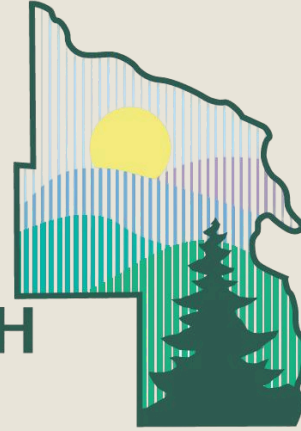


NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY



MAY BOARD MEETING

May 14, 2026
3:00 p.m.

400 Johnson St.
Alpena, MI 49707

(989) 356-2161



(800) 968-1964

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

Meeting Agenda | Thursday, May 14, 2026 | 3:00 p.m.

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

- I. Call to Order**
- II. Roll call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (Pages 1 – 4)**
- VIII. Environmental Scan: Eric Kurtz (Presentation)**
- IX. Consent Agenda**
 - 1. IPfone POTSBOX(Page 5)
- X. May Monitoring Reports**
 - 1. Budgeting 01-004.....(Page 6)
 - 2. Financial Condition 01-005(Page 7)
 - 3. Treatment of Individuals Served 01-002 (Pages 8 – 12)
- XI. Board Policies Review and Self-Evaluation**
 - 1. Financial Condition 01-005 [Review Suggested Revisions].....(Page 13)
 - 2. Board Job Description 02-003 [Review & Self-Evaluate] (Pages 14 – 15)
 - 3. Board Core Values 02-014 [Review & Self-Evaluate](Page 16)
 - 4. Disclosure of Ownership 02-016 [Review & Self-Evaluate] (Pages 17 – 18)
- XII. Linkage Reports**
 - 1. NMRE Board(Verbal)
- XIII. Operations Report(Page 18)**
- XIV. Board Chair’s Report**
 - 1. Review Meeting Evaluation Questions(Page 19)
 - 2. CMHA Summer Conference(Brochure on Page 20)
 - 3. Selection of Voting Delegates(Page 21)
- XV. Executive Director’s Report(Verbal)**
- XVI. Information and/or Comments from the Public**
- XVII. Information and/or Comments for the Good of the Organization**
- XVIII. Next NeMCMHA Board Meeting – Thursday, May 14 at 3:00 p.m.**
 - 1. Proposed June Agenda Items(Page 22)
 - 2. Schedule of NeMCMHA Board Meetings (Handout)
- XIX. Meeting Evaluation(Verbal)**
- XX. Adjournment**

**Northeast Michigan Community Mental Health Authority Board
Board Meeting – April 9, 2026**

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:01 p.m.

II. Seating of Board Members

Eric seated Bonnie Cornelius, Lynnette Grzeskowiak, and Lloyd Peltier for new three-year terms.

III. Roll Call and Determination of a Quorum

Present: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small

Absent: Bob Adrian

Staff & Guests: Carolyn Bruning, Rebekah Duhaime, Erin Fletcher, John Galarza, Genny Grimshaw, Jared Kendziorski, Jason Lepper, Mikki Manion, Nena Sork, Kara Steinke, Jen Walburn

IV. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

V. Appointment of Evaluator

Lloyd was appointed as evaluator of the meeting.

VI. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VII. Information and/or Comments from the Public

Nothing was presented.

VIII. Election of Officers

Eric reviewed the Nominations Committee's recommendations that he remain as Chair, Lloyd Peltier as Vice Chair, and Bonnie Cornelius as Secretary, as well as their recommendation of Charlotte Helman as the Member At Large on the Executive Committee, which will take the place of the Past Chair role.

Eric asked three times for any additional nominations for Chair. None were voiced and nominations were closed.

Terry Small made a motion, supported by Dana Labar, to elect Eric Lawson as Chair of the NeMCMHA Board.

Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small; Nays: None. Absent: Bob Adrian. Motion carried.

Eric asked three times for any additional nominations for Vice Chair. None were voiced and nominations were closed.

Dana Labar made a motion, supported by Lynnette Grzeskowiak, to elect Lloyd Peltier as Vice Chair of the NeMCMHA Board.

Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small; Nays: None. Absent: Bob Adrian. Motion carried.

Eric asked three times for any additional nominations for Executive Committee Member At Large. None were voiced and nominations were closed.

