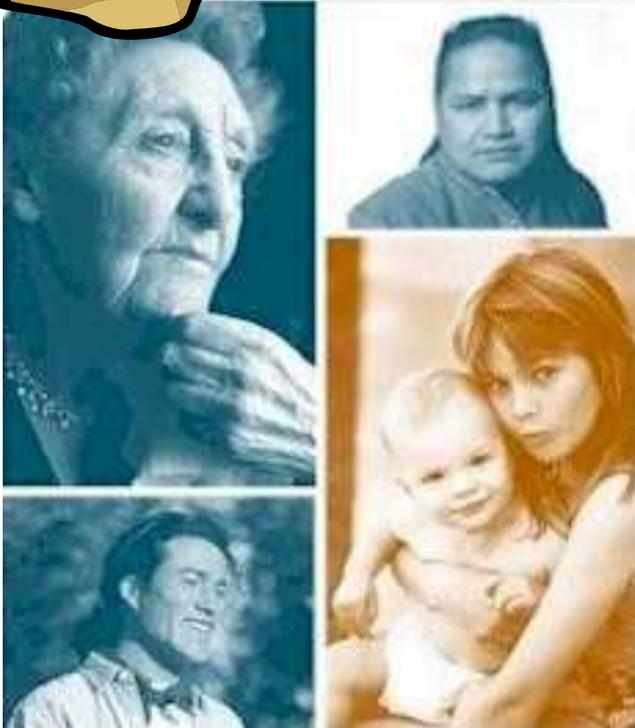


Northeast Michigan Community Mental Health Authority Board August 2020 Meetings



 **Board Meeting—
Thursday, August 13
@ 3:00 p.m.**

**This meeting will be available as a
Conference Call Meeting using:
1-888-627-8019 PIN # 40994
Or Zoom**

**<https://zoom.us/j/911168583?pwd=SEc3bDZhUW5FY1lSU1R1NFdXTmNLZz09>
Meeting ID: 911 168 583
Password: 013259**

Due to the Governor's most recent EO, our capacity in the Board Room will be limited to 10 individuals. Please let Diane Hayka [358-7749] know if you plan to attend in person. Facemasks will be required during the meeting should you attend in person.



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
August 13, 2020 at 3:00 p.m.
A G E N D A

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Approval of Minutes (See pages 1-6)
- VIII. Consent Agenda (See page 7)
 - 1. M-CEITA (Meaningful Use)
- IX. August Monitoring Reports
 - 1. Treatment of Consumers 01-002 (See pages 8-17)
 - 2. Staff Treatment 01-003 (See page 18)
 - 3. Budgeting 01-004 (See page 19)
 - 4. Financial Condition 01-005 (See pages 20-22)
- X. Board Policies Review and Self-Evaluation
 - 1. Chairperson’s Role 02-004.....[Review & Self Evaluate] (See pages 23-24)
 - 2. Board Member Per Diem 02-009...[Review & Self Evaluate] . (See pages 25-26)
 - 3. Board Self-Evaluation 02-012.....[Review & Self Evaluatate] (See page 27)
- XI. MDHHS FY21 Contract and FY20 Contract Amendment (See page 28)
- XII. Linkage Reports
 - 1. Northern Michigan Regional Entity Update
 - a. July 22, 2020 Meeting..... (Verbal Update)
 - b. June 24, 2020 Meeting (See pages 29-33)
 - 2. CMHAM (Verbal, if any updates)
 - a. Virtual Summer Conference (See pages 34-36)
 - 3. Consumer Advisory Council (Verbal Update)
- XIII. Operations Report (See pages 37-38)
- XIV. Chair’s Report
 - 1. Begin Board Self-Evaluation (See pages 39-44)
 - 2. Directors Evaluation (Verbal)
- XV. Director’s Report
 - 1. Director’s Report (Verbal)
 - 2. Endowment Fund Grant Awards (See page 45)
- XVI. Information and/or Comments from the Public
- XVII. Information and/or Comments for the Good of the Board
- XVIII. Next Meeting – Thursday, September 10 at 3:00 p.m.
 - 1. Set September Agenda (See page 46)
 - 2. Meeting Evaluation (All)
- XIX. Adjournment

MISSION STATEMENT

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

**Northeast Michigan Community Mental Health Authority Board
Board/Strategic Planning Meeting [Part III]
July 9, 2020**

[Due to COVID-19 this meeting was held using ZOOM/Uber Conference/In-Person]

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Robert Adrian (ZOOM), Les Buza (Uber), Bonnie Cornelius (Uber), Roger Frye (Uber), Judy Jones (Uber), Terry Larson (Uber), Eric Lawson (in person), Gary Nowak (Uber), Pat Przeslawski (Uber), Gary Wnuk (in person)

Absent: Albert LaFleche

Staff & Guests: Dennis Bannon (ZOOM), Carolyn Bruning (Uber), Connie Cadarette (ZOOM), Mary Crittenden, Ruth Hewett (Uber), Margie Hale-Manley (Uber), Larry Patterson (ZOOM), Nena Sork

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Judy Jones as evaluator with Gary Wnuk as backup for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Gary Wnuk, supported by Roger Frye, to approve the minutes of the June 11, 2020 meeting with the correction of the meeting date from June 11, 2019 to June 11, 2020. Roll Call: Ayes: Bob Adrian, Lester Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

Board members disconnected from the Uber and redialed due to line interference.

VIII. Educational Session – Strategic Plan Review

Board members reviewed the elements of the current strategic plan noting the Mission, Vision and Core Values had no recommendations for revision. The "Forces in the Environment Impacting Behavioral Health" were reviewed with Eric Lawson inquiring as to whether the Technology sub-section needed any revision. It was decided technology is always being upgraded and should remain as listed.

The Board reviewed the goals identified in the 2019-2020 Strategic Plan:

1. To reduce the risk of metabolic syndrome in both adults and children. Board members identified value in this goal. Nena Sork noted this goal is something which may possibly impact the behavioral health home program next fiscal year.
2. To continue the partnership with Alcona Health Center and local school systems in order to provide school-based social work services for children. After discussion, it was decided to eliminate this goal in next year's plan as the Agency no longer has a contract with Alcona Health Center and the services are being provided in the schools. There is also question as to what the school year will look like next school year in the present environment.

3. Promote a trauma-informed community through education, assessment and participation in community initiatives. Board members felt the Agency does a good job with this goal and wishes to continue. Nena Sork reported our current Electronic Health Record (EHR) has an ACEs (Adverse Childhood Experience) assessment tool which collects information related to trauma as well.
4. Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders. Nena Sork reported the Agency uses contractual arrangements to provide much of the autism services utilizing Autism Centers of America. It is planned to expand this contract. This goal will be continued for next fiscal year.
5. Coordinate community education and partnerships in suicide prevention. Board members felt this was a goal which will be very important to continue, especially with the current pandemic environment.
6. To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community. Board members requested information on the types of substance use services the Agency provides. Nena Sork reported until COVID, the Agency held a group (IDDT – Integrated Dual Disorder Treatment), which focused on co-occurring disorders. Due to COVID limitations, the group has not been able to meet. Much of the substance use treatments are handled through partners such as Sunrise Centre and Catholic Human Services. This goal will be continued in next fiscal year's Strategic Plan.
7. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available. Board members felt this goal was also a goal to continue in next fiscal year. Veterans are also impacted by these unprecedented times and need to have services readily available.
8. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. It was reported this goal will need some rewording as MiHIN (Michigan Health Information Network) has acquired Great Lakes Health Connect. Nena Sork informed Board members the purpose of this network is to alert us to persons served admissions, discharges and transfers within an inpatient unit. This goal will continue.
9. To keep current in education and information technology. Board members felt this goal was important to assure the Agency stays up-to-date with technology.

Board members discussed if there was a need to add any additional goals to this listing. Bonnie Cornelius expressed worries about the suicide risks due to COVID and would like assurance the Agency stays abreast of the data so we can respond to community needs. Goal #5 indicates a focus on suicide so this will not be an additional goal.

The barriers and challenges in the FY 2019/2020 Strategic Plan were reviewed.

1. Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.
2. ABA Expansion – Qualified providers, either in-person or through telehealth arrangement, are limited in this program area.
3. Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.
4. Funding – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP.
5. Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.
6. Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

7. Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.
8. Opioid Epidemic – The increasing opioid epidemic has strained community resources.
9. Increasing/Violence in our Society – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Related to integrated healthcare, Nena Sork reported it is difficult to determine compliance with medications for individuals with Medicare/Medicaid as the Agency can access and follow if an individual gets scripts filled if they have Medicaid only; however, if the individual also has Medicare this information is not available. Related to jail services, Nena Sork reported jail services trainings are offered in all four counties. It is difficult for the local departments to schedule this training due to limited officers/budgets. The Agency has a good relationship with the various sheriff departments. Retaining qualified staff continues to be a challenge due to local competition with the hospital, school system, FQHCs and the VA. Our challenge in service delivery may expand with the transition to the Behavioral Health Home model as there may be an increase in services to the mild to moderate population. Board members did not offer any additional challenges and due to the pandemic environment all current barriers and challenges will remain for the Plan in next fiscal year.

The “Opportunities” listed in the current Strategic Plan were reviewed. Nena Sork reported staff and community training is shifting to virtual trainings due to the pandemic.

The Options section of the Strategic Planning document was reviewed. Gary Wnuk questioned how sharing of psychiatric staff with other clinics is being done. Nena Sork reported at this time other community mental health agencies have not requested assistance with psychiatric services. The expansion of health care will continue with the implementation of Behavioral Health Homes. Nena Sork reported she is trying to be more involved in the HSCCs (Human Services Coordinating Councils) in each of the counties. They are not meeting face-to-face at this time.

Eric Lawson inquired as to whether there would need any revisions to the “Plan” portion of the Strategic Plan and Board members suggested the current wording is still pertinent.

Board members reviewed the “Mega Ends” the Board has had for several years. “All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.” Consensus was to keep this statement as is.

Sub-End #1 – Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions. This has been the sub-end for children since the inception of policy governance. New suggestions for a possible sub-end were reviewed. Nena Sork reported the childhood immunizations would be difficult to track as the Agency has no control over the family and would have to rely on self-reporting. Gary Wnuk suggested this possible this potential sub-end be eliminated. Nena Sork reported case management was provided to children as staffing was difficult due to vacancies. Home-based services requires a more intensive service with more hours devoted to the child and family. Gary Wnuk suggested #2 “Increase number of individuals provided Home-Based Services versus Targeted Case Management Services” be focused on. Consensus was to adopt #2. The language will be drafted and included in the plan when it is ready for approval.

Sub-End #2A & B – “Individuals needing independent living supports will live in the least restrictive environment. (a) Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement and (b) Development of additional supported independent services for two individuals currently living in licensed foster care.” It was noted the Agency will always continue to place individuals in the least restrictive environment and this is a good goal to continue. With the current pandemic, developing one additional contract residential provider might be more realistic with the goal of possibly two. Licensing might be a barrier in this type of development under COVID.

Sub-End #3 – “Adults with co-occurring disorders will realize significant improvement in their condition.” As the Agency did not become a Medication Assistant Treatment (MAT) provider it was decided to eliminate this sub-end as written. The three options to replace this were reviewed by the Board. Gary Wnuk proposed #2 as becoming a sub-end. Eric Lawson reported having the WHAM be part of this would be great looking at the whole person. Gary Wnuk questioned if the A1C would be part of the primary care physician’ role versus the psychiatric services role. Nena Sork indicated the medications prescribed for mental illness can cause a metabolic syndrome which includes diabetes and the Agency monitors the long-term impact the medication this Agency prescribes on the individual’s health. Pat Przeslawski suggested all three of the proposed Sub-Ends would be good measures to track. The Sub-End #3 will include: (a) The percentage of people served who enroll in the Behavioral Health Home model will have a base-line A1C, (b) The percentage of people services in the Behavioral Health Home model will see their primary care providers annually, and (c) percentage of individuals served with two or more chronic conditions (Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues) will be offered to enroll in the Behavioral Health Home.

The remainder of the Sub-Ends related to financial condition and community education will continue as written.

IX. July Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reviewed the revenue portion of the Statement of Revenues and Expenses for month ending May 31, 2020. She noted the grants are slightly higher than budgeted due to the COVID funds the Agency received. She also noted the 3rd Party Revenue is only a forecast when the budget is prepared which explains the variance in the 3rd Party Revenue line. She also noted the Medicaid funding was budgeted for the full amount of funding and does not include the dollars the NMRE retains for administrative costs and the various taxes.

Larry Patterson reviewed the variances in the Expense portion of the budget. Employee Wellness is a timing issue and will clear by year-end. Contract residential has decreased from the previous report; however, this will most likely need a budget adjustment to balance. The Liability/Insurance line item will resolve when the Asset Distribution is received. Miscellaneous is due to a late bill received for the 10% County Share of state inpatient. Larry Patterson noted the budget is still only at 60.4% expended with 66.67% of the year gone.

Nena Sork reported overall the Agency has underspent about \$1.9 million.

2. Asset Protection 01-007

Board members reviewed the Asset Protection monitoring report. There were no comments related to the content of this monitoring report.

3. Community Resources 01-010

Board members reviewed the Community Resources monitoring report. Eric Lawson noted some of the information in this report will carry over into the Director’s evaluation.

Moved by Pat Przeslawski, supported by Gary Wnuk, to accept the July monitoring reports as presented. Roll Call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

X. Board Policy Review and Self-Evaluation

1. Community Resources 01-010

Board members reviewed the policy and recommended no changes.

2. Public Hearing 02-010

Board members reviewed the Public Hearings policy and had no recommended changes.

XI. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting June 24, 2020

Gary Nowak reported the next NMRE Board meeting and future meetings will be face-to-face. He suggests the Agency look at having another location to allow for this Board to meet in person if Board members cannot be spaced in the room to allow for social distancing. Gary Wnuk suggested keeping the public portion as a call in and have the Board members attend in person.

Nena Sork reported Gary Nowak is the new chair at the NMRE and the June 24th meeting was his first meeting as Chair.

b. Board Meeting May 27, 2020

The minutes of the May 27, 2020 meeting were included in the packet sent to the Board.

2. Community Mental Health Association of Michigan (CMHAM)

a. Virtual Member Assembly Meeting – August 13

Eric Lawson reported this will be a Zoom meeting and he questioned if there was any volunteers to be the voting delegates. The Board members can come to the Alpena office for this meeting. Gary Wnuk volunteered to be a voting delegate. Eric Lawson will be the second voting delegate due to no other volunteers.

b. Appoint Voting Delegates

Gary Wnuk and Eric Lawson will fill the role of voting delegates. The Board Room will be available for the Zoom meeting for the member assembly. The meeting is scheduled for Thursday, August 13 at 10:00 a.m.

XII. Chair's Report

1. Planning for Executive Director Evaluation

Eric Lawson reported next month the Board will complete the Director's Evaluation. This is an activity of the full board. The Executive Director's evaluation is based upon the monitoring reports provided to the Board through the course of the year. Board members wishing to review any of the monitoring reports can contact Diane Hayka and review.

2. CMH PAC Update

Eric Lawson noted \$415 was raised for the CMH PAC. There was not a 50% contribution of Board members so this Agency was not eligible for the drawing.

XIII. Director's Report

1. Director Report Summary

Nena Sork provided Board members with an update on her activities. She reports she continues to work with the CMH Directors on COVID. She also noted we are working to get an orientation of the Behavioral Health Homes with the two Boards which currently use that model in the regional entity (Centra Wellness and Northern Lakes).

Nena Sork informed the Board staff are slowly returning to work in the office and recalling temporary layoff where needed. Retention payment notifications were sent out to staff yesterday. The criteria was staff had to work during this time and not have drawn unemployment from the Agency. The Retention Committee will now shift gears to look at reinvestment payments to staff. This will include staff employed and will be a payment to counter the potential inability to provide raises next year due to forecasted budget cuts. Nena Sork reported five additional vehicles will be purchased in this fiscal year which were planned for next fiscal year. Dennis Bannon is working on a securing a new server and fax machines which were planned for next fiscal year. The new laptops have arrived and the IT Department will be working to deploy the laptops. This will enable staff working from home to have video and audio capacity. Nena Sork reported there is an electronic HR system being reviewed and this will include electronic timekeeping versus the paper timesheets. It is hoped to have this secured yet this fiscal year.

XIV. Information and/or Comments from the Public

There was no information or comments presented.

XV. Information and/or Comments for the Good of the Board

Other than comments about the well needed rain, Board members did not present additional information.

XVI. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, August 13, 2020 at 3:00 p.m.

1. Set August Agenda

The August agenda items were reviewed.

XVII. Evaluation of Meeting

Judy Jones reported the meeting started on time; however, the transmission noise made it difficult at times to hear. She notes the questions were very good.

XVIII. Adjournment

Moved by Roger Frye, supported by Gary Wnuk, to adjourn the meeting. Motion carried. This meeting adjourned at 4:20 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: July 31, 2020

1. **M-CEITA Agreement (Michigan Center for Effective IT Adoption)**

This is a renewal of an Agreement between Northeast and M-CEITA (facilitated by Altarum). This program guides the Agency's providers to meet certain benchmarks in the use of the electronic health record and access by individuals receiving services. If benchmarks are attained, the Agency is rewarded with an incentive of \$8,500 each year the program is in place. This Agency has three providers participating and last year each of the providers attained the identified benchmark. Traditionally the Agency would pay \$200 per provider; however, last year the Agency had paid for a fourth provider only to have it later determined that provider was not eligible so they are applying a \$200 overpayment from last year to this year's cost. The invoiced amount for this agreement is \$400. We recommend approval.



Recipient Rights Advisory Committee Minutes July 15, 2020

The meeting was called to order at 3:16 p.m. July 15, 2020 by Chair Patricia Przeslawski via teleconference due to COVID-19 and the Governor's Executive Order.

Present: Tom Fredlund, Judy Jones, Barb Murphy, Pat Przeslawski and Lorell Whitscell
Absent: Barb Murphy, Renee Smart-Sheppler
Staff: Ruth Hewett
Guests: None

DRAFT MINUTES

I. Old Business. None.

II. Approval of Minutes. The minutes from 4-15-2020 were approved as written. Tom moved to approve, Judy supported, motion carried.

III. New Business.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the third quarter of FY 19-20, 4/1/2020 – 6/30/2020. Complaints totaled 26 (down from 38 the previous quarter) however, it should be noted this quarter was during the Governor's Stay at Home order. Of the 26 complaints, 25 were opened for investigation with 1 handled as an intervention. There were 17 substantiations with 3 investigations pending. Three remedial actions were pending at the time of the report and will be available on next meeting's report. Ruth noted the hours used in site visits were low as the Governor's order has prohibited visitors to adult foster care homes. The scheduled site visits have been rescheduled into August and September. Should the order be extended and there not be sufficient time to complete them before the end of the September, consideration will be given to conducting virtual visits. Tom moved to review the report, supported by Judy, motion carried.

COMMITTEE APPOINTMENTS: It was noted all committee members were reappointed for another year with no alternate board member.

SEMI-ANNUAL RIGHTS REPORT: This report was remitted to the state rights office before 6-30-2020. It is a culmination of the first two quarterly rights activity reports that the committee reviews quarterly. Lorell moved to review the report, supported by Tom, motion carried.

IV. Educational Session. The annual policy review of the Rights of Substance Use Disorder Recipients, Recipient Rights Policy #3860, was reviewed by the committee with no changes. Moved by Tom, supported by Judy, motion carried.

V. Other Business.

The next meeting will be October 21, 2020 in the Admin Conference Room at 3:15 pm. or via teleconference if need be.

VI. Adjournment.

Judy moved to adjourn the meeting, supported by Tom. The meeting adjourned at 3:32 pm.

