaid Enrollment - Average Enrollment for September:**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
County 1	**2**	**Alcona**	1726	1875	1947	1906	1892	1921	2307	1624	1715	1792	1863
County 2	County 1	Alpena	6123	6787	6869	6786	6628	6778	7626	5323	5660	6075	5969
County 3	County 2	Montmorency	2116	2364	2395	2331	2215	2148	2536	1625	1616	1787	1779
County 4	County 3	Presque Isle	2005	2232	2285	2397	2353	2387	2829	2038	2122	2201	2215
County 5	County 4												
County 6	County 5												
	County 6	**Total CMHSP Medicaid Enrollment**	11970	13258	13496	13420	13088	13234	15298	10610	11113	11855	11826
		Change from Prior Year		1288	238	-76	-332	146	2064	-4688	503	742	-29
		% change from Prior Year		0.1076023	0.0179514	-0.005631	-0.024739	0.0111553	0.1559619	-0.306445	0.0474081	0.0667686	-0.002446
		Cumulative Change since 2008		1288	1526	1450	1118	1264	3328	-1360	-857	-115	-144
		% cumulative change since 2008		0.1076023	0.1274854	0.1211362	0.0934002	0.1055973	0.2780284	-0.113617	-0.071596	-0.009607	-0.01203
		Source:	MDCH to provide data to CMHSP										
3		**Number of Children in Foster Care**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	
	3	Children Ages 0-17 in Out of Home Care-Abuse or Neglect (Number)	38	63	75	73	80	**93**	**102**	**75**	**68**		
		Children Ages 10-16 in Out of Home Care-Delinquency (DHS Placement)	14	12	9	15	n/a	**n/a**	**n/a**				
		Children Ages 0-5 in Foster Care (Number)	17	30	35	44	37	**n/a**	**63**	**42**	**41**		
		Source: http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI											
		****Some information may not be available for every year.**											
		Total CMHSP	69	105	119	132	117	93	165	117	109		
		Change from Prior Year		36	14	13	-15	-24	72	-48	-8		
		% change from Prior Year		52.17%	13.33%	10.92%	-11.36%	-20.51%	0.7741935	-0.290909	-0.068376		
		Cumulative Change since 2008		36	50	63	48	24	96	48	40		
		% cumulative change since 2008		52.17%	72.46%	91.30%	69.57%	34.78%	1.3913043	0.6956522	0.5797101		
4		**Number of Licensed Foster Care Beds in Catchment Area**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**				
	4	**Adults - Eneter the Total Number of Bed Capacity**							**346**				
		http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html											
		Kids - Enter the Total Number of Licensed Facilities											
		http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html											
		***This data is also provided by MDCH on the website under "Provided Information".**											
5		**Prevalence Proxy Data**											
	5		**1990**	**2008**	**Change**	***or most recent projection**							
5-A		**Adults with Serious Mental Illness (Kessler Methodology)**											
	5-A	Trend - Kessler Prevalance Data											
		*Provided by MDCH in 2012											
			2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**			
5-B		**Children at risk for Serious Emotional Disturbance 100% below poverty**	2622	n/a	n/a	n/a	n/a	n/a					
	5-B												
		http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t											
			2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
5-C		**Persons with Developmental Disabilities -.005% of census**	323	319	318	314	312	310	307	306	308	301	306
	5-C												

		Commuity Needs Assessment													
		Community Data Sets													
		CMHSP name:	Northeast Michigan Community Mental Health Authority												
		Contact person/e mail address:	Cathy Meske / csmeske@nemcmh.org												
6		**Community Homelessness- catchment area**	**2009**	**2011**	**2013**	**2015**	**2017**	**2018**							
6-A	**6**	**Local Continuum of Care Bi-ennial Homeless Count**													
	6-A	Change from Prior Time Period		0	0	0	0								
6-B		**# served from CMHSP data- of persons that are homeless**													
	6-B	Change from Prior Time Period		0	0	0	0								
6-C		**Community Employment**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**		
County 1	**6-C**	**Alcona**	**3920**	**3376**	**3327**	**3424**	**3438**	**3436**	**3577**	**3659**	**3492**	**3683**			
County 2	County 1	**Alpena**	**13704**	**12649**	**12234**	**12312**	**12299**	**12266**	**12373**	**13090**	**13149**	**12970**			
County 3	County 2	**Montmorency**	**3522**	**3204**	**3129**	**3117**	**3046**	**3050**	**3165**	**2942**	**2701**	**2869**			
County 4	County 3	**Presque Isle**	**5505**	**5025**	**4908**	**4949**	**5053**	**5132**	**5045**	**4966**	**4682**	**4984**			
County 5	County 4														
County 6	County 5														
	County 6	**Total CMHSP**	26651	24254	23598	23802	23836	23884	24160	24657	24024	24506			
		Change from Prior Year		-2397	-656	204	34	48	276	497	-633	482			
		% change from Prior Year		-8.99%	-2.70%	0.86%	0.14%	0.20%	0.0115559	0.0205712	-0.025672	0.0200633			
		Cumulative Change since 2008		-2397	-3053	-2849	-2815	-2767	-2491	-1994	-2627	-2145			
		% cumulative change since 2008		-8.99%	-11.46%	-10.69%	-10.56%	-10.38%	-0.093467	-0.074819	-0.09857	-0.080485			
		Source:	State of Michigan Labor Market Information												
			www.milmi.org/cgi/dataanalysis/AreaSelection.asp?tablename=Labforce												
7		**Justice System**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**		
7-A	**7**	**Jail diversions**					**3**	**4**	**5**	**2**	**4**				
	7-A	**(describe data source)**													
			2012	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**						
7-B		**Prison discharges-number of people expected to meet SMI Criteria**	**3**	**4**	**5**	**3**	**8**								
	7-B	**(describe data source)**													
8		**Education System**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**				
8-A	**8**	**Number of students aging out or graduating special education**				**7**	**7**	**5**	**4**						
	8-A														
9		**Graduation and Dropout Rate**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	
County 1	**9**	**Alcona**	**10**	**17**	**17**	**8**	**4**	**3**	**4**	**1**	**0**	**0**	**0**		
County 2	County 1	**Alpena**	**57**	**51**	**41**	**24**	**38**	**34**	**34**	**35**	**27**	**27**	**26**		
County 3	County 2	**Montmorency**	13	**10**	**9**	**4**	**11**	**6**	**5**	**7**	**4**	**6**	**7**		
County 4	County 3	**Presque Isle**	16	**21**	**12**	**6**	**17**	**16**	**12**	**17**	**10**	**15**	**6**		
County 5	County 4														
County 6	County 5														
	County 6	**CMHSP Total:**	96	99	79	42	70	**59**	**55**	**60**	**41**	**48**	**39**		
		Source - http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI													
9-A		% graduated	78.325	**77**	**72.85**	**82.725**	**76.025**	**78.25**	**84.125**	**89.1**	92	91.2	96.3		
9-B	**9-A**	% dropped out	11.325	12.85	12.55	4.925	8.575	9.53	15.875	10.9	8	8.8	3.7		
	9-B	Source - http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI													

		Commuity Needs Assessment												
		Community Data Sets												
		CMHSP name:	Northeast Michigan Community Mental Health Authority											
		Contact person/e mail address:	Cathy Meske / csmeske@nemcmh.org											
		For primary health items, identify point in time being reported						**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
10		**Primary Health**												
10-A	**10**	% of CMHSP consumers with an identified Primary Care Physican						0.76	0.85	0.8341	0.8998	0.8043	0.8392	
	10-A													
10-B		CMHSP Medicaid recipients with primary care service/encounter						198			540	n/a		
10-C	**10-B**	# with primary care plus emergency room						92			259	n/a		
10-D	**10-C**	# with emergency room no primary care						10			10	n/a		
	10-D	**DCH to supply data for 10B, 10C, and 10D**												
		Number of CMHSP consumers with:												
10-E		**Pneumonia**												
	10-E	History of Pneumonia within the past 12 months						376	381	91	76	89	46	
10-F		**Diabetes**												
	10-F	History of Diabetes but not treated for Diabetes within the past 12 months						39	34	30	36	41	36	
		Treated for Diabetes within the past 12 months						237	197	172	169	159	116	
10-G		**Asthma**												
	10-G	History of Asthma but not treated for Asthma within the past 12 months						195	174	147	125	124	83	
		Treated for Asthma within the past 12 months						289	272	217	232	213	141	
10-H		**Hypertension**												
	10-H	History of Hypertension but not treated for Hypertension within the past 12 months						119	89	78	86	84	68	
		Treated for Hypertension within the past 12 months and blood pressure is stable						392	295	230	229	250	182	
10-I		**Obesity**												
	10-I	Have medical diagnosis of Obseity present or BMI > 30						542	466	410	343	417	275	
11		**Optional**	**2011**	**2012**	**2013**	**2014**	**2015**	**2017**	**2018**					
	11	**Private Providers and Public SA Providers**												
11-A		Number of Existing Private Providers in Community												
11-B	**11-A**	Number of providers that utilize a sliding fee scale												
11-C	**11-B**	Number of providers that are accepting new clients												
	11-C													

Northeast Michigan Community Mental Health Authority Board
COMMITTEE ROSTER

April 2019 [New]

EXECUTIVE COMMITTEE
_____, Chair
_____, Vice Chair
_____, Secretary
_____, Past Chair

RECIPIENT RIGHTS COMMITTEE
_____
_____
_____
Tom Fredlund
Renee Smart-Sheppler
Lorell Whitscell
Barbara Murphy
Ruth Hewett, Recipient Rights Officer

2018/2019 [Current]

EXECUTIVE COMMITTEE
Gary Nowak, Chair
Eric Lawson, Vice Chair
Bonnie Cornelius, Secretary
Roger Frye, Past Chair

RECIPIENT RIGHTS COMMITTEE
Judy Jones (Board Rep.)
Patricia Przeslawski (Board Rep.)
Steve Dean (Board Rep. Alt.)
Tom Fredlund
Renee Smart-Sheppler
Lorell Whitscell
Barbara Murphy
Ruth Hewett, Recipient Rights Officer

MAY AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation
Board Job Description 02-003
Board Core Values 02-014

Monitoring Reports
Treatment of Consumers 01-002 [Recipient Rights Log]
Budgeting 01-004
Financial Condition 01-005

Activity
Budget Amendment

Ownership Linkage

Educational Session
Environmental Scan – Eric Kurtz

Northeast Michigan Community Mental Health Authority
400 Johnson Street
Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2020
Alcona	Gary R. Wnuk Home: 4969 Wildwood Trl/Barton City MI 48705 Mailing: PO Box 327 Lincoln MI 48742		(989) 848-5318	3-31-2021
Alpena	Steve Dean 2076 Partridge Point Road Alpena MI 49707		(810) 265-9330	3-31-2020
Alpena	Mark Hunter 614 S. Eighth Avenue Alpena MI 49707		(989) 356-3171	3-31-2022
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2022
Alpena	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2021
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2021
Montmorency	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 742-4026	3-31-2020
Montmorency	Albert LaFleche 19030 County Road 451 Hillman MI 49746		(989) 742-4196	3-31-2021
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49770		(989) 734-7383	3-31-2022
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2022
Presque Isle	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2020

Northeast Michigan Community Mental Health Authority
Employment Report
March 1, 2019 to March 31, 2019

DIVISION/DEPARTMENT NAME

Administration/Support Services	59
Vacancies	0

PROGRAMS

Psychiatry & Nursing Support	14
MI Adult Outpatient (ACCESS-CRS-ESU)	8
Home-Based Child	11
Vacancies	0
MI Adult A.C.T.	8
DD Integrated Employment	15
MI Integrated Employment	3
Vacancies	2
DD Case Management	13
MI Adult Case Management	14
Older Adult Services	12
DD ABA Program	15
Vacancies	8
Peer Support Services & MNA	6
DD SIP Residential	45
DD Community Support	32
Blue Horizons	10
Brege	12
Cambridge	12
Harrisville	12
Mill Creek	12
Pine Park	12
Princeton	12
Thunder Bay Heights	12
Walnut	12
Vacancies	10

TOTAL: **361**

ADMINISTRATION/SUPPORT SERVICES

Meske, Cathy	**Director**
Rajasekhar, Paul	**Medical Director**
Banicki-Hoffman, Anastasia	Psychiatrist
Spurlock, Lisa	Psychiatrist
Standen, Carrie RNP	Nurse Practitioner
Wirgau, Jeffery PA-C	Physician Assistant
Barbeau, Dayna	Customer Services
Bruning, Carolyn	**Administrative Assistant**
Smart-Sheppler, Renee (PT)	SIS Assessor
Bushey, LeeAnn	**Administrative Assistant (Supervises Peers & MNA)**
Hayka, Diane	Executive Secretary
Sork, Nena	**Chief Operating Officer**
Crittenden, Mary	*ACCESS-CRS-ESU Supervisor/Team Lead*
Jameson, Mary	*CE Coordinator/Clubhouse Supervisor/Team Lead*
Murphy, Linda	*OAS/OBRA Coordinator/Team Lead*
Yachasz, Peggy	*SIP Coordinator/Team Lead*
Elowsky, Teresa	**SD Supervisor**
Keller-Somers, Felonie	SD Coordinator
Stephen, Melissa	SD Coordinator
Norman, Michelle (CAS)	SD Clerical
Pilarski, Amy	**Project Coordinator**
Whyte, Jennifer	**Compliance Officer**
Fredlund, Lynne	Quality Improvement Coordinator
Hewett, Ruth	**Recipient Rights Officer**
Kinsland, Miranda	Recipient Rights Advisor
Jaworowski, Cheryl	**Finance Director**
Anthony, Joell (PT)	Staff Accountant
Cadarette, Connie	Payroll Specialist
Piontkowski, Kathy	Statistical Clerk
Patterson, Larry	**Accounting Supervisor**
Stanton, Brenda	Staff Accountant
Anderson, Mable (PT)	Accounting Clerk
Thomas, Doreen	Accounting Clerk
Kearly, Nancy	**Reimbursement Officer**
Dumsch, Carol	Reimbursement Clerk
Lundholm, Julie	Reimbursement Clerk
Skowronek, Jane	Reimbursement Clerk
Greer, Richard	**Facility & Fleet Supervisor**
Carr, David	Maintenance I
Fleming, Jerry	Maintenance I
Wirgau, Alan	Maintenance I
King, Patrick (PT)	Housekeeper I/Maintenance II – Alpena Office
Tovey, Beth	Housekeeper I – Alpena Office
Bannon, Dennis	**IS Director**
Wiitala, Richard (Contract)	IS Consultant
Blandford, Mark	SQL Administrator/Data Analyst
Lepper, Jason	Systems Administrator
Roesner, Joseph	Systems Administrator
Roussin, Donna	IS Data & Training Technician
Wilson, Cody	Information Systems Technician
Anderson, Lisa	**Human Resources Manager**
Keller, Kay	Human Resources Assistant
Rouleau, Tina	Human Resources Specialist-Benefits/Payroll
Domke, Genevieve	Human Resources Specialist-Training/Special Projects
McConnell, Jamie	**Office Manager**