Kara Bauer LeMonds made a motion, supported by Lynnette Grzeskowiak, to elect Charlotte Helman as Executive Committee Member At Large of the NeMCMHA Board Executive Committee. Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small; Nays: None. Absent: Bob Adrian. Motion carried.

Eric asked three times for any additional nominations for Secretary. None were voiced and nominations were closed.

Lynnette Grzeskowiak made a motion, supported by Lloyd Peltier, to elect Bonnie Cornelius as Secretary of the NeMCMHA Board. Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small; Nays: None. Absent: Bob Adrian. Motion carried.

IX. Approval of Minutes

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

X. Audit Reports: Financial and Compliance

Chelsea McConnell from Straley, Lamp & Kraenzlein PC presented the Board with their FY25 Financial and Compliance Audit reports. She reviewed the audited financial statements, required communications, compliance, internal control, and analytics. She was pleased to report that the Agency was issued an unmodified, or “clean,” opinion for both the financial and compliance audits. Chelsea provided a condensed Statement of Net Position, which showed that current assets have increased due to the aggregate increase in cash and decrease in accounts receivable. Liabilities were consistent with the prior fiscal year. There was a positive increase in net position. The current ratio is 1.96, indicating financial health. The number of days of expenses in an unrestricted net position is at 40, an increase from 31 days in FY24.

XI. April Monitoring Reports

1. Budgeting 01-004

Jared Kendziorski reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending February 28, 2026, with 41.67% of the year elapsed. Jared detailed line items with negative variances and noted that expenses are trending positively as compared to revenue for the month. Medicaid and Healthy Michigan funds are underspent by \$1.7 million and General Funds are underspent by \$120,005 after the PA423 amount is charged to General Funds. Behavioral Health Home has a net positive amount of \$57,428.

2. Communication and Counsel 01-009

Boad members reviewed the monitoring report and did not have any questions.

Moved by Lloyd Peltier, supported by Bonnie Cornelius, to accept the April Monitoring Reports. Motion carried.

XII. Board Policies Review

1. Financial Condition 01-005

The Board reviewed the policy and asked for clarification on bullet #1. This will be on the May agenda for review.

2. Communication and Counsel to the Board 01-009

The Board reviewed the policy and agreed that it looks good as-is.

3. Governing Style 02-002

Board members believe they are following the policy as written. Rebekah Duhaime will research whether any new Carver Policy Governance materials are available.

4. Cost of Governance 02-013

This policy is revised every year to reflect current budgeted dollar amounts.

Moved by Terry Small, supported by Lloyd Peltier, to approve the revisions to the Cost of Governance Policy.
Motion carried.

XIII. Linkage Reports

1. NMRE Board

Dana reported that Chip Johnston, Executive Director of Centra Wellness Network, announced his upcoming retirement. Nena will be bringing him to Alpena to offer his Red Book training on the history of the CMH system. Eric reported that there is an issue with liquor tax funding, as the State is withholding some of the counties' payouts. While they may have the right to withhold the funds, they don't usually hold so much back.

2. Advisory Council

Anne Ryan reported it was a short meeting, and they didn't have a quorum. They reviewed the upcoming NMRE Day of Education, which Board members received a flyer for today. Their next meeting will be the combined meeting in June with the full Board.

XIV. Operations Report

Erin Fletcher reported on operations for the month of March. Crisis Services served 39 individuals, a jump from 28 in February. It's not uncommon to see the numbers increase this time of year, as spring can be difficult for individuals with mood disorders. Home-based services and outpatient counseling are both onboarding new clinicians. The total of unduplicated individuals served in March was 969.

XV. Board Chair's Report

1. Section 222 & Conflict of Interest Forms

Eric asked that Board members complete their forms and return them to Rebekah.

2. Establishment of Regular Meeting Date

The current meeting time of 3:00 p.m. on the second Thursday of the month will be kept.

3. Appointment of Standing Committees

Committee appointments for Recipient Rights and Advisory Council will remain the same. Charlotte was appointed to the Nominations Committee to ensure Montmorency County has representation.

4. CMHA Summer Conference

The conference will be on June 9 and 10, with voting on June 8.

XVI. Executive Director's Report

Nena reported that the power outage from the ice storm closed all offices on Monday, March 16. The main office was able to resume operations on Tuesday, but the Fletcher, Hillman, and Rogers City offices were without power for longer.