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: April, May & June 2020:

I. COMPLAINT DATA SUMMARY		<u>FY 19-20</u>					<u>FY 18-19</u>			
A. Totals	1 st	2 nd	3 rd	4 th		1 st	2 nd	3 rd	4 th	
Complaints Received:	39	38	26			14	23	20	32	
Investigated:	32	30	25			13	20	19	27	
Interventions:	01	02	01			-0-	01	-0-	-0-	
Substantiated:	14	18	17 + 3 pending			06	16	10	21	
Outside Jurisdiction:	05	02	-0-			-0-	01	-0-	-0-	
No Code Protected Right:	01	04	-0-			01	01	01	05	

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	0	0		0 + 1 pdg*
Abuse III	2	2		2
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	6	6		4
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 ND Opinion	1	1	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	2	1	1	2
Treatment Environment	1	1	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	0	0	0	0
Suitable Services	14	14	0	9 + 2 pdg**
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	26	25	1	17 + 3 pdg

Pending from last quarter:

**Services suited to condition/D & R was substantiated.

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from prev qtr:		
Neglect III	NEMCMH	Verbal Reprimand
Neglect III Fail to rept	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Documented Counseling
Suit Serv-D & R	NEMCMH	Written Reprimand
**Suit Serv-D & R	NEMCMH	Documented Counseling
Actions this qtr:		
Abuse II	NEMCMH	Written Reprimand
Abuse II	Beacon Specialized	Verbal Reprimand/Training
Neglect III	NEMCMH	Verbal Reprimand
Neglect III	NEMCMH	Verbal Reprimand
Neglect III	Beacon Specialized	Other
Neglect III	NEMCMH	Pending
Confidentiality	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Documented Counseling
Suitable Services	CJ's AFC	Pending
Suitable Services	NEMCMH	Verbal Reprimand
Suitable Services	NEMCMH	Employee left agency but substantiated
Suitable Services	Beacon Specialized	Pending
Suit Serv-Dign & Resp	NEMCMH	Written Reprimand
Suit Serv-Dign & Resp	NEMCMH	Documented Counseling
Suit Serv-Dign & Resp	NEMCMH	Verbal Reprimand
Suit Serv-Dign & Resp	Beacon Specialized	Verbal Reprimand
Suit Serv-Dign & Resp	Beacon Specialized	Written Reprimand/Training

d. Summary of Incident Reports: April, May & June 2020

Category Type	1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr	
	'20	'19	'20	'19	'20	'19	'20	'19
01.0 Absent without leave (AWOL)	02	02	03	02	06	03		-0-
02.0 Accident – No injury	06	03	06	06	01	02		04
02.1 Accident – With injury	14	23	10	11	16	19		32
03.0 Aggressive Acts – No injury	30	24	25	06	24	14		38
03.1 Aggressive Acts – w/ injury	06	04	10	03	-0-	03		13
03.3 Aggressive Acts – Property Destruc	01	-0-	04	01	01	04		08
04.0 Death	05	04	05	06	02	07		06
05.0 Fall – No injury	12	10	20	22	09	08		10
06.0 Medical Problem	60	44	78	54	91	87		53
07.0 Medication Delay	06	10	05	08	06	04		05
07.1 Medication Error	19	32	19	27	22	32		37
07.2 Medication Other	49	57	52	44	41	42		57
07.3 Medication Refusal	47	20	77	05	63	02		14
08.0 Non-Serious Injury – Unknwn cause	03	04	06	03	07	08		09
09.0 Other	41	49	65	44	50	51		62
10.0 Self Injurious Acts – No injury	12	-0-	03	03	01	01		26
10.1 Self Injurious Acts – w/injury	06	07	02	02	04	03		21
Challenging Behavior	35	25	25	13	12	35		30
Fall – with injury	11	10	16	12	17	14		22
Arrests	05	08	08	07	03	06		04
Total	370	336	439	279	376	345		451

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	-0-	49.75
Hours Used in Training Received	-0-	10.00
Hours Used in Site Visits	6.00	9.00

F. Monitoring Activity	Quarter	YTD
Incident Report Received	376	1185

G. Source of All Complaints:	Quarter	YTD
Recipient:	05	24
Staff:	12	42
ORR:	06	23
Gdn/Family:01	09
Anonymous:	01	04
Comm/Gen Pub:	<u>01</u>	<u>01</u>
Total	26	103

Ruth M. Hewett, Recipient Rights Officer

Date

Annual Complaint Data for: Northeast Michigan CMH Authority

Rights Office Director: Ruth M. Hewett

Reporting Period: 10/1/2019 to 3/31/2020

CMH 1,838 # of Consumers Served (unduplicated count) 2 Rights Office FTEs

LPH Number of Admissions Hours/40

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	77
Interventions	3
Investigations	62
Interventions Substantiated	2
Investigations Substantiated	30

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COMPLAINT SOURCE

Recipient	19
Staff	30
ORR	17
Guardian/Family	8
Anonymous	3
Community/General Public	0
Total Complaints Received	77

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TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	24	18	5	0	1
All others	38	27	9	2	0

Part B: Detailed Summary

1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - nonaccidental act	0	0	0
72222	Abuse class II - unreasonable force	6	6	2
72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	1	1	1
7223	Abuse - class III	6	6	2
7224	Abuse class I - sexual abuse	1	1	0

2. Freedom from Neglect

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	0	0	0
72252	Neglect class I - failure to report	0	0	0
72261	Neglect class II	2	2	1
72262	Neglect class II - failure to report	1	1	1
72271	Neglect class III	6	6	4
72272	Neglect class III - failure to report	1 1	1	1

3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7060	Notice/explanation of rights	0	0	0	0	0
7520	Failure to report	0	0	0	0	0
7545	Retaliation/harassment	0			0	0
7760	Access to rights system	0	0	0	0	0
7780	Complaint investigation process	0	0	0	0	0
7840	Appeal process/mediation	0	0	0	0	0

4. Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
4090	Second opinion - denial of hospitalization	0	0	0	0	0
4190	Termination of voluntary hospitalization (adult)	0	0	0	0	0
4510	Involuntary admission process	0	0	0	0	0
4630	Independent clinical examination	0	0	0	0	0
4980	Objection to hospitalization (minor)	0	0	0	0	0
7050	Second opinion - denial of services	0	0	0	0	0

5. Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7041	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0
7044	Religious practice	0	0	0	0	0
7045	Voting	0	0	0	0	0
7047	Presumption of competency	0	0	0	0	0
7284	Search/seizure	0	0	0	0	0

6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7111	Family dignity & respect	0	0	0	0	0
7112	Receipt of general education information	0	0	0	0	0
7113	Opportunity to provide information	0	0	0	0	0

7. Communication & Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7261	Visits	1	0	0	1	0
7262	Contact with attorneys or others regarding legal matters	0	0	0	0	0
7263	Access to telephone, mail	0	0	0	0	0
7264	Funds for postage, stationery, telephone usage	0	0	0	0	0
7265	Written and posted limitations, if established	0	0	0	0	0
7266	Uncensored mail	0	0	0	0	0

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7481	Disclosure of confidential information	11	3	2	8	4

7485	Withholding of information (includes recipient access to records)	0	0	0	0	0
7486	Correction of record	0	0	0	0	0
7487	Access by p & a to records	0	0	0	0	0
7501	Privileged communication	0	0	0	0	0

9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7081	Safe environment	1	0	0	1	0
7082	Sanitary/humane environment	0	0	0	0	0
7086	Least restrictive setting	1	0	0	1	0

10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7441	Restrictions/limitations	2	0	0	2	1
7400	Restraint	0	0	0	0	0
7420	Seclusion	0	0	0	0	0

11. Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7301	Safeguarding money	0	0	0	0	0
7302	Facility account	0	0	0	0	0
7303	Easy access to money in account	0	0	0	0	0
7304	Ability to spend or use as desired	0	0	0	0	0
7305	Delivery of money upon release	0	0	0	0	0
7360	Labor & Compensation	0	0	0	0	0

12. Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7267	Access to entertainment materials, information, news	0	0	0	0	0
7281	Possession and use	1	0	0	1	1
7282	Storage space	0	0	0	0	0
7283	Inspection at reasonable times	0	0	0	0	0
7285	Exclusions	0	0	0	0	0
7286	Limitations	0	0	0	0	0
7287	Receipts to recipient and to designated individual	0	0	0	0	0
7288	Waiver	0	0	0	0	0
7289	Protection	0	0	0	0	0

13. Suitable Services

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
1708	Dignity and Respect	16	0	0	16	10
7003	Informed consent	0	0	0	0	0
7029	Information on family planning	0	0	0	0	0
7049	Treatment by spiritual means	0	0	0	0	0
7080	Mental health services suited to condition	7	0	0	7	2
7100	Physical and mental exams	0	0	0	0	0
7130	Choice of physician/mental health professional	0	0	0	0	0
7140	Notice of clinical status/progress	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0
7160	Surgery	0	0	0	0	0
7170	Electro convulsive therapy (ect)	0	0	0	0	0

7180	Psychotropic drugs	0	0	0	0	0
7190	Notice of medication side effects	0	0	0	0	0

14. Treatment Planning

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7121	Person-centered process	1	0	0	1	0
7122	Timely development	0	0	0	0	0
7123	Requests for review	0	0	0	0	0
7124	Participation by individual(s) of choice	0	0	0	0	0
7125	Assessment of needs	0	0	0	0	0

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7241	Prior consent	0	0	0	0	0
7242	Identification	0	0	0	0	0
7243	Objection	0	0	0	0	0
7244	Release to others/return	0	0	0	0	0
7245	Storage/destruction	0	0	0	0	0

TOTALS		65	3	2	62	30
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17. No Right Involved

Code	Category	Received
0000	No right involved	5

18. Outside Provider Jurisdiction

Code	Category	Received
0001	Outside provider jurisdiction	7

Section II: Annual Complaint Data Summary for: Northeast MI CMHA

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action								
Abuse class II - unreasonable force	Residential DD	Employment Termination								
Abuse class II - unreasonable force	Residential DD	Employment Termination								
Abuse class II - exploitation	Residential DD	Other								
Abuse - Class III	Supported Employment	Written Counseling								
Abuse - Class III	Residential DD	Written Reprimand								
Neglect - Class II	ACT	Written Counseling								
Neglect - Class II - failure to report	SIP	Written Counseling								
Neglect - Class III	Residential MI & DD	Verbal Counseling								
Neglect - Class III	Residential DD	Written Counseling								
Neglect - Class III	Residential MI & DD	Written Reprimand								
Neglect - Class III	Residential DD	Written Counseling								
Neglect - Class III - failure to report	SIP	Written Counseling								
Disclosure of confidential information	Supported Employment	Verbal Counseling								
Disclosure of confidential information	Other	Verbal Counseling								
Disclosure of confidential information	Residential DD	Written Counseling								
Disclosure of confidential information	Other	Training								
Disclosure of confidential information	Other	Verbal Counseling								

Turnover by Department

Division/Department Name	# at 1/1/2020	Employees Hired/Trnsfr'd	Employees Separated/Trnsfr'd	# at 6/30/2020	Total Turnover
Administration/Support Services	42	2	3	41	7%
MI Programs					
MI Program Management	4			4	0%
Psychiatry & Nursing Support	8			8	0%
OAS Services	12	3	2	13	17%
MI Adult Outpatient	8	2	2	8	25%
MI Adult Casemanagement	12		2	10	17%
MI Integrated Employment	2			2	0%
MI Adult A.C.T.	6	2	1	7	17%
Home Based Child	9			9	0%
MI Peer Support Services	3			3	0%
DD Programs					
DD Program Management	8		1	7	13%
DD Casemanagement	9	2	2	9	22%
DD Clinical Support	4		2	2	50%
DD App. Behav. Analysis Program	15	2	4	13	27%
DD Integrated Employment	12	2	2	12	17%
DD SIP Residential	42	7	6	43	14%
DD Community Support	28		3	25	11%
Blue Horizons	10	2	2	10	20%
Brege	10	1		11	0%
Cambridge	11	2	4	9	36%
Harrisville	12	1	2	11	17%
Mill Creek	10	2	2	10	20%
Pine Park	12	1	4	9	33%
Princeton	12	2	3	11	25%
Thunder Bay Heights	12	1	1	12	8%
Walnut	<u>11</u>	2	2	<u>11</u>	18%
Totals	324	36	50	310	15%

Agency-Wide Turnover

<u>Division/Department Name</u>	<u># at</u> <u>1/1/2020</u>	<u>Number</u> <u>Hires</u>	<u>Total</u> <u>Employees</u> <u>Separated</u>	<u># at</u> <u>6/30/2020</u>	<u>Total</u> <u>Turnover</u> <u>Rate</u>
All Employees	<u>324</u>	<u>30</u>	<u>44</u>	<u>310</u>	14%

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Nine Months Ending June 30, 2020
75% of year elapsed

	Actual June Year to Date	Budget June Year to Date	Variance June Year to Date	Budget FY20	% of Budget Earned or Used
Revenue					
1 State Grants	78,594.80	72,749.97	\$ 5,845	\$ 97,000	81.0%
2 Private Contracts	36,013.50	39,452.22	(3,439)	52,603	68.5%
3 Grants from Local Units	527,552.23	199,978.50	327,574	506,897	104.1%
4 Interest Income	10,136.78	12,501.09	(2,364)	20,000	50.7%
5 Medicaid Revenue	18,181,834.53	19,992,691.95	(1,810,857)	26,439,247	68.8%
6 General Fund Revenue	666,117.59	685,787.43	(19,670)	901,044	73.9%
7 Healthy Michigan Revenue	1,114,793.25	1,384,608.06	(269,815)	1,846,144	60.4%
8 3rd Party Revenue	281,193.68	311,156.28	(29,963)	499,314	56.3%
9 SSI/SSA Revenue	373,384.96	387,264.24	(13,879)	516,351	72.3%
10 Other Revenue	64,905.16	56,503.78	8,401	75,338	86.2%
11 Total Revenue	21,334,526	23,142,694	(1,808,167)	30,953,938	68.5%
Expense					
12 Salaries	8,766,674	9,799,502.10	1,032,828	13,121,533	66.8%
13 Social Security Tax	386,078	466,890.57	80,813	622,521	62.0%
14 Self Insured Benefits	1,818,689	1,854,154.62	35,465	2,409,918	75.5%
15 Life and Disability Insurances	158,074	169,989.93	11,916	226,653	69.7%
16 Pension	716,742	771,082.47	54,340	1,028,110	69.7%
17 Unemployment & Workers Comp.	124,958	160,442.97	35,485	204,167	61.2%
18 Office Supplies & Postage	31,328	35,046.99	3,719	46,729	67.0%
19 Staff Recruiting & Development	48,609	72,522.66	23,914	96,697	50.3%
20 Community Relations/Education	7,581	14,523.27	6,942	27,031	28.0%
21 Employee Relations/Wellness	36,861	34,029.75	(2,831)	45,873	80.4%
22 Program Supplies	331,046	360,929.16	29,883	481,239	68.8%
23 Contract Inpatient	926,040	1,083,671.04	157,632	1,578,228	58.7%
24 Contract Transportation	49,857	89,750.97	39,894	119,668	41.7%
25 Contract Residential	4,083,233	3,851,485.68	(231,747)	5,137,228	79.5%
26 Contract Employees & Services	2,262,518	2,965,999.05	703,481	3,926,989	57.6%
27 Telephone & Connectivity	94,010	95,979.78	1,969	127,973	73.5%
28 Staff Meals & Lodging	11,539	25,696.26	14,157	34,262	33.7%
29 Mileage and Gasoline	211,693	327,500.94	115,808	438,055	48.3%
30 Board Travel/Education	3,789	8,912.25	5,123	11,883	31.9%
31 Professional Fees	37,612	49,511.97	11,900	66,016	57.0%
32 Property & Liability Insurance	24,834	47,457.81	22,624	63,277	39.2%
33 Utilities	116,921	129,179.34	12,258	172,239	67.9%
34 Maintenance	106,678	157,836.69	51,158	210,449	50.7%
35 Rent	193,456	198,682.47	5,226	264,910	73.0%
36 Food (net of food stamps)	56,323	46,870.47	(9,453)	62,494	90.1%
37 Capital Equipment	126,424	64,309.41	(62,115)	85,746	147.4%
38 Client Equipment	12,356	22,500.00	10,144	30,000	41.2%
39 Miscellaneous Expense	78,529	62,074.78	(16,454)	80,073	98.1%
40 Depreciation Expense	185,967	176,160.12	(9,807)	233,977	79.5%
41 Total Expense	21,008,420	23,142,694	2,134,273	30,953,938	68.3%
42 Change in Net Position	\$ 326,106	\$ -	\$ 326,106	\$ 0	0.3%
Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 2,415,540				
45 Healthy Michigan Funds (Over) / Under Spent	258,308				
46 Total NMRE (Over) / Under Spent	\$ 2,673,848				
47 General Funds to Carry Forward to FY20	\$ 11,371				
48 General Funds Lapsing to MDHHS	-				
49 General Funds (Over) / Under Spent	\$ 11,371				

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
June 30, 2020

	Total Business- Type Activities June, 2020	Total Business- Type Activities Sept. 30, 2019	% Change
Assets			
Current Assets:			
Cash and cash equivalents	\$ 4,894,736	\$ 5,593,793	-12.5%
Restricted cash and cash equivalents	869,790	899,436	-3.3%
Investments	750,000	750,000	0.0%
Accounts receivable	649,456	212,301	205.9%
Inventory	12,476	12,476	0.0%
Prepaid items	131,522	99,558	32.1%
Total current assets	<u>7,307,980</u>	<u>7,567,563</u>	<u>-3.4%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,283,256	1,263,485	1.6%
Total non-current assets	<u>1,363,256</u>	<u>1,343,485</u>	<u>1.5%</u>
Total assets	<u>8,671,236</u>	<u>8,911,048</u>	<u>-2.7%</u>
Liabilities			
Current liabilities:			
Accounts payable	1,281,615	1,311,635	-2.3%
Accrued payroll and payroll taxes	643,153	819,503	-21.5%
Deferred revenue	18,237	18,237	0.0%
Current portion of long-term debt (Accrued Leave)	72,454	74,923	-3.3%
Total current liabilities	<u>2,015,459</u>	<u>2,224,298</u>	<u>-9.4%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	797,336	824,513	-3.3%
Total liabilities	<u>2,812,796</u>	<u>3,048,811</u>	<u>-7.7%</u>
Net Position			
Invested in capital assets, net of related debt	1,363,256	1,343,485	1.5%
Unrestricted	4,495,184	4,518,752	-0.5%
Total net position	<u>\$ 5,858,440</u>	<u>\$ 5,862,237</u>	<u>-0.1%</u>
Net Position Beginning of Year			
Revenue	21,334,526		
Expense	(21,008,420)		
Change in net position	<u>326,106</u>		
Net Position June 30, 2020	<u>\$ 6,188,343</u>		

Unrestricted Net Position as a % of projected annual expense
Recommended Level

14.6% or 53 days
8% - 25%

1

5:08 PM

Community Foundation for Northeast Michigan
NE Mich Community Mental Health Fund

10/01/2019 - 06/30/2020

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	70,020.48

Revenue:	
Contributions	2,196.07

Increase(Decrease)	2,196.07

Ending Balance	72,216.55
	=====
RESERVE	
Beginning Balance	15,399.38

Revenue:	
Interest and Dividends	2,020.25
Realized Gain(Loss)	1,465.40
Unrealized Gain(Loss)	(2,553.54)

Total Revenue	932.11

Expense:	
Transfer To Spendable This FY	3,844.44
Administrative Fees	877.94

Total Expense	4,722.38

Increase(Decrease)	(3,790.27)

Ending Balance	11,609.11
	=====
SPENDABLE	
Beginning Balance	9,503.20

Revenue:	
Transfer From Reserve	3,844.44

Total Revenue	3,844.44

Expense:	

Total Expense	0.00

Increase(Decrease)	3,844.44

Ending Balance	13,347.64
	=====

Community Foundation for Northeast Michigan
NE Mich Community Mental Health Fund

10/01/2019 - 06/30/2020

YTD

BALANCE SHEET

Assets:

Investment Pool 97,173.30

Total Assets 97,173.30

Current Liabilities:

Liability\Fund Balances:

Endowment 72,216.55

Reserve 11,609.11

Spendable 13,347.64

Total Liability\Fund Balances 97,173.30

Total Liabilities and Equity 97,173.30

GOVERNANCE PROCESS

(Manual Section)

CHAIRPERSON'S ROLE

(Subject)

Board Approval of **Policy**

August 8, 2002

Last Revision Approved by the Board:

August 8, 2019

●1 POLICY:

The Chairperson assures the integrity of the board's process and, secondarily, occasionally represents the board to outside parties. The Chairperson is the only board member authorized to speak for the board (beyond simply reporting board decisions), other than in rare and specifically authorized instances.

1. The job result of the Chairperson is that the board behaves consistent with its own rules and those legitimately imposed upon it from outside the organization.
 - A. Meeting discussion content will only be those issues which, according to board policy, clearly belong to the board to decide, not the Executive Director.
 - B. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and kept to the point.
2. The authority of the Chairperson consists in making decisions that fall within the topics covered by board policies on Governance Process and Board-Executive Director Relationship, except where the board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.
 - A. The Chairperson is empowered to chair board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Chairperson may invoke Roberts Rules of Order.
 - B. The Chairperson has no authority to make decisions about policies created by the board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the Executive Director.
 - C. The Chairperson will represent the board to outside parties in announcing board-stated positions and in stating Chair decisions and interpretations within the area delegated to him or her.

D. The Chairperson may delegate this authority, but remains accountable for its use.

3. Any person desiring to address the Board, either as an individual or on behalf of a group, shall be requested to identify him/herself by name and residence address and his/her group if he/she represent one. He/She shall then state his/her reason for addressing the Board and may be limited in their remarks to five minutes on matters within jurisdiction of the Board at which time a brief supporting the points may be submitted to the Board for its consideration; provided, however, that individual employees of the Board shall have exhausted administrative procedures before making the request to address the Board on specific matters which shall have had administrative review. The presiding officer of the Board shall have the right to limit the number of persons wishing to address the Board on the same subject. The presiding officer may also extend the period of time with approval of the Board. All questions presented by any person to either the Board or any member of the staff shall be answered in a manner as determined by the presiding officer.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

Board By-Laws
Roberts Rules of Order

●5 **FORMS AND EXHIBITS:**

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

GOVERNANCE PROCESS

(Manual Section)

BOARD MEMBERS PER DIEM

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision Approved by the Board:

August 11, 2016

•1 POLICY:

1. Board Members shall be paid a per diem of \$40 per meeting within the service area, \$60 per meeting outside the service area and \$75 per day for conference attendance. In order to be eligible for these payments, these meetings must be approved by the Board or by the Board Chair if time constraints would not permit a delay until the next meeting of the Board.
2. Reimbursement of Board Members' expenditures for travel, lodging, meals, registration fees, tolls, parking fees and similar expenses related to Board business shall be at current rates established by the Board and consistent with applicable guidelines.
3. For purposes of reimbursement of expenses of travel to Board and Committee meetings held in a city other than a Board Member's city or township of residence, each Board Member shall have established a standard round-trip distance between home and Board Meeting site; reimbursement of such travel expenses shall be made monthly. For other Board-business-related travel, a record of actual mileage (via the shortest route between home and destination) shall be required, unless standard-map-mileage is utilized as a default. Wherever practical, Board Members traveling to the same destination should coordinate transportation to minimize expense. Reimbursement of all other expenses shall require documentation in the form of receipts. No reimbursement shall be made for purchases of alcoholic beverages.

4. Current reimbursement rates are:

Mileage: Mileage reimbursement equal to employee reimbursement rates_[D5]

Lodging: \$75.00 per night, unless lodging is at the site of a conference, in which case that facility's rate shall be honored. Hotel accommodations should be made by the Executive Secretary or designee so tax exemption occurs. Board members are encouraged to utilize double occupancy when appropriate.

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

Meals: **\$65.00** per day maximum, or individually by meal. Please note
the allowance includes a gratuity to a maximum of 15%.
 \$ 15.00 for Breakfast
 \$ 20.00 for Lunch
 \$ 30.00 for Dinner

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

BOARD SELF-EVALUATION

(Subject)

Board Approval of **Policy**
Last Revision Approved by Board:

November 7, 2002
August 8, 2019

●1 POLICY:

In cooperation with the Executive Director, the board will establish a set of measurable standards in which the function and process of the board and performance of the individual board members can be evaluated.

Under the leadership of the chairperson, on an annual basis, the board will conduct a self-evaluation in conjunction with the appraisal of the executive director.

The board will evaluate itself in the areas outlined in the Board Job Description policy.

The Chairperson will distribute a report to the board outlining the results of the self-evaluation.

The board will discuss and interpret the outcomes of the self-evaluation.

The board will formulate a work plan that will highlight specific goals and objectives for improvement of identified areas.