Brousseau, Patricia	Clerical Support Staff
Lane, Sara	Clerical Support Staff
LaCross, Cathy	Clerical Support Staff
Seguin, Sharon	Clerical Support Staff
Vogelheim, Rose	Clerical Support Staff
Boldrey, Peggy (PT)	Clerk Typist II – Hillman Office
Brege, Barbara (PT)	Clerk Typist II – Fletcher Street Office
Martinez, Chelsey (PT)	Clerk Typist II – Float
Hartman, Molly (PT)	Clerk Typist II – Rogers City Office

Services Reporting To:

Team Lead-Crittenden, Mary

ACCESS-CRS-ESU Supervisor

PSYCHIATRIC & NURSING SERVICES

Orozco, Lisa	*Psychiatric Nursing Supervisor*
Dehring, Donald	Psychiatric Nurse
Male, Alison	Psychiatric Nurse
Wozniak, Tina	Psychiatric Nurse
Hentkowski, Nancy (PT)	Licensed Practical Nurse
Vacancy (PT)	Licensed Practical Nurse
Anderson, Carolyn	Registered Nurse
Hardies, Mary	Registered Nurse/Infection Control Nurse
Schimmel, Joan	Registered Nurse

MI ADULT OUTPATIENT

Brege, Linnea	BHC/CR Clinician
Vacancy	CRS Clinician
Curry, Renee	CRS Clinician
Dumsch, Danica	CRS Clinician
Hamilton, Sarah	CRS Clinician
Jensen, Samantha	CRS Clinician
Knoch, Michelle	CRS Clinician
Slaght, Stephen	CRS-Hospital Discharge Clinician

HOME-BASED CHILD

Tallant, Lauren	*Children's Services Supervisor*
Gajewski, Maribeth	Clinician/Case Manager
Guthrie, Constance	Clinician/Case Manager
Vacancy	Clinician/Case Manager
Herman, Nicole	Clinician/Case Manager
Kruzell, Brian	Clinician/Case Manager
Rich, Ashley	Clinician/Case manager
Stahlbaum, Caitlin	Clinician/Case Manager
Susewitz, Ami	Clinician/Case Manager
Eagling, Michelle (PT)	Home Based Assistant
Herriman, Kurt (PT)	Home Based Assistant

Services Reporting To:

Team Lead-Jameson, Mary — ACT Supervisor

MI ADULT A.C.T.

Daoust, Lindsey	ACT Clinician/Casemanager
Noble, Dorien	ACT Registered Nurse
Taylor, Cassidy	ACT Social Worker
Vacancy	ACT Registered Nurse
Misel, Joann	ACT Clerical Support Staff
Gersewski, Marlene	MI Community Support Worker
Wilson, Karen (PT)	MI Community Support Worker

MI INTEGRATED EMPLOYMENT

Garlanger, Sherry	Employment Specialist-Lead
Miller, Zackeria	Employment Specialist
Wysocki, Christine	Employment Specialist

DD INTEGRATED EMPLOYMENT

Hale-Manley, Margaret	***Community Employment Coordinator***
Collins, Kimberly	CE Assistant-Lead
Keetch, Brandinn	CE Assistant
Stawowy, Angela	CE Assistant
Kowalski, Teresa	CE Supervisor
Prevost, Cheyenne	Job Coach
Spencer, Melinda	Job Coach-PI/MON
Thomas, Kayla	Job Coach
Bevan, Brianna (PT)	Job Coach
Grulke, Kelli (PT)	Job Coach - PI
Kensa, Ann (PT)	Job Coach
Rygwelski, Brandi (PT)	Job Coach-PI
Vacancy (PT)	Job Coach
Srebnik, Cindy (PT)	Job Coach

Services Reporting To:

Team Lead-Murphy, Linda — OAS/OBRA Coordinator

OLDER ADULT SERVICES

Brenton, Pam	OBRA /Older Adult Services Registered Nurse
Gohl, Laura	OBRA/Older Adult Services Case Manager
Kaiser, William	OBRA/Older Adult Services Clinician/Case Manager
Kwiatkowski, Mariah	OBRA/Older Adult Services Case Manager
Minnick, Martha	OBRA/Older Adult Services Case Manager
Knopf, LeAnn (PT)	OBRA/Older Adult Services Clerical Support Staff
Atkinson, Thomas	Older Adult Services Support Worker
Carriveau, Jackie (PT)	Older Adult Services Support Worker
Hochrein, Pat (PT)	Older Adult Services Support Worker
McDonald, Tammie	Older Adult Services Support Worker
Rembowski, Bernadine (PT)	Older Adult Services Support Worker

MI ADULT CASEMANAGEMENT & DD PSYCHOLOGIST

Witkowski, Katherine	*CSM/SC Supervisor*
Ross, Bailey	Psychologist
Edgar-Travis, Alisha	Case Manager
Harbson, Jessica	Case Manager
Herbek, Chelsea	Case Manager
Iwema, Angela	Case Manager
Ross, Nancy	Case Manager
Stepanski, Ingrid	Case Manager
Vacancy	Case Manager
VanTrump, Olivia	Case Manager
Dziesinski, Nancy	MI Community Support Worker
Watson, Dylan	MI Community Support Worker
Ludwig, Alyssa (PT)	MI Community Support Worker
Vacancy (PT)	MI Community Support Worker

DD CASEMANAGEMENT

Hasse, Julie	*Support Coordinator Supervisor*
Baker, Carole	Case Manager
Brousseau, Sharon	Clinician/Case Manager
DeRoque, Linda	Support Coordinator – Presque Isle
Dickins, Jill	Support Coordinator – P.I./Alpena
Lang, Cheryl	Support Coordinator – Alpena
Leeck, Tamara	Support Coordinator – Blue Horizons
LeeLopez, Jessica	Case Manager
Lis, Frank	Case Manager
Vacancy	Support Coordinator – Alpena
Schackmann, Debbie	Support Coordinator – Alpena
Standen, Jane	Support Coordinator – Alpena

APPLIED BEHAVIORAL ANALYSIS PROGRAM (7 FT, 8 PT)

Sola, Amanda	*ABA Program Supervisor*
Vacancy	Assistant Behavior Analyst
Smith, Erin	Assistant Behavior Analyst
Latz, Kori	Behavior Technician
Lundquist, Jessica	Behavior Technician
Ranshaw, Brooke	Behavior Technician
Ziroll, Kurt	Behavior Technician
Gardner, Cheyenne (PT)	Behavior Technician
Kensa, Tori (PT)	Behavior Technician
Kundinger, Sarah (PT)	Behavior Technician
Morgan, Angela (PT)	Behavior Technician
O'Neal, Christian (PT)	Behavior Technician
Wilkinson, Cailey (PT)	Behavior Technician
Vacancy PT)	Behavior Technician
Vacancy (PT)	Behavior Technician

Services Reporting To:

Team Lead-Yachasz, Peggy — SIP Coordinator

PEER SUPPORT SERVICES & MONDAY NIGHT ACTIVITIES

Bushey, LeeAnn	*Peer Support Supervisor*
Gapske, Amber	Peer Support Specialist
Murphy, Barbara	Peer Support Specialist
Vacancy (PT)	Peer Support Specialist
Szott, Judy (PT)	Customer Service-Peer Support
Millard, Linda (CAS)	MNA Co-Coordinator
Jenson, Julie (CAS)	MNA Co-Coordinator

DD SIP RESIDENTIAL

Beebe, Melissa	*SIP Supervisor*
Campbell, Linda	*SIP Supervisor*
Danielson, Jolie	*SIP Supervisor*
Grochowski, Karen	*Lead SIP Supervisor*
Schuelke, Amanda	*SIP Supervisor*
Vacancy	*SIP Supervisor*
Bohlen, Cameron	SIP Worker
Boyle, Laura	SIP Worker
Bristow, Josh	SIP Worker
Brun, Wendy	SIP Tech
Clay, Kaydee	SIP Tech
Freitas, David	SIP Worker
Hamlin, Michelle	SIP Worker
Kline, Lori	SIP Worker
Losinski, Shauna	SIP Worker
Miller, Kayla	SIP Worker
Oliver, Jackie	SIP Worker
Pernie, Debra	SIP Worker
Richardson, Tamara	SIP Tech
Schillerstrom, Norman	SIP Worker
Skiba, Melissa	SIP Worker
Welch, Carol	SIP Worker
Werda, Monica	Lead SIP Tech/Temp SIP Supervisor
Williams, Christine	SIP Tech
Wozniak, Corinne	SIP Worker
Zygaj, Sandra	SIP Worker
Ballard, Renee (PT)	SIP Worker
Bohlen, Cameron (PT)	SIP Worker
Bowers, Samantha (PT)	SIP Worker
Clay, Kaydee (PT)	SIP Tech
Cohoon, Patrick (PT)	SIP Worker
Gambrel, Beatrice (PT)	SIP Tech
Gapske, Laurie (PT)	SIP Worker
Grant, Tracy (PT)	SIP Tech
Hall, Keli (PT)	SIP Worker
Hill, Randall (PT)	SIP Worker
Hirschenberger, Mary (PT)	SIP Worker
Hochrein, Hailey (PT)	SIP Worker
Kazyaka, Kelly (PT)	SIP Worker
Koppenol, Marla (PT)	SIP Worker
Rider, Kathy (PT)	SIP Worker
Roznowski, Amanda (PT)	SIP Tech
Schwab, Sarah (PT)	SIP Worker
Sharp, McKenna (PT)	SIP Worker
Simpson, Bill (PT)	SIP Worker

Smalley, Caitltn (PT)	SIP Worker
Sutkay, Sara (PT)	SIP Tech
Wenzel, Kim (PT)	SIP Tech

DD COMMUNITY SUPPORT

Barbeau, Jessica	*CSS Supervisor*
Spaulding, Daniel (Cas)	Peer Mentor
Pickard, Phil	*CSS Supervisor*
St John, Patti	*CSS Supervisor*
Abbert, Lance	CS Worker
Dziesinski, Steve	CS Worker
Fleming, Monica	CS Worker - PI
Grulke, Bonnie	CS Worker - PI
Hampson, Sandy	CS Worker
Lamble, Kristine	CS Worker
Mills, Cindy	CS Worker
Snedden, Brenda	CS Worker
Twite, Susan	CS Worker
Baumgarten, Lisa (PT)	CS Worker - MON
Collins, Douglas (PT)	CS Worker
Cook, Tamara (PT)	CS Worker
Creekmore, Krista (PT)	CS Worker - MON
Daniel, Jessica (PT)	CS Worker – PI
Fras, Monica (PT)	CS Worker
Jakey, Lisa (PT)	CS Worker - MON
June, Rick (PT)	CS Worker
Krajniak, Amanda (PT)	CS Worker - PI
Kuznicki, Melissa (PT)	CS Worker
LaPere, John (PT)	CS Worker
Moldenhauer, Dennis (PT)	CS Worker
Vacancy (PT)	CS Worker - MON
Vacancy (PT)	CS Worker
Vacancy (PT)	CS Worker - PI
Rasche, Rick (PT)	CS Worker
Shepherd, Crystal (PT)	CS Worker - MON
Soldenski, Konnie (PT)	CS Worker
Tracey, Karena (PT)	CS Worker – MON
Wojan, Leah (PT)	CS Worker - PI

DD GROUP HOMES

Hale-Manley, Margaret ***CE Coordinator/Homes Supervisor***

BLUE HORIZONS (5 FT/5 PT)

Thompson, Amy	*Home Supervisor*
Barkley, Carrie	Residential Training Worker
Bruski, Christie	Residential Training Worker
Filipiak, Kathy	Residential Training Worker
Parsell, Kayla	Residential Training Worker
Bellenir, Roseann (PT) Night Worker	Residential Training Worker
Brown, Kayla (PT)	Residential Training Worker
Jones, Linda (PT) Night Worker	Residential Training Worker
Kingsbury-Szumila, Ruth(PT)	Residential Training Worker
Lakin, Alicia (PT)	Residential Training Worker

BREGE (7 FT/5 PT)

Smith, Ann – Supervisor	
Colorite, Julie	Residential Training Worker
Kortman, Kaitlyn	Residential Training Worker
Schultz, Courtney	Residential Training Worker
Sorrells, Lori	Residential Training Worker
Szumila, Mindy	Residential Training Worker
Wirgau, Randy	Residential Training Worker
Carpenter-McDonald, Jenny (PT)	Residential Training Worker
Carper, Ashton (PT)	Residential Training Worker
Kruczynski, Linda (PT)	Residential Training Worker
Marx, Dawn (PT)	Residential Training Worker
Richards, Rebecca (PT)	Residential Training Worker

CAMBRIDGE (7 FT/5 PT)

Hunt, Tina	*Home Supervisor*
Justice, Stephani	Residential Training Worker
LaBonte, Elizabeth	Residential Training Worker
Lake, Hank	Residential Training Worker
Spencer, Jessica	Residential Training Worker
Webster, Ashley	Residential Training Worker
Wojda, Kathy (Temp HS @ PIP)	Residential Training Worker
Dodge, Ellarie (PT)	Residential Training Worker
Gutzman, Nichole (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
West, Lori (PT)	Residential Training Worker
Wirgau, Courtney (PT)	Residential Training Worker

HARRISVILLE (7 FT/5 PT)

Reynolds, Bob	*Home Supervisor*
Anderson, Geraldine	Residential Training Worker
Lancaster, Kim	Residential Training Worker
Mahalak, Elke	Residential Training Worker
Matthews, Lani	Residential Training Worker
Nelson, Sam	Residential Training Worker
Rock, Nancy	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Lester, Kaylee (PT)	Residential Training Worker
Moran, Starlene (PT)	Residential Training Worker
Newland, Lori (PT)	Residential Training Worker
Ranger, Roxanne (PT)	Residential Training Worker

MILL CREEK (7 FT/5 PT)

Matthews, Julie	*Home Supervisor*
Anderson, Lisa	Residential Training Worker
Armstrong, Sally	Residential Training Worker
Belt, Donna	Residential Training Worker
Burns, Sandy	Residential Training Worker
Cole, Candy	Residential Training Worker
Storms, Teresa	Residential Training Worker
Bennett, Danielle (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Simmonds, Katherine (PT)	Residential Training Worker
Wilson, Matthew (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker

PINE PARK (7 FT/5 PT)

Cumper, Lois (Wojda, Kathy Temp)	*Home Supervisor*
Buckingham, Linda	Residential Training Worker
Parent, Amy	Residential Training Worker
Penn, David	Residential Training Worker
Ridgeway, Kathleen	Residential Training Worker
Safford, Denise	Residential Training Worker
Tinker, Rebecca	Residential Training Worker
Graber, Dana (PT)	Residential Training Worker
Jobe, Betti (PT)	Residential Training Worker
Knowlton, Denise (PT)	Residential Training Worker
Ploe, Linda (PT)	Residential Training Worker
Sewell, Linda (PT)	Residential Training Worker

PRINCETON (8 FT/4 PT)