She reviewed her activities for the month, including meetings attended and internal work groups. Nena discussed the handout the Board received regarding a resolution to accept boilerplate language for the Rural and Frontier Caucus.

Bonnie Cornelius made a motion, supported by Lloyd Peltier, to adopt the Resolution to Protect Rural Access to Behavioral Health Services by adopting Proposed FY 2027 Boilerplate Language. Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small; Nays: None. Absent: Bob Adrian. Motion carried.

The Board received a flyer for the fourth annual Mental Health Movement 2K | 5K | 10K Run-Walk on Saturday, May 16.

XVII. Information and/or Comments from the Public

Kara Steinke recognized Training Coordinator, Genny Grimshaw, who will be retiring in May after 20 years with the Agency.

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

Dana shared appreciation for all the hard work that went into the audit.

Kara shared that Partners in Prevention won a grant for sequential intercept mapping, which will be a cheat sheet for first responders regarding available services and protocols.

XIX. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, May 14, 2026, at 3:00 p.m.

1. May Agenda Items

The May agenda items were reviewed. Eric will not be in attendance and Lloyd will chair the meeting.

XX. Meeting Evaluation

Lloyd felt Board members came prepared to govern and they were afforded opportunities to contribute. He said this is one of the best boards he sits on. He was satisfied with what the Board accomplished and is proud of the work staff put into the audit. He encouraged Board members to attend the conference, as he always gets so much out of attending.

XXI. Adjournment

Moved by Lynnette Grzeskowiak, supported by Lloyd Peltier, to adjourn the meeting. Motion carried.

This meeting adjourned at 4:36 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Consent Agenda – May 14, 2026

IPfone POTSBOX

MIS (IT) would like to move seven of our group homes to a new telephone provider, the IPfone POTSBOX system. This system is designed to allow the homes' existing devices to be used by staff with no change in operations, while decreasing dependence on the POTS (Plain Old Telephone System) lines that are actively being eliminated by phone providers. After several recent issues where the customer service of our existing provider didn't match the level we needed or expected, MIS leadership wanted to migrate the phones to a company that better aligns with our customer service needs.

IPFone/TelnetWW are already trusted partners that the Agency regularly works with. The technical advantages allow us to move the AFC homes to a more modern VOIP (Voice Over IP) solution, while still using the existing phones that staff are comfortable with.

Another technical improvement is the failover system that the POTSBOX system uses that allows us to have a cellular backup system for any unexpected internet service provider outages. Finally, by making the switch, NeMCMHA will be saving approximately \$15,000 per year over the existing solution.

The agreement with IPFone/TelnetWW would be in place for 3 years. We recommend approval.



Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Sixth Month Ending March 31, 2026
50% of year elapsed