The board will monitor its adherence to its own Governance Process policies on a regular basis. Upon the choice of the board, any policy can be monitored at any time. However, at minimum, the board will both review the policies and monitor its own adherence to them, according to the perpetual calendar schedule.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: MDHHS FY20 Contract Amendment & FY21 Contract
DATE: July 31, 2020

As you may remember, the State of Michigan converted their system of contract agreements to an EGrAMS system which requires the Director to log in and sign contracts electronically.

We have received a contract amendment to our FY20 contract. This amendment removes some sections of the initial contract and revises some of the attachments to the contract. The changes are as follows:

- Removal of sections 4.7 SED Waiver and 6.9.7 Children's Waiver
- New contract section 7.46 The General Fund Distribution Model
- Contract attachment C6.3.2.1. CMHSP Local Dispute Resolution
- Contract attachment C6.5.1.1 CMHSP Reporting Requirements – Recipient Rights Data Reporting Requirements
- Contract attachment C6.9.6.1 School to Community Transition Planning Policy

The contract for FY21 is for the same amount of General Funds funding as the current fiscal year, which is \$901,047.00.

Due to the timing requirements for signing various EGrAMS agreements, the Board had previously authorized the Executive Director to execute such agreements. This serves as notification the documents were executed timely.

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JUNE 24, 2020
VIA TELECONFERENCE/MICROSOFT TEAMS**

BOARD MEMBERS IN ATTENDANCE:	Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Karla Sherman, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora
CEOs IN ATTENDANCE:	Christine Gebhard, Chip Johnston, Karl Kovacs, Diane Pelts, Nena Sork
STAFF IN ATTENDANCE:	Eric Kurtz, Sara Sircely, Deanna Yockey, Carol Balousek
GUESTS IN ATTENDANCE:	Rep. Tristan Cole, Rep. Mary Whiteford, Pat McGinn, Sue Winter

CALL TO ORDER

Let the record show that Chairman Gary Nowak called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that all NMRE Board Members were in attendance for the meeting on this date.

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 agenda items.

APPROVAL OF PAST MINUTES

Let the record show that the minutes of the May meeting of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE MAY 27, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS CORRECTED AS INDICATED; SECOND BY MARY MAROIS. MOTION APPROVED BY CONSENSUS.

APPROVAL OF AGENDA

Let the record show that discussion of House Bill 5832 and Regional Training needs were added to the Agenda for the meeting on this date.

CORRESPONDENCE

- 1) A letter from Eric Kurtz to the NMRE Provider Network dated May 29, 2020 discussing the premium pay increase.
- 2) A memorandum from Jeffery Wierich to PIHP and CMHSP Executive Directors dated June 10, 2020 regarding the New Mediation Law in the Mental Health Code (House Bill 5043).

- 3) A memorandum from Jeffery Wieferich to PIHP and CMHSP Executive Directors dated June 11, 2020 regarding Completion Timeline for the Encounter Quality Initiative (EQI) report.
- 4) Community Mental Health Association of Michigan's Recommendations for Advocacy and Promotion of a Vision for the Design of Michigan's Public Mental Health System dated June 12, 2020.
- 5) Press Release from Governor Whitmer's office dated June 17, 2020 Praising the Supplemental Agreement Negotiated with Legislature to Support COVID-19 Response.

Sent separately on June 19, 2020:

- 6) House Bill 5832.

Mr. Kurtz expressed that the region is working to implement the premium pay increase to direct care staff as outlined in Correspondence item No.1. Mr. Kurtz drew attention to Correspondence item No. 2 from Jeff Wieferich regarding changes to the Mental Health Code to establish a mediation process. To date, MDHHS has not secured the services of a mediation organization to manage the requests due to the coronavirus pandemic shutdown. The goal is to have this in place beginning October 1st. Mr. Kamps expressed concern that there are hard and fast time schedules rules pertaining to complaints; he advised thorough documentation to protect the CMHSPs and pursuing State Fair Hearing Options. It was noted that the due date for the Encounter Quality Initiative (EQI) was pushed back to February 2021.

ANNOUNCEMENTS

Let the record show that Chairman Nowak announced the Representatives Tristan Cole and Mary Whiteford will join the call at their earliest convenience to discuss House Bill 5832.

PUBLIC COMMENT

Let the record show that no comments were voiced from the public during the meeting on this date.

REPORTS

Executive Committee Report

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

CEO's Report

The NMRE CEO Monthly Report for June 2020 was included in the materials for the meeting on this date. Mr. Kurtz noted that the NMRE Network Adequacy report was updated to reflect capacity issues related to the coronavirus. The Department acknowledged some internal conflict within MDHHS where consideration was being given to not pass the COVID funds to PIHPs or CMHSPs in favor of paying Providers directly. Mr. Kurtz explained the current efforts being made for Michigan to become a Certified Community Behavioral Health Clinic (CCBHC) state; how the Opioid and Behavioral Health Home expansion can be weaved into the process is being discussed. It was noted that the payment process for the CCBHC is very complex.

SUD Board Report

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for July 6, 2020 at 10:00AM.

Financial Report

The monthly financial report for April 2020 was included in the materials for the meeting on this date.

- Traditional Medicaid showed \$99,882,249 in revenue, and \$95,190,840 in expenses, resulting in a net surplus of \$4,691,410. Medicaid ISF was reported as \$1,460,876 based on the Interim FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$13,812,101 in revenue, and \$11,624,719 in expenses, resulting in a net surplus of \$2,187,381. HMP ISF was reported as \$3,573,592 based on the Interim FSR. HMP savings was reported as \$0.
- Net Position* showed Medicaid and HMP ISF combined net surplus of \$5,034,468. The Total Medicaid and HMP Net surplus, including carry forward and ISF was reported as \$12,484,840.
- Behavioral Health Home showed \$75,455 in revenue, and \$62,242 in expenses, resulting in a net surplus of \$13,213.
- SUD showed all funding source revenue of \$10,425,092, and \$8,930,729 in expenses, resulting in a net surplus of \$1,494,363. Total PA2 funds were reported as \$6,265,046.
- *HSW Receivable was reported at \$571,581.
- *NMRE Medicaid and HMP combined Net Surplus after the adjustment was reported as \$7,450,372.

Mr. Kamps asked how long the HSW receivable can reasonably be kept on the books. Ms. Yockey agreed that it can't remain indefinitely, but she acknowledged that there is some lag time with spenddown.

MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2020; SECOND BY JAY O'FARRELL.

ROLL CALL VOTING TOOK PLACE ON THE MOTION.

"Yea" Votes Recorded: Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora

"Nay" Votes Recorded: Null

MOTION CARRIED BY UNANIMOUS VOTE.

NEW BUSINESS

Network Adequacy/Stability Plan

Mr. Kurtz revised the "Northern Michigan Regional Entity Network Adequacy and Provider Stability Plan" on June 4th to address barriers to services related to COVID-19 and the shutdown order. Both CMHSP and SUD Providers have been asked to notify the NMRE regarding cash flow issues where additional help may be needed due to the pandemic. NMRE is also considering a rate adjustment for SUD providers. Premium Pay increases will be passed to direct care workers as determined by MDHHS. Regional Providers transitioned to the use of telehealth services very quickly upon the issuance of BHDDA guidance; consideration is being made to allow some use of telehealth for clinically appropriate SUD services (post withdrawal management and prior to residential services).

Monthly updates will be provided to MDHHS by the NMRE. Any significant changes will be brought through the Board. Mr. Kurtz added that rapid change is fertile ground for investigation, and he anticipates a post-pandemic audit within three years.

Board Survey

Mr. Kurtz and Mr. Nowak met on June 16, 2020 to discuss Board operations and Board Meeting Agenda. Mr. Nowak explained that he would like to gather input from the Board. A survey will be sent to Board Members from the NMRE to solicit input. Suggested questions may be sent to the NMRE for inclusion. Mr. Nowak suggested adding an Operations Committee report as a standing item to future Agenda.

Steve Burnham Contract

A Provider Agreement for Steve Burnham, Esq. was included in the materials for the meeting on this date. Mr. Kamps viewed the contractual agreement as “money well spent.”

MOTION MADE BY ROGER FRYE TO APPROVE THE CONTRACT BETWEEN THE NORTHERN MICHIGAN REGIONAL ENTITY AND STEVE BURNHAM FOR THE PROVISION OF NEEDED LEGAL SERVICES NOT TO EXCEED TWENTY THOUSAND DOLLARS (\$20,000.00), SECOND BY RANDY KAMPS.

ROLL CALL VOTING TOOK PLACE ON THE MOTION.

“Yea” Votes Recorded: Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Karla Sherman, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora

“Nay” Votes Recorded: Null

MOTION CARRIED BY UNANIMOUS VOTE.

House Bill 5832

Representative Tristan Cole (District 105) and Representative Mary Whiteford (District 80) joined the meeting to discuss House Bill 5832. House Bill 5832 states that “Each community mental health services program shall establish 1 or more preadmission screening units with 24-hour availability to provide assessment and screening services for individuals being considered for admission into hospitals, assisted outpatient treatment programs, or crisis services on a voluntary basis.”

On June 17th, HB 5832 was referred to the Committee on Ways and Means. Mr. Marcus asked what options exist currently for making additional adjustments. The CMHAM has objected to: 1) allowing a general or psychiatric hospital to operate a Crisis Stabilization Unit, and 2) requiring a minimum amount of face-to-face psychiatry as required by the inpatient hospitals. Clarification is needed that a PIHP/CMHSP cannot be required to pay for the CSUs once they are created; a service authorization and contract is needed. Alan Bolter proposed:

- Replace page 18 Section 971 (3) with the following: **(3) A psychiatric hospital or general hospital may establish and operate a crisis stabilization unit under this chapter as long the unit is not physically located in the psychiatric hospital or general hospital.**
- Amend page 19, line 3 and INSERT (4) **CMHSPs are not financially responsible for crisis services nor any other services that are generated by the crisis stabilization unit unless they have authorized those services in advance.**

- Amend page 19, lines 25-29 and STRIKING Section 972 (j) and REPLACING with Section 972 (j) **Standards requiring a minimum amount of psychiatric supervision of an individual receiving services in the crisis stabilization unit consistent with current**
- **national standards promulgated by the applicable federal administrative agency.**

Ms. Gebhard expressed support for the Amendments to the Bill.

Mr. Kovacs thanked the Representatives for their time. He asked whether it is the expectation that CSU will be regional or if each CMHSP required to set up a unit. Rep. Whiteford responded that she has no intention of legislating where each unit is located. Mr. Johnston requested a rural exemption.

Ms. Pelts inquired about the use of telepsych. Rep. Whiteford responded that telepsych utilizing video is supported under HB 5832; audio only is not.

Mr. Kurtz Eric thanked Representatives Cole and Whiteford for their support of the Behavioral Health Home program expansion. Rep. Whiteford replied, "It just makes so much sense."

Regional Training

The NMRE is considering working in collaboration with Region 1 PIHP to employ an individual to provide required core training to the northern regions. The trainer would be employed by either NorthCare Network or the NMRE with costs shared by both. Mr. Kurtz suggested adding a certified peer to provide peer supports services training. Mr. Nowak requested the topic be brought up again in July with costs attached. Mr. Schmidt voiced support of the endeavor. Mr. Kamps asked whether CMHAM has been asked to devote a trainer to the northern region. Mr. Johnston replied that training have been scheduled locally but they fill up with downstate staff.

OLD BUSINESS

Let the record show that there was no "Old Business" on the Agenda for the meeting on this date.

COMMENTS

Mr. Kovacs voiced distress to hear Rep. Whiteford say telephone contacts would not be allowed. Many consumers don't have the equipment/technology to video conference. He noted that it would severely limit the region's ability to provide the services. During the coronavirus crisis, consumers have been very receptive to phone contacts. Ms. Pelts agreed, adding that other insurers in the primary health realm utilize phone contacts. Mr. Nowak suggested that the Ops Committee compose a letter to advocate for the allowance of phone contacts. Ms. Gebhard reported that bills for telehealth are awaiting Governor's signature. Billing for phone contacts would require CMS approval. It was noted that, conceptually, this all ties in to BHH model.

NEXT MEETING

The next meeting of the NMRE Board of Directors will take place on July 22, 2020. Communication will be sent regarding whether the meeting will take place at the NMRE office in Gaylord, an alternate location, or via teleconference.

ADJOURN

MOTION MADE BY ROGER FRYE TO ADJOURN THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING FOR JUNE 24, 2020; SECOND BY RICHARD SCHMIDT. MOTION APPROVED BY CONSENSUS.

Let the record show that Mr. Nowak adjourned the meeting at 11:19AM.

Community Mental Health Association of Michigan

ANNUAL SUMMER VIRTUAL CONFERENCE

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BEST
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Hours for Social Work and/or MCBAP!

Conference Registration Fees:
\$175 (member) / \$210 (non-member)

AGENDA

Monday, August 17, 2020

9:00am – 10:30am Welcome and Opening Keynote
11:00am – 12:30pm 3 Concurrent Workshops

Tuesday, August 18, 2020

9:00am – 10:30am 3 Concurrent Workshops
11:00am – 12:30pm 3 Concurrent Workshops

Wednesday, August 19, 2020

9:00am – 10:30am 3 Concurrent Workshops
11:00am – 12:30pm 3 Concurrent Workshops

Thursday, August 20, 2020

9:00am – 10:30am 3 Concurrent Workshops
11:00am – 12:30pm 3 Concurrent Workshops

Friday, August 21, 2020

9:00am – 10:30am 3 Concurrent Workshops
11:00am – 12:30pm Closing Keynote

To Register:

[Click Here!](#)

EDUCATION

Opening Keynote: Behavioral Health and Coronavirus: Challenges and Opportunities

- Charles Ingoglia, MSW, President and CEO, National Council for Behavioral Health

Closing Keynote: Racism - A Public Health Crisis

- Grenae Dudley, PhD, LP, President and CEO, The Youth Connection

Educational Workshops:

- ⇒ Understanding Moral Injury
- ⇒ Expanding Moral Injury
- ⇒ What's Going on in Lansing
- ⇒ Targeting Health Disparity Populations Using the Strategic Prevention Framework
- ⇒ Autism Centers of Michigan: Using Quality Differentiators to Challenge the Status Quo in Applied Behavior Analysis (ABA) Services
- ⇒ Treatment Foster Care Oregon (TFCO): Community-Based Mental Health Treatment for Hospital Level-of-Care Children
- ⇒ Evidence-Based Behavioral Tools to Treat Chronic Pain
- ⇒ Family Coaching and the Family Disease
- ⇒ Multiple Pathways to Recovery: How to Walk the Walk with Mutual Aid Groups
- ⇒ A Model Policy for Michigan Public Libraries to Address Homelessness and Mental Health
- ⇒ Recipient Rights Protection System
- ⇒ Best Practice Strategies for Implementing a Full In-Jail MAT Program
- ⇒ Collaboration is Key: Assessing and Treating Sexual Self-Regulation with Consumers of CMH Services
- ⇒ Charting the Course to a Good Life
- ⇒ Creating Your Best Life in Recovery - The Continuum of Care in SUD Treatment
- ⇒ Complex Trauma, Addiction & Brain Injury: From Surviving to Thriving
- ⇒ Implementing an FASD System of Care Within Michigan CMHSP System
- ⇒ Improving Community Access for Individuals on the Autism Spectrum
- ⇒ Michigan Psychiatric Care Improvement Project: Enhancing Michigan's Publicly Funded Crisis Services System
- ⇒ Opportunities for Occupational Therapy to Support Residential Behavioral Health
- ⇒ Working with Children's Special Health Care Services to Maximize Benefits for Families
- ⇒ Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions

CONTINUING EDUCATION

Earn up to 14.5 Continuing Education Credits for Social Work and/or MCBAP!

WHY ATTEND?

Not Sure if Virtual Education is for you? Here's some key benefits on why you should register:

Reduced Cost:

Eliminating hotel, AV, and food costs allows us to reduce the price of the conference registration to \$175 for members or \$210 for non-members.

Your Time:

No travel time to and from the hotel. The conference takes place in the mornings only - so your afternoon is available for meetings, emails and projects.

Education:

2 powerful keynotes and over 20 educational workshops.

More Continuing Education:

An in-person conference typically qualifies for 8-9 CE hours. During the virtual conference series, you can earn up to 14.5 Continuing Education Credits for Social Work and/or MCBAP. ***That's \$12-\$14.50 per credit hour!***

CONFERENCE FEES

Conference Registration Fees: (Registration closes 3 business days prior to the conference.)

\$175 (member)

\$210 (non-member)

To Register, [Click Here!](#)

You will receive additional information on how to log into and navigate the conference site to select your workshops, sign up for CEs, exhibit hall, receive certificates and other features of the conference site.

Cancellation Policy: Substitution are permitted 3 business days prior to the conference. No-shows will be billed at the full conference rate. Cancellations must be received in writing at least 3 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 3 business days prior to the training, no refund will be given. Refunds will be issued within 90 days of the training. You will receive a refund receipt to the email address provided when the original payment was made. If you have not received a receipt, please email your request to dferguson@cmham.org.

Virtual Requirements:

- After registering, you will receive a confirmation email.
- One week prior to the training, we will send you an email with login details so you can access the conference platform. We recommend that you save the link in your calendar for easy access.
- You must watch the conference LIVE to receive credit for the training.
- **Each person must have their own laptop/computer/tablet – you cannot share a device.**
- Recommend that attendees log into the conference at least 15 minutes before it begins.
- Registration report will indicate arrival time (note for continuing education you must be logged into the session within 5 minutes of the start of the training); and departure time.
- Polls and/or quizzes will be randomly given with a limited time for attendees to response. This is required for continuing education.
- After confirmation that you have fully participated in this conference, completed the quiz and evaluations, your Continuing Education Certificate will be available to you.

To Register:

[Click Here!](#)

MORE INFORMATION

Full Brochure out next week!

*Questions, contact Chris Ward
cward@cmham.org.*

	Program	Consumers served July 2020 (7/1/20 - 7/31/20)	Consumers served in the Past Year (8/1/19 - 7/31/20)	Running Average (Variable Timeframe) (10/1/19 - 7/31/20)
1	Access / Crisis / Prescreens	48 - Routine 0 - Emergent 1 - Urgent 58 - Crisis 45 - Prescreens	670 - Routine 0 - Emergent 5 - Urgent 778 - Crisis 513 - Prescreens	53 - Routine 0 - Emergent 1 - Urgent 61 - Crisis 41 - Prescreens
2	Doctors' Services	384	1353	454
3	Case Management			
	Older Adult (OAS)	102	295	109
	MI Adult	158	388	180
	MI ACT	21	38	24
	Home Based Children	39	82	39
	MI Children's Services	94	281	106
	IDD	141	401	186
4	Outpatient Counseling	234(25/209)	494	216
5	Hospital Prescreens	45	513	41
6	Private Hospital Admissions	20	241	19
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	36	95	41
	MI	38	84	22
	Touchstone Clubhouse	86	100	83
9	Peer Support	38	58	34
10	Community Living Support Services			
	IDD	65	142	77
	MI	71	122	68
11	CMH Operated Residential Services			
	IDD Only	57	87	59
12	Other Contracted Resid. Services			
	IDD	30	32	32
	MI	38	41	37
13	Total Unduplicated Served	1072	2258	1102

County	Unduplicated Consumers Served Since August 2019
Alcona	251
Alpena	1368
Montmorency	253
Presque Isle	285
Other	84
No County Listed	17

	Program	Consumers served June 2020 (6/1/20 - 6/30/20)	Consumers served in the Past Year (7/1/19 - 6/30/20)	Running Average (Variable Timeframe) (10/1/19 - 6/30/20)
1	Access / Crisis / Prescreens	49 - Routine 0 - Emergent 1 - Urgent 43 - Crisis 40 - Prescreens	683 - Routine 1 - Emergent 4 - Urgent 801 - Crisis 500 - Prescreens	54 - Routine 0 - Emergent 0 - Urgent 61 - Crisis 41 - Prescreens
2	Doctors' Services	429	1352	462
3	Case Management			
	Older Adult (OAS)	130	300	110
	MI Adult	170	430	182
	MI ACT	21	47	24
	Home Based Children	41	82	39
	MI Children's Services	98	297	107
	IDD	159	411	191
4	Outpatient Counseling	246(29/217)	534	214
5	Hospital Prescreens	40	500	41
6	Private Hospital Admissions	16	238	18
7	State Hospital Admissions	0	2	
8	Employment Services			
	IDD	23	91	41
	MI	24	72	20
	Touchstone Clubhouse	83	97	82
9	Peer Support	28	59	34
10	Community Living Support Services			
	IDD	48	144	78
	MI	68	124	68
11	CMH Operated Residential Services			
	IDD Only	65	85	59
12	Other Contracted Resid. Services			
	IDD	30	32	32
	MI	38	41	37
13	Total Unduplicated Served	1078	2283	1105

County	Unduplicated Consumers Served Since July 2019
Alcona	258
Alpena	1379
Montmorency	254
Presque Isle	288
Other	83
No County Listed	21

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Eric Lawson
SUBJECT: Self-Evaluation
DATE: July 29, 2020

During the August meeting, we traditionally review the policy self-evaluation that we have conducted during our monthly board meetings related to Board compliance with the policies. Included here are excerpts from the last year's minutes highlighting those discussions.