LaMay, Cindy	*Home Supervisor*
Fleck, Christine	Residential Training Worker
Lefebvre, Rose	Residential Training Worker
Ostrander, Kaylyn	Residential Training Worker
Ranger, Patti	Residential Training Worker
Rinard, Cathy	Residential Training Worker
Smith, Andrea	Residential Training Worker
Smith, Judy	Residential Training Worker
Barbric-Benton, Chayla (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Smith, Andrea (PT)	Residential Training Worker
Stoinski, Anna (PT)	Residential Training Worker

THUNDER BAY HEIGHTS (7 FT/5 PT)

Fletcher, Rhonda	*Home Supervisor*
Behring, Jan	Residential Training Worker
Bunch, Lora	Residential Training Worker
Cordes, Valerie	Residential Training Worker
Gilbert, Cindy	Residential Training Worker
Greene, Debra	Residential Training Worker
Holland, Onnalee	Residential Training Worker
Cumper, Chelsey (PT)	Residential Training Worker
Cuzzort, Treva (PT)	Residential Training Worker
Hawley, Michelle (PT)	Residential Training Worker
Saddler, Nancy (PT)	Residential Training Worker
Tucker, Katelyn (PT)	Residential Training Worker

WALNUT (8 FT/4 PT)

Kissane, Heidi	*Home Supervisor*
Brado, Gail	Residential Training Worker
Brock, Tonya	Residential Training Worker
Donajkowski, Tamara	Residential Training Worker
Dorr, Judy	Residential Training Worker
Longpre, Melissa	Residential Training Worker
Peters, Paula	Residential Training Worker
Tadajewski, Jackie	Residential Training Worker
Hippensteel, Dana (PT)	Residential Training Worker
Vacancy (PT)	Residential Training Worker
Standen, Angela (PT)	Residential Training Worker
Waligora, Melissa (PT)	Residential Training Worker

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

March 29, 2019

Contents:

CMH Association and Member Activities:

St. Clair CMH Announces E-race Stigma 5k

The 5th Annual E-race the Stigma 5k will be held on Sunday, May 19th, 2019 in downtown Adrian, MI. Our goal is to increase the awareness of mental health issues with a focus on overall health and wellness; mind, body, and spirit. The run/walk will begin at the Adrian Farmers Market on Toledo St. and wind through beautiful Adrian, MI. We encourage people of all abilities to register and will hold a shortened kids dash for younger participants. All kids dash participants will receive a medal. Awards will be given to the top 3 5k finishers in each age group, male and female. For more up to date information please visit our Facebook page: https://www.facebook.com/Eracethestigma5k/
Learn more about and register for the race at: https://runsignup.com/Race/MI/Adrian/ERaceStigma5K

Great Lakes Mental Health Technology Transfer Center Announces Newsletter

As Weekly Update readers may remember, the CMH Association of Michigan is the Michigan partner to the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (GLMHTTC). Through this partnership, the CMH Association will be sponsoring a nationally-renowned Change Leadership Academy for the Association's members and is working in partnership with the Michigan Departments of Education and Health and Human Services and the Michigan Health Endowment Fund to integrate the newly developing national mental health curriculum into Michigan schools.

Recently, the GLMHTTC announced its newly created newsletter – providing ready access to cutting edge information on a range of evidence based and promising practices. That newsletter can be accessed at: https://mhttcnetwork.org/centers/great-lakes-mhttc/join-our-email-list?destination=/group/27/nodes

CMHAM Committee Schedules, Membership, Minutes, and Information

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

News from Our Corporate Partners:

myStrength: Reducing the Need for Opiates with Scalable Digital Behavioral Health Tools

Exceptional outcomes are associated with medication-assisted treatment (MAT), yet few consumers know about it or understand how to get access. Among opioid recovery treatment options with demonstrated efficacy, MAT rises to the top. **Download the White Paper**

Preliminary results from myStrength's Pain Management Randomized Controlled Trial (RCT) demonstrate that over the course of the study, individuals utilizing myStrength's digital behavioral health platform (which complements MAT) experienced:

For more, view the expert Q&A: The Role of Technology in Solving the Opioid Crisis: https://mystrength.com/news/blog/2019/01/24/technology-and-the-opioid-epidemic-your-questions-answered
Improved life functioning - Less need for medication and/or problematic opioid use myStrength's evidence-based, digital self-care tools inform individuals about opioid use disorders and the recovery process, and offer robust, alternative strategies to opioids and other substances, including education about gold-standard MAT. myStrength also provides psycho-educational materials about chronic versus acute pain, working with care teams, and using behavioral health strategies like mindfulness and cognitive behavioral therapy (CBT) to work toward living life fully.

These resources are an integrated part of myStrength's platform, which also addresses depression, anxiety, insomnia, substance use, stress, borderline personality disorder, and more – many of which present as comorbid conditions.

State and National Developments and Resources:

Report Cites $150M Gap in Mental Health Funding

Below are excerpts from a recent article in MIRS, one of the two pre-eminent capitol news outlets, underscoring the systemic underfunding of Michigan's public mental health system.

> There's a $150 million gap between the cost of health care and what's provided to Michigan's public mental health system, according to a recent analysis released by the Community Mental Health Association of Michigan (CMHAM).
>
> The analysis (https://cmham.org/wp-content/uploads/2019/03/CMHA-Booklet-DIGITAL.pdf) lays out five recommendations CMHAM sees as addressing "the current crises in unmet mental health and substance use disorder needs."
>
> Among the recommendations include restoring General Fund dollars to the system, setting Medicaid rates to match demands and costs, and removing the local match draw-down obligation from budget boilerplate. CMHAM sees these changes and others as ways to modernize the funding system.
>
> "There are new demands, new crises and new conditions in every community throughout Michigan, which the original financing structure did not account for," said CMHAM CEO Robert SHEEHAN, in a statement. "These include the opioid crisis, incarceration of those with mental health needs, the

recognition of the prevalence of autism, increased homelessness and more -- yet the system is still operating from a decades-old funding structure."

Only 4 percent of the funding provided to the CMH system is available to serve Michiganders without Medicaid who need mental health services, according to the CMHAM press release.

"Lawmakers and community members may argue the public system has been functioning well despite funding gaps, but CMHAM warns that the current underfunded system is not sustainable long-term," according to the release.

CMHAM believes its recommendations would pave the way to stemming homelessness, poverty, incarceration and the premature death of Michiganders with intellectual and developmental disabilities, mental illness, and substance use disorders.

Report: Michigan Shorts Mental Health Industry by $150 Million Annually

Below is an excerpt from a recent article, in Crain's Detroit Business, highlighting the gap in funding for Michigan's public mental health system

- Report by mental health providers calls for increase in funding
- Underfunding, increased demands have led to more homelessness, poverty, incarceration and unnecessary deaths
- Pilot studies to test theory that integration of physical and mental health can save costs, expand care

Increased homelessness, poverty, incarceration and deaths are predicted in Michigan by a new report that concludes there is a $150 million gap between the cost of health care and the funding provided to the state's $2.8 billion-plus public mental health system.

The study, which was commissioned by the Community Mental Health Association of Michigan, outlines several major changes in the population served since the current managed health care funding model was established in 1997.

Besides the opioid crisis — which resulted in more than 1,700 deaths in Michigan in 2016 alone and tens of thousands of addictions — the increased rates of incarceration of those with mental health needs and autism have caused many more problems within the system and society, the report says.

"Michiganders do not face the same mental health and substance use disorder needs that they had 20 years ago," Robert Sheehan, the mental health association's CEO, said in a statement. "There are new demands, new crises and new conditions in every community throughout Michigan, which the original financing structure did not account for. ... yet the system is still operating from a decades-old funding structure. This is the reality that the public mental health system in Michigan has faced for decades.

"Without moving toward the ambitious vision outlined by the association and addressing this outdated funding structure, Michiganders will continue to live without the mental health care that they need and expect."
Sheehan outlined five recommendations in the report to address unmet mental health and substance use disorder needs:

- Set Medicaid rates to match demands and costs. Medicaid rates account for 90 percent of the system's funding.

- Mandate Medicaid rates include contributions to risk reserves. Because of rising demand, some mental health organizations have drawn down reserves to the point where they are structurally insolvent.
- Allow for the public mental health system to hold sufficient risk reserves. Mental health agencies are not allowed to retain Medicaid savings that they generate through efficiencies and effective clinical practices.
- Remove the obligation to match state funding with local dollars to cover the gap between mandated Medicaid funding and the actual cost of care.
- Restore general fund dollars to the public mental health system. Since 2014, the state has cut general funding from agency budgets to allow people not covered by Medicaid to have access to mental health services.

The full article can be found at: https://www.crainsdetroit.com/health-care/report-michigan-shorts-mental-health-industry-150-million-annually

CMH Association Develops Focused Graphics Outlining the Causes and Solutions to the Underfunding of Michigan's Public Mental Health System

Recently, the Community Mental Health Association developed two infographics which depict, with clarity and focus, the components of the problem and solutions to the systemic underfunding of Michigan's public mental health system. These infographics can be found at:

Problems: https://macmh.a2hosted.com/wp-content/uploads/2019/03/CMHAM-Problem-Infographic-v5-bleed.pdf

Solutions: https://macmh.a2hosted.com/wp-content/uploads/2019/03/CMHAM-Solutions-Infographic-v4.pdf

MDHHS Announces Children's Services Agency Deputy Director

Below are excerpts from a recent press release announcing the appointment of JooYeun Chang as the Chief Deputy for the Children's Services Agency within MDHHS.

> Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon today announced the appointment of JooYeun Chang as Senior Deputy Director for the Children's Services Agency. Chang has over 17 years of experience in child welfare and human service practice and policy.
>
> Chang will lead MDHHS' Children's Services Agency, which oversees the state's child welfare system, including Children's Protective Services, the foster care system that serves approximately 13,500 children, adoption services and juvenile justice programs.
>
> "The hard work of our staff has brought us to this threshold of great progress for the kids we serve," said Gordon. "With JooYeun's deep knowledge of what works, her diverse experiences, and her passionate commitment, we can help many more children achieve safety, gain permanency, and ultimately realize their potential."
>
> Chang is currently Managing Director at Casey Family Programs, the nation's largest operating foundation focused on improving the child welfare system. She has led work to identify, develop and disseminate information about the most promising best practices in child welfare, including work in partnership with Michigan's Children's Services Agency.

William C. Bell Ph.D., President and CEO of Casey Family Programs shared, "JooYeun Chang is an incredibly talented and committed leader and change agent. I have had the opportunity to work with her in a variety of ways since 2007, and over those 12 years, her commitment to the well-being of all children and families has remained her focus and has never wavered. Michigan will benefit greatly from her leadership."

She previously served as head of the Children's Bureau in the Administration of Children of Families. The Children's Bureau is the first federal agency within the U.S. government to focus exclusively on improving the lives of children and families. In leading the Children's Bureau, Chang administered more than $7 billion in federal programming to support national child protection, foster care, guardianship and adoption programs. She earned a Bachelor of Arts degree from North Carolina State University and a Juris Doctorate from the University of Miami School of Law.

Chang is expected to start her position on May 20, 2019.

Coalition Announces Legislative Forum on Michigan's Direct Care Worker Crisis

A group of statewide advocacy organizations, including the CMH Association of Michigan, is holding a legislative forum to highlight the state's direct care worker crisis. The details of the event are provided below.

LEGISLATIVE FORUM ABOUT THE DIRECT CARE WORKER CRISIS IN MICHIGAN!

WHEN: FRIDAY, APRIL 12, 2019, 8:30-10:00 AM
WHERE: IN THE GRAND ROOM OF THE KENT ISD EDUCATIONAL SERVICE CENTER
2930 Knapp St NE, Grand Rapids, MI 49525 PARKING IN LOT #11

WHY: 50,000 DIRECT CARE WORKERS ARE NEEDED TO PROVIDE CRUCIAL SUPPORTS AND SERVICES TO INDIVIDUALS WHO HAVE A MENTAL ILLNESS AND/OR DEVELOPMENTAL DISABILITY. THE COMMUNITY MENTAL HEALTH SYSTEM ALONE PROVIDES SERVICES TO APPROXIMATELY 300,000 MICHIGAN CONSTITUENTS. THIS SYSTEM DIRECTLY OR INDIRECTLY IMPACTS MORE THAN TWO MILLION MICHIGAN CITIZENS.

Inadequate wages, which are tied to Medicaid funding, have created a Direct Care Worker shortage. Turnover rates average 37%, and providers cannot compete with other businesses that offer higher wages, often with fewer work demands. People with disabilities who rely on direct care workers for essential supports are unable to access their communities, attend college, work and live full lives.

To RSVP and/or request more information or a reasonable accommodation, please contact Salli Christenson at 800 292-7851, ext. 130 or salli.c@arcmi.org

Event sponsored by:

The Arc Michigan
AutismAlliance of Michigan
CMHA Community Mental Health Association of Michigan
ACMH MICHIGAN
NAMI National Alliance on Mental Illness Michigan
MP&AS "Protecting the Rights of Persons With Disabilities" PROTECTION & ADVOCACY SERVICE, INC.
COMMUNITY Living Services Your Life, Your Way

National Complete Count Committee Provides Resources to Ensure Complete US Census Count

Historically, the census has missed disproportionate numbers of – "hard-to-count populations" (often including persons served by the public mental health system)– leading to inequality in political power, government funding and private-sector investment for these communities. The "Census 2020 Michigan Nonprofits Count Campaign" is an ambitious effort to mobilize nonprofits and partner with state and local government to encourage participation in the census in communities that are at significant risk of being undercounted - including people with disabilities.

As the work of the Nonprofit Complete Count Committee advances, I'm hoping you will consider sharing information on the process and consequences of the census, in hopes of an inclusive and accurate count. For additional information about the work of this Committee, visit their website: https://becountedmi2020.com/

Nonopioid Directive Form Helps Fight Opioid Epidemic by Allowing Patients to Notify Health Professionals They Don't Want Opioids

Below are excerpts from a recent press release on another component of Michigan's work to stem the opioid crisis.

> Patients can now fill out a state form that directs health professionals and emergency medical services personnel to not administer opioids to them.
>
> Today the Michigan Department of Health and Human Services (MDHHS) made the nonopioid directive form available to the public on its website in response to a new state law. The nonopioid directive is part of the State of Michigan's multifaceted plan to address the opioid epidemic.
>
> "This law helps ensure nonopioid options to pain management are considered in the medical treatment of Michigan patients," said Dr. Debra Pinals, MDHHS medical director of Behavioral Health and Forensic Programs. "Providing this supportive tool for patients to notify their health professionals that they are seeking alternatives for pain treatment is critically important for those who are most at-risk of misusing opioids, including those with a history of an opioid disorder."
>
> A link to the directive form can be found under "Additional Resources" at the bottom of the "Find Help Page" on Michigan's Opioid Addiction Resources website, www.michigan.gov/opioids , along with other information.
>
> The nonopioid directive can be filled out by the patient or a person's legal guardian or patient advocate. Once submitted, the directive must be included in the patient's medical records. There are exceptions in the law, such as a provision that a prescriber or a nurse under the order of a prescriber may administer an opioid if it is deemed medically necessary for treatment.
> Public Act 554 of 2018 amended the Public Health Code to provide for the form and

required MDHHS to make it available on its website by today.