| | Actual March Year to Date | Budget March Year to Date | Variance March Year to Date | Budget FY26 | % of Budget Earned or Used |
|--|---------------------------------|---------------------------------|-----------------------------------|-------------------|----------------------------------|
| Revenue | | | | | |
| 1 State Grants | 107,027.48 | 146,818.02 | (39,790.54) | 293,636.00 | 36.4% |
| 2 Grants from Local Units | 133,319.00 | 133,318.98 | 0 | 266,638.00 | 50.0% |
| 3 NMRE Incentive Revenue | - | 130,000.02 | (130,000) | 260,000.00 | 0.0% |
| 4 Interest Income | 9,644.24 | 3,499.98 | 6,144 | 7,000.00 | 137.8% |
| 5 Medicaid Revenue | 16,779,343.72 | 18,320,068.08 | (1,540,724) | 36,640,136.00 | 45.8% |
| 6 General Fund Revenue | 594,780.00 | 601,393.38 | (6,613) | 1,202,787.00 | 49.5% |
| 7 Healthy Michigan Revenue | 1,144,859.08 | 1,016,876.46 | 127,983 | 2,033,753.00 | 56.3% |
| 8 3rd Party Revenue | 216,641.13 | 199,999.98 | 16,641 | 400,000.00 | 54.2% |
| 9 Behavior Health Home Revenue | 252,804.22 | 199,999.98 | 52,804 | 400,000.00 | 63.2% |
| 10 Food Stamp Revenue | 56,276.47 | 47,784.96 | 8,492 | 95,570.00 | 58.9% |
| 11 SSI/SSA Revenue | 300,963.50 | 311,610.00 | (10,647) | 623,220.00 | 48.3% |
| 12 Revenue Fiduciary | 130,389.72 | 0.00 | - | 0.00 | 0.0% |
| 13 Other Revenue | 35,213.92 | 18,554.46 | 16,659 | 37,109.00 | 94.9% |
| 14 Total Revenue | 19,761,262 | 21,129,924 | (1,499,052) | 42,259,849 | 46.8% |
| Expense | | | | | |
| 15 Salaries | 7,674,478.32 | 8,389,885.08 | 715,407 | 16,779,770.00 | 45.7% |
| 16 Social Security Tax | 297,723.42 | 361,379.58 | 63,656 | 722,759.00 | 41.2% |
| 17 Self Insured Benefits | 1,065,850.04 | 1,393,893.72 | 328,044 | 2,801,916.00 | 38.0% |
| 18 Life and Disability Insurances | 108,134.91 | 142,174.62 | 34,040 | 284,349.00 | 38.0% |
| 19 Pension | 701,943.19 | 737,777.46 | 35,834 | 1,475,555.00 | 47.6% |
| 20 Unemployment & Workers Comp. | 55,357.89 | 72,856.62 | 17,499 | 131,524.00 | 42.1% |
| 21 Office Supplies & Postage | 21,084.68 | 30,392.52 | 9,308 | 60,785.00 | 34.7% |
| 22 Staff Recruiting & Development | 1,162.97 | 3,675.00 | 2,512 | 7,350.00 | 15.8% |
| 23 Community Relations/Education | 21,508.60 | 33,450.00 | 11,941 | 66,900.00 | 32.2% |
| 24 Employee Relations/Wellness | 40,727.58 | 83,871.48 | 43,144 | 110,838.00 | 36.7% |
| 25 Program Supplies | 241,126.32 | 398,011.92 | 156,886 | 796,024.00 | 30.3% |
| 26 Contract Inpatient | 921,697.09 | 975,000.00 | 53,303 | 1,950,000.00 | 47.3% |
| 27 Contract Transportation | 0.00 | 7,012.50 | 7,013 | 14,025.00 | 0.0% |
| 28 Contract Residential | 3,276,353.09 | 3,039,549.00 | (236,804) | 6,079,098.00 | 53.9% |
| 29 Local Match Drawdown NMRE | 49,284.00 | 49,284.00 | - | 98,568.00 | 50.0% |
| 30 Contract Employees & Services | 3,630,379.95 | 4,098,052.02 | 467,672 | 8,196,104.00 | 44.3% |
| 31 Telephone & Connectivity | 103,118.23 | 135,000.00 | 31,882 | 270,000.00 | 38.2% |
| 32 Staff Meals & Lodging | 11,306.80 | 14,257.50 | 2,951 | 85,420.00 | 13.2% |
| 33 Mileage and Gasoline | 183,869.53 | 232,094.94 | 48,225 | 464,190.00 | 39.6% |
| 34 Board Travel/Education | 2,055.58 | 6,850.02 | 4,794 | 13,700.00 | 15.0% |
| 35 Professional Fees | 0.00 | 65.00 | 65 | 130.00 | 0.0% |
| 36 Property & Liability Insurance | 99,875.05 | 49,249.98 | (50,625) | 98,500.00 | 101.4% |
| 37 Utilities | 119,229.14 | 117,675.00 | (1,554) | 235,350.00 | 50.7% |
| 38 Maintenance | 121,952.69 | 100,650.00 | (21,303) | 201,300.00 | 60.6% |
| 39 Interest Expense Leased Assets | 18,207.87 | 18,237.06 | 29 | 36,474.00 | 49.9% |
| 40 Rent | 3,110.00 | 2,899.98 | (210) | 5,800.00 | 53.6% |
| 41 Food | 74,152.50 | 70,000.08 | (4,152) | 140,000.00 | 53.0% |
| 42 Capital Equipment | 0.00 | 0.00 | - | 0.00 | 0.0% |
| 43 Client Equipment | 5,819.00 | 19,999.98 | 14,181 | 40,000.00 | 14.5% |
| 44 Fiduciary Expense | 119,548.07 | 0.00 | - | 0.00 | 0.0% |
| 45 Miscellaneous Expense | 77,642.90 | 62,043.96 | (15,599) | 124,150.00 | 62.5% |
| 46 Depreciation & Amortization Expense | 461,624.85 | 478,635.00 | 17,010 | 957,270.00 | 48.2% |
| 47 MI Loan Repayment Program | 3,000.00 | 6,000.00 | 3,000 | 12,000.00 | 25.0% |
| 48 Total Expense | 19,511,324 | 21,129,924 | 1,738,148 | 42,259,849 | 46.2% |
| 49 Change in Net Position | \$ 249,938 | \$ 0 | \$ 249,938 | \$ - | 0.6% |
| 50 Contract settlement items included above: | | | | | |
| 51 Medicaid Funds (Over) / Under Spent | \$ 1,426,547 | | | | |
| 52 Healthy Michigan Funds (Over) / Under Spent | (59,198) | | | | |
| 53 Total NMRE (Over) / Under Spent | \$ 1,367,349 | | | | |
| 54 General Funds to Carry Forward to FY26 | \$ - | PA423 Charged to General Funds | | | |
| 55 General Funds Lapsing to MDHHS | 6,612 | 63,520 | | | |
| 56 General Funds (Over) / Under Spent | \$ 6,612 | 70,132 | Actual GF | | |
| 57 Behavior Health Home Revenues | 252,804 | | | | |
| 58 Behavior Health Home Expenses | (190,029) | | | | |
| 59 BHH Funds (Over) / Under Spent | 62,775 | | | | |
| 60 Total BHH (Over) / Under Spent | \$ 62,775 | | | | |