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-002 Governing Style	The recommended change to this policy involves the change from CEO to Executive Director.	04-09-20
02-003 Board Job Description	This policy was updated to reflect the term Executive Director from CEO.	05-14-20
02-004 Chairperson's Role	Board members reviewed the policy. A change reflecting the director as Executive Director rather than CEO was presented. Gary Nowak inquired about decorum of meeting and the ability to remove an unruly Board member or audience member from the meeting. Mark Hunter suggested this could be accomplished by referencing the by-laws in this policy. Steve Dean noted there are references in 2.A. which identifies the Chair as empowered for "ruling, recognizing." Gary Wnuk suggested just include By-Laws and Roberts Rules of Order in the reference section. Mark Hunter noted there is a typographical error in 3 with "of" versus "or." Correction of themselves will also be made.	08-08-19
02-005 Board Committee Principles	Proposed revision of this policy includes changing Chief Executive to Executive Director.	02-13-20
02-006 Board Committee Structure	Board members reviewed the policy and there were no recommended revisions.	09-12-19
02-007 Annual Board Planning Cycle	The proposed revision changes CEO to Executive Director.	10-10-19
02-008 Code of Conduct	Proposed revision of this policy includes changing Chief Executive to Executive Director. Board members were requested to sign the Code of Ethical Code of Conduct and submit the signed form to Diane Hayka.	03-12-20

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-009 Board Member Per Diem	Board members reviewed the policy. Board members discussed the mileage reimbursement noting if actual mileage was not recorded for a trip the standard round-trip mileage would be used using a standard map or Google Maps. Meal reimbursement addressing maximum gratuity of 15% was also addressed. Board members felt the standard gratuity has increased with inflation. Most generally, when a Board member has expenses related to meal reimbursement, it is when they are attending a conference and the receipts are not submitted and the full allowance is reimbursed. If a Board member submits a receipt then the receipt amount is reimbursed and the Board member can write in the amount of tip they paid for reimbursement and it is this scenario in which the 15% would be the allowable amount for the tip.	08-08-19
02-010 Public Hearing	Board members reviewed the Public Hearings policy and had no recommended changes.	07-09-20
02-011 Board Member Recognition	Mark Hunter questioned what the award for twenty years. Diane Hayka reported this traditionally follows the same and the staff recognitions. In the past it has been an engraved pen and pencil set, a gift certificate to the recipient's choice and most recently, due to tax implications, it is a monetary award and processed through the payroll department. The twenty-year recipient gets \$100 and it increases by \$50 for each additional five years. This policy will be revised to add language for 20+ years to indicate "An appropriated gift as determined by the Executive Director in consultation with the Board Chair."	12-12-19
02-012 Board Self-Evaluation	<p>Board members reviewed the policy. This will be reviewed further in the Chair's Report as the Board self-evaluation begins this month with a review of the Board's discussion on their self-evaluation of policies over the past year.</p> <p>A memo compiling the comments made during the self-evaluation process of each policy during the past year was included in the materials for this meeting. In addition, a Board member survey on self-assessment was sent. Board members were requested to turn their surveys in to Diane Hayka so the responses can be included for the September meeting.</p>	08-08-19
02-013 Cost of Governance	The budget numbers have been adjusted for the current fiscal year in this policy revision.	04-09-20
02-014 Board Core Values	Board members reviewed the policy and there were no revisions recommended.	05-14-20

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-015 Board Member Orientation	<p>Mark Hunter reported some of the orientation outlined in this policy was not provided to him as a new board member. The timelines of getting this done within 90 days does not occur. Gary Nowak suggested Lynne Fredlund be a resource person in the Governance Model. Nena Sork suggested using the Director or designee in lieu of Executive Director. Discussion ensued about timeframe. Gary Nowak noted it is important to learn about the system as quickly as possible. Board members have options to watch a DVD to obtain credits for BoardWorks or attend modules during Board Conferences. When attending a conference, the BoardWorks are included in the registration fee; when obtaining credits through watching the DVDs, there is a \$75 per module fee. Board members were encouraged to watch the DVDs if they are not able to attend conferences or if they wish to get the training quickly.</p> <p>The revision to this policy will be the addition of Director or designee to allow for the governance training provided through our QI Coordinator, currently Lynne Fredlund.</p>	12-12-19
02-016 Disclosure of Ownership	Board members reviewed the policy. There were no recommended changes. The forms were completed last month.	06-13-19
03-001 Executive Director Role	Proposed revision of this policy includes changing Chief Executive to Executive Director.	01-09-20
03-002 Delegation to the Executive Director	The revision of this policy includes changing CEO to Executive Director.	02-13-20
03-003 Executive Job Description	<p>The proposed revision changes CEO to Executive Director.</p> <p>Mark Hunter stated he has trouble with the way the Board policies are written and how limited access to staff is. He noted he believes as a board member he has less rights than the general public in speaking with staff.</p> <p>Nena Sork noted a presentation will be provided to the Board in January about the oversight this Agency undergoes. This will possibly address concerns Board members have of not having sufficient oversight.</p> <p>Gary Nowak noted the Board has only one employee and if you wish to get further information for other staff, you would approach the Director and she would arrange. Gary reported other than that such actions become micromanagement.</p>	10-10-19
03-004 Monitoring Executive Performance	The proposed revision changes CEO to Executive Director.	10-10-19

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
03-005 Chief Executive Officer Search Process	Board members reviewed the policy and a revision to change the term "CEO" to "Executive Director" was made. This will also involve changing the policy name from Chief Executive Officer Search Process to Executive Director Search Process.	09-12-19

In addition to the review above, the Board also completes an additional form as a self-evaluation tool which has been used by other Boards seeking CARF Accreditation under Board Governance. We have attached this form again for completion. We believe this was a useful tool in achieving our accreditation under Board Governance. Please complete this form and return it to Diane Hayka. She will compile the results and present them at the September meeting.

Attachment

**NEMCMHA BOARD SELF-EVALUATION
2020**

	ITEM	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	There is sufficient meeting time devoted to discussion of NeMCMHA performance and review of strategic issues.				
2	Board and Committee meetings are productive.				
3	The free and open exchange of views is encouraged.				
4	The Board provides clearly written expectations and qualifications for the Executive Director position.				
5	Board members are involved and interested in the Board's work.				
6	The Board of Directors has a written process for handling urgent matters between meetings.				
7	Board members understand the Agency's mission and its programs.				
8	Board members participate in the organization in ways other than attending monthly meetings.				
9	The Board has defined its role, responsibilities, and the scope of its authority.				
10	Board members understand the financial structure of the organization and their fiduciary responsibilities.				
11	New Board members are oriented to NeMCMHA's mission, vision, bylaws, policies, Board structure, and their roles and responsibilities as members.				
12	The Board is familiar with NeMCMHA programs and kept informed of critical changes as they occur.				
13	Board members have complete information about financial issues which pertain to Board decisions and responsibilities.				
14	Board members are appropriately involved in the strategic planning of the organization.				
15	NeMCMHA effectively attempts to address identified gaps and deficits in service.				
16	The mission/vision reflects issues important to our service populations.				
17	The Board has identified, prioritized, and scheduled those issues that it believes should be discussed and reviewed by the Board on a regular basis.				
18	I have sufficient opportunity for input into policy development and decision-making.				
19	I am an active participant in committees and meetings.				
20	I understand NeMCMHA's financial position, funding sources, and resources.				
21	I understand the mission and values of NeMCMHA.				

A. WHAT ISSUES HAVE MOST OCCUPIED THE BOARD'S TIME AND ATTENTION DURING THE PAST YEAR?

B. WHAT IS THE MOST IMPORTANT PRIORITY FOR NEMCMHA TO ADDRESS OVER THE NEXT 12 MONTHS?

C. IN WHAT WAYS SHOULD THE BOARD'S ROLE BE EXPANDED OR REDUCED?

D. WHAT WERE THE ONE OR TWO SUCCESSES DURING THE PAST YEAR FOR WHICH THE BOARD TAKES SOME SATISFACTION?

E. WHAT OPPORTUNITIES FOR IMPROVEMENT DO YOU SEE IN THE BOARD'S ORGANIZATION OR PERFORMANCE?

F. HOW DOES THIS BOARD COMPARE TO OTHER BOARDS ON WHICH YOU SERVE?

OTHER COMMENTS:

To: Board Members
From: Margie Hale-Manley
Date: 8/4/2020
Subject: Endowment Fund Grant Awards

In continuing to provide notification to the Board for usage of the spendable dollars available in the Endowment Fund created through The Community foundation of Northeast Michigan, this memo serves as an update of the grant awards since 2-1-20.

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

1. \$197.93-Bike repair, mirrors and lights. Bike is used for employment transportation.

Total award for past six months: \$197.93

SEPTEMBER AGENDA ITEMS

Policy Review

01-001 General Executive Constraint
01-009 Compensation & Benefits

Policy Review & Self-Evaluation

02-006 Board Committee Structure
03-005 Chief Executive Officer
Search Process

Monitoring Reports

01-004 Budgeting
01-009 Compensation & Benefits

Review

Annual Planning Cycle – Set Perpetual Calendar
Review Linkage Activities and establish schedule

Ownership Linkage

Public Hearing Budget

Educational Session

Strategic Plan Finalization

Self-Evaluation

Finalize Annual Self-Evaluation

WEEKLY Update

July 31, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

New! CMHA’s Telehealth Resource Center gains speed

Telehealth approaches – typically live (synchronous) video and audio linking of mental health practitioners within a range of disciplines to clients/persons served – provide access to quality mental health services when geography, transportation, time, and workforce shortages present barriers to access.

While the value of telehealth to ensure access to quality mental health service was made clear during the Coronavirus pandemic, many see telehealth approaches as a key component in the permanent behavioral health landscape.

With the aim of helping to make telehealth approaches, wisely and prudently applied, a central component in Michigan's behavioral healthcare infrastructure and a part of the clinical toolbox of the state's behavioral health workforce, the Community Mental Health Association of Michigan (CMHA) formed the Telehealth Resource Center for Michigan Mental Health Practitioners.

This Telehealth Resource Center is designed as a telehealth resource hub providing access to education, guidance, peer practitioner connections, and technical assistance on the best practices in the use of telehealth methods. The Center is designed to support the work of those essential to the future of telehealth in Michigan: the state's mental health clinicians, clinical supervisors, administrators, policy makers, and persons served.

Accomplishments and work to date:

A. Telehealth Resource Center webpage designed and populated with a wide range of curated resources: This webpage, found at <https://cmham.org/resources/telehealth/>.

B. Telehealth Resource Center Advisory Group: To guide the work of this Center, the CMHA Telehealth Resource Center Advisory Group was formed. This group provides guidance to CMHA as it designs and operates this Center. This group meets monthly and includes representatives from CMHA member organizations (CMHs, PIHPs, and providers), representatives of the four major statewide mental health advocacy groups (NAMI-Michigan, Arc Michigan, Association for Children's Mental Health, and the Mental Health Association in Michigan), and the Michigan Department of Health and Human Services (MDHHS).

C. Linking work of CMHA Telehealth Resource Center with the telehealth work of MDHHS: MDHHS and CMHA have discussed an approach for exploring how the CMHA Telehealth Resource Center and its Advisory Group could support the work of the MDHHS Telehealth Workgroup.

D. Identifying telehealth best practices, drawn from national and state sources: CMHA has issued a call, to the Advisory Group members, for resources and links related to telehealth best practice that the group members have collected. Once received, the CMHA staff will collect and distribute these resources to the full Advisory Group membership for review and discussion during upcoming Advisory Council meetings.

These best practices would fall into any of a number of telehealth components including:

- Clinical, services, and supports practices
- Clinical supervision and consultation practices
- Business office practices including billing codes and definition
- Technology, privacy, and security practices

E. Joint CMHA/MHTTC Telehealth Client Engagement Learning Community: CMHA is in its second year of what will be a long-term partnership with the SAMHSA-funded Great Lakes Mental Health Technology

Center (MHTTC) and the Great Lakes Addictions Technology Center (ATTC) - a partnership designed to foster the dissemination of education, training, and technical assistance around behavioral health evidence-based and promising practices.

In recognition of this work, MHTTC/ATTC and CMHA are co-sponsoring a Learning Community on approaches to the aim of fostering high levels of client retention/engagement and low no-show rates. The Learning Collaborative involves 15 CMHA member organizations, including CMHs, PIHPs, providers, and MDHHS.

State & National Developments and Resources

New! MDHHS announces opening of MiCAL website

Effective April 26, 2020, Michigan Public Act 12 of 2020 created the Michigan Crisis and Access Line (MiCAL). The law codifies MiCAL into Michigan's Mental Health Code at MCL 330.1165, requiring MDHHS to contract with a vendor to develop and operate a command center that provides crisis line services and leverage omni-channel communication methods to support persons in crisis and facilitate coordinated access to care to all essential services cited in the Michigan Mental Health Code at MCL 330.1206. MiCAL will be available for anyone in the state in need of behavioral health and/or crisis response services.

MiCAL will be staffed 24 hours a day, seven days a week. MiCAL staff will provide Michiganders with crisis and warm line services, informational resources, and facilitated coordination with local systems of care (e.g., Community Mental Health Services Programs [CMHSPs], Prepaid Inpatient Health Plans [PIHPs], and other applicable entities). In addition, MiCAL will integrate with treatment registries (e.g., psychiatric beds, substance use disorder services, crisis residential services) as required by Public Act 658 of 2018. To support the work, MiCAL will utilize a customer relationship management (CRM) database infrastructure to track, monitor, assign, follow up, and report on access line operations. The CRM will also be leveraged to bolster internal BHDDA operations. MDHHS will maintain operational oversight of MiCAL and work with PIHPs, CMHSPs, and other entities to ensure it is optimally executed.

More information on MiCAL can be found [here](#).

Please feel free to reach out to the MiCAL team at MDHHS-BHDDA-MiCAL@michigan.gov

New! MDHHS issues Medicaid bulletins on Opioid Health Homes, Behavioral Health Homes, Youth Peer Services

Medicaid Bulletin MSA 20-31 discusses Opioid Health Home (OHH), and is issued on July 31, 2020. This bulletin was sent to All Providers in Michigan's Prepaid Inpatient Health Plan (PIHP) Regions 1, 2, and 9, and Calhoun and Kalamazoo Counties within PIHP Region 4. This bulletin can be found [here](#).

Medicaid Bulletin MSA 20-48 discusses Behavioral Health Home (BHH), and is issued on July 31, 2020. This bulletin was sent to All Providers in Michigan's Prepaid Inpatient Health Plan (PIHP) Regions 1, 2, and 8. This bulletin can be found [here](#).

Medicaid Bulletin MSA 20-50 discusses Youth Peer Support Services, and is issued on July 31, 2020. This bulletin was sent to Community Mental Health Services Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs). This bulletin can be found [here](#).

New! Health Policy Forum: When Racism Intersects Health

When Racism Intersects Health
Sponsored by the Health Policy Forum
A Non-Partisan Venue to Discuss Health Policy
Hosted by Michigan State University

1:00 pm
September 14 at 1:00pm
ZOOM CONFERENCE (ZOOM information will be sent to registrants in the week of September 7)

The agenda for this Forum can be found [here](#).
Registration is Open and can be done [here](#).

New! Remembering & celebrating the 30th anniversary of the ADA: We're 20 Percent of America, and We're Still Invisible

Below are photos and an excerpt from a recent New York Times editorial, part of a NYT section dedicated to remembering and celebrating the 30th anniversary of the Americans with Disabilities Act (ADA). [Photo below: The March 12, 1990, march to the Capitol that led to the Capitol Crawl and subsequent passage of the Americans With Disabilities Act.]

On July 26, 1990, President George Bush signed the Americans With Disabilities Act into law. Like the Civil Rights Act of 1964, the A.D.A. was watershed legislation, the culmination of a decades-long campaign of organized protest and activism. It, too, was a victory in the struggle for equality for [a group of people](#) who had been systematically denied basic rights and access to public spaces and services. On the 30th anniversary of the law, it's only natural to want to celebrate. And we should.



The full editorial can be found [here](#).

New! The Coronavirus seems to spare most kids from illness, but its effect on their mental health is deepening

Below are excerpts from a recent Tim Magazine article on the impact of the Pandemic on the mental health of children.

Pandemics can be indiscriminate, with viruses making no distinctions among the victims they attack and those they spare. If you're human, you'll do. COVID-19 has been different, particularly when it comes to age. The disease has shown a special animus for older people, with those 65-plus considered at especially high risk for hospitalization and death, and those 18 and below catching a semblance of an epidemiological break. Though a small share of adolescents have suffered severe cases, most who contract the disease in that age cohort are likelier to experience milder symptoms or none at all.

But if COVID-19 is sparing most kids' bodies, it's not being so kind to their minds. Nobody is immune to the stress that comes with a pandemic and related quarantining. Children, however, may be at particular risk. Living in a universe that is already out of their control, they can become especially shaken when the verities they count on to give the world order—the rituals in their lives, the very day-to-dayness of living—get blown to bits.

The full article can be found [here](#).

State Legislative Update

Governor and Legislature Reach Agreement on FY20 Budget

Last week Governor Gretchen Whitmer, House Speaker Lee Chatfield (R-Levering), Senate Majority Leader Mike Shirkey (R-Clarklake) and State Budget Director Chris Kolb reached an agreement to resolve the remaining deficit in the Fiscal Year 2020 budget shortfall. This is being accomplished through Executive Order 2020-155, an Executive Reduction, House Bill 5265, a negative General Fund supplemental bill, Senate Bill 373, a negative School Aid Fund (SAF) supplemental bill, and work project lapses, all of which combined resolve the \$2.2 billion deficit in the current Fiscal Year (FY) budget. The adjustments made in the FY 2019-2020 budget will reduce state spending, and then allocate federal Coronavirus Relief Fund (CRF) and Budget Stabilization Fund dollars to fill in the reductions made.

Actions taken last week on the current year budget are as follows:

- **Executive Order 2020-155**, an **Executive Budget Reduction** that was approved by a majority of members from both the **House** and **Senate Appropriations Committees** this morning, reduces the **FY 2019-2020** budget by just under \$620 million. To view a summary from the **House Fiscal Agency (HFA)** on **Executive Order 2020-155**, please click [here](#).

- **HB 5265**, the **General Fund** reduction bill, increases Gross appropriations in the **FY 2019-20** state budget by \$1.0 billion and reduces **GF/GP** appropriations by \$538.7 million. To view a summary from the **HFA** on **HB 5265**, please click [here](#).
- **SB 373**, the **SAF** reduction bill, reduces state spending to K-12 schools, universities and community colleges by \$256 million, and replaces it with federal funds. To view a summary from the **HFA** on **SB 373**, please click [here](#).
- **State Budget Director Kolb** issued a directive to lapse \$123.2 million Gross (\$80.8 million **GF/GP**) of unexpended work project account funding and sent notification to the **House** and **Senate Appropriation chairs** in a letter dated July 22, 2020. To view a summary from the **HFA** on the work project lapses, please click [here](#).

Governor Whitmer, Speaker Chatfield and Senate Majority Leader Shirkey released a joint statement on the budget agreement, “In this time of crisis, it is our responsibility to come together and build a budget that reflects a bipartisan commitment to the things we value most as Michiganders.” Director Kolb stated during his testimony before the joint Appropriations Committee, “This agreement didn’t happen overnight and wasn’t dominated by one party.” Senator Curtis Hertel Jr (D-East Lansing), emphasized “This is true leadership” and “by far, the best-case scenario” when discussing the FY 2019-2020 budget agreement.

Below is a brief summary of the particular items of interest impacting the public mental health system:

FY20 Budget Executive Order 2020-155

- **Medical/Psychiatric Evaluations**
Reduces \$300,000 GF/GP in funding to support medical and psychiatric assessments of older adults for elder-abuse cases.
- **Court-Ordered Assisted Outpatient Treatment**
Eliminates \$1.0 million GF/GP for grants to community mental health services programs (CMHSPs) to support programming for court-ordered assisted outpatient treatment for individuals the court determines as "persons"
- **Hospital Behavioral Health Pilot Program**
Eliminates one-time funding of \$4.0 million GF/GP for a behavioral health project though McLaren Greenlawn Campus in Lansing.

FY20 Work Project Account Lapses

- **Mental Health and Wellness Commission Recommendations**
Reflects the State Budget Director’s directive to lapse \$400,000 of unexpended GF/GP work project account funding that was appropriated to support recommendations from the mental health and wellness commission.
- **Michigan Integrated Crisis and Access Line**

Reflects the State Budget Director's directive to lapse \$2.3 million of unexpended GF/GP work project account funding that was appropriated to support implementation and operation of the Michigan Integrated Crisis and Access Line (MCAL).

- **Michigan Medical Resident Loan Repayment Program**
Reflects the State Budget Director's directive to lapse \$4.6 million of unexpended GF/GP work project account funding that was appropriated to support post-residency medical student service in underserved areas in exchange for medical education loan payment assistance (MiLES program).

HB 5265 – FY20 Negative Supplemental

The bill would make a number of changes to FY20 appropriations. The largest changes would be in the Department of Health and Human Services (DHHS). These proposed changes include a \$523.6 million GF/GP savings tied to the enhanced Federal Medicaid match rate, which increased from 64.06% to 70.26%, effective retroactive to January 1, 2020.

- **Medicaid Health Plan Risk Corridor**
Recognizes \$35.0 million GF/GP (\$162 million Gross) savings from implementing a two-way risk corridor between DHHS and Medicaid Health Plans. Creates a two-way risk corridor for FY 2019-20 for existing contracts with Medicaid health plans. This risk corridor would be designed to help recapture reduced costs and resultant net revenues accruing to Medicaid health plans during the COVID-19 pandemic when many medical procedures were delayed. (THIS DOES NOT INCLUDE PIHPS)

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 100 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- ***Executive Order 2020-156*** – Temporary restrictions on entry into health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities, please click [here](#) to access Executive Order 156.
- ***Executive Order 2020-157*** – Temporary suspension of youth work permit application requirements, please click [here](#) to access Executive Order 157.
- ***Executive Order 2020-158*** – Encouraging the use of electronic signatures and remote notarization, witnessing, and visitation during the COVID-19 pandemic, please click [here](#) to access Executive Order 158.
- ***Executive Order 2020-159*** – Amending the fire code to accommodate new instruction spaces, please click [here](#) to access Executive Order 159.

- **Executive Order 2020-160** – Amended Safe Start Order, please click [here](#) to access Executive Order 160.
- **Executive Order 2020-161** – Safeguards to protect Michigan’s workers from COVID-19, please click [here](#) to access Executive Order 161.

Federal Update

House Appropriations Committee Approves FY21 Health Spending

The House Appropriations Committee approved its Labor-HHS spending levels for Fiscal Year 2021 on Monday, July 13 funding key federal health, education and labor programs for the year ahead. The House provided a \$96 million increase in funding for the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as increases or level funding across other programs of high importance to the National Council and our members. The appropriations bill now heads to the House floor for consideration and a vote.