Michigan has been significantly affected by the national opioid epidemic. The number of annual opioid-related overdose deaths in the state have more than tripled since 2011, from 622 to 2,053. As part of the state-government-wide plan to address the issue, MDHHS has developed an action plan that is focused on prevention, early intervention and treatment

Federal Judge Again Blocks States' Work Requirements for Medicaid

Below are excerpts from a news story regarding the recent decision by a federal judge to block the implementation of Medicaid work requirements in Kentucky and Arkansas.

For a second time in nine months, the same federal judge has struck down the Trump administration's plan to force some Medicaid recipients to work to maintain benefits.

The ruling Wednesday by U.S. District Judge James Boasberg blocks Kentucky from implementing the work requirements and Arkansas from continuing its program. More than 18,000 Arkansas enrollees have lost Medicaid coverage since the state began the mandate last summer.

Boasberg said that the approval of work requirements by the Department of Health and Human Services "is arbitrary and capricious because it did not address ... how the project would implicate the 'core' objective of Medicaid: the provision of medical coverage to the needy."

The decision could have repercussions nationally. The Trump administration has approved a total of eight states for work requirements, and seven more states are pending.

The full story can be found at: https://www.npr.org/sections/health-shots/2019/03/27/707401647/federal-judge-again-blocks-states-work-requirements-for-medicaid

CMHS Announces Resource: Advancing Health Equity in Medicaid: Emerging Value-Based Payment Innovations

Health care disparities persist across the United States, despite growing awareness of the issue. Black mothers are two to three times more likely to die of common pregnancy complications than white women. Minority patients, especially those with Medicaid coverage, are more likely to be diagnosed with cancer at later disease stages and experience worse survival rates compared to other patients.

Health equity is particularly salient to Medicaid programs, which are responsible for addressing the needs of diverse populations. State Medicaid agencies are well positioned to advance health equity across several categories, including: race or ethnicity, gender, sexual identity, age, disability, behavioral health diagnosis, socioeconomic status, and geographic location. Using Medicaid payment reform as a lever to promote health equity holds particular promise.

The resource can be found at: https://www.chcs.org/advancing-health-equity-in-medicaid-emerging-value-based-payment-innovations/?utm_source=CHCS+Email+Updates&utm_campaign=1bdceb220d-March+2019+Monthly+Update&utm_medium=email&utm_term=0_bbced451bf-1bdceb220d-152144421

Centene to Buy Meridian Health Owner WellCare for More Than $15 billion

Below are excerpts from a recent article on the impending purchase, by Centene, of WellCare Health Plans (which recently purchased the Michigan-based Medicaid Health Plan, Meridian).

Health insurer Centene Corp. agreed to buy WellCare Health Plans Inc., a Tampa-based provider of Medicaid and Medicare services, for more than $15 billion to expand in the market for government-sponsored health care.

Last year, WellCare (NYSE: WCG) bought the multi-state operations of Detroit-based Meridian Health for $2.5 billion.

Because St. Louis-based Centene has a small operation in Michigan there is a little overlap in business, WellCare spokesman Kimbrel Arculeo told Crain's on Wednesday.

"WellCare will continue to offer its statewide prescription drug plan and provide Medicaid, Medicare and health insurance exchange (Obamacare) plans through its wholly-owned subsidiary, Meridian, in their current state through this acquisition," Arculeo, vice president of corporate communications, said in an email.

"Meridian, a WellCare company, remains committed to providing quality health care to all of our members."
Centene offered $305.39 per share in cash and stock for WellCare, the companies said in a joint statement Wednesday. Both boards backed the transaction, which has an enterprise value of $17.3 billion.
The deal will add to adjusted earnings per share in its second year, the companies said.

The purchase will give Centene, which focuses on Medicaid and Affordable Care Act markets, a Medicare business even as the Trump administration launches a fresh assault on Obamacare. The enlarged company would be threatened if higher courts uphold a request to wipe out the entire law, though legal experts have called that outcome unlikely.

Founded by David Cotton, M.D., and his wife, Shery, in 1997, Meridian is Michigan's largest Medicaid health plan, with more than 500,000 members, and was one of the largest family-owned for-profit managed-care companies in the nation. Overall, Meridian served about 1.1 million Medicaid, Medicare Advantage, integrated dual-eligible and health insurance marketplace members.

Sources familiar with Meridian and WellCare told Crain's that the Centene offer took the Detroit-based company and executives by total surprise. Meridian executives declined comment, referring all communication to WellCare officials in Tampa.

Susan Moore, R.N., a health care quality consultant with Ortonville-based Health Care Resources, said the merger of health plans that sell government-sponsored insurance products makes sense to build economies of scale and reduce costs.

"WellCare purchased Medicare plans in the last few years that they're still integrating into their organization, along with the purchase of Meridian," Moore said. "With the states' budgets taking huge hits for the increasing cost of Medicaid as a portion of their budgets, they're trying to economize as much as possible on payments to plans."

Moore said it is much easier to "buy" members by purchasing the plans instead of setting up new plans in markets where they don't have a presence or where they can eliminate a competitor.

"Even though WellCare is smaller, they've been very successful at wining competitive bids in new states," she said.

Meridian is also a major employer in downtown Detroit and ranked fourth on Crain's Private 200 list of largest privately held companies in metro Detroit with $3.8 billion in 2017. The company has become a visible fixture in downtown Detroit since purchasing One Campus Martius with Dan Gilbert's Bedrock LLC in 2015 for an estimated $140 million to $150 million.

MARO Makes Call For Presentations for re:con

re:con (the annual conference sponsored by MARO, a partner of the CMH Association of Michigan) seeks presentations that focus on innovative service delivery models and positive outcomes. All breakout sessions will be scheduled on November 7 or 8 (Thursday & Friday) this year.

Core Purpose: Engaging people committed to removing barriers, restarting lives, and restoring community.
Vision: To establish a network of shared values through professional development, resulting in enhanced outcomes for the people we serve.

What we're looking for:
Presentation categories may include Assistive Technology, Disability Policy, Employment Opportunities, Community Access, Health and Wellness for both practitioners and persons served, Leadership Development, Independent Living, Transitions, Behavioral Health, Veterans' Services, WIOA, HCBS, Disability Specific Issues, and Professional Ethics.

For information about last year's event visit: https://mi-recon.org/

Proposals must be submitted by April 2, 2019 to be considered.

State Legislative Update:

House Upcoming Budget Hearings

1. House Health and Human Services subcommittee of the Standing Committee on Appropriations Rep. Mary Whiteford, Chair

   DATE: Monday, April 8, 2019
   TIME: 1:00 PM
   PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

   AGENDA: **Public Testimony on the FY 2019-20 Executive Budget Recommendation for the Department of Health and Human Services**

   OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

2. House Health and Human Services subcommittee of the Standing Committee on Appropriations, Rep. Mary Whiteford, Chair

   DATE: Thursday, April 11, 2019
   TIME: 1:30 PM or after committees are given leave by the House to meet, whichever time is later.
   PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

   AGENDA: **Department of Health and Human Services Presentations:**

-FY 2019-20 Executive Budget Recommendation for Behavioral Health and State Hospitals, and Information Technology and Public Testimony on the DHHS FY 2019-20 Budget Recommendation

OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

Whitmer Won't Sign Budget Without Road Funding Fix

Gov. Gretchen Whitmer said this week she will not sign any FY20 spending plan that doesn't include a road-funding piece, a response to House and Senate Republicans ranking road funding third on their 2019 session priority list behind auto-insurance reform and the budget. Senate Majority Leader Mike Shirkey (R-Clarklake) said last week that the road funding issue and the budget process are separate, as far as the Senate Republicans are concerned.

"People need to prepare to work here and stay here until the job is done because that budget is absolutely interlinked," Whitmer said. "Our ability to fund our education system, to clean up drinking water is linked with our ability to rebuild roads in this state. So, I'm not signing anything until it's all done together." Asked if this meant this could put state government into a potential shutdown-like situation, Whitmer said, "We're not going to shut down because we're going to stay working here all summer long to get this done. "I am serious about it. The people of the state elected me because I believe they want me to fix the damn roads. They want honesty in budgeting. They want real solutions, not half measures and shell games and that's exactly what I put on the table."

An answer doesn't have to be a 45-cent-a-gallon gas tax, she repeated. If their alternative gets the state $2.5 billion in additional funding on a yearly basis for the next 10 years, "I'm all ears. But until then, let's get serious about talking about my budget and getting it passed to fix these problems."

The scenario Whitmer is trying to head off is the Republicans sending her an FY20 spending plan with possibly some additional road-funding dollars, but nothing close to $2.5 billion. Under the 2015 road-funding plan, the state is required to put in $325 million in additional income tax money into the roads.

Federal Update:

Court Blocks Medicaid Work Requirements in Arkansas, Kentucky

On Wednesday, a district court judge issued a pair of decisions blocking Medicaid work requirements in Kentucky and Arkansas. Consistent with an earlier ruling, the court found that the federal government had failed to justify how adding employment requirements advanced Medicaid's central statutory objective to provide medical assistance to the state's citizens. The impact of the ruling is likely to extend beyond these two states and complicate Trump Administration plans to expand Medicaid work requirements more broadly.

IMPLICATIONS

While Judge James Boasberg's ruling applies only to Kentucky and Arkansas' programs, his reasoning for overturning the Centers for Medicare and Medicaid's (CMS) decision to approve these initiatives could extend to the other seven states that CMS has approved for work requirements in addition to the seven other states whose waiver applications are currently being reviewed by the federal government. Joan Alker, head of Georgetown's Center for Children & Families, told Politico, "The judge's ruling is a wake-up call for states considering work requirements or other barriers to coverage in Medicaid."

Although the decision did not outlaw Medicaid work requirements outright, it makes clear that the Department of Health and Human Services (HHS) Secretary does not have unlimited authority to approve waivers or "refashion the program Congress designed in any way they choose." In other words, as Joan Alker explains "Medicaid was designed by Congress to be a health insurance program for low income people and the Trump Administration can not arbitrarily change that."

WHAT'S NEXT?

HHS must now reevaluate Kentucky and Arkansas' waiver approvals and decide whether they will seek an appeal. As a result, HHS may hold off on announcing any additional work requirement approvals — and states may wait to submit their requests — until this legal battle reaches its conclusion.

Kentucky Gov. Matt Bevin (R) has threatened to reverse the state's Medicaid expansion if his Medicaid reforms do not survive legal challenges.

Education Opportunities:

Practicing Effective Management: A Two-Day Training for Improving Relationships and Results

TBD Solutions is hosting its next Practicing Effective Management Training May 8th & 9th at the Grand Rapids Chamber of Commerce. This training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained over 250 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, maintaining a 98% satisfaction rate.

Cost for this two-day training is $500, and lunch is provided. Group discounts are also available.
To learn more or register for the training, visit www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505. For questions about the training, email training@TBDSolutions.com.

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** ***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

Location:
Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)
$39 CMHAM Members
$47 Non-Members

To Register:
Click Here to Register for the April 25 from 9-11 Training!

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

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

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

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

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

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

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

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

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

Motivational Interviewing College Trainings for 2018/2019

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

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

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

Dates/Locations:
April – Shoreline Inn Muskegon – ***Many spots still available! Register ASAP to take advantage of trainings held in the West Michigan region!***
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- TNT: Teaching MI: Wednesday & Thursday, April 10-11, 2019

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

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

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

Register Now for Fetal Alcohol Spectrum Disorder Trainings

Register now for three Fetal Alcohol Spectrum Disorder Trainings with presenter Dan Dubovsky, MSW – a National FASD Specialist. Registration online at www.cmham.org - We have 300 training spaces available.
- May 6 – Mackinaw City
- May 8 – Ann Arbor
- May 9 – Kalamazoo

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

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

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

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

Trainings offered on the following date.

- April 24 – Troy Click Here to Register for April 24

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

Writing Quality and Comprehensive Behavioral Support Plans

The Writing Quality and Comprehensive Behavioral Support Plans training will be held April 12, 2019 at the Holiday Inn Express & Suites, Gaylord. This training is intended for practitioners who are responsible for writing behavior support plans through a functional analysis, as well as members of behavior support committees who are responsible for reviewing plans. Registration fee is $45 per person. Must be pre-approved to attend. Click here to get application form and information.

Eye Movement Desensitization and Reprocessing (EMDR) Trainings

Trauma Recovery/EMDR Humanitarian Assistance Programs presents Eye Movement Desensitization and Reprocessing (EMDR). EMDR Basic Training consists of Weekend I and Weekend II Training. Each training event is three days of didactic and supervised practice. To complete Trauma Recovery/HAP's EMDR Training, each participant is required to complete 10 hours of consultation. Each participant/agency must arrange for consultation hours on their own, through the HAP Consultant Directory. Location of Training:
Kellogg Hotel and Conference Center, 219 S Harrison Rd, East Lansing, MI 48824
Dates: May 16-18, 2019 (Thursday-Saturday). Registration: 8:00am-8:30am and Training: 8:30 a.m. to 5:00 p.m. Part II – Dates to be determined by the group
Cost: $150.00 fee for Part I (fee does not include consultation and books). The fee for each staff person is $300 (which includes Part I and Part II). Both Part I and Part II are required to be completed as part of the training. Participants will be responsible for own hotel/mileage and some meals. The average range consultants tend to charge is between $25 to $50 per person per group consultation hour; and between $50 to $100 per person for individual consultation hour. If interested in EMDR, please email awilson@cmham.org

CALL FOR PRESENTATION: CMHAM Annual Spring Conference

We're looking for the Best of the Best! Submit your workshop ideas by April 4, 2019.

The CMHAM Annual Spring Conference will be held on:

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

Click Here to Download Presentation Submission Form!

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

35th Annual Developmental Disabilities Conference

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.

For more information, please contact Courtney Puffer. Courtney.Puffer@med.wmich.edu or (269) 337-4305

Date & Location
Tues., April 16, 2019, 7:30 AM – Wed., April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

Objectives

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at: wmed.cloud-cme.com/2019DDConference

REGISTRATION FEES
When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

- Early Bird Discounts, postmarked before March 1:
  $185, Tuesday Only; $185, Wednesday Only; $245, Two Days, entire conference
- Regular Registration, postmarked March 1-31:
  $205, Tuesday Only; $205, Wednesday Only; $260, Two Days, entire conference
- Late Registration, postmarked after April 1 or onsite:
  $230, Tuesday Only; $230, Wednesday Only; $280, Two Days, entire conference

By registering, you agree to the terms of our photo release policy listed under Conference Info.
By registering, you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact ce@med.wmich.edu for assistance. All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to ce@med.wmich.edu.

2019 Michigan ACE Initiative Conference

WHEN: May 23, 2019 from 10:00 a.m. to 3:00 p.m.
WHERE: Eagle Eye Banquet Center, 15500 Chandler Road, Bath, MI
WHAT: The Michigan ACE Initiative was created just over two years ago and has successfully devoted its energy to provide awareness of the impact of Adverse Childhood Experiences in Michigan. While we will continue to create awareness, it is now time to shift the focus of our conversation to the next step—resilience.