See the chart below for a summary of behavioral health funding levels:

Agency	House Appropriations Committee Approved FY 2021 Funding	FY 2021 vs FY 2020
Substance Abuse and Mental Health Services Administration (SAMHSA)	\$6 billion	+\$96 million
National Institutes of Health (NIH) <i>Overall funding</i>	\$47 billion	+\$5.5 billion
Community Mental Health Services Block Grant	\$757.6 million	+\$35 million
Substance Abuse Prevention and Treatment Block Grant	\$1.9 billion	<i>Level funding</i>
Center for Substance Abuse Treatment (CSAT)	\$479 million	+\$10 million
Center for Substance Abuse Prevention (CSAP)	\$209 million	+\$3 million

Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) Grants	\$54.9 million	+\$5 million
PIPBHC Technical Assistance and Training Center	\$2 million	<i>Level funding</i>
Mental Health First Aid	\$22.9 million	<i>Level funding</i>
State Opioid Response (SOR) Grants	\$1.5 billion	<i>Level funding</i>
Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants	\$225 million	+\$25 million
Loan Repayment Program for Substance Use Disorder Treatment Professionals	\$17 million	+\$5 million
Mental and Substance Use Disorder Workforce Training Demonstration	\$41.7 million	+\$15 million

Notably, the \$225 million designated for the CCBHC expansion grants will cover the second round of funding for clinics that received grants beginning in FY20 with an additional \$25 million to be spent at SAMSHA’s discretion. The appropriations bill is anticipated to move to the House floor by the end of July. Senate appropriators are still in the early stages of their work, continuing negotiations at the subcommittee level.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through September 30, 2020 – we’re moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon. Please check our

website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

New! Registration Now Open! CMHA Annual VIRTUAL Summer Conference



While we lose the collaborative and social nature of an in-person conference, we believe the virtual format will provide an excellent and much-needed opportunity to keep current with best practices (clinical, administrative, governance), allow attendees to obtain continued education credits, and offer exhibitors and sponsors opportunities to highlight and promote their companies.

***We want this to work for YOU –
let's embrace technology and keep learning!***

2020 Annual Summer Virtual Conference Series
August 17 – 21, 2020
Virtual Education & Networking
Each day from 9:00am – 12:30pm

Earn up to 14 Continuing Education Credits!

Registration Fees:
\$175 (member)
\$210 (non-member)

[CLICK HERE TO REGISTER FOR THE VIRTUAL CONFERENCE!](#)

EDUCATIONAL SESSIONS:

- Opening Keynote: Behavioral Health and Coronavirus: Challenges and Opportunities
 - *Charles Ingoglia, MSW, President and CEO, National Council for Behavioral Health*
- Closing Keynote: Racism - A Public Health Crisis
 - *Grenae Dudley, PhD, LP, President and CEO, The Youth Connection*

Educational Workshops:

- Understanding Moral Injury
- Expanding Moral Injury
- What's Going on in Lansing
- Targeting Health Disparity Populations Using the Strategic Prevention Framework
- Autism Centers of Michigan: Using Quality Differentiators to Challenge the Status Quo in Applied Behavior Analysis (ABA) Services
- Treatment Foster Care Oregon (TFCO): Community-Based Mental Health Treatment for Hospital Level-of-Care Children
- Evidence-Based Behavioral Tools to Treat Chronic Pain
- Family Coaching and the Family Disease
- Multiple Pathways to Recovery: How to Walk the Walk with Mutual Aid Groups
- A Model Policy for Michigan Public Libraries to Address Homelessness and Mental Health

- Recipient Rights Protection System
- Best Practice Strategies for Implementing a Full In-Jail MAT Program
- Collaboration is Key: Assessing and Treating Sexual Self-Regulation with Consumers of CMH Services
- Charting the Course to a Good Life
- Creating Your Best Life in Recovery - The Continuum of Care in SUD Treatment
- Complex Trauma, Addiction & Brain Injury: From Surviving to Thriving
- Implementing an FASD System of Care Within Michigan CMHSP System
- Improving Community Access for Individuals on the Autism Spectrum
- Michigan Psychiatric Care Improvement Project: Enhancing Michigan's Publicly Funded Crisis Services System
- Opportunities for Occupational Therapy to Support Residential Behavioral Health
- Working with Children's Special Health Care Services to Maximize Benefits for Families
- Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions

[CLICK HERE TO REGISTER FOR THE VIRTUAL CONFERENCE!](#)

Additional Dates Added - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

There are 6 CE credits available for this training. 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.

Dates:

- August 17, 2020 *(training full)*
- October 5, 2020 *(training full)*
- November 2, 2020 [REGISTER HERE!](#) *(Training full)*
- November 20, 2020 [REGISTER HERE!](#)
- December 7, 2020 [REGISTER HERE!](#)

Agenda:

Log into Zoom: 8:15am
 Education: 8:30am – 11:30am
 Lunch Break: 11:30am – 1:00pm
 Education: 1:00pm – 4:00pm

Training Fees:

\$103 CMHA Members \$126 Non-Members

Additional Dates Added - VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- October 15, 2020 [REGISTER HERE!](#) (34 spots left)
- November 5, 2020 [REGISTER HERE!](#) (54 spots left)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members \$47 Non-Members

Self-Determination Conference Moving Virtual September 2020!**3 Virtual Concurrent Workshops Each Day:**

Tuesday, September 1, 2020 from 9:00am – 12:30pm
Thursday, September 3, 2020 from 9:00am – 12:30pm
Thursday, September 10, 2020 from 9:00am – 12:30pm
Monday, September 14, 2020 from 9:00am – 12:30pm

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend: This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

No fee to attend this conference! Registration available soon, check [CMHA website](#) for more information and updates.

Recipient Rights Virtual Conference

The 27th Annual Recipient Rights Conference will be held virtually September 15-18, 2020. This year's conference will feature Lena Sisco, author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth." You won't want to miss 21 workshops for Appeals and RRAC members, as well as keynote addresses from Dr. Laura Hirschbein and Lena Sisco.

Continuing Education: Social Work and Recipient Rights CEs will be available.

Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Registration Fee: \$99 per person. Conference brochure and registration information coming soon!

New! Virtual TNT: Teaching Motivational Interviewing

There's still time to register for the 2-Day TNT: Teaching Motivational Interviewing virtual training! This is the only set of dates offered for this training this year. Featuring presenter Randall Estes LMSW, CAADC, CCS, Member of the Motivational Interviewing Network of Trainers (MINT) with Co-Presenter Michelle Boudreaux.

Teaching Motivational Interviewing is designed for individuals who are interested in teaching/training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate public speaking skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition) and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

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.

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to the training.

Dates

Sept. 2-3, 2020

Training

TNT: Teaching M.I.

Registration Link

[CLICK HERE](#) to register now!

Times:

9:00am-4:15pm

Training Fee:

\$125 per person. The fee includes electronic training materials and CEs for each day.

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Announcing New Learning Opportunities from the MHTTC Network

Below are two webinar series that center around school based mental health services and sound approaches to helping families deal with conflict during the Corona Virus pandemic.

A. Supporting School Mental Health in the Context of Racial Violence: This is a two-part learning forum, **Supporting School Mental Health in the Context of Racial Violence**. This series is intended for students, families, educators and school mental health professionals who are navigating the impact of racial violence on student mental health. Each learning session will feature a moderator who will engage advocates, leaders and the school mental health workforce in a conversation that focuses on:

Strategies for supporting students' mental health while navigating racial violence (in and out of school)

Opportunities for the field to improve its commitment to fostering a workforce ready, able and willing to hold racial violence as a mental health issue;

Steps we might take to advance school mental health supports for students experiencing racial violence.

Click the links below to register for each installment:

[Session 2: Learning From and With the School Mental Health Workforce \(School Counselors, Psychologists, and Teacher Educators\)](#)

10-11:30 a.m. PST / 12-1:30 p.m. CST / 1-2:30 p.m. EST | Friday, Aug. 7

Webinar recordings will be made available on the series [web page](#). Certificates of completion are available to viewers of **50% (45 minutes) or more of the live webinar**. For more information, please contact **Jessica Gonzalez** at jegonzalez@stanford.edu.

B. Supporting families in addressing family conflict during the pandemic: The webinars in this series will use case examples and dialogue between experts from the National Child Traumatic Stress Network (NCTSN) to address critical questions that mental health providers are facing during the COVID-19 pandemic. Via telehealth, providers are getting a glimpse into clients' home lives and they are encountering complex family interactions all during a time of stress and danger, with community

supports challenged to respond. **NCTSN presenters help providers, even those not accustomed to working with children or families, with practical answers to questions such as:**

- How to normalize stress and concerns about safety during this time?
- How to identify risk factors and signs of violence?
- How to identify intervention points and work in partnership with families?
- How to support conversations with parents and children about violence?

When the Monsters Live with Us: Structural Inequities, COVID-19, and Intimate Partner Violence in Latin American Families (in Spanish) August 11, 12 – 1:00 pm CT [REGISTER](#)

<https://bit.ly/family-violence-series>

Certificates of attendance are available to viewers of 50% (30 minutes) or more of the live webinar.

Three new multi-part series focus on family violence, intimate partner violence, and racial violence



**Supporting School Mental Health in the Context of Racial Violence
August 7**

Each 1.5-hour learning session will feature a moderator who will guide a conversation focused on strategies advance school mental

health supports for students experiencing racial violence.

[Find out more and register here.](#)

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users. Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

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

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo](#).

Relias: trauma informed care resources

Trauma-informed care (TIC) has become a widely recognized paradigm for creating safe spaces for individuals who have experienced trauma and reducing the likelihood that accessing services would cause re-traumatization. The impact of TIC on individuals and organizations is powerful, and this approach has shown to be effective in reducing trauma-related symptoms.

To help you navigate your TIC journey, we've created a resource page with webinars, articles, and resources to help you understand the basics of trauma, the TIC framework, and how to care for your staff.

[Visit the Resource Page](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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

WEEKLY Update

July 24, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

New! Community Mental Health Region Sues State Over Medicaid Debt

Below are excerpts from a recent story in Gongwer, a capitol news source on a recent effort by a CMHA member organization to address systemic underfunding issues.

A southeast Michigan community mental health partnership has sued the Department of Health and Human Services over a \$41.9 million debt incurred by the system due to the department's alleged failure to provide enough Medicaid funding to cover service costs.

The department's leader, Director Robert Gordon, is also named as a defendant in Community Mental Health Partnership of Southeast Michigan, et al v. DHHS (COC Docket No. 20-000122).

The plaintiffs are one of 10 regional apparatuses that deliver community and Medicaid-eligible mental health programs in Michigan's 83 counties established under the Mental Health Code. It covers Lenawee, Livingston, Monroe and Washtenaw counties' various mental health authorities and agencies.

The system's Medicaid programs, like the other nine systems, are primarily funded through an annual Medicaid Managed Care contract between DHHS and the southeast Michigan CMH region made possible by the Federal Social Security Act. Funding is therefore dispersed by DHHS in what are known as Medicaid capitated payments paid per Medicaid eligible person each month – which the plaintiffs noted was more like health maintenance organization funding model.

DHHS and its actuaries set the amount of capitated payments and they must be high enough to cover the costs of mental health services required by DHHS so long as the region doesn't mismanage its program. Mismanagement of programs or funds typically result in some sort of corrective action or fewer funds.

The 10 regions do not receive the same Medicaid payment amounts because there is presently no statewide Medicaid capitated payment rate, the complaint notes.

At issue in litigation is the amount that DHHS has funneled through the southeast Michigan CMH region. The plaintiffs insist that it has run an efficient program backed up by independent compliance and financial audits. None of the 20 or so audits performed for the region concluded otherwise, findings that plaintiffs said DHHS never contradicted.

Still, plaintiffs said, the department had not given the region enough to cover its costs for services. As a result, the region incurred a budget deficit of \$41.9 million over fiscal years in 2017, 2018 and 2019, leaving the region to use local funds meant for local purposes. The alternative was putting 10,000 some patients at risk of losing services, and in some cases within the four-county area, some Medicaid patients were unable to receive funding and guaranteed mental health services.

The lawsuit at hand seeks to have the full \$41.9 million reimbursed, as local needs became underfunded as the region tried to manage the services on their own while attempting to maintain an annual budget of \$163 million.

To cover costs, the region claims that it froze positions, made administrative cuts, borrowed money, contributed local funds appropriated for other purposes, cut staff and benefits and was sued by unpaid providers.

In its complaint, the region lists each of the various debts owed to those providers, the largest of which was in Monroe at \$3.2 million.

Plaintiffs did concede that DHHS recognized that cost of services had changed during the three years in dispute and made at least eight Medicaid rate adjustments to cover increased costs, however, those adjustments were done after the initial rates were set. The complaint also states that the adjustments still weren't enough to cover costs.

An administrative hearing was requested prior to litigation to contest the department's refusal to further adjust the reimbursement rate, but the administrative law judge ruled that the region did not have a right to appeal the department's rate methodology and the complaint was dismissed.

State & National Developments and Resources

New! MDHHS rescheduling, changing format of opioid town halls

The Michigan Opioids Task Force and Michigan Department of Health and Human Services (MDHHS) are rescheduling and changing the format of previously announced local town halls on opioids. These town halls will now be in a virtual format.

The following is the new town hall schedule:

- Northern Lower Michigan (previously the Gaylord town hall), Wednesday, Sept. 23.
- Flint and Thumb Region (previously the Flint town hall) Friday, Sept. 25.
- Upper Peninsula (previously the Escanaba town hall) Thursday, Oct. 8.
- West Michigan (previously the Grand Rapids town hall) Friday, Nov. 6.
- Macomb and Oakland counties (previously the Sterling Heights town hall) Thursday, 3.

During the events, state officials will seek to learn more about how the opioid epidemic has impacted different regions of the state. To ensure information gathered reflects the experience of the local communities, residents are asked to only participate in the virtual town hall for the area in which they reside.

More details on how to participate will be provided at Michigan.gov/opioids closer to the events.

At the town halls, MDHHS and the Michigan Opioids Task Force will share the 2020 strategy to turn the tide on the crisis, seek feedback from the public and host a Q-and-A about the crisis response.

A few key questions will guide the conversation:

- How has the opioid epidemic affected you, your family or your community?
- What services, programs or policies would you recommend to help address the crisis?
- How can the state help combat stigma and change the narrative around opioid use disorder?

New! MDHHS issues guidance: phased approach to resuming standard operations for case management and other home and community-based services

Below are excerpts of a COVID-reopening resource recently issued by MDHHS.

General Guidance for Case Managers and other Direct Care Workers This guidance follows Michigan's Safe Start plan issued by Governor Whitmer on May 7, 2020 and applies it to safely restarting home and community-based services for adults in Michigan.

This guidance document can be found [here](#).

New! Health Affairs: incorporating mental health and substance abuse screening into COVID-19 contact tracing

Below are excerpts from a recent Health Affairs blog on approaches to incorporating behavioral health screening into COVID-19 contact tracing.

It is essential to contain the COVID-19 infection through robust contact tracing. We call on those implementing COVID-19 contact tracing to train this workforce to also address the projected rise in mental illness and substance use disorder.

The full blog can be found [here](#).

New! Results of the direct support workforce and COVID-19 national survey 2020

Below are excerpts from a recent national study of the impact of the pandemic on the direct care/support workforce.

The direct support workforce provides an array of critical supports making it possible for people with intellectual and developmental disabilities (IDD) to live, work and thrive in their communities

The aim of this study was to gather evidence about the experiences of the direct support workforce during the COVID-19 pandemic and to inform efforts to better prepare for future waves of this pandemic.

The full study can be found [here](#).

New! NAMI-Michigan announces NAMIWalks Grand Rapids



Join us for NAMIWalks Your Way Grand Rapids on October 10th for a National Day of Hope!

New! AAS announces online suicide prevention summit

Below is a recent announcement, from the American Association of Suicidology (AAC) of the upcoming Suicide Prevention Summit.

We're thrilled to announce that we have partnered with the Mental Health Academy (MHA) and the American Mental Health Counselors Association (AMHCA) to bring you the world's largest Suicide Prevention online conference, the 2020 Suicide Prevention Summit, being held August 29-30.

The purpose of the Summit is to equip practicing mental health professionals in the United States with the most up-to-date, advanced knowledge and treatment options for suicide prevention.

It's a one-of-a-kind event. **It's entirely free to attend.** And you can **access all sessions online** (both in real-time and on-demand), from the comfort and safety of your own home.

Register now for the 2020 Suicide Prevention Summit and you'll learn directly from leading suicide prevention experts, clinicians and researchers, including: Dr. Jennifer A. Crumlish (The Catholic University of America); Dr. April C. Foreman (American Association of Suicidology); A/Prof. Jonathan B. Singer (American Association of Suicidology); Prof. Silvia Sara Canetto (Colorado State University); Dr. Vanessa L. McGann (American Association of Suicidology)

If you're a counselor, mental health practitioner or student, this event is not to be missed.

There are limited seats available. Please register now to secure your place [here](#).

New! CDC announces rural COVID 19 website

Below is a recent excerpt from recently announced COVID19 website developed by the Centers for Disease Control (CDC).

About 46 million Americans live in rural areas, which face distinctive challenges during the COVID-19 pandemic.

Long-standing systemic health and social inequities have put some rural residents at increased risk of getting COVID-19 or having severe illness. In general, rural Americans tend to have higher

rates of cigarette smoking, high blood pressure, and obesity as well as less access to healthcare which can negatively affect health outcomes. They are also less likely to have health insurance.

Rural communities are also [becoming more diverse](#) racially and ethnically. Racial and ethnic [minority groups](#) including, African Americans, Hispanics and Latinos, American Indians/Alaskan Natives, and Asian/Pacific Islanders, are at increased risk of getting COVID-19 and having severe illness.

The website can be found [here](#).

New! A glimpse into my son's magnificent mind

Below are excerpts from a recent New York Times essay by a mother and her son with autism.



A tiny white heart marks a five-second video on my phone as beloved, one in which my boy (age 6 at the time) proudly displays a pale pink cross-body purse. He twists his torso as he flirts with the camera, asking, “Hey girl, do you like my new purrrrrrse?”

When I get a new purse, I know it will be the first thing my son notices when he sees me. His congratulatory enthusiasm (“Mama, your new purse is so pretty!”) is followed by a dimply smile and a smooth inquiry about the previous handbag (“So, can I have your old purse?”). And it’s not just about purses but bags of all sorts: Max follows this same script whenever his father upgrades his briefcase or his sister brings home a new backpack.

The full essay can be found [here](#).

State Legislative Update

New! Governor and Legislature Reach Agreement on FY20 Budget

This week Governor Gretchen Whitmer, House Speaker Lee Chatfield (R-Levering), Senate Majority Leader Mike Shirkey (R-Clarklake) and State Budget Director Chris Kolb reached an agreement to resolve the remaining deficit in the Fiscal Year 2020 budget shortfall. This is being accomplished through Executive Order 2020-155, an Executive Reduction, House Bill 5265, a negative General Fund supplemental bill, Senate Bill 373, a negative School Aid Fund (SAF) supplemental bill, and work project lapses, all of which combined resolve the \$2.2 billion deficit in the current Fiscal Year (FY) budget. The adjustments made in the FY 2019-2020 budget will reduce state spending, and then allocate federal Coronavirus Relief Fund (CRF) and Budget Stabilization Fund dollars to fill in the reductions made.

Actions taken this week on the current year budget are as follows:

- **Executive Order 2020-155**, an **Executive Budget Reduction** that was approved by a majority of members from both the **House** and **Senate Appropriations Committees** this morning, reduces the **FY 2019-2020** budget by just under \$620 million. To view a summary from the **House Fiscal Agency (HFA)** on **Executive Order 2020-155**, please click [here](#).
- **HB 5265**, the **General Fund** reduction bill, increases Gross appropriations in the **FY 2019-20** state budget by \$1.0 billion and reduces **GF/GP** appropriations by \$538.7 million. To view a summary from the **HFA** on **HB 5265**, please click [here](#).
- **SB 373**, the **SAF** reduction bill, reduces state spending to K-12 schools, universities and community colleges by \$256 million, and replaces it with federal funds. To view a summary from the **HFA** on **SB 373**, please click [here](#).
- **State Budget Director Kolb** issued a directive to lapse \$123.2 million Gross (\$80.8 million **GF/GP**) of unexpended work project account funding and sent notification to the **House** and **Senate Appropriation chairs** in a letter dated July 22, 2020. To view a summary from the **HFA** on the work project lapses, please click [here](#).

Governor Whitmer, Speaker Chatfield and Senate Majority Leader Shirkey released a joint statement on the budget agreement, “In this time of crisis, it is our responsibility to come together and build a budget that reflects a bipartisan commitment to the things we value most as Michiganders.” Director Kolb stated during his testimony before the joint Appropriations Committee, “This agreement didn’t happen overnight and wasn’t dominated by one party.” Senator Curtis Hertel Jr (D-East Lansing), emphasized “This is true leadership” and “by far, the best-case scenario” when discussing the FY 2019-2020 budget agreement.

Below is a brief summary of the particular items of interest impacting the public mental health system:

FY20 Budget Executive Order 2020-155

- **Medical/Psychiatric Evaluations**
Reduces \$300,000 GF/GP in funding to support medical and psychiatric assessments of older adults for elder-abuse cases.
- **Court-Ordered Assisted Outpatient Treatment**
Eliminates \$1.0 million GF/GP for grants to community mental health services programs (CMHSPs) to support programming for court-ordered assisted outpatient treatment for individuals the court determines as "persons"
- **Hospital Behavioral Health Pilot Program**
Eliminates one-time funding of \$4.0 million GF/GP for a behavioral health project through McLaren Greenlawn Campus in Lansing.

FY20 Work Project Account Lapses

- **Mental Health and Wellness Commission Recommendations**

Reflects the State Budget Director's directive to lapse \$400,000 of unexpended GF/GP work project account funding that was appropriated to support recommendations from the mental health and wellness commission.

- **Michigan Integrated Crisis and Access Line**

Reflects the State Budget Director's directive to lapse \$2.3 million of unexpended GF/GP work project account funding that was appropriated to support implementation and operation of the Michigan Integrated Crisis and Access Line (MCAL).

- **Michigan Medical Resident Loan Repayment Program**

Reflects the State Budget Director's directive to lapse \$4.6 million of unexpended GF/GP work project account funding that was appropriated to support post-residency medical student service in underserved areas in exchange for medical education loan payment assistance (MiLES program).

HB 5265 – FY20 Negative Supplemental

The bill would make a number of changes to FY20 appropriations. The largest changes would be in the Department of Health and Human Services (DHHS). These proposed changes include a \$523.6 million GF/GP savings tied to the enhanced Federal Medicaid match rate, which increased from 64.06% to 70.26%, effective retroactive to January 1, 2020.

- **Medicaid Health Plan Risk Corridor**

Recognizes \$35.0 million GF/GP (\$162 million Gross) savings from implementing a two-way risk corridor between DHHS and Medicaid Health Plans. Creates a two-way risk corridor for FY 2019-20 for existing contracts with Medicaid health plans. This risk corridor would be designed to help recapture reduced costs and resultant net revenues accruing to Medicaid health plans during the COVID-19 pandemic when many medical procedures were delayed. (THIS DOES NOT INCLUDE PIHPS)

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 100 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- ***Executive Order 2020-153*** – Requirement of masks, please click [here](#) to access Executive Order 153.
- ***Executive Order 2020-154*** – Alternative means to conduct government business during the COVID-19 pandemic, please click [here](#) to access Executive Order 154.
- ***Executive Order 2020-155*** – Implementation of expenditure reductions under Section 20 of Article 5 of the Michigan Constitution of 1963, please click [here](#) to access Executive Order 155.

Federal Update

New! House Appropriations Committee Approves FY21 Health Spending

The House Appropriations Committee approved its Labor-HHS spending levels for Fiscal Year 2021 on Monday, July 13 funding key federal health, education and labor programs for the year ahead. The House provided a \$96 million increase in funding for the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as increases or level funding across other programs of high importance to the National Council and our members. The appropriations bill now heads to the House floor for consideration and a vote.

See the chart below for a summary of behavioral health funding levels:

Agency	House Appropriations Committee Approved FY 2021 Funding	FY 2021 vs FY 2020
Substance Abuse and Mental Health Services Administration (SAMHSA)	\$6 billion	+\$96 million
National Institutes of Health (NIH) <i>Overall funding</i>	\$47 billion	+\$5.5 billion
Community Mental Health Services Block Grant	\$757.6 million	+\$35 million
Substance Abuse Prevention and Treatment Block Grant	\$1.9 billion	<i>Level funding</i>
Center for Substance Abuse Treatment (CSAT)	\$479 million	+\$10 million
Center for Substance Abuse Prevention (CSAP)	\$209 million	+\$3 million
Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) Grants	\$54.9 million	+\$5 million
PIPBHC Technical Assistance and Training Center	\$2 million	<i>Level funding</i>

Mental Health First Aid	\$22.9 million	<i>Level funding</i>
State Opioid Response (SOR) Grants	\$1.5 billion	<i>Level funding</i>
Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants	\$225 million	+\$25 million
Loan Repayment Program for Substance Use Disorder Treatment Professionals	\$17 million	+\$5 million
Mental and Substance Use Disorder Workforce Training Demonstration	\$41.7 million	+\$15 million

Notably, the \$225 million designated for the CCBHC expansion grants will cover the second round of funding for clinics that received grants beginning in FY20 with an additional \$25 million to be spent at SAMSHA’s discretion. The appropriations bill is anticipated to move to the House floor by the end of July. Senate appropriators are still in the early stages of their work, continuing negotiations at the subcommittee level.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through September 30, 2020 – we’re moving to a virtual setting when possible.**

The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon. Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

CMHA Annual Spring/Summer Conference moves to a VIRTUAL CONFERENCE!



2020 Annual Summer Virtual Conference August 17 – 21, 2020

**Virtual Education & Networking
Each day from 9:00am – 12:30pm**

Earn up to 14 Continuing Education Credits!

Registration Fees:

\$175 (member)

\$210 (non-member)

Stay tuned for more details soon!

New! Additional Dates Added - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

There are 6 CE credits available for this training. 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.

Dates:

- August 17, 2020 (*training full*)
- October 5, 2020 (*training full*)
- November 2, 2020 [REGISTER HERE!](#) (*28 spots left*)
- November 20, 2020 [REGISTER HERE!](#)
- December 7, 2020 [REGISTER HERE!](#)

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees:

\$103 CMHA Members \$126 Non-Members

Additional Dates Added - VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- August 3, 2020 (*training full*)
- October 15, 2020 [REGISTER HERE!](#) (*45 spots left*)
- November 5, 2020 [REGISTER HERE!](#)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members \$47 Non-Members

Self-Determination Conference Moving Virtual September 2020!**3 Virtual Concurrent Workshops Each Day:**

Tuesday, September 1, 2020 from 9:00am – 12:30pm
Thursday, September 3, 2020 from 9:00am – 12:30pm
Thursday, September 10, 2020 from 9:00am – 12:30pm
Monday, September 14, 2020 from 9:00am – 12:30pm

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend: This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

No fee to attend this conference! Registration available soon, check [CMHA website](#) for more information and updates.

New! Recipient Rights Virtual Conference

The 27th Annual Recipient Rights Conference will be held virtually September 15-18, 2020. This year's conference will feature Lena Sisco, author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth." You won't want to miss 21 workshops for Appeals and RRAC members, as well as keynote addresses from Dr. Laura Hirschbein and Lena Sisco.

Continuing Education: Social Work and Recipient Rights CEs will be available.

Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Registration Fee: \$125 per person. Conference brochure and registration information coming soon!

Virtual Motivational Interviewing College Trainings

Registration has now re-opened for the new VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to each training.

Dates	Training	Registration Link
Aug. 10-11, 2020	M.I. Basic	CLICK HERE
Aug. 13-14, 2020	M.I. Advanced	CLICK HERE
Sept. 2-3, 2020	TNT: Teaching M.I.	CLICK HERE

Times:

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

Training Fees:

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

Please be sure you're clicking on the correct registration link in the brochure for the date you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.



Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Announcing New Learning Opportunities from the MHTTC Network

Below are two webinar series that center around school based mental health services and sound approaches to helping families deal with conflict during the Corona Virus pandemic.

A. Supporting School Mental Health in the Context of Racial Violence: This is a two-part learning forum, **Supporting School Mental Health in the Context of Racial Violence.** This series is intended for students, families, educators and school mental health professionals who are navigating the impact of racial violence on student mental health. Each learning session will feature a moderator who will engage advocates, leaders and the school mental health workforce in a conversation that focuses on:

Strategies for supporting students' mental health while navigating racial violence (in and out of school)
Opportunities for the field to improve its commitment to fostering a workforce ready, able and willing to hold racial violence as a mental health issue;

Steps we might take to advance school mental health supports for students experiencing racial violence.

Click the links below to register for each installment:

[Session 1: Learning From and With Students, Caregivers, Advocates and Systems Leaders](#)

10-11:30 a.m. PST / 12-1:30 p.m. CST / 1-2:30 p.m. EST | Friday, July 31

[Session 2: Learning From and With the School Mental Health Workforce \(School Counselors, Psychologists, and Teacher Educators\)](#)

10-11:30 a.m. PST / 12-1:30 p.m. CST / 1-2:30 p.m. EST | Friday, Aug. 7

Webinar recordings will be made available on the series [web page](#). Certificates of completion are available to viewers of **50% (45 minutes) or more of the live webinar**. For more information, please contact **Jessica Gonzalez** at jegonzalez@stanford.edu.

B. Supporting families in addressing family conflict during the pandemic: The webinars in this series will use case examples and dialogue between experts from the National Child Traumatic Stress Network (NCTSN) to address critical questions that mental health providers are facing during the COVID-19 pandemic. Via telehealth, providers are getting a glimpse into clients' home lives and they are encountering complex family interactions all during a time of stress and danger, with community supports challenged to respond. **NCTSN presenters help providers, even those not accustomed to working with children or families, with practical answers to questions such as:**

How to normalize stress and concerns about safety during this time?

How to identify risk factors and signs of violence?
How to identify intervention points and work in partnership with families?
How to support conversations with parents and children about violence?

Minimizing Risk for Conflict/Coercion in Families with School-age Children July 28, 12 – 1:00 pm CT

[REGISTER](#)

When the Monsters Live with Us: Structural Inequities, COVID-19, and Intimate Partner Violence in Latin American Families (in Spanish) August 11, 12 – 1:00 pm CT [REGISTER](#)

<https://bit.ly/family-violence-series>

Certificates of attendance are available to viewers of 50% (30 minutes) or more of the live webinar.

Three new multi-part series focus on family violence, intimate partner violence, and racial violence



Supporting School Mental Health in the Context of Racial Violence
July 31 and August 7

Each 1.5-hour learning session will feature a moderator who will guide a conversation focused on strategies advance school mental

health supports for students experiencing racial violence.

[Find out more and register here.](#)

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users. Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

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

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo](#).

New! Relias: trauma informed care resources

Trauma-informed care (TIC) has become a widely recognized paradigm for creating safe spaces for individuals who have experienced trauma and reducing the likelihood that accessing services would cause re-traumatization. The impact of TIC on individuals and organizations is powerful, and this approach has shown to be effective in reducing trauma-related symptoms.

To help you navigate your TIC journey, we've created a resource page with webinars, articles, and resources to help you understand the basics of trauma, the TIC framework, and how to care for your staff.

[Visit the Resource Page](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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

WEEKLY Update

July 17, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

CMHA CHI2 report on performance of Michigan's public mental health system featured in podcast

Jeffrey Mosher, of the [Michigan Business Network](#), recently spoke with Robert Sheehan, CEO of CMHA, about the report recently issued by the CMHA Center for Healthcare Innovation and Integration (CHI2), "A Tradition of Excellence and Innovation: Measuring Performance of Michigan's Public Mental Health System". That podcast can be found [here](#).

Cultural and linguistic competence resources provided via CMHA/MHTTC/SAMHSA partnership

Over the past several weeks (years, decades, centuries), the issue of racial justice has been on the minds and woven into the lives of many Americans. Several months ago, prior to the latest set of events, both tragic and heroic, and news stories around racial justice, CMHA had started the development of several initiatives centered around cultural and linguistic competence and racial justice.

These initiatives are being highlighted in the Weekly Update, with this being the third and final in the series.

1. National MHTTC websites on Racial Equity and Cultural Diversity: An additional resource, supported through the CMHA/MHTTC/SAMHSA partnership, is a set of national websites providing a wide range of sound cultural and linguistic competence materials. The links to these websites and their descriptions can be found [here](#).

2. CMHA Weekly Update regularly features cultural and linguistic competence resources: Some of the resources included in the Weekly Update have included:

- Health Affairs Blog: Inequities Amplified by COVID-19: Opportunities for Medicaid to Address Health Disparities (found [here](#)) The full blog can be found [here](#).
- The Social Determinants of Death: Excerpts from a recent editorial by Alan Weil, the Editor in Chief of Health Affairs, one of the nation's pre-eminent publications on health policy, on the impact of racial disparities. The full editorial can be found [here](#).

3. Resources from other sources: In addition to the work of CMHA, a number of state and national bodies have developed resources around and venues for the discussion of cultural and linguistic competence and racial justice. Some of those resources include:

- Governor's Coronavirus Task Force on Racial Disparities. Information on this task force can be found at its [website](#) that includes call-in information, notes from our various meetings, meeting recordings and other materials.

- The Michigan Office of Equity and Minority Health, within MDHHS, has a number of sound cultural competence resources on its [website](#).
- National Association of Social Work-Michigan Chapter’s Racial Justice Resource and Action Kit available [here](#).
- A series of reports by McKinsey and Company (a nationally recognized research and analysis organization) – all of these titles are links to the reports:
 - [Diversity wins: How inclusion matters](#)
 - [The color of wealth](#)
 - [Four priorities for supporting Black Americans during and after COVID-19](#)
 - [COVID-19: Investing in Black lives and livelihoods](#)
 - [The economic impact of closing the racial wealth gap](#)
 - [The future of work in Black America](#)
 - [Automation and the future of the African American workforce](#)
 - [Inequality: A persisting challenge and its implications](#)

Social media posts to highlight findings of CMHA/CHI2 white paper “A Tradition of Excellence and Innovation: Measuring the Performance of Michigan’s Public Mental Health System”

Over the last several decades, policy makers and elected officials have debated and implemented a range of plans for redesigning Michigan’s public mental health system. Unfortunately, some these system redesign proposals have been based on a lack of accurate information on the performance of that system. To provide an accurate picture of the performance of Michigan’s public mental health system, the Center for Healthcare Integration and Innovation (CHI2) recently issued a white paper that examines the performance of Michigan’s public mental health system against a number of state-established and national standards. This white paper can be found [here](#).

This paper underscores the very high levels of performance that Michigan’s public mental health system, in partnership with the Michigan Department of Health and Human Services (MDHHS), has demonstrated, over decades, on a number of dimensions of healthcare quality and innovation.

Social media posts, highlighting the key findings of this report, will soon be appearing on a number of social media platforms (Facebook and Twitter). Below is a sample of those posts:



Michigan’s public mental health system is nationally recognized as one of the most comprehensive, innovative, person-centered and community-driven systems in the country. Measuring dimensions of health care quality and innovation, Michigan’s system surpasses most states and systems.

**6th in the nation for
services & outcomes
for adult services**



Thanks to the work of public behavioral health care providers, Michigan ranked 6th in the 2019 State of Mental Health in America Report for services and outcomes for adult services. This puts Michigan among the top 12% for awareness and access to mental health.



Michigan's public mental health system has a medical loss ratio of 94%, which means 94% of the budget is spent on actual care while only 6% is spent on administrative costs. These numbers are a testament to providers' commitment to a person-centered system.



Michigan's public mental health system is comprised of 10 public regional entities, 46 public community mental health systems and has more than 100,000 individuals providing mental health services.

**Pursuit of healthcare
integration and
evidenced-based
practices**



More than 620 integration efforts led by the public mental health system take place throughout the state to lower costs of services, increase access to care, improve preventative intervention and serve the whole person.

State & National Developments and Resources

Most recent BHDDA COVID-related guidance documents

Recently, BHDDA issued guidance to the field on a number of issues central to work of CMHA members as they respond to and cope with the Corona virus. These four guidance documents are provided below, with the dates on which they were issued:



- [BH Communication Infection Control Guidance # 20-12 - 07-08-20](#)
- [BH Communication Essential Virtual and F2F Services COVID-19 Guidance #20-11 - 07-08-20](#)
- [Resident Freedom of Movement and Visits #20-10 - 07-08-20](#)
- [Financing Resources Memo - 07-06-2020](#)

The full set of COVID 19-related BHDDA guidance documents can be found [here](#).

MDHHS announces delay in EVV implementation

As Weekly Update readers may already be aware, MDHHS has delayed implementation of a statewide Electronic Visit Verification (EVV) system due to the current focus on COVID-19. A timeline of when EVV will be rolled out in Michigan has not yet been established. Once it is determined, we will post the information on the [EVV website](#) and notify providers. There is currently pending federal legislation that would delay the required implementation date for the rollout of EVV for Medicaid funded personal care services. This legislation has not been approved yet.

Medicaid bulletin issued on Psychiatric Collaborative Care Model

The Psychiatric Collaborative Care Model has long been promoted by CMHA members, primary care and behavioral health care providers, and CMHA. MDHHS recently issued a Medicaid bulletin supporting the use of that model. That bulletin, Medicaid Bulletin MSA 20-38, was issued on July 1, 2020 and can be found [here](#).

Michigan removes co-payment by Medicaid beneficiaries for SUD medications

The recently issued Medicaid Bulletin MSA 20-46 outlines the removal of the copayment requirement for drugs used to treat substance use disorders. That bulletin, issued on July 1, 2020, can be found [here](#).

Michigan Health Policy Forum to hold discussion of Health Disparities: Where Racism Intersects Health

SAVE THE DATE

MICHIGAN HEALTH POLICY FORUM: Health Disparities: Where Racism Intersects Health
September 14, 2020

The next Michigan Health Policy Forum will be held at 1:00 pm on September 14. This Forum will be a ZOOM Conference. The topic for this Forum will be the intersection between racism and health. The impact of the COVID-19 pandemic has laid bare the health care disparities experienced by communities of color. The Michigan Health Policy Forum will examine how disparities affect communities of color and discuss the underlying racism that results in those disparities.

In the coming weeks, the Weekly Update will provide registration information for this Forum. In late August, the Health Policy Forum will forward ZOOM meeting details to registrants.

Second report from leading mental health organizations reveals shifting impact of COVID-19 on behavioral health crisis services

Below are excerpts from a recent press release on a national survey done to assess the impact of the Corona virus on the nation's behavioral health crisis response systems.

A recent national survey of behavioral health crisis service providers reveals that the demand for crisis services is increasing during COVID-19, while workers continue to be overwhelmed by fewer available resources for the people they serve. This survey included mobile crisis providers, crisis residential programs, and crisis calls centers across the country.

A report released by TBD Solutions in conjunction with other leading mental health organizations analyzed the responses of nearly 600 crisis providers, including 241 mobile crisis providers, 205 crisis residential programs, and 151 crisis call centers, revealing a crisis system being used more frequently by individuals with more complex challenges aggravated by COVID-19. Survey responses were elicited largely from members of the American Association of Suicidology, the Crisis Residential Association, and the National Association of Crisis Organization Directors.

"Everyone's anxiety level has increased," one survey respondent wrote. "The increased complexity is mainly due to their chronic underlying conditions being exacerbated by fear, anxiety and social isolation."

While the initial survey revealed the greatest concerns around health care and a lack of critical supplies, this survey found issues with care coordination and supervisor concerns about the health and safety of their staff as the most pressing matters.

MOBILE CRISIS CHALLENGES: Mobile Crisis providers reported care coordination issues with community partners (73%) and concerns about keeping crisis staff safe and healthy (69%). More than 40% reported a lack of critical supplies and equipment as a major concern (42%), while 32% of mobile crisis providers reported an increase in referrals.

CRISIS RESIDENTIAL CHALLENGES: 77% of crisis residential programs reported care coordination issues as a major challenge and 73% reported concerns as a supervisor about health and safety of their staff. Over half of respondents also cited attrition due to health concerns (52%) and an overwhelmed workforce due to increased clinical needs of persons served (50%). 38% of crisis residential programs reported an increase in referrals.

CRISIS CALL CENTER CHALLENGES: Crisis call centers identified care coordination issues (59%) and staff safety concerns (58%) as major challenges. Crisis call centers also report an increase in clinical intensity of calls (44%) and a decrease in available staff to cover shifts (41%). 58% of respondents reported an increase in calls.

The survey was underwritten by the Michigan Health Endowment Fund.

CHCS blog: How the COVID-19 Pandemic is Highlighting the Importance of Trauma-Informed Care



As the COVID-19 pandemic unfolded, Edward Machtiger, MD, director of the Women's HIV Program and Center to Advance Trauma-Informed Health Care at the University of California, San Francisco (UCSF), worried about the safety of his patients — primarily low-income women of color living with HIV. Due to systemic and racial health inequities, these women have a higher chance of being infected with and dying from COVID-19. To support the wellbeing of their patients as well as frontline staff, this UCSF clinic is focused not only on prevention and treatment for the virus, but also on buffering the impact of trauma and stress related to the pandemic through a trauma-informed approach to care.

The blog can be found [here](#).

State Legislative Update

New! House Committee Hears Testimony on Certificate of Need (CON) Reforms

On Wednesday, July 15 the House Health Policy Committee took testimony on bills to repeal Certificate of Need (CON) oversight for psychiatric beds -- among other CON reforms.

SB 672 would eliminate the Certificate of Need (CON) process for all psychiatric inpatient beds in hopes that it would increase access and availability across the state. SB 673 requires that a psychiatric hospital or psychiatric unit accept public patients and maintain 50% of beds available to public patients as a condition of licensure.

CMHA supports the intent of SB 672 & 673, which is to increase the availability of psychiatric inpatient beds across the state and designates a certain percentage of beds set aside for public patients. However, we have concerns regarding the elimination of the Certificate of Need (CON) process and believe strengthening current CON practices would help more than simply eliminating CON all together. The CON process is not a barrier to access.

It is not clear if the House Committee will move the package of bills in the near future or put it off until the fall.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 100 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-147** – Requirement of masks, please click [here](#) to access Executive Order 147.
- **Executive Order 2020-148** – Enhanced protections for residents and staff of long-term care facilities during the COVID-19 pandemic, please click [here](#) to access Executive Order 148.
- **Executive Order 2020-149** – Temporary safety measures for food-selling establishments and pharmacies and temporary relief from requirements applicable to the renewal of licenses for the food-service industry, please click [here](#) to access Executive Order 149.
- **Executive Order 2020-150** – Temporary and limited relief from certain licensing and certification requirements applicable to COVID-19 response, please click [here](#) to access Executive Order 150.
- **Executive Order 2020-151** – Declaration of state of emergency and state of disaster related to the COVID-19 pandemic, please click [here](#) to access Executive Order 151.
- **Executive Order 2020-152** – Training of pharmacists, please click [here](#) to access Executive Order 152.

Federal Update

FCC Chairman Announces Plan to Implement 9-8-8 Suicide Prevention Lifeline by 2022

At the National Council's Hill Day at Home earlier this week, Ajit Pai, Chairman of the Federal Communications Commission, announced that the agency will be finalizing implementation of 9-8-8 as the three-digit dialing number for the National Suicide Prevention Hotline by July 2022. According to the Chairman, 9-8-8 may be available via certain carriers before 2022, but the two-year window is the quickest feasible implementation timeline. The National Council applauds Chairman Pai and the FCC for their work to put mental health crises on the same footing as other, physical emergencies by creating a three-digit emergency dialing code that will undoubtedly save countless lives.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through September 30, 2020 – we're moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon. Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

CMHA Annual Spring/Summer Conference moves to a VIRTUAL CONFERENCE!



***2020 Annual Summer Virtual Conference
August 17 – 21, 2020***

***Virtual Education & Networking
Each day from 9:00am – 12:30pm***

Stay tuned for more details soon!

New! Additional Dates Added - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

There are 6 CE credits available for this training. 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.

Dates:

- August 17, 2020 (*training full*)
- October 5, 2020 (*training full*)
- November 2, 2020 [REGISTER HERE!](#)
- November 20, 2020 [REGISTER HERE!](#)
- December 7, 2020 [REGISTER HERE!](#)

Agenda:

Log into Zoom: 8:15am
 Education: 8:30am – 11:30am
 Lunch Break: 11:30am – 1:00pm
 Education: 1:00pm – 4:00pm

Training Fees:

\$103 CMHA Members

\$126 Non-Members

New! Additional Dates Added - VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- July 20, 2020 (*training full*)
- August 3, 2020 (*training full*)
- October 15, 2020 [REGISTER HERE!](#)
- November 5, 2020 [REGISTER HERE!](#)

Agenda:

Log into Zoom: 8:45 am
 Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members

\$47 Non-Members

Wraparound Conference

New Dates: Monday, September 28, 2020 – Wednesday, September 30, 2020

Self-Determination Conference Moving Virtual September 2020!**3 Virtual Concurrent Workshops Each Day:**

Tuesday, September 1, 2020 from 9:00am – 12:30pm
 Thursday, September 3, 2020 from 9:00am – 12:30pm
 Thursday, September 10, 2020 from 9:00am – 12:30pm
 Monday, September 14, 2020 from 9:00am – 12:30pm

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend: This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

No fee to attend this conference! Registration available soon, check [CMHA website](#) for more information and updates.