Our 2019 conference has been designed with resilience in mind, in a way that is coordinated, based on science and best practices, and one in which local and state synergies are created. Join us to continue to reduce the impact of Adverse Childhood Experience in Michigan.
WHO: Our featured speakers include:
• Christina Bethell, PhD, MBA, MPH, Professor, Bloomberg School of Public Health, Johns Hopkins University and Director, Child and Adolescent Health Measurement Initiative, Baltimore, MD
• Lynn Waymer, Vice President of Community Engagement, KPJR Films, Atlanta, GA
• And the premiere of the Michigan ACE Initiative Video: Resilience

To register and for lodging information and the conference agenda, go to: www.regonline.com/2019ace
For questions, contact Diane Drago, Conference Coordinator, ddrago@dmsevents.com 734-747-2746

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. https://www.rosehillcenter.org/

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
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
Robert Sheehan, CEO, rsheehan@cmham.org

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

March 22, 2019

Contents:

CMH Association and Member Activities:

Great Lakes Mental Health Technology Transfer Center Announces Newsletter

As Weekly Update readers may remember, the CMH Association of Michigan is the Michigan partner to the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (GLMHTTC). Through this partnership, the CMH Association will be sponsoring a nationally-renowned Change Leadership Academy for the Association's members and is working in partnership with the Michigan Departments of Education and Health and Human Services and the Michigan Health Endowment Fund to integrate the newly developing national mental health curriculum into Michigan schools.

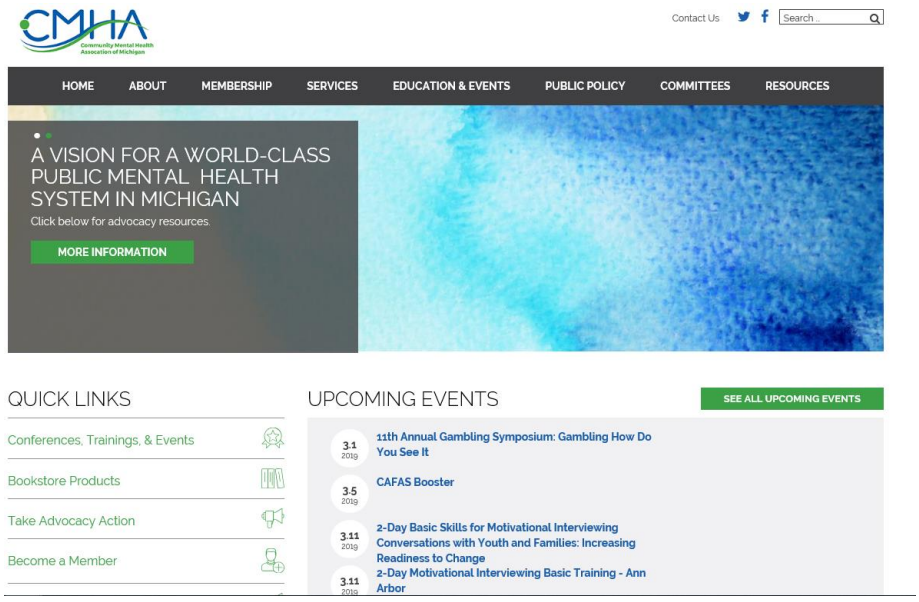
Recently, the GLMHTTC announced its newly created newsletter – providing ready access to cutting edge information on a range of evidence based and promising practices. That newsletter can be accessed at: https://mhttcnetwork.org/centers/great-lakes-mhttc/join-our-email-list?destination=/group/27/nodes

Northeast Guidance Center Announces Anti-Stigma Forum

Below is the recent announcement, by the Northeast Guidance center, of its upcoming Anti-Stigma Forum. This year's forum focuses on Suicide prevention.

CMH Association of Michigan Launches New Website

The Community Mental Health Association of Michigan recently launched its new website. The website (the cover page of which is pictured below), is greatly modernized with a fuller range of features – from information and registration for hundreds of professional development and education offerings to access to white papers from the Association's Center for Healthcare Integration and Innovation (CHI2), from contact information on the Association's members and staff to access to the Association's Weekly Update.



The new website can be found at: https://cmham.org/

CMHAM Committee Schedules, Membership, Minutes, and Information

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

News from Our Corporate Partners:

myStrength: Reducing the Need for Opiates with Scalable Digital Behavioral Health Tools

Exceptional outcomes are associated with medication-assisted treatment (MAT), yet few consumers know about it or understand how to get access. Among opioid recovery treatment options with demonstrated efficacy, MAT rises to the top. **Download the White Paper**

Preliminary results from myStrength's Pain Management Randomized Controlled Trial (RCT) demonstrate that over the course of the study, individuals utilizing myStrength's digital behavioral health platform (which complements MAT) experienced:

For more, view the expert Q&A: The Role of Technology in Solving the Opioid Crisis: https://mystrength.com/news/blog/2019/01/24/technology-and-the-opioid-epidemic-your-questions-answered
Improved life functioning - Less need for medication and/or problematic opioid use
myStrength's evidence-based, digital self-care tools inform individuals about opioid use disorders and the recovery process, and offer robust, alternative strategies to opioids and other substances, including education about gold-standard MAT.
myStrength also provides psycho-educational materials about chronic versus acute pain, working with care teams, and using behavioral health strategies like mindfulness and cognitive behavioral therapy (CBT) to work toward living life fully.

These resources are an integrated part of myStrength's platform, which also addresses depression, anxiety, insomnia, substance use, stress, borderline personality disorder, and more – many of which present as comorbid conditions.

Relias Announces Maternal Opioid Use Webinar

Are You Preparing to Participate in the Maternal Opioid Misuse (MOM) Model and Funding?

You should be. The MOM model is the next step in the Center for Medicare and Medicaid Innovation's multi-pronged strategy to combat the nation's opioid crisis. The model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.

Join our expert presenters, Dr. Joe Parks and Dr. Carol Clayton, for an informative webinar: Combating Maternal Opioid Misuse (MOM) Model: The Role of Innovation and Technology

This webinar will cover:
Information about the MOM model and funding
Statement of the problem relative to maternal and child health immediate and long-term risks
Challenges associated with linkages across the needed continuum of care
Evidence-based solutions for strengthening the linkages with actual case study outcomes

How Relias can help state agencies and provider systems get better at addressing this concern

Register today: http://go.reliaslearning.com/WBN2019-03-12CombatingMaternalOpioidMisuseMOMModel_Registration.html?utm_source=marketo&utm_medium=email&utm_campaign=wbn_2019-03-12_combating-maternal-opioid-misuse-model_opioids&mkt_tok=eyJpIjoiTmpZM1ptVmpaakJpWVRsbSIsInQiOiJ4NWIzYzk1aFwvY3cyTWhsaUdxSkRSbzJUSFI6eDhPelZIRzFxa1ZxMllmSHZlZUtFc3dKKzJwM1pZcERHZE5jTjV3Nm5aSm8wc3BkNkRVaVd4dEpRZTBicWhuM3l0WnpmWVVEenRuOXczVlduQjVQejd0U3NnbjQ5Vk96VG9xdituVjZqVmU1V052NGM4T2JIdTNTbzF3NkxaUFwvUHdjVnR1Q05BdXFxUFdzYz0ifQ%3D%3D

If you can't attend the live event, we will send you the recording and slides!

State and National Developments and Resources:

Dr. Joneigh Khaldun to Serve as MDHHS Chief Medical Executive & Chief Deputy for Health

Below are excerpts from a recent press release on the appointment of Dr. Joneigh Khaldun as the as Chief Deputy Director for Health and Chief Medical Executive (CME) for MDHHS.

Gov. Gretchen Whitmer and Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon today announced the appointment of Dr. Joneigh Khaldun as Chief Deputy Director for Health and Chief Medical Executive (CME) for the department. Khaldun currently serves as Director and Health Officer for the Detroit Health Department and is a practicing emergency physician at Henry Ford Hospital. In this new role, Khaldun will oversee the MDHHS' Population Health, Medical Services, and Behavioral Health and Developmental Disabilities administrations as well as the Aging and Adult Services Agency. As CME she will serve Michigan citizens by providing professional medical leadership, expertise and coordination in addressing public health issues, workforce issues, and health policy development to the MDHHS.

"Dr. Khaldun will bring strong expertise, diverse experience, and deep passion to state government," said Governor Gretchen Whitmer. "She will become a critical part of our team as we work to improve health across our state."

According to Executive Order 2016-19, the Chief Medical Executive shall be a physician appointed by the Governor who shall serve at the pleasure of the Governor. The new Chief Medical Executive shall serve as a member of the Governor's Cabinet.

The Office of the Chief Medical Executive in the Department of Health and Human Services will help to protect and promote public health in Michigan by advising the Governor and the Department on public health issues, assessing the state of public health in Michigan and communicating health information to the public.

"I am delighted that Dr. Khaldun is joining us, said Gordon. "Her varied experience in public health, her strong record of spearheading clinical initiatives at all levels of government, and her committed leadership will enable us to deliver better health for more Michiganders."

Dr. Khaldun has led several coordinated public health responses, including Detroit's response to the largest Hepatitis A outbreak in Michigan history, vaccinating over 8,500 residents and establishing vaccination procedures in hospitals, clinics and social service agencies. She led Baltimore's nationally recognized response to the opioid epidemic, expanding access to naloxone and treatment.

"Dr. Khaldun has done great work for the city, rebuilding the health department and tackling challenging problems like the opioid epidemic, teen pregnancy and infant mortality," said Detroit Mayor Mike Duggan. "We wish her the best in her new role and know she will continue to do great work for Detroit and all of Michigan."

Dr. Khaldun has served as Director and Health Officer at the Detroit Health Department since 2017 and previously served as its Medical Director. She joined the Detroit Health Department from her position as Chief Medical Officer and Assistant Commissioner for Clinical Services at the Baltimore City Health Department.

In 2018, Dr. Khaldun was selected for the 40 Under 40 Leaders in Minority Health Award by the National Minority Quality Forum and was named a Kresge Foundation Emerging Leaders in Public Health Fellow. Khaldun has a Bachelor of Science (B.S.) degree in Biology from the University of Michigan, a Medical Doctorate (M.D.) degree from Perelman School of Medicine at University of Pennsylvania and a Master of Public Health (M.P.H.) degree in health policy from the George Washington University School of Public Health and Health Services.

Khaldun joins Elizabeth Hertel as chief deputy for administration and Erin Frisch as chief deputy for opportunity. These three chief deputy directors are responsible for integrating efforts across the Michigan Department of Health and Human Services.

As **Chief Deputy for Administration**, Hertel oversees services including External Affairs and Communications, Finance and Administration, and Legislative Services. Hertel served as Director of Michigan Advocacy for Trinity Health and previously served as senior deputy director for Policy, Planning and Legislative Services at MDHHS. She has a BA from Grand Valley State University and an MBA from Michigan State University.

As **Chief Deputy for Opportunity**, Frisch oversees the Field Operations Administration and the Children's Services Agency. She is also responsible for developing DHHS's opportunity agenda and for integrating services across multiple operating divisions. Frisch has served as the Title IV-D Director for Michigan and Director of the Office of Child Support. She serves as President of the National Council of Child Support Directors, and on the Board of Directors for the National Child Support Association. Erin graduated from James Madison College at Michigan State University.

Dr. Khaldun is expected to begin her position on April 15, 2019.

CHCS: It's Not Just Risk: Why the Shift to Value-Based Payment is also about Provider Flexibility

Below are excerpts from a recent post, by the Center for Health Care Strategies (CHCS) on one benefit from the move to value based payment systems of health care financing.

The movement to adopt value-based payment (VBP) in the U.S. health care system tends to focus on getting providers to assume financial risk. Recently, for example, the Centers for Medicare & Medicaid Services (CMS) finalized its plans to facilitate the transition to financial risk for providers participating in the Medicare Shared Savings Program. Under risk-based VBP models, providers are held financially responsible for some, if not all, health care costs if they exceed a predefined budget or a prospectively paid pot of money. In most VBP-related work — including efforts across commercial, Medicare, and Medicaid payers — there is an underlying goal of moving providers toward risk-based payment models in order to help accomplish the Triple Aim of better care, lower costs, and healthier people.

National goals for payment reform outlined under the Department of Health and Human Services' Health Care Payment Learning & Action Network (LAN) (https://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/) shift the U.S. toward risk-based payment models

including savings/shared risk, bundled payments, and population-based payments (see Categories 3 and 4 in Exhibit 1). In Medicaid, there are a range of state efforts to "up the ante" on VBP models. For example, six states received approval to have their Medicaid payment arrangements qualify as Advanced Alternative Payment Models under CMS' Quality Payment Program in 2019, which requires a certain level of downside risk. Other states are leveraging initiatives such as Medicaid's Innovation Accelerator Program for Value-Based Payment & Financial Simulations and Advancing Primary Care Innovation in Medicaid Managed Care to design, implement, and/or refine existing VBP models.

The full post can be found at:
https://www.chcs.org/its-not-just-risk-why-the-shift-to-value-based-payment-is-also-about-provider-flexibility/?utm_source=CHCS+Email+Updates&utm_campaign=64de6fe17e-VBP+Flexibility+Blog+03%2F21%2F2019&utm_medium=email&utm_term=0_bbced451bf-64de6fe17e-152144421

Open Up: Michigan Launches "Inclusion" Campaign During Developmental Disabilities Awareness Month

Below is a recent announcement of the inclusion campaign developed by Michigan Developmental Disabilities Council, including the development of a number of powerful public service announcements.

> The Michigan Developmental Disabilities Council (DD Council) is advocating for the inclusion of individuals with intellectual and developmental disabilities (I/DD) with a multi-year campaign aimed at creating fully inclusive communities, educational environments and employment opportunities.
>
> "Individuals with intellectual and developmental disabilities have the right to be full and active members in their community, and to be valued as equals to all residents,"
> said Vendella Collins, executive director of the DD Council. "This new Inclusion campaign shows that every person has a role in creating a fully inclusive society – it starts with opening your mind and inviting individuals to participate."
>
> The initial campaign focuses on building inclusive communities through employment opportunities. People with disabilities are a large, untapped pool of loyal, hardworking and highly motivated workers. As of 2017, only 19 percent of people with I/DD are employed in the state.
>
> Including people with disabilities in the community requires intentional practices and policies that identify and remove physical, communication and attitudinal barriers.
>
> To be more inclusive, communities should be welcoming and engage all members of the community. It is important to see people as a friend, a neighbor, and as a contributing member to the community. An inclusive community treats all of its members equitably and recognizes their value.
>
> The DD Council is an advocacy organization that helps people with developmental and intellectual disabilities have the opportunities and support to achieve their full potential and life dreams. The DD Council is housed within the Michigan Department of Health and Human Services.
>
> Learn more by visiting the DD Council website:https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897---,00.html
>
> The view the videos that are central to the campaign, visit the MDHHS YouTube page:
> https://www.youtube.com/playlist?list=PL7n_k_3drTUt-t15krLI1kuHCfXj9IwWT

MDHHS Issues Request for Information for federal Integrated Care for Kids Model Designed to Improved Children's Health

The Michigan Department of Health and Human Services (MDHHS) Medical Services Administration has issued a Request for Information (RFI) from local organizations interested in developing and implementing a payment and local service delivery model that supports innovations to improve the health of children.