LOCUS Specialty Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: LOCUS Specialty Trainings – Virtual Information to come soon!

- July 21, 2020 (Rescheduled from April 21) – Virtual

Prerequisite: Basic Understanding of the LOCUS

Each course qualifies for 2.5 Social Work Contact Hours and 2.5 Related MCBAP Contact Hours

Enhancing Your LOCUS Skills: 9:00 AM – 11:30 AM

Audience: LOCUS Users, Trainers, Supervisors

Description: This workshop is designed for those individuals who want to fine-tune and enhance their understanding and use of the LOCUS. Ideal for users of the LOCUS, LOCUS trainers, and organizational supervisors.

Fee: \$0

Quality & Outcome Measurement with the LOCUS: 1:00 PM – 3:30 PM

Audience: Supervisors, Quality Specialists and Managers, Utilization Management, Organizational Leadership

Description: Statewide LOCUS implementation is not without its challenges. This workshop is designed to help organizational leadership define and implement outcome measures associated with the LOCUS. We will explore how use of data capture and analysis supports systemic change to achieve positive outcomes for the individuals served.

Fee: \$0

Registration Open – Virtual Motivational Interviewing College Trainings

Registration has now re-opened for the new VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to each training.

Dates	Training	Registration Link
July 27-28, 2020	M.I. Basic	CLICK HERE
July 29, 2020	M.I. Supervisory	CLICK HERE
July 30-31, 2020	M.I. Advanced	CLICK HERE
Aug. 6, 2020	M.I. Supervisory	CLICK HERE
Aug. 10-11, 2020	M.I. Basic	CLICK HERE
Aug. 13-14, 2020	M.I. Advanced	CLICK HERE
Sept. 2-3, 2020	TNT: Teaching M.I.	CLICK HERE

Times:

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

Training Fees:

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

Please be sure you're clicking on the correct registration link in the brochure for the date you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

Registration Open – Virtual Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning

Course Description:

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

Who Should Attend?

This event is sponsored by the adult mental health block grant and is **only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the State of Michigan.** 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

Dates & Registration Links

- July 23, 2020 | [CLICK HERE](#) for more information and to register now

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to each training.

Training Fee:

\$65 per person. The fee includes electronic training materials and CEs.

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

Catalog of MHTTC resources to be highlighted via new weekly series in CMHA Weekly Update

This month, the Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

New! Announcing New Learning Opportunities from the MHTTC Network

Below are two webinar series that center around school based mental health services and sound approaches to helping families deal with conflict during the Corona Virus pandemic.

A. Supporting School Mental Health in the Context of Racial Violence: This is a two-part learning forum, **Supporting School Mental Health in the Context of Racial Violence**. This series is intended for students, families, educators and school mental health professionals who are navigating the impact of racial violence on student mental health. Each learning session will feature a moderator who will engage advocates, leaders and the school mental health workforce in a conversation that focuses on:

Strategies for supporting students' mental health while navigating racial violence (in and out of school)

Opportunities for the field to improve its commitment to fostering a workforce ready, able and willing to hold racial violence as a mental health issue;

Steps we might take to advance school mental health supports for students experiencing racial violence.

Click the links below to register for each installment:

[Session 1: Learning From and With Students, Caregivers, Advocates and Systems Leaders](#)

10-11:30 a.m. PST / 12-1:30 p.m. CST / 1-2:30 p.m. EST | Friday, July 31

[Session 2: Learning From and With the School Mental Health Workforce \(School Counselors, Psychologists, and Teacher Educators\)](#)

10-11:30 a.m. PST / 12-1:30 p.m. CST / 1-2:30 p.m. EST | Friday, Aug. 7

Webinar recordings will be made available on the series [web page](#). Certificates of completion are available to viewers of **50% (45 minutes) or more of the live webinar**. For more information, please contact **Jessica Gonzalez** at jgonzalez@stanford.edu.

B. Supporting families in addressing family conflict during the pandemic: The webinars in this series will use case examples and dialogue between experts from the National Child Traumatic Stress Network (NCTSN) to address critical questions that mental health providers are facing during the COVID-19 pandemic. Via telehealth, providers are getting a glimpse into clients' home lives and they are encountering complex family interactions all during a time of stress and danger, with community supports challenged to respond. **NCTSN presenters help providers, even those not accustomed to working with children or families, with practical answers to questions such as:**

How to normalize stress and concerns about safety during this time?

How to identify risk factors and signs of violence?

How to identify intervention points and work in partnership with families?

How to support conversations with parents and children about violence?

Supporting Families of Young Children at Risk for Ongoing Domestic Violence July 14, 12 – 1:00 pm CT

[REGISTER](#)

"Keeping it in the Family": Addressing Family Conflict in the Time of COVID-19 July 21, 12 – 1:00 pm CT

[REGISTER](#)

Minimizing Risk for Conflict/Coercion in Families with School-age Children July 28, 12 – 1:00 pm CT

[REGISTER](#)

When the Monsters Live with Us: Structural Inequities, COVID-19, and Intimate Partner Violence in Latin American Families (in Spanish) August 11, 12 – 1:00 pm CT [REGISTER](#)

<https://bit.ly/family-violence-series>

Certificates of attendance are available to viewers of 50% (30 minutes) or more of the live webinar.

Three new multi-part series focus on family violence, intimate partner violence, and racial violence

Webinar Series
Preventing and Responding to Family Violence During COVID-19

12 – 1:00 pm CT July 14 | July 21 | July 28 | August 11

NCTSN The National Child Traumatic Stress Network
SAMHSA Substance Abuse and Mental Health Services Administration
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Preventing and Responding to Family Violence During COVID-19

July 14, July 21, July 28, and August 11

Case examples and dialogue between experts from the National Child Traumatic Stress Network address critical questions that mental health providers face in the COVID-19 era.

[Find out more and register here.](#)

Working at the Intersection of Intimate Partner Violence and Mental Health

- July 8, August 12, September 9
- 10am PT / 11am MT / 12pm CT / 1pm ET
- Register at bit.ly/IPV-series

NATIONAL Center on Domestic Violence, Trauma & Mental Health
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Working at the Intersection of Intimate Partner Violence and Mental Health

July 8, August 12, and September 9

Learn how to respond to individuals and families affected by intimate partner violence. Brought to you by the MHTTC Network and National

Center on Domestic Violence, Trauma, & Mental Health.

[Find out more and register here.](#)

Supporting School Mental Health in the Context of Racial Violence

A TWO-PART LEARNING FORUM

July 31 | Aug. 7

NATIONAL Center on Domestic Violence, Trauma & Mental Health
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Supporting School Mental Health in the Context of Racial Violence

July 31 and August 7

Each 1.5-hour learning session will feature a moderator who will guide a conversation focused on strategies advance school mental

health supports for students experiencing racial violence.

[Find out more and register here.](#)

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users. Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

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

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo.](#)

Relias: telehealth resources for working with kids

During times of crisis, the need for mental health and substance use services doesn't stop. In fact, the demand for these services increases as people (including children) begin to experience anxiety, depression, and other mental health issues as a result of the crisis.

Behavioral health organizations and substance use treatment facilities can still provide services (and keep their staff on payroll) by offering telehealth services to meet the demand now and beyond.

[Explore Our Telehealth Toolkit](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org

Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

WEEKLY Update

July 10, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

New! CMHA CHI2 report on performance of Michigan’s public mental health system featured in podcast

Jeffrey Mosher, of the [Michigan Business Network](#), recently spoke with Robert Sheehan, CEO of CMHA, about the report recently issued by the CMHA Center for Healthcare Innovation and Integration (CHI2), “A Tradition of Excellence and Innovation: Measuring Performance of Michigan’s Public Mental Health System”. That podcast can be found [here](#).

New! Cultural and linguistic competence resources provided via CMHA/MHTTC/SAMHSA partnership

Over the past several weeks (years, decades, centuries), the issue of racial justice has been on the minds and woven into the lives of many Americans. Several months ago, prior to the latest set of events, both tragic and heroic, and news stories around racial justice, CMHA had started the development of several initiatives centered around cultural and linguistic competence and racial justice.

These initiatives are being highlighted in the Weekly Update, with this being the third and final in the series.

1. National MHTTC websites on Racial Equity and Cultural Diversity: An additional resource, supported through the CMHA/MHTTC/SAMHSA partnership, is a set of national websites providing a wide range of sound cultural and linguistic competence materials. The links to these websites and their descriptions can be found [here](#).

2. CMHA Weekly Update regularly features cultural and linguistic competence resources: Some of the resources included in the Weekly Update have included:

- Health Affairs Blog: Inequities Amplified by COVID-19: Opportunities for Medicaid to Address Health Disparities (found [here](#)) The full blog can be found [here](#).
- The Social Determinants of Death: Excerpts from a recent editorial by Alan Weil, the Editor in Chief of Health Affairs, one of the nation’s pre-eminent publications on health policy, on the impact of racial disparities. The full editorial can be found [here](#).

3. Resources from other sources: In addition to the work of CMHA, a number of state and national bodies have developed resources around and venues for the discussion of cultural and linguistic competence and racial justice. Some of those resources include:

- Governor's Coronavirus Task Force on Racial Disparities. Information on this task force can be found at its [website](#) that includes call-in information, notes from our various meetings, meeting recordings and other materials.

- The Michigan Office of Equity and Minority Health, within MDHHS, has a number of sound cultural competence resources on its [website](#).
- National Association of Social Work-Michigan Chapter’s Racial Justice Resource and Action Kit available [here](#).
- A series of reports by McKinsey and Company (a nationally recognized research and analysis organization) – all of these titles are links to the reports:
 - [Diversity wins: How inclusion matters](#)
 - [The color of wealth](#)
 - [Four priorities for supporting Black Americans during and after COVID-19](#)
 - [COVID-19: Investing in Black lives and livelihoods](#)
 - [The economic impact of closing the racial wealth gap](#)
 - [The future of work in Black America](#)
 - [Automation and the future of the African American workforce](#)
 - [Inequality: A persisting challenge and its implications](#)

Social media posts to highlight findings of CMHA/CHI2 white paper “A Tradition of Excellence and Innovation: Measuring the Performance of Michigan’s Public Mental Health System”

Over the last several decades, policy makers and elected officials have debated and implemented a range of plans for redesigning Michigan’s public mental health system. Unfortunately, some these system redesign proposals have been based on a lack of accurate information on the performance of that system. To provide an accurate picture of the performance of Michigan’s public mental health system, the Center for Healthcare Integration and Innovation (CHI2) recently issued a white paper that examines the performance of Michigan’s public mental health system against a number of state-established and national standards. This white paper can be found [here](#).

This paper underscores the very high levels of performance that Michigan’s public mental health system, in partnership with the Michigan Department of Health and Human Services (MDHHS), has demonstrated, over decades, on a number of dimensions of healthcare quality and innovation.

Social media posts, highlighting the key findings of this report, will soon be appearing on a number of social media platforms (Facebook and Twitter). Below is a sample of those posts:



Michigan’s public mental health system is nationally recognized as one of the most comprehensive, innovative, person-centered and community-driven systems in the country. Measuring dimensions of health care quality and innovation, Michigan’s system surpasses most states and systems.

**6th in the nation for
services & outcomes
for adult services**



Thanks to the work of public behavioral health care providers, Michigan ranked 6th in the 2019 State of Mental Health in America Report for services and outcomes for adult services. This puts Michigan among the top 12% for awareness and access to mental health.



Michigan's public mental health system has a medical loss ratio of 94%, which means 94% of the budget is spent on actual care while only 6% is spent on administrative costs. These numbers are a testament to providers' commitment to a person-centered system.



Michigan's public mental health system is comprised of 10 public regional entities, 46 public community mental health systems and has more than 100,000 individuals providing mental health services.

**Pursuit of healthcare
integration and
evidenced-based
practices**



More than 620 integration efforts led by the public mental health system take place throughout the state to lower costs of services, increase access to care, improve preventative intervention and serve the whole person.

State & National Developments and Resources

New! Most recent BHDDA COVID-related guidance documents

Recently, BHDDA issued guidance to the field on a number of issues central to work of CMHA members as they respond to and cope with the Corona virus. These four guidance documents are provided below, with the dates on which they were issued:



- [BH Communication Infection Control Guidance # 20-12 - 07-08-20](#)
- [BH Communication Essential Virtual and F2F Services COVID-19 Guidance #20-11 - 07-08-20](#)
- [Resident Freedom of Movement and Visits #20-10 - 07-08-20](#)
- [Financing Resources Memo - 07-06-2020](#)

The full set of COVID 19-related BHDDA guidance documents can be found [here](#).

New! MDHHS announces delay in EVV implementation

As Weekly Update readers may already be aware, MDHHS has delayed implementation of a statewide Electronic Visit Verification (EVV) system due to the current focus on COVID-19. A timeline of when EVV will be rolled out in Michigan has not yet been established. Once it is determined, we will post the information on the [EVV website](#) and notify providers. There is currently pending federal legislation that would delay the required implementation date for the rollout of EVV for Medicaid funded personal care services. This legislation has not been approved yet.

New! Medicaid bulletin issued on Psychiatric Collaborative Care Model

The Psychiatric Collaborative Care Model has long been promoted by CMHA members, primary care and behavioral health care providers, and CMHA. MDHHS recently issued a Medicaid bulletin supporting the use of that model. That bulletin, Medicaid Bulletin MSA 20-38, was issued on July 1, 2020 and can be found [here](#).

New! Michigan removes co-payment by Medicaid beneficiaries for SUD medications

The recently issued Medicaid Bulletin MSA 20-46 outlines the removal of the copayment requirement for drugs used to treat substance use disorders. That bulletin, issued on July 1, 2020, can be found [here](#).

New! Michigan Health Policy Forum to hold discussion of Health Disparities: Where Racism Intersects Health

SAVE THE DATE

MICHIGAN HEALTH POLICY FORUM: Health Disparities: Where Racism Intersects Health
September 14, 2020

The next Michigan Health Policy Forum will be held at 1:00 pm on September 14. This Forum will be a ZOOM Conference. The topic for this Forum will be the intersection between racism and health. The impact of the COVID-19 pandemic has laid bare the health care disparities experienced by communities of color. The Michigan Health Policy Forum will examine how disparities affect communities of color and discuss the underlying racism that results in those disparities.

In the coming weeks, the Weekly Update will provide registration information for this Forum. In late August, the Health Policy Forum will forward ZOOM meeting details to registrants.

New! Second report from leading mental health organizations reveals shifting impact of COVID-19 on behavioral health crisis services

Below are excerpts from a recent press release on a national survey done to assess the impact of the Corona virus on the nation's behavioral health crisis response systems.

A recent national survey of behavioral health crisis service providers reveals that the demand for crisis services is increasing during COVID-19, while workers continue to be overwhelmed by fewer available resources for the people they serve. This survey included mobile crisis providers, crisis residential programs, and crisis calls centers across the country.

A report released by TBD Solutions in conjunction with other leading mental health organizations analyzed the responses of nearly 600 crisis providers, including 241 mobile crisis providers, 205 crisis residential programs, and 151 crisis call centers, revealing a crisis system being used more frequently by individuals with more complex challenges aggravated by COVID-19. Survey responses were elicited largely from members of the American Association of Suicidology, the Crisis Residential Association, and the National Association of Crisis Organization Directors.

"Everyone's anxiety level has increased," one survey respondent wrote. "The increased complexity is mainly due to their chronic underlying conditions being exacerbated by fear, anxiety and social isolation."

While the initial survey revealed the greatest concerns around health care and a lack of critical supplies, this survey found issues with care coordination and supervisor concerns about the health and safety of their staff as the most pressing matters.

MOBILE CRISIS CHALLENGES: Mobile Crisis providers reported care coordination issues with community partners (73%) and concerns about keeping crisis staff safe and healthy (69%). More than 40% reported a lack of critical supplies and equipment as a major concern (42%), while 32% of mobile crisis providers reported an increase in referrals.

CRISIS RESIDENTIAL CHALLENGES: 77% of crisis residential programs reported care coordination issues as a major challenge and 73% reported concerns as a supervisor about health and safety of their staff. Over half of respondents also cited attrition due to health concerns (52%) and an overwhelmed workforce due to increased clinical needs of persons served (50%). 38% of crisis residential programs reported an increase in referrals.

CRISIS CALL CENTER CHALLENGES: Crisis call centers identified care coordination issues (59%) and staff safety concerns (58%) as major challenges. Crisis call centers also report an increase in clinical intensity of calls (44%) and a decrease in available staff to cover shifts (41%). 58% of respondents reported an increase in calls.

The survey was underwritten by the Michigan Health Endowment Fund.

New! CHCS blog: How the COVID-19 Pandemic is Highlighting the Importance of Trauma-Informed Care



As the COVID-19 pandemic unfolded, Edward Machtinger, MD, director of the Women's HIV Program and Center to Advance Trauma-Informed Health Care at the University of California, San Francisco (UCSF), worried about the safety of his patients — primarily low-income women of color living with HIV. Due to systemic and racial health inequities, these women have a higher chance of being infected with and dying from COVID-19. To support the wellbeing of their patients as well as frontline staff, this UCSF clinic is focused not only on prevention and treatment for the virus, but also on buffering the impact of trauma and stress related to the pandemic through a trauma-informed approach to care.

The blog can be found [here](#).

State Legislative Update

FY20 Budget Deal and other updates

As announced at the Governor's press conference earlier this week, a compromise has been reached between Governor Whitmer and Legislative leaders on a path forward to address the \$2.2 billion deficit for the current Fiscal Year (FY) 2020. The details of the deal include:

- \$950 million from the federal coronavirus relief fund (CRF)
- \$350 million draw down from the Budget Stabilization Fund ("Rainy Day" Fund). To extract more than 25% from the \$1.1 billion fund requires 2/3 majority vote, which we fully expect the legislature to achieve
- \$490 million in savings through austerity measures in state government, including stay employee hiring freezes, lay-offs and discretionary spending freezes
- \$256 million reduction to K-12 schools (*offset by federal CRF dollars*)
- \$200 million reduction to universities and community colleges (*offset by federal CRF dollars*)
- \$97 million reduction to local governments (*offset by federal CRF dollars*)
- \$340 million adjustment to Medicaid funding. This reduction in state dollars is, in part, financed by the enhanced federal match rate spurred by the federal state of emergency. Other savings baked into this figure include \$125 million in required state match for FEMA that can be paid with federal coronavirus dollars and \$35 million savings from changed assumptions about Medicaid managed care actuarial soundness (justified by the delay/cancellation of elective medical procedures).

To view a one-pager from the Governor, Speaker Chatfield and Majority Leader Shirkey that breaks down how the federal money is being allocated, please click on the link below:

https://content.govdelivery.com/attachments/MIEOG/2020/06/29/file_attachments/1485037/Budget%20Agreement.pdf

As far as process, some of these pieces can be addressed unilaterally through the executive branch while others will require legislative involvement. It is yet unclear how the various pieces will come together (i.e. via an executive order or otherwise) but the legislature has scheduled session days for the week of July 20, presumably to address FY 20 budget issues.

In other news, Governor Whitmer announced at her press conference that the regions of the state that are in Phase 4 of the 6-phase [MI Safe Start Plan](#) (Regions 1-5, 7 and 9) will remain in that phase for now. She also announced that we could see additional restrictions in some areas announced in the coming days. The Governor had previously indicated that those regions could transition to Phase 5 by July 4; however, due to a precipitous rise in daily cases in certain areas, such as Grand Rapids and Lansing, the transition plan is on hold. The Upper Peninsula and areas surrounding Traverse City (Regions 6 and 8) remain in Phase 5. According to numbers released today by the Michigan Department of Health and Human Services, Michigan reported 373 new COVID-19 cases over a 24 hour period, the largest numbers in 30 days.

Additionally, we wanted to share that on Monday, June 29, Governor Whitmer signed [Executive Order 2020-138](#), rescinding and scaling back aspects of [Executive Order 2020-86](#), which addresses the furnishing of virtual health care services, including mental health care, drug treatment, and home health services. The new order comes in response to the [signing of new public acts](#) that help streamline access to telehealth services, including mandating reimbursement for remote patient monitoring. As these bills codified aspects of EO 2020-86, it was necessary to repeal some of the provisions that are no longer necessary and retain only those provisions that remain necessary.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 100 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-144** – Restoring water service to occupied residences during the COVID-19 pandemic, please click [here](#) to access Executive Order 144.
- **Executive Order 2020-145** – Safeguards to protect Michigan's workers from COVID-19, please click [here](#) to access Executive Order 145.
- **Executive Order 2020-146** – Temporary COVID-19 protocols for entry into Michigan Department of Corrections facilities and transfers to and from Department custody; temporary recommended

COVID-19 protocols and enhanced early-release authorization for county jails, local lockups, and juvenile detention centers, please click [here](#) to access Executive Order 146.

Federal Update

FCC Chairman Announces Plan to Implement 9-8-8 Suicide Prevention Lifeline by 2022

At the National Council's Hill Day at Home earlier this week, Ajit Pai, Chairman of the Federal Communications Commission, announced that the agency will be finalizing implementation of 9-8-8 as the three-digit dialing number for the National Suicide Prevention Hotline by July 2022. According to the Chairman, 9-8-8 may be available via certain carriers before 2022, but the two-year window is the quickest feasible implementation timeline. The National Council applauds Chairman Pai and the FCC for their work to put mental health crises on the same footing as other, physical emergencies by creating a three-digit emergency dialing code that will undoubtedly save countless lives.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through September 30, 2020 – we're moving to a virtual setting when possible.**

The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon. Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

CMHA Annual Spring/Summer Conference moves to a VIRTUAL CONFERENCE!



2020 Annual Summer Virtual Conference August 17 – 21, 2020

**Virtual Education & Networking
Each day from 9:00am – 12:30pm**

Stay tuned for more details soon!

Registration Open - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

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.