The Centers for Medicare & Medicaid Services (CMS), through its Center for Medicare and Medicaid Innovation, is implementing a new Medicaid and Children's Health Insurance Program (CHIP) state payment and local service delivery model. The Integrated Care for Kids (InCK) Model will test whether combining a local service delivery model coordinating integrated child health services and a state-specific alternative payment model (APM) to support coordination of those integrated services reduces health care expenditures and improves the quality of care for pediatric Medicaid and CHIP beneficiaries.

The program is focused on addressing priority health concerns for children including behavioral health issues, substance abuse and the effects of opioid use on families. The InCK model has three objectives:

- Improve performance on priority measures of child health.
- Reduce avoidable inpatient hospitalization and out-of-home placements.
- Create sustainable APMs that ensure provider accountability and quality outcomes.

The InCK program will provide funding for seven years. MDHHS intends to select up to five qualified organizations through the RFI. The department will then work collaboratively with these organizations to develop applications which the organizations may submit to CMS for consideration for funding.

Applicants must be a HIPAA Covered Entity and an eligible participant as defined in the Notice of Funding Opportunity for Integrated Care for Kids. Applications may not include Section 298 pilot counties. Questions about the RFI are due by March 22 and should be sent to Lance Kingsbury at Kingsburyl@michigan.gov. Responses will be posted under the RFI number 190000000014 at Michigan.gov/SIGMAVSS on March 29. A bidder conference will be held on March 29 at the Michigan Library and Historical Center Forum, in the Auditorium at 1 p.m. The RFI is due by April 19 and should be submitted to Michigan.gov/SIGMAVSS.

Nessel, Bipartisan Lawmakers Launch Changes to Bail System

Below is an excerpt from recent media coverage on efforts to reform Michigan's bail system – a system that has kept many Michiganders with mental health conditions incarcerated due to their lack of financial resources and not due to their public safety risks.

> Bipartisan lawmakers from both the House and Senate were joined by Attorney General Dana Nessel on Wednesday to announce legislation taking aim at the cash bond mechanism in the criminal justice system and the discrepancies people face depending on their wealth.
>
> The 10-bill package that was introduced in the House on Wednesday and is set to be introduced in the Senate on Thursday works to ensure those jailed before trial are kept only when they pose a threat to society or are a flight risk, and not simply because they cannot afford bail.
>
> Rep. David LaGrand (D-Grand Rapids) said he has educated his colleagues on the issue through "elevator speeches" during the last few years to tell them about the issues he sees in the system and how the state can fix it.

"We want a justice system that works for everyone, and not simply for people who have more money than others. Our cash bond system, the way it works now, we don't always accomplish that goal," he said. "We don't always treat people the same regardless of their income level. So our package is a reflection of our attempt to bring forward legislation that is going to focus on safety. It's going to focus on saving taxpayer money. But it is not going to give us a divided justice system in Michigan."

The problem as Mr. LaGrand, Ms. Nessel, other lawmakers and stakeholders see it is someone might be given a relatively low bond to get out of jail for minor offenses but cannot pay them. Those people are then kept in jail, lose their jobs, lose their housing and could see their children taken away.

"I had many clients who committed minor offenses and were given $500 bond," Ms. Nessel said. "But that was too much for people who were too poor to pay it. So, you had people who were needlessly sitting in jail."
Rep. Tommy Brann (R-Wyoming), one of the bill sponsors, spoke about a cook at a restaurant he owns who was in jail for not being able to pay 25 percent of what he owed in child support. Mr. Brann said his employee wanted to pay the child support, but he can't when he is in jail and not working. In addition, people have to pay daily fees when they are in jail which increase what they owe even more.

If people are sitting in jail for low-level offenses they could potentially not even be convicted of, they can also suffer psychological effects. Rep. Tenisha Yancey (D-Detroit) told a story of a 17-year-old who was getting a ride home with a group of boys who had stolen a car. She said the 17-year-old had nothing to do with it but was arrested with the group when the car was pulled over.

Since he couldn't pay a bond, he stayed in jail for several days and was sexually assaulted. She said he later hung himself.

The bills (HB 4351, HB 4352, HB 4353, HB 4354, HB 4355, HB 4356, HB 4357, HB 4358, HB 4359 and HB 4360) were sent to the House Judiciary Committee.

Under the bills, a personal recognizance bond would be the norm, judges would be required to take into account a person's ability to pay when a cash bond is necessary, courts would be required to provide financial disclosure forms (with penalties for those who misrepresent their financial status), judges could set a bond at their discretion instead of the 25 percent of back due payments for child support and quarterly reports would be required from circuit and district courts to the State Court Administrative Office.

A 2015 Department of Justice report said 41 percent of jail inmates in Michigan were awaiting trial, which costs approximately $500,000 a day and $180 million a year.

Mr. LaGrand said the proposal has broad support from the American Civil Liberties Union of Michigan, the Mackinac Center for Public Policy, prosecutors and judges.

"If we make this happen, we are going to be a leader in this conversation," he said. "We need to be a leader in the national conversation about risk and flight risk being the determinants for who stays in jail, and not wealth."

MDHHS Director Robert Gordon, in Federal Court, Outlines Plan to Improve Outcomes for Children and Families

Below are excerpts from a recent press release on the work of MDHHS to improve the state's child welfare system.

Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon today outlined his agenda to improve outcomes for children and families involved in the state's child welfare system.

Gordon's comments came as he and other MDHHS officials appeared in U.S. District Court for the Eastern District of Michigan to update Judge Nancy G. Edmunds on state efforts to reform its child welfare system.

"We can do better. We must do better. And we will do better," Gordon said. "Our staff are deeply dedicated to serving children and families in crisis. They need the tools and the systems to succeed. That's what we must offer them."

Today's federal court appearance was the first since Gordon became MDHHS director in January. The court is monitoring the state's child welfare system under the Implementation, Sustainability and Exit Plan approved in court in February 2016. Federal monitors today discussed their report on the department's progress for January to December 2017.

That plan took the place of the Modified Settlement Agreement approved in 2011 that came after a lawsuit filed by the advocacy group Children's Rights in 2006.

The court also received an independent report that detailed continuing issues with the Michigan Statewide Automated Child Welfare Information System (MiSACWIS), which MDHHS uses to collect, store, process and produce data related to its federal court commitments. The report from Kurt Heisler Consulting was made public in court.

Gordon outlined several principles for the state's actions. "We will not defend what we cannot defend," he said, referring to findings about increased numbers of children who experienced maltreatment while in foster care in 2017. "We will focus on results. We will lead with urgency. And we will use real-time data to improve our practice."

Despite the limitations of MiSACWIS, Gordon said, the department can begin making better use of data to identify trends and act on the challenges identified in the data. He described work with external experts to improve the use of data.

Jennifer Wrayno, acting executive director of the MDHHS Children's Services Agency, in court outlined specific measures being undertaken by the department to address challenges facing the state's child welfare system. They include:

- Providing financial incentives for relatives to become licensed foster parents.
- Additional review at local MDHHS child welfare offices of maltreatment that occurs while children are in foster care.
- Additional oversight of child abuse/neglect complaints that are screened out because they do not meet the criteria for investigation under the Michigan Child Protection Law.

"Child welfare staff from MDHHS and the department's private partner agencies are doing tremendous work on behalf of children who have been the victims of abuse and neglect and their families," Wrayno said. "We need to better equip them to address child safety and well-being and find children permanent homes more quickly through reunification with their families or adoption."

Judge Edmunds stated that while she was concerned about the lack of progress during the reporting period, it is time to move forward.

"It definitely is heartening to hear the jumpstart that the Whitmer administration - in particular Ms. Wrayno and Director Gordon - have undertaken to move forward in these important areas," she said.

She scheduled a status conference hearing for June 27 to receive an update on progress.

The court monitor report released today showed that Michigan had met requirements for movement of six performance standards in the Implementation, Sustainability and Exit Plan. In two instances, MDHHS met standards for at least two consecutive reporting periods, making those standards eligible for exiting further court oversight. Those standards were related to children in foster care receiving an appropriate education and maintaining continuity in education by keeping the children in a familiar or current school or neighborhood.

In four other instances, MDHHS's performance sustained progress for at least two consecutive reporting periods. Those standards were related to licensing work qualifications and training, the number of treatment foster home beds, the diagnosis process for administering psychotropic medications to children in foster care and proper oversight of psychotropic medication.

Gordon said he prioritized improving outcomes for children and families over exiting from judicial oversight. "We will not talk about exit today," he said. "And we will not talk about it in the future unless and until we can demonstrate we are doing better by the children we serve on the things that matter most."

To view the latest federal court monitor report, the full Implementation, Sustainability and Exit Plan, earlier reports and the original Modified Settlement Agreement, visit www.michigan.gov/ChildWelfareAgreement

State Legislative Update:

House Upcoming Budget Hearings

1. House Health and Human Services subcommittee of the Standing Committee on Appropriations Rep. Mary Whiteford, Chair

   DATE: Monday, April 8, 2019
   TIME: 1:00 PM
   PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

   AGENDA: **Public Testimony on the FY 2019-20 Executive Budget Recommendation for the Department of Health and Human Services**

   OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

2. House Health and Human Services subcommittee of the Standing Committee on Appropriations, Rep. Mary Whiteford, Chair

   DATE: Thursday, April 11, 2019
   TIME: 1:30 PM or after committees are given leave by the House to meet, whichever time is later.
   PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

   AGENDA: **Department of Health and Human Services Presentations:**
   -FY 2019-20 Executive Budget Recommendation for Behavioral Health and State Hospitals, and Information Technology and Public Testimony on the DHHS FY 2019-20 Budget Recommendation

   OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

Federal Update:

HHS Releases Additional $487 Million to States, Territories to Expand Access to Effective Opioid Treatment; 2019 SOR Grants Will Total $1.4 Billion

Today, the U.S. Department of Health and Human Services (HHS) released an additional $487 million to supplement first-year funding through its State Opioid Response (SOR) grant program. The awards to states and territories are part of HHS's Five-Point Opioid Strategy and the Trump administration's tireless drive to combat the opioid crisis.

Together with the $933 million in second-year, continuation awards to be provided under this program later this year, the total amount of SOR grants to states and territories this year will total more than $1.4 billion.

This funding will expand access to treatment that works, especially to medication-assisted treatment (MAT) with appropriate social supports.

"One year ago this week, President Trump launched his national opioid initiative, which called for expanding access to compassionate, evidence-based treatment, including MAT. This week's funding awards to states were possible because of legislation Congress passed and President Trump signed since then," said HHS Secretary Alex Azar. "Our strategy is beginning to produce results, thanks to so many Americans working on the ground, in their own communities, to turn the tide on this crisis."

The State Opioid Response grants administered by HHS's Substance Abuse and Mental Health Services Administration (SAMHSA) aim to address the opioid crisis by increasing access to MAT using the three Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.

"Strategies such as employing psychosocial supports, community recovery services and MAT using medicines approved by the FDA constitute the gold standard of treatment for opioid use disorders," said Dr. Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Use.

Last summer, SAMHSA announced the first year of SOR funding. States and territories received funding based on a formula, with a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths.

Other funding, including $50 million for tribal communities under the Tribal Opioid Response (TOR) grant program, has been awarded separately. These programs are built from the foundations laid in the $1 billion provided to states and territories through SAMHSA's Opioid State Targeted Response (STR) program. SAMHSA has complemented the work of the STR program with a national center of excellence that provides technical assistance and training to leverage local subject matter experts at the community level to sharpen treatment access and delivery.

Grantee	Supplement Amounts
Michigan	$14,571,442

Education Opportunities:

Practicing Effective Management: A Two-Day Training for Improving Relationships and Results

TBD Solutions is hosting its next Practicing Effective Management Training May 8th & 9th at the Grand Rapids Chamber of Commerce. This training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained over 250 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, maintaining a 98% satisfaction rate.

Cost for this two-day training is $500, and lunch is provided. Group discounts are also available.
To learn more or register for the training, visit www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505. For questions about the training, email training@TBDSolutions.com.

Wearing the HIPAA Hat Webinar

CMHAM is pleased to offer this webinar partnership with Abilita to help free staff's time and reduce operating expenses for CMH, PIHP and Providers:

Friday, March 29, 2019
11:00am – 12:00pm

REGISTRATION:
There is no charge for attending this webinar – Sign In Information Below!
Please join my meeting from your computer, tablet or smartphone. https://global.gotomeeting.com/join/446597885
You can also dial in using your phone. (For supported devices, tap a one-touch number below to join instantly.)
United States: +1 (571) 317-3122
- One-touch: tel:+15713173122,,446597885#
Access Code: 446-597-885

WEBINAR DESCRIPTION:
Have you had the HIPAA Compliance Officer role added to your duties or is your organization considering you for this role? If so, this training is for you!

In this webinar, we'll discuss what needs to be done throughout the year and annually to maintain compliance. The webinar will cover ways to efficiently manage your time needed for this role by scheduling tasks and delegating duties to other departments.

We'll also dive deeper into how to identify what data needs to be protected, who needs to sign a BAA, end user HIPAA training, and the breach notification process.

By the end of this webinar, you'll be more competent with your HIPAA Compliance Officer role.

SKILL LEVEL: Beginner – Intermediate

PRESENTER: Sean C. Rhudy, Abilita

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** ***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

Location:
Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)
$39 CMHAM Members
$47 Non-Members

To Register:
Click Here to Register for the April 25 from 9-11 Training!

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

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

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

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

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

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

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

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

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

Motivational Interviewing College Trainings for 2018/2019

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

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

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

Dates/Locations:
April – Shoreline Inn Muskegon – ***Many spots still available! Register ASAP to take advantage of trainings held in the West Michigan region!***
Basic: Monday & Tuesday, April 8-9, 2019
Advanced: Monday & Tuesday, April 8-9, 2019
Supervisory: Tuesday, April 9, 2019
TNT: Teaching MI: Wednesday & Thursday, April 10-11, 2019
June – Holiday Inn Marquette
Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019
Supervisory: Monday, June 10, 2019
TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

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

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

Save the Date for Fetal Alcohol Spectrum Disorder Trainings

Save the Date for three Fetal Alcohol Spectrum Disorder Trainings with presenter Dan Dubovsky, MSW – a National FASD Specialist. Please email awilson@cmham.org for more information.

May 6 – Mackinaw City
May 8 – Ann Arbor
May 9 – Kalamazoo

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

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

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

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

Trainings offered on the following date.

- April 24 – Troy Click Here to Register for April 24

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

Writing Quality and Comprehensive Behavioral Support Plans

The Writing Quality and Comprehensive Behavioral Support Plans training will be held April 12, 2019 at the Holiday Inn Express & Suites, Gaylord. This training is intended for practitioners who are responsible for writing behavior support plans through a functional analysis, as well as members of behavior support committees who are responsible for reviewing plans. Registration fee is $45 per person. Must be pre-approved to attend. Click here to get application form and information.

CALL FOR PRESENTATION: CMHAM Annual Spring Conference

We're looking for the Best of the Best! Submit your workshop ideas by April 4, 2019.

The CMHAM Annual Spring Conference will be held on:
June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace, Novi, Michigan

Click Here to Download Presentation Submission Form!

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

Workshop: Finding Possibility in a Sea of Challenges: Building a Quality Direct Support Workforce

Finding possibility in a sea of challenges: building a quality direct support workforce
Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development

- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is $30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098
Click here to register: https://maro.org/events/dsp-training-ochn/

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here to register: https://maro.org/events/dsp-training-lansing/

35th Annual Developmental Disabilities Conference

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.

For more information, please contact Courtney Puffer. Courtney.Puffer@med.wmich.edu // (269) 337-4305

Date & Location
Tuesday, April 16, 2019, 7:30 AM - Wednesday, April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

Objectives

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at: wmed.cloud-cme.com/2019DDConference

REGISTRATION FEES

When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

Early Bird Discounts, postmarked before March 1
$185, Tuesday Only
$185, Wednesday Only
$245, Two Days, entire conference
Regular Registration, postmarked March 1-31
$205, Tuesday Only
$205, Wednesday Only
$260, Two Days, entire conference
Late Registration, postmarked after April 1 or onsite
$230, Tuesday Only
$230, Wednesday Only
$280, Two Days, entire conference
By registering, you agree to the terms of our photo release policy listed under Conference Info.
By registering, you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact ce@med.wmich.edu for assistance

All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to ce@med.wmich.edu.

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. https://www.rosehillcenter.org/

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
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
Robert Sheehan, CEO, rsheehan@cmham.org

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

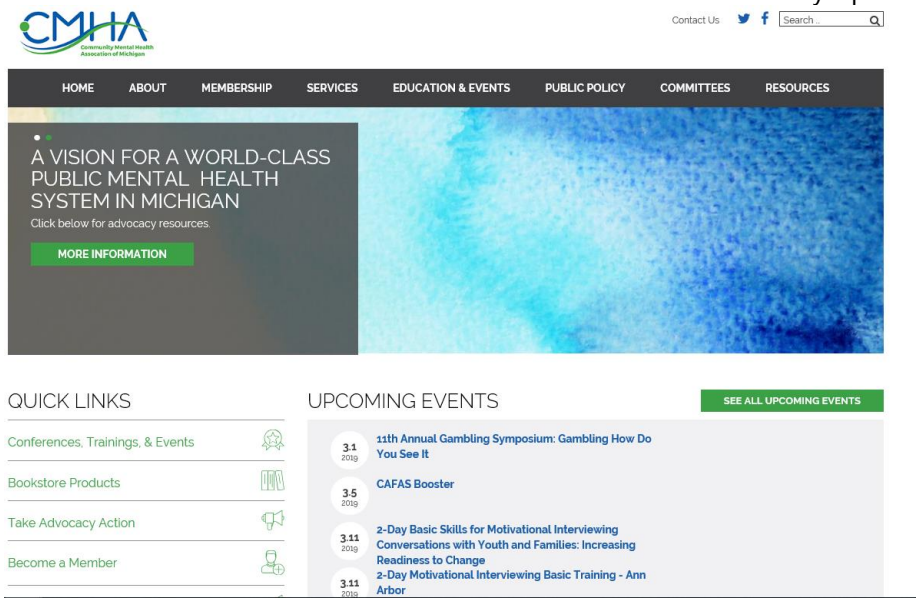
March 15, 2019

Contents:

CMH Association and Member Activities:

CMH Association of Michigan Launches New Website

The Community Mental Health Association of Michigan recently launched its new website. The website (the cover page of which is pictured below), is greatly modernized with a fuller range of features – from information and registration for hundreds of professional development and education offerings to access to white papers from the Association's Center for Healthcare Integration and Innovation (CHI2), from contact information on the Association's members and staff to access to the Association's Weekly Update.



The new website can be found at: https://cmham.org/

CMHAM Committee Schedules, Membership, Minutes, and Information

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

News from Our Corporate Partners:

myStrength: Reducing the Need for Opiates with Scalable Digital Behavioral Health Tools

Exceptional outcomes are associated with medication-assisted treatment (MAT), yet few consumers know about it or understand how to get access. Among opioid recovery treatment options with demonstrated efficacy, MAT rises to the top

Preliminary results from myStrength's Pain Management Randomized Controlled Trial (RCT) demonstrate that over the course of the study, individuals utilizing myStrength's digital behavioral health platform (which complements MAT) experienced:
Improved life functioning
Less need for medication and/or problematic opioid use

Download the White Paper

myStrength's evidence-based, digital self-care tools inform individuals about opioid use disorders and the recovery process, and offer robust, alternative strategies to opioids and other substances, including education about gold-standard MAT. myStrength also provides psycho-educational materials about chronic versus acute pain, working with care teams, and using behavioral health strategies like mindfulness and cognitive behavioral therapy (CBT) to work toward living life fully.
These resources are an integrated part of myStrength's platform, which also addresses depression, anxiety, insomnia, substance use, stress, borderline personality disorder, and more – many of which present as comorbid conditions.

For more, view the expert Q&A: The Role of Technology in Solving the Opioid Crisis: https://mystrength.com/news/blog/2019/01/24/technology-and-the-opioid-epidemic-your-questions-answered

Relias announces maternal opioid use webinar

Are You Preparing to Participate in the Maternal Opioid Misuse (MOM) Model and Funding?

You should be. The MOM model is the next step in the Center for Medicare and Medicaid Innovation's multi-pronged strategy to combat the nation's opioid crisis. The model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.

Join our expert presenters, Dr. Joe Parks and Dr. Carol Clayton, for an informative webinar: Combating Maternal Opioid Misuse (MOM) Model: The Role of Innovation and Technology

This webinar will cover:
Information about the MOM model and funding
Statement of the problem relative to maternal and child health immediate and long-term risks
Challenges associated with linkages across the needed continuum of care
Evidence-based solutions for strengthening the linkages with actual case study outcomes
How Relias can help state agencies and provider systems get better at addressing this concern

Register today: http://go.reliaslearning.com/WBN2019-03-12CombatingMaternalOpioidMisuseMOMModel_Registration.html?utm_source=marketo&utm_medium=email&utm_campaign=wbn_2019-03-12_combating-maternal-opioid-misuse-model_opioids&mkt_tok=eyJpIjoiTmpZM1ptVmpaakJpWVRsbSIsInQiOiJ4NWIzYzk1aFwvY3cyTWhsaUdxSkRSbzJUSFl6eDhPelZIRzFxa1ZxMllmSHZlZUtFc3dKKzJwM1pZcERHZE5jTjV3Nm5aSm8wc3BkNkRVaVd4dEpRZTBicWhuM3l0WnpmWVVEenRuOXczVlduQjVQejd0U3NnbjQ5Vk96VG9xdituVjZqVmU1V052NGM4T2JIdTNTbzF3NkxaUFwvUHdjVnR1Q05BdXFxUFdzYz0ifQ%3D%3D

If you can't attend the live event, we will send you the recording and slides!

State and National Developments and Resources:

Michigan officials to re-evaluate new $115M psychiatric hospital in Caro

Below are excerpts from recent Detroit Free Press article on the re-evaluation, by MDHHS, of the building of a new state psychiatric hospital in Caro, Michigan.

> An announcement from Michigan health officials that the state would re-evaluate whether Caro was the best place for a $115 million replacement psychiatric hospital sent shock waves through the small Tuscola County town on Wednesday.
>
> Robert Gordon, director of the state's Department of Health and Human Services, said the re-examination was needed because the facility, which is Tuscola County's second- largest employer with 350 workers, was experiencing staffing shortages, challenges in recruiting new staff, was a far drive for families of patients and finding a sustainable water source has becoming difficult and costly.
>
> "Based on these issues, we have decided to seek outside consultation to review the proposed Caro Center project to determine what is in the best interest of Michiganders who need critical state hospital services," Gordon said. "Bed capacity, access to trained staff and proximity to family and community services will be a pa https://www.freep.com/story/news/politics/2019/03/13/michigan-caro-psychiatric-hospital/3155753002/rt of the re-examination."

The full article can be found at: https://www.freep.com/story/news/politics/2019/03/13/michigan-caro-psychiatric-hospital/3155753002/

Michigan's opioid overdose battle to receive $10 million boost from Bloomberg Philanthropies

Below is a recent Crain's Business Detroit article on the receipt, by Michigan, of significant grant from the Bloomberg Foundation, to help the state combat the opioid crisis.

The New York City-based charity selected Michigan as part of its $50 million initiative to combat drug overdose in up to 10 states over three years, according to a Thursday news release from the nonprofit and Gov. Gretchen Whitmer's office.

Whitmer is scheduled to join former New York Mayor Michael Bloomberg, the founder of the nonprofit, to announce the funding Thursday afternoon at the Eastpointe Fire Department.
The funding is designed to speed up access to treatment and improve prevention. It will support "high-impact, state-based interventions" and help bridge gaps in current treatment and prevention programs, the release said. That could entail expanding addiction treatment in prisons and jails, enhancing data systems to improve emergency response times, and widening distribution of naloxone, which is used to treat overdoses.

The nonprofit plans to deliver the programs in partnership with Vital Strategies, the Pew Charitable Trusts, Johns Hopkins University and the Centers for Disease Control and Prevention through the CDC Foundation.

The article can be found at: https://www.crainsdetroit.com/node/742366/printable/print

ACMH announces Children's Mental Health Awareness Day

Save the Date: Tuesday, May 7, 2019
Children's Mental Health
Awareness Day
Boji Tower Senate Hearing Room
124 W. Allegan
Lansing, MI 48933

Join ACMH for Lunch, Learning & Celebration! RSVP before April 26th by email at: acmhterri@sbcglobal.net or phone at 1-517-372-4016

National Council for Behavioral Health Board of Directors Appoints Chuck Ingoglia Next President and Chief Executive Officer

Below is a recent press release announcing Chuck Ingoglia (a Michigan native) to the position of President and CEO of the National Council for Behavioral Health. The CMH Association is a longtime member of the National Council. Congratulations to Chuck, who will be a key note speaker at the CMH Association of Michigan's Spring Conference, June 10 -11, 2019

The National Council for Behavioral Health, today announced that its board of directors unanimously selected Chuck Ingoglia as the next president and CEO for the organization. He will succeed Linda Rosenberg, the current president and CEO on June 1, 2019.

"On behalf of the National Council Board of Directors, I am pleased to announce that after a comprehensive national selection process, the board is delighted to appoint Chuck Ingoglia to the role of president and CEO, " said Jeff Richardson, chair of the board of directors. "With more than 20 years of experience in behavioral health, working as a provider, advocate and educator for government and public sector organizations, we are fortunate to have a leader with Chuck's skill and deep knowledge. He is the clear choice to lead the National Council into the future."

Since joining the organization in 2005, Ingoglia has served as the National Council's senior vice president of policy and practice improvement. He has directed federal and state policy efforts and overseen practice improvement programs offered to behavioral health professionals across the U.S. His

efforts have centered on key issues such as parity, health care reform and improving access to behavioral health treatment in communities.

Prior to joining the National Council, Ingoglia provided policy and program design guidance to the Substance Abuse and Mental Health Services Administration. He also directed state government relations and service system improvement projects for the National Mental Health Association (now Mental Health America), served as a policy analyst for the National Association of Social Workers and designed educational programs for mental health and addictions professionals at the Association for Ambulatory Behavioral Healthcare.

"We are very grateful to Linda for 15 years of outstanding leadership and fortunate that Chuck has accepted the position. Chuck is a proven leader and the best choice from a deep pool of interested and highly qualified candidates from across the country," said Richardson. "His vision and strategy are exactly what the National Council needs as we enter our next chapter."

"I am honored and humbled to have been selected as the next president and CEO," stated Ingoglia. "With the support of the phenomenal board and staff, I look forward to furthering the mission of the National Council. Together, we will continue to protect and expand access to community behavioral health to ensure that all Americans have access to quality mental health and addiction services. And together we will continue the growth of Mental Health First Aid, our nation's premier public education program focusing on mental health and addiction."

Information-Sharing Considerations for Health Plan Members with Opioid Use Disorder: A Q&A with Legal Experts

The Center for Health Care Strategies (CHCS) recently issued the following announcement on a set of resources on efforts to address opioid use disorder.

People eligible for both Medicare and Medicaid experience co-occurring substance use disorders and chronic pain at rates as much as six times higher than Medicare-only beneficiaries or Medicaid-only adults with disabilities, which puts them at higher risk for opioid misuse or addiction. Health plans serving dually eligible individuals play a key role in treatment and recovery by providing care management for their members, who may be receiving services from multiple sources. However, the legal restrictions under 42 CFR Part 2 and its underlying statute — which protect patient confidentiality by regulating the ability of substance use disorder treatment providers to share patient information — make it challenging for plans to provide good care management.

Recently, the health plans participating in Promoting Integrated Care for Dual Eligibles (PRIDE) — a national initiative led by the Center for Health Care Strategies and supported by The Commonwealth Fund — asked two national experts, Robert Belfort and Alexander Dworkowitz of Manatt, Phelps & Phillips, LLP, about how health plans can work within the law to get the information needed to help members with opioid use disorder while maintaining confidentiality. This blog post includes responses from these experts to questions posed by PRIDE plans about information-sharing challenges they have faced.

The full report can be found at:
https://www.chcs.org/information-sharing-considerations-for-health-plan-members-with-opioid-use-disorder-a-qa-with-legal-experts/?utm_source=CHCS+Email+Updates&utm_campaign=fe493ed243-PRIDE+Info+Sharing+Q%26A+03%2F07%2F2019&utm_medium=email&utm_term=0_bbced451bf-fe493ed243-152144421

When it Comes to the Mental Health Workforce Crisis, the Struggles — and Opportunities — Are Real

Below are excerpts from a recent blog/interview, issued by Kaiser Permanente, on the mental health workforce shortage:

> "The challenges facing the mental health workforce are nothing new, but the urgency to address these challenges is growing. Demand for services is increasing, but the supply of behavioral health professionals isn't keeping pace. It's time for a paradigm shift in how mental health services are provided, and who provides care, if we are to address access and quality. In a recent interview, Samantha DuPont of the Kaiser Permanente Institute for Health Policy spoke with workforce experts Ron Manderscheid, Executive Director of National Association of County Behavioral Health & Developmental Disability Directors, and Brad Karlin, Vice President, Chief of Mental Health and Aging Education Development at the Education Development to examine the causes of the crisis and lift up some of the most promising actions we can take in 2019.

The full blog/interview can be found at: https://www.kpihp.org/blog/when-it-comes-to-the-mental-health-workforce-crisis-the-struggles-and-opportunities-are-real/

ACLU says schools need more mental health professionals, not police

Below are excerpts of recent CNN article on a report, issued by the American Civil Liberties Union (ACLU) regarding approaches to improving school safety and security.