Dates:

- August 17, 2020 (*training full*)
- October 5, 2020 (*18 spots left*)
- November 2, 2020 (*59 spots left*)

Agenda:

Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees:

\$103 CMHA Members

\$126 Non-Members

[CLICK HERE TO REGISTER](#) FOR THE OCTOBER 5, 2020 TRAINING

[CLICK HERE TO REGISTER](#) FOR THE NOVEMBER 2, 2020 TRAINING

Registration Open - VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- July 20, 2020 (*training full*)
- August 3, 2020 (*1 spot left*)

Agenda:

Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members

\$47 Non-Members

[CLICK HERE TO REGISTER](#) FOR THE AUGUST 3, 2020 TRAINING *(1 spot left)*

Wraparound Conference

New Dates: Monday, September 28, 2020 – Wednesday, September 30, 2020

Self-Determination Conference Moving Virtual September 2020!

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend?:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

Registration available soon, check [CMHA website](#) for more information and updates.

LOCUS Specialty Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: LOCUS Specialty Trainings – Virtual Information to come soon!

- July 21, 2020 (Rescheduled from April 21) – Virtual

Prerequisite: Basic Understanding of the LOCUS

Each course qualifies for 2.5 Social Work Contact Hours and 2.5 Related MCBAP Contact Hours

Enhancing Your LOCUS Skills: 9:00 AM – 11:30 AM

Audience: LOCUS Users, Trainers, Supervisors

Description: This workshop is designed for those individuals who want to fine-tune and enhance their understanding and use of the LOCUS. Ideal for users of the LOCUS, LOCUS trainers, and organizational supervisors.

Fee: \$0

Quality & Outcome Measurement with the LOCUS: 1:00 PM – 3:30 PM

Audience: Supervisors, Quality Specialists and Managers, Utilization Management, Organizational Leadership

Description: Statewide LOCUS implementation is not without its challenges. This workshop is designed to help organizational leadership define and implement outcome measures associated with the LOCUS. We will explore how use of data capture and analysis supports systemic change to achieve positive outcomes for the individuals served.

Fee: \$0

Registration Open – Virtual Motivational Interviewing College Trainings

Registration has now re-opened for the new VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to each training.

Dates	Training	Registration Link
July 27-28, 2020	M.I. Basic	CLICK HERE
July 29, 2020	M.I. Supervisory	CLICK HERE
July 30-31, 2020	M.I. Advanced	CLICK HERE
Aug. 6, 2020	M.I. Supervisory	CLICK HERE
Aug. 10-11, 2020	M.I. Basic	CLICK HERE
Aug. 13-14, 2020	M.I. Advanced	CLICK HERE
Sept. 2-3, 2020	TNT: Teaching M.I.	CLICK HERE

Times:

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

Training Fees:

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

Registration Open – Virtual Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning

Course Description:

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

Who Should Attend?

This event is sponsored by the adult mental health block grant and is **only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the State of Michigan.** 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

Dates & Registration Links

- July 23, 2020 | [CLICK HERE](#) for more information and to register now

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to each training.

Training Fee:

\$65 per person. The fee includes electronic training materials and CEs.

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

Catalog of MHTTC resources to be highlighted via new weekly series in CMHA Weekly Update

This month, the Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

News from Our Preferred Corporate Partners

New! Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be "high cost".

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users. Beginning July 1 that charge

went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

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

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo](#).

Relias: telehealth resources for working with kids

During times of crisis, the need for mental health and substance use services doesn't stop. In fact, the demand for these services increases as people (including children) begin to experience anxiety, depression, and other mental health issues as a result of the crisis.

Behavioral health organizations and substance use treatment facilities can still provide services (and keep their staff on payroll) by offering telehealth services to meet the demand now and beyond.

[Explore Our Telehealth Toolkit](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact

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

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

CMHA Staff Contact Information:

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

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



WEEKLY Update

July 3, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

New! Livingston CMH in the news: Mental health calls continue to rise Michigan COVID-19 outbreak nears fifth month

Below are excerpts from a recent press story featuring Livingston County Community Mental Health.

Unlike isolated geographical disasters such as floods and tornadoes, the COVID-19 pandemic affects everyone, Livingston County Community Mental Health Director Connie Conklin said.

"This has impacted everybody. I'm not exempt, other people are not exempt," she said. "Now is the time to normalize the fact that everyone needs support at times."

During the beginning of the outbreak in Michigan, in March, Conklin said there was a lull in calls, but now as the pandemic continues through its fourth month, calls are starting to increase.

"I think we are starting to see some of the effects of isolation," she said. "There is loss of jobs, people have lost loved ones and they haven't gone through the grieving process. They hit the pause button. That's not healthy for people."

The full article can be found [here](#).

New! Cultural and linguistic competence resources provided via CMHA/MHTTC/SAMHSA partnership

Over the past several weeks (years, decades, centuries), the issue of racial justice has been on the minds and woven into the lives of many Americans. Several months ago, prior to the latest set of events, both tragic and heroic, and news stories around racial justice, CMHA had started the development of several initiatives centered around cultural and linguistic competence and racial justice.

These initiatives are being highlighted in the Weekly Update, with this being the second in a series.

Education and training offerings on cultural and linguistic competence provided via

CMHA/MHTTC/SAMHSA partnership: The Community Mental Health Association of Michigan (CMHA) is the Michigan partner of the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC). Through this partnership, CMHA regularly makes available, to its members and stakeholders, of education and training offerings on a range of evidence based and promising mental health prevention and treatment practices. Over the last several months, this partnership has made available a significant number of resources around cultural and linguistic competence. Some of those offerings are listed below:

Webinar series: delivering culturally relevant services during COVID-19 pandemic:

- [The Morbidity of National Trust and Health Disparities: Past, Present, and Future\(Part 1\)](#)
- [Culturally Responsive Factors to Consider \(Part 2\)](#)
- [Culturally Responsive Factors to Consider for the Hmong Population \(Part 3\)](#)
- [Building Skills for Cross-Cultural Communication and Resilience During COVID-19](#)
- [From Cultural Competence to Structural Competence](#)
- [From Cultural Competence to Structural Competence – Strategies for Achieving Mental Health Equity](#)
- [Responding to COVID-19 | Mental Health Disparities](#)
- [Cultural and Linguistic Competence Trainings](#)
- [Master's Series Cultural Competence Intensive Training Collaborative: Informational Webinar](#)
- [Peer Services Consultation Office Hours: Cultural competence, cultural awareness, and cultural integrity](#)
- [Integrating Cultural and Linguistic Competence: Leading from Where You Are](#)

National MHTTC websites on Racial Equity and Cultural Diversity: An additional resource, supported through the CMHA/MHTTC/SAMHSA partnership, is a set of national websites providing a wide range of

sound cultural and linguistic competence materials. The links to these websites and their descriptions can be found [here](#).

New! Social media posts to highlight findings of CMHA/CHI2 white paper “A Tradition of Excellence and Innovation: Measuring the Performance of Michigan’s Public Mental Health System”

Over the last several decades, policy makers and elected officials have debated and implemented a range of plans for redesigning Michigan’s public mental health system. Unfortunately, some these system redesign proposals have been based on a lack of accurate information on the performance of that system. To provide an accurate picture of the performance of Michigan’s public mental health system, the Center for Healthcare Integration and Innovation (CHI2) recently issued a white paper that examines the performance of Michigan’s public mental health system against a number of state-established and national standards. This white paper can be found [here](#).

This paper underscores the very high levels of performance that Michigan’s public mental health system, in partnership with the Michigan Department of Health and Human Services (MDHHS), has demonstrated, over decades, on a number of dimensions of healthcare quality and innovation.

Social media posts, highlighting the key findings of this report, will soon be appearing on a number of social media platforms (Facebook and Twitter). Below is a sample of those posts:



Michigan’s public mental health system is nationally recognized as one of the most comprehensive, innovative, person-centered and community-driven systems in the country. Measuring dimensions of health care quality and innovation, Michigan’s system surpasses most states and systems.



Thanks to the work of public behavioral health care providers, Michigan ranked 6th in the 2019 State of Mental Health in America Report for services and outcomes for adult services. This puts Michigan among the top 12% for awareness and access to mental health.



Michigan’s public mental health system has a medical loss ratio of 94%, which means 94% of the budget is spent on actual care while only 6% is spent on administrative costs. These numbers are a testament to providers’ commitment to a person-centered system.



Michigan's public mental health system is comprised of 10 public regional entities, 46 public community mental health systems and has more than 100,000 individuals providing mental health services.

Pursuit of healthcare
integration and
evidenced-based
practices



More than 620 integration efforts led by the public mental health system take place throughout the state to lower costs of services, increase access to care, improve preventative intervention and serve the whole person.

State & National Developments and Resources

New! BHDDA issues guidance: [COVID-19 Testing Guidelines for Individuals who may be Sensitive to Testing or have Decision-Making Challenges](#)

Below are excerpts from a recently released communication from the Behavioral Health and Developmental Disability Administration (BHDDA) within the Michigan Department of Health and Human Services (MDHHS).

Regarding whether consent is needed to test for COVID-19 for residents/patients in a psychiatric hospital, unit, AFC setting, nursing home, home for the aged, or other settings where vulnerable populations are found:

This is a topic of ongoing discussion that will continue to evolve with new public health mandates and orders.

Informed Consent is required for testing. Informed consent may be secured in a written form or verbally. When a person is asked to submit to a COVID-19 test, it is important to remember that adults of sound mind are permitted to refuse medical procedures. Proper informed consent needs to include an explanation of the risk of such refusal and the benefits of the intervention. Similarly, psychiatric patients and all adults are presumed competent, and therefore should be allowed to decline testing as well, presuming their decision-making is sound and has not been adjudicated otherwise.

The full communication can be found [here](#).

Other BHDDA communications related to COVID-19 responses and practices can be found [here](#).

New! MDHHS to provide free naloxone to community organizations and individuals statewide

Below are excerpts from a recent press release from MDHHS regarding naloxone distribution plans.

Naloxone can be requested via online portal to reverse opioid overdoses and save lives

The Michigan Department of Health and Human Services (MDHHS) has launched an online portal where community organizations can request free naloxone, a medication that reverses opioid overdoses and saves lives. The portal can be found [here](#).

In 2018, opioid overdoses killed more than 2,000 Michiganders, or an average of five people every day. Turning the tide on the epidemic remains an urgent priority for Gov. Gretchen Whitmer, the Michigan Opioids Task Force and MDHHS. In the middle of the COVID-19 pandemic, which may have disrupted resources that people who use drugs rely on, access to naloxone is critical.

Naloxone saves thousands of lives each year by reversing the effects of an opioid overdose. However, a recent study found that only 25 percent of individuals using opioids in southeast Michigan had access to naloxone. Expanding naloxone access, especially for individuals at high risk of overdosing, is imperative and an integral part of Michigan's response to the opioid crisis.

"Getting naloxone into the hands of people who are most likely to be able to save a life is important," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health at MDHHS. "MDHHS is proud to partner with community organizations to make it as easy as possible to access free naloxone, reducing the devastation caused by the overdose epidemic."

The portal is available to any community organization statewide, including substance use treatment providers, non-profits, harm reduction organizations, jails, first responders, local governments and small businesses. MDHHS will review organizations' plans for distributing naloxone, especially to individuals at high risk of overdose. If approved, the organization will receive naloxone by mail; shipments are in increments of 12 kits and organizations are expected to have a plan for distribution and training for individuals at risk of overdose on how to use naloxone.

Separately, NEXT Naloxone has also partnered with MDHHS to offer individuals free naloxone delivered by mail. Providing naloxone by mail-order will help people who cannot access naloxone in their area, have insurance barriers or other challenges.

NEXT Naloxone is a free, online service that makes naloxone available to people who use drugs, their families and friends, and others who may witness and respond to an overdose. NEXT Naloxone is available in Michigan through funding from Vital Strategies and a partnership with the harm-reduction organization The Grand Rapids Red Project. Individuals can place an order for mail delivery at Naloxoneforall.org/michigan.

To help community organizations plan their naloxone distribution strategy, MDHHS has also released a memorandum on the state's strategy and guidance on naloxone distribution. To get naloxone into the hands of people who need it most and to save as many lives as possible, MDHHS recommends that organizations distributing naloxone:

- Target distribution to individuals actively using opioids: Individuals actively using opioids are most likely to need naloxone – and are often best placed to respond immediately to overdoses.
- Ensure that individuals at highest risk of overdose have naloxone: Some individuals face heightened risk of overdose and equipping them with naloxone is especially impactful, including individuals leaving incarceration, individuals leaving abstinence-based treatment or detoxification programs, individuals who experience a non-fatal overdose and post-partum women.
- Make it as easy as possible to access naloxone: Providing easy access, by distributing naloxone at locations individuals using substances already visit and addressing stigma, maximizes the chances that an individual in active use will successfully obtain it.

For more information, please visit Michigan.gov/Opioids.

State Legislative Update

New! FY20 Budget Deal and other updates

As announced at the Governor's press conference earlier this week, a compromise has been reached between Governor Whitmer and Legislative leaders on a path forward to address the \$2.2 billion deficit for the current Fiscal Year (FY) 2020. The details of the deal include:

- \$950 million from the federal coronavirus relief fund (CRF)
- \$350 million draw down from the Budget Stabilization Fund ("Rainy Day" Fund). To extract more than 25% from the \$1.1 billion fund requires 2/3 majority vote, which we fully expect the legislature to achieve
- \$490 million in savings through austerity measures in state government, including stay employee hiring freezes, lay-offs and discretionary spending freezes
- \$256 million reduction to K-12 schools (*offset by federal CRF dollars*)
- \$200 million reduction to universities and community colleges (*offset by federal CRF dollars*)
- \$97 million reduction to local governments (*offset by federal CRF dollars*)
- \$340 million adjustment to Medicaid funding. This reduction in state dollars is, in part, financed by the enhanced federal match rate spurred by the federal state of emergency. Other savings baked into this figure include \$125 million in required state match for FEMA that can be paid with federal coronavirus dollars and \$35 million savings from changed assumptions about

Medicaid managed care actuarial soundness (justified by the delay/cancellation of elective medical procedures).

To view a one-pager from the Governor, Speaker Chatfield and Majority Leader Shirkey that breaks down how the federal money is being allocated, please click on the link below:

https://content.govdelivery.com/attachments/MIEOG/2020/06/29/file_attachments/1485037/Budget%20Agreement.pdf

As far as process, some of these pieces can be addressed unilaterally through the executive branch while others will require legislative involvement. It is yet unclear how the various pieces will come together (i.e. via an executive order or otherwise) but the legislature has scheduled session days for the week of July 20, presumably to address FY 20 budget issues.

In other news, Governor Whitmer announced at her press conference that the regions of the state that are in Phase 4 of the 6-phase [MI Safe Start Plan](#) (Regions 1-5, 7 and 9) will remain in that phase for now. She also announced that we could see additional restrictions in some areas announced in the coming days. The Governor had previously indicated that those regions could transition to Phase 5 by July 4; however, due to a precipitous rise in daily cases in certain areas, such as Grand Rapids and Lansing, the transition plan is on hold. The Upper Peninsula and areas surrounding Traverse City (Regions 6 and 8) remain in Phase 5. According to numbers released today by the Michigan Department of Health and Human Services, Michigan reported 373 new COVID-19 cases over a 24 hour period, the largest numbers in 30 days.

Additionally, we wanted to share that on Monday, June 29, Governor Whitmer signed [Executive Order 2020-138](#), rescinding and scaling back aspects of [Executive Order 2020-86](#), which addresses the furnishing of virtual health care services, including mental health care, drug treatment, and home health services. The new order comes in response to the [signing of new public acts](#) that help streamline access to telehealth services, including mandating reimbursement for remote patient monitoring. As these bills codified aspects of EO 2020-86, it was necessary to repeal some of the provisions that are no longer necessary and retain only those provisions that remain necessary.

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 100 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-137** – Protecting the Food Supply and Migrant and Seasonal Agricultural Workers from the effects of COVID-19, please click [here](#) to access Executive Order 137.
- **Executive Order 2020-138** – Encouraging the use of telehealth services during the COVID-19 emergency, please click here to access Executive Order 138.

- **Executive Order 2020-140** – Temporary suspension of youth work permit application requirements, please click [here](#) to access Executive Order 140.
- **Executive Order 2020-141** – Providing alternative notice of public hearings under Michigan’s tax abatement statutes, please click here to access Executive Order 141.
- **Executive Order 2020-142** – Provision of PreK–12 education for the 2020–2021 school year, please click [here](#) to access Executive Order 142.
- **Executive Order 2020-143** – Closing indoor service at bars, please click [here](#) to access Executive Order 143.

Federal Update

FCC Chairman Announces Plan to Implement 9-8-8 Suicide Prevention Lifeline by 2022

At the National Council’s Hill Day at Home earlier this week, Ajit Pai, Chairman of the Federal Communications Commission, announced that the agency will be finalizing implementation of 9-8-8 as the three-digit dialing number for the National Suicide Prevention Hotline by July 2022. According to the Chairman, 9-8-8 may be available via certain carriers before 2022, but the two-year window is the quickest feasible implementation timeline. The National Council applauds Chairman Pai and the FCC for their work to put mental health crises on the same footing as other, physical emergencies by creating a three-digit emergency dialing code that will undoubtedly save countless lives.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through September 30, 2020 – we’re moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon. Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

CMHA Annual Spring/Summer Conference moves to a VIRTUAL CONFERENCE!



2020 Annual Summer Virtual Conference August 17 – 21, 2020

**Virtual Education & Networking
Each day from 9:00am – 12:30pm**

Stay tuned for more details soon!

Registration Open - VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

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

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.

Dates:

- July 13, 2020 (*training full*)
- August 17, 2020 (*training full*)
- October 5, 2020 (*29 spots left*)
- November 2, 2020

Agenda:

Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees:

\$103 CMHA Members

\$126 Non-Members

[CLICK HERE TO REGISTER](#) FOR THE AUGUST 17, 2020 TRAINING (*16 spots left*)

[CLICK HERE TO REGISTER](#) FOR THE OCTOBER 5, 2020 TRAINING

[CLICK HERE TO REGISTER](#) FOR THE NOVEMBER 2, 2020 TRAINING

Registration Open - VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- July 20, 2020 (*training full*)
- August 3, 2020 (*10 spots left*)

Agenda:

Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members

\$47 Non-Members

[CLICK HERE TO REGISTER](#) FOR THE JULY 20, 2020 TRAINING (*training full*)

[CLICK HERE TO REGISTER](#) FOR THE AUGUST 3, 2020 TRAINING (*38 spots left*)

Wraparound Conference

New Dates: Monday, September 28, 2020 – Wednesday, September 30, 2020

Self-Determination Conference Moving Virtual September 2020!

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Who Should Attend?:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

Registration available soon, check [CMHA website](#) for more information and updates.

LOCUS Specialty Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: LOCUS Specialty Trainings – Virtual Information to come soon!

- July 21, 2020 (Rescheduled from April 21) – Virtual

Prerequisite: Basic Understanding of the LOCUS

Each course qualifies for 2.5 Social Work Contact Hours and 2.5 Related MCBAP Contact Hours

Enhancing Your LOCUS Skills: 9:00 AM – 11:30 AM

Audience: LOCUS Users, Trainers, Supervisors

Description: This workshop is designed for those individuals who want to fine-tune and enhance their understanding and use of the LOCUS. Ideal for users of the LOCUS, LOCUS trainers, and organizational supervisors.

Fee: \$0

Quality & Outcome Measurement with the LOCUS: 1:00 PM – 3:30 PM

Audience: Supervisors, Quality Specialists and Managers, Utilization Management, Organizational Leadership

Description: Statewide LOCUS implementation is not without its challenges. This workshop is designed to help organizational leadership define and implement outcome measures associated with the LOCUS. We will explore how use of data capture and analysis supports systemic change to achieve positive outcomes for the individuals served.

Fee: \$0

Registration Open – Virtual Motivational Interviewing College Trainings

Registration has now re-opened for the new VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to each training.

Dates	Training	Registration Link
July 27-28, 2020	M.I. Basic	CLICK HERE
July 29, 2020	M.I. Supervisory	CLICK HERE
July 30-31, 2020	M.I. Advanced	CLICK HERE
Aug. 6, 2020	M.I. Supervisory	CLICK HERE
Aug. 10-11, 2020	M.I. Basic	CLICK HERE
Aug. 13-14, 2020	M.I. Advanced	CLICK HERE
Sept. 2-3, 2020	TNT: Teaching M.I.	CLICK HERE

Times:

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.



Training Fees:

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

Registration Open – Virtual Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning

Course Description:

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

Who Should Attend?

This event is sponsored by the adult mental health block grant and is **only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the State of Michigan.** 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

Dates & Registration Links

- July 10, 2020 | [CLICK HERE](#) for more information and to register now
- July 23, 2020 | [CLICK HERE](#) for more information and to register now

Be sure to review the updated virtual guidelines, terms & conditions in the brochure to ensure you can fully participate in the virtual education. Registration closes 5 business days prior to each training.

Training Fee:

\$65 per person. The fee includes electronic training materials and CEs.

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Weekly Update readers may remember that the Community Mental Health Association of Michigan (CMHA) is the Michigan partner of the SAMHSA-funded **Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC)**. The Great Lakes MHTTC, in partnership with CMHA, provides education and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

Catalog of MHTTC resources to be highlighted via new weekly series in CMHA Weekly Update

This month, the Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage. This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Improving Mental Health Service Access for Farming and Rural Communities

[Register](#)

Session Three

[Providing Mental Health Telehealth Services in Farming and Rural Communities](#)

Thursday, July 9, 2020

1:00–2:00pm, ET, 12:00–1:00pm CT, 11:00–12:00pm MT, 10:00–11:00am MT

News from Our Preferred Corporate Partners

Message from Abilita to audit telecom costs

The impact of COVID-19 has already caused a significant economic impact in Michigan and may force difficult decisions to balance budgets. We believe now is a good time to audit your telecommunications costs for cost reduction. CMHA has endorsed Abilita since 2009 to monitor and implement savings with



[satisfied](#) results according to a survey of their clients. Contact us or Abilita directly for additional information at abilita.com/cmha

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

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo.](#)

Relias: telehealth resources for working with kids

During times of crisis, the need for mental health and substance use services doesn't stop. In fact, the demand for these services increases as people (including children) begin to experience anxiety, depression, and other mental health issues as a result of the crisis.

Behavioral health organizations and substance use treatment facilities can still provide services (and keep their staff on payroll) by offering telehealth services to meet the demand now and beyond.

[Explore Our Telehealth Toolkit](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284



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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
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