> Public schools need more mental health professionals and fewer police, according to a recently released report by the American Civil Liberties Union.
>
> The report found that nearly one-third of public school students, more than 14 million, are enrolled in schools with police but without a counselor, nurse, psychologist or social worker. The shift in resources comes as schools reassess their security measures in the wake of repeated school shootings and as local, state and federal governments make more money available to fund officers on campuses.
>
> But the "severe shortage of the staff most critical to school safety and positive climate" makes schools vulnerable, the ACLU said in the report titled "Cops and No Counselors: How the Lack of School Mental Health Staff is Harming Students."
>
> The report uses 2015-2016 data from the Department of Education's Office of Civil Rights to compare access to school-based mental health services to access to law enforcement officers and security guards in 96,000 public schools.
>
> "A key finding of this report is that millions of students are being underserved and lack access to critical supports," the nonprofit said in the report. "These glaring deficits in mental health staff for students are inexcusable, especially in comparison to the number of reported law enforcement in schools."

The full story can be found at: https://www.cnn.com/2019/03/12/us/aclu-school-suspension-report/index.html

NACBHDD and NACo hold Capitol Hill Briefing: Reimagining Health Care in County Jails

Below are excerpts from the description of a recent Capitol Hill briefing on healthcare in county jails. This briefing was sponsored by the National Association of Community Behavioral Health and Developmental Disability Directors (NACBHDD; of which the CMH Association of Michigan is a longtime member) and the

National Association of Counties (NACo; on the Board of which staff of the CMH Association of Michigan serve, as the NACBHDD representative).

Across the country, more than 11.4 million individuals are admitted into 2,785 county-operated jails every year. Counties are responsible for the health care of individuals when they are in jail awaiting trial, and often shoulder a substantial financial burden for providing care, even if an individual is eligible for Medicaid, veterans' health benefits or other federal health coverage. During the 2019 NACo Legislative Conference, county leaders hosted a Capitol Hill briefing on the role of counties in providing health services in jails.

https://www.naco.org/resources/video/capitol-hill-briefing-reimagining-health-care-county-jails

A Top Scorer Changes the Definition of the Complete Player

Below are excerpts from a recent New York Times article on the openness of a high profile NCAA basketball player on his receipt of mental health counseling – the receipt of which should be so extraordinary, except that, in the stigma-based environment in which he lives, it is.

> "A lot of people in my position wouldn't want to say anything," Marquette guard Markus Howard, the Big East player of the year, said of going public about seeking mental health counseling.
>
> The image of Markus Howard on the wall of the Marquette basketball meeting room seems perfect. It shows Howard, the Golden Eagles' leading scorer and one of the most dynamic players in the Big East Conference, in the middle of a team huddle. All eyes are on him, his stature and his leadership unquestioned.
>
> Marquette (24-8) pulled out of its four-game losing streak with an 86-54 rout of St. John's (21-12) n Thursday night in the quarterfinals of the Big East tournament at Madison Square Garden behind 30 points from Howard. For his team to continue to advance, Howard, who on Wednesday was named the Big East's player of the year, will need to keep making his assortment of fallback jumpers, 3-pointers and twisting drives to the basket. That is the basketball burden Howard, a 5-foot-11 junior guard, carries onto the court. But it is not why the image on the wall makes him uncomfortable.
>
> "A lot of what I want to be remembered for here at Marquette is not for what I've done on the court, but what I've done off," Howard said. "I think my impact is made bigger when I do something for somebody else."
> Like talking about why he sees a therapist.

The full article can be found at: https://www.nytimes.com/2019/03/14/sports/marquette-markus-howard-ncaa-tournament.html

State Legislative Update:

Upcoming Budget Hearings

On Thursday, March 21 the Senate DHHS Budget Subcommittee will hold its behavioral health committee meeting including public testimony, see below for details:

Committee Appropriations: Community Health and Human Services

Clerk Phone Number Fiscal Analyst - Senate Fiscal Agency 517-373-2768

Location Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan Street, Lansing, MI 48933

Date Thursday, 3/21/2019

Time 8:00 a.m

Agenda Behavioral Health Services
Public Testimony

Chair Peter MacGregor

Federal Update:

President Trump Releases FY 2020 Budget Proposal

On Monday, President Trump unveiled his Fiscal Year (FY) 2020 budget request — calling for $4.7 trillion decrease in federal spending and detailing his Administration's priorities for next year. The document revives efforts to block grant Medicaid and restrict eligibility, maintains spending to combat opioid addiction, and outlines other major health care priorities. As with most presidential budgets, this proposal stands little chance of being enacted into law as written. Instead, the President's budget proposal will act more as a messaging tool to Congress, which is currently working to develop and pass a budget for FY 2020 over the next few months.

It is important to note that it is the role of Congress, not the President, to design and pass the federal budget. As with the President's previous two budgets, this year's ambitious spending cuts are unlikely to gain traction in Congress. Regardless, they present a starting point for the budget and appropriations processes and outline President Trump's priorities as he navigates a divided Congress. It remains to be seen if any of the President's recommendations (detailed below) will be taken up by Congressional appropriators as they move through the budget process.

Among the highlights of the President's budget request for the Health and Human Services Department (HHS) for FY 2020:

Medicaid – Particularly notable among Medicaid proposals in the President's budget are a requirement for all states to institute work requirements as a condition of enrollment and to eliminate the Medicaid expansion contained in the ACA. Earlier Kaiser Family Foundation estimates have found that a nationwide rollout of Medicaid work requirements could cost between 1.4 and 4 million individuals their health care coverage. Furthermore, the budget calls for Medicaid spending to be redirected into block grants or for per-capita caps to be imposed. The National Council strongly opposes any attempt to cut or cap Medicaid as these provisions would seriously harm individuals with mental illness and addiction who rely upon Medicaid coverage for life-saving care.

Although Congressional Republicans and the Administration have previously proposed to convert the Medicaid program to block grants through Graham-Cassidy and similar legislation, the Administration has recently given indications that it could attempt to implement block grants for some states through 1115 waiver authority. The budget also calls once again for passing legislation similar to the Graham-Cassidy bill, however, the chances for legislation that would make major changes to Medicaid and/or the Affordable Care Act passing the Democratic-controlled House are nonexistent.

Opioid Crisis — The budget would keep funding for a response to the opioid epidemic relatively flat. The Administration calls the continuation of the $1.5 billion in State Opioid Response (SOR) grants, the same amount as FY 2019. The budget also asks for $1 billion for the NIH's opioid and pain research programs, to set minimum standards for drug utilization review (DUR) programs, and $221 million to support and grow the behavioral health workforce. Of the funding to support the behavioral health workforce, $4 million would be set aside to train providers to prescribe medication-assisted treatment (MAT) for opioid use disorders. Additionally, the Administration proposes to continue funding Substance Abuse Prevention and Treatment block grants at $1.85 billion.

ONDCP – Trump's fiscal 2020 budget blueprint for the third year in a row proposes slashing the White House's Office of National Drug Control Policy's (ONDCP) budget by more than 95 percent by moving the office's two major grant programs into other federal agencies. The $100 million Drug Free Communities program would be folded into the Substance Abuse and Mental Health Services Administration (SAMHSA) while the $254 million High Intensity Drug Trafficking Areas grant would be transferred to the Department of Justice. Advocates in the field, including the National Council, have long opposed dismantling ONDCP, which plays a unique role in coordinating the federal addiction crisis response strategy across agencies.

Mental Health — The President's budget calls for $723 million (a $13 million increase) for the Community Mental Health Services Block Grant and $150 million for Children's Mental Health Services, all level funding from FY 2019. Importantly, the President once again endorsed Certified Community Behavioral Health Clinics (CCBHC) model to care for people with serious mental illness and addiction, calling for level funding for CCBHC expansion grants at $125 million. In response to the Parkland school shooting, the budget also includes $133 million for school violence prevention efforts, which include school safety programs as well as trainings within schools for school personnel to better recognize the signs and symptoms of mental illness in students, such as Mental Health First Aid.

In total, SAMHSA sees its budget reduced by $62 million to $5.5 billion total. Some of that savings comes from regional substance abuse prevention and treatment programs and programs that provide advocacy for individuals with mental illnesses. Notably, the proposal eliminates the Primary and Behavioral Health Care Integration grants, a program that supports providers in implementing integrated care. The National Council will advocate for continued funding of this important program that improves care for individuals with co-occurring behavioral and physical health conditions.

NIH Funding — The budget rolls out the President's initiative to end the HIV epidemic, a hallmark of his 2019 State of the Union address. HHS would receive $291 million for the initiative, including $140 million to the CDC for diagnosis and testing. The NIH would see an overall budget cut of approximately $5.5 billion.

Additional details on the President's HHS budget request are outlined in the Department's budget-in-brief document.

Education Opportunities:

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** ***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

2 Date Options:
March 19, 2019 - 2:00pm – 4:00pm (registration at 1:30pm)

April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

Location:
Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)
$39 CMHAM Members
$47 Non-Members

To Register:
Click Here to Register for the March 19 from 2-4 Training!
Click Here to Register for the April 25 from 9-11 Training!

Technical Assistance in the Area of Best Practices to Promote Recruitment and retention of Direct Support Professionals

The State of Michigan has secured Technical Assistance from the Department of Labor's Office of Disability Employment Policy (ODEP), in the area of best practices to promote recruitment and retention of direct support professionals. One element of this TA will be two separate one-day training sessions - one in the Metro Detroit area on March 21 and one in Lansing on March 22. The Subject Matter Expert and presenter for these sessions will be Kelly Nye-Lengerman, Research Associate at the University of Minnesota. Additional information about the training is available through the link below. Here is an excerpt from the outline of this element of the Technical Assistance: *A cross-systems statewide awareness-raising and knowledge acquisition initiative which targets providers in Michigan which serve both individuals with mental illness and intellectual and developmental disabilities, and people with dual diagnosis. This initiative proposes two regional trainings, which will each be one day in length and will present a comprehensive overview of research-informed best and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).*

For additional information, and to register:
http://campaign.r20.constantcontact.com/render?m=1102591619935&ca=58703865-e507-496e-81d9-9c05ec232a78

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

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

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

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

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

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

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

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

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

Motivational Interviewing College Trainings for 2018/2019

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

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

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

Dates/Locations:
April – Shoreline Inn Muskegon
Basic: Monday & Tuesday, April 8-9, 2019
Advanced: Monday & Tuesday, April 8-9, 2019
Supervisory: Tuesday, April 9, 2019
Teaching MI: Wednesday & Thursday, April 10-11, 2019
June – Holiday Inn Marquette

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

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

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

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

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

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

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

Trainings offered on the following date.

- April 24 – Troy Click Here to Register for April 24

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

CALL FOR PRESENTATION: CMHAM Annual Spring Conference

We're looking for the Best of the Best! Submit your workshop ideas by April 4, 2019.

The CMHAM Annual Spring Conference will be held on:
June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace, Novi, Michigan

Click Here to Download Presentation Submission Form!

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

Workshop: Finding Possibility in a Sea of Challenges: Building a Quality Direct Support Workforce

Finding possibility in a sea of challenges: building a quality direct support workforce
Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development
- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is $30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098
Click here to register: https://maro.org/events/dsp-training-ochn/

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here to register: https://maro.org/events/dsp-training-lansing/

35th Annual Developmental Disabilities Conference

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.

For more information, please contact Courtney Puffer. Courtney.Puffer@med.wmich.edu // (269) 337-4305

Date & Location
Tuesday, April 16, 2019, 7:30 AM - Wednesday, April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

Objectives

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at: wmed.cloud-cme.com/2019DDConference

REGISTRATION FEES
When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

Early Bird Discounts, postmarked before March 1
$185, Tuesday Only
$185, Wednesday Only
$245, Two Days, entire conference
Regular Registration, postmarked March 1-31
$205, Tuesday Only
$205, Wednesday Only
$260, Two Days, entire conference
Late Registration, postmarked after April 1 or onsite
$230, Tuesday Only
$230, Wednesday Only
$280, Two Days, entire conference
By registering, you agree to the terms of our photo release policy listed under Conference Info.
By registering, you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact ce@med.wmich.edu for assistance

All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to ce@med.wmich.edu.

2019 Annual Michigan Rural Health Conference Announced

The Michigan Center for Rural Health (MCRH) is pleased to invite you to the 2019 Michigan Rural Health Conference on April 25th-26th, 2019 in Mt Pleasant, MI! The theme of this year's conference is, "Roadmap to Improving Rural Health." Participants will gain knowledge of timely and effective methods to enhance their organization. Whether it's concentrating on improving clinical quality, leadership, or focusing on patient satisfaction, participants will have the opportunity to learn from subject matter experts and rural health peers. The conference sessions will feature a variety of informative topics such as Innovations in Rural, Federal Update on Rural Health Issues, National RHC Update, Strategies for Better Recognizing & Engaging Employees, Health Law Update, Multiple Pathways and Recovery Coaches, as well as several other valuable presentations.

WHO'S INVITED? The conference is designed to be of interest to a wide range of rural health advocates including community leaders, clinicians, administrators, board members, public health officials, rural health clinics, federally qualified health centers, local health departments and others interested in the development of healthcare in their community.

WHEN
Thursday, April 25, 2019 at 7:00 AM EDT
-to-
Friday, April 26, 2019 at 11:45 AM EDT)

WHERE
Soaring Eagle Casino & Resort
6800 Soaring Eagle Boulevard
Mt Pleasant, MI 48858

REGISTER NOW
https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eg2d27i600bec3f4&oseq=&c=&ch=

Agenda:
https://files.constantcontact.com/ad8db403301/aa9d962c-7390-4b36-9098-196e3f478b89.pdf
https://files.constantcontact.com/ad8db403301/aa9d962chttps://files.constantcontact.com/ad8db403301/aa9d962c-

HOTEL RESERVATIONS
Soaring Eagle Casino & Resort
877-232-4532
Use the Group Code MC042419

CONTINUING EDUCATION AVAILABLE:
Nursing
Social Work
More info on MCRH Website: http://mcrh.msu.edu/events/Participants_Rural_Health_Conference.html

CONTACT US!
Michigan Center for Rural Health
mcrhaa@hc.msu.edu
517.355.7979

2019 Michigan ACE Initiative Conference

WHEN: May 23, 2019 from 10:00 a.m. to 3:00 p.m.
WHERE: Eagle Eye Banquet Center, 15500 Chandler Road, Bath, MI
WHAT: The Michigan ACE Initiative was created just over two years ago and has successfully devoted its energy to provide awareness of the impact of Adverse Childhood Experiences in Michigan. While we will continue create awareness, it is now time to shift the focus of our conversation to the next step—resilience.

Our 2019 conference has been designed with resilience in mind, in a way that is coordinated, based on science and best practices, and one in which local and state synergies are created. Join us to continue to reduce the impact of Adverse Childhood Experience in Michigan.

WHO: Our featured speakers include:
• Christina Bethell, PhD, MBA, MPH, Professor, Bloomberg School of Public Health, Johns Hopkins University and Director, Child and Adolescent Health Measurement Initiative, Baltimore, MD
• Lynn Waymer, Vice President of Community Engagement, KPRJ Films, Atlanta, GA
• And the premiere of the Michigan ACE Initiative Video: Resilience

HOW: To register and for lodging information and the conference agenda, go to:
www.regonline.com/2019ace

Kevin's Song announces "Save the Date" for spring 2019 conference

Michigan fetal alcohol conference announced

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. https://www.rosehillcenter.org/

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
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
Robert Sheehan, CEO, rsheehan@cmham.org