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
March 31, 2026

| | Total Business- Type Activities March 31, 2026 | Total Business- Type Activities Sept. 30, 2025 | % Change |
|---|---|---|-----------------|
| Assets | | | |
| Current Assets: | | | |
| Cash and cash equivalents | \$ 3,769,845 | \$ 7,393,659 | -49.0% |
| Restricted cash and cash equivalents | 755,314 | 1,094,944 | -31.0% |
| Accounts receivable | 3,187,431 | 560,411 | 468.8% |
| Inventory | 13,600 | 11,235 | 21.1% |
| Prepaid items | 466,728 | 505,102 | -7.6% |
| Beneficial Interest | 6,578 | 5,008 | 31.3% |
| Total current assets | <u>8,199,496</u> | <u>9,570,359</u> | <u>-14.3%</u> |
| Non-current assets: | | | |
| Capital assets not being depreciated | 80,000 | 80,000 | 0.0% |
| Capital & Lease being depreciated, net | 3,551,658 | 3,444,368 | 3.1% |
| Beneficial Interest | 10,595 | 11,445 | -7.4% |
| Total non-current assets | <u>3,642,252</u> | <u>3,535,813</u> | <u>3.0%</u> |
| Total assets | <u>11,841,748</u> | <u>13,106,172</u> | <u>-9.6%</u> |
| Liabilities | | | |
| Current liabilities: | | | |
| Accounts payable | 1,776,043 | 2,511,547 | -29.3% |
| Accrued payroll and payroll taxes | 1,337,431 | 1,492,407 | -10.4% |
| Deferred revenue | 30,469 | 30,379 | 0.3% |
| Current portion of long-term debt (Accrued Leave, Lease Liability) | 335,270 | 237,872 | 40.9% |
| Total current liabilities | <u>3,479,213</u> | <u>4,272,205</u> | <u>-18.6%</u> |
| Non-current liabilities: | | | |
| Long-term debt, net of current portion (Accrued Leave, Lease Liability) | 1,678,769 | 1,724,640 | -2.7% |
| Total liabilities | <u>5,157,982</u> | <u>5,996,845</u> | <u>-14.0%</u> |
| Net Position | | | |
| Invested in capital assets, net of related debt | 2,651,895 | 2,560,347 | 3.6% |
| Restricted | 35,859 | 40,151 | |
| Unrestricted | 4,430,952 | 4,412,376 | 0.4% |
| Total net position | <u>\$ 7,118,707</u> | <u>\$ 7,012,874</u> | <u>1.5%</u> |
| Net Position Beginning of Year | | | |
| Restatement | 7,012,874 | - | |
| | 7,012,874 | | |
| Revenue | 19,761,262 | | |
| Expense | (19,511,324) | | |
| Change in net position | <u>249,938</u> | | |
| Net Position March 31, 2026 | <u>\$ 7,262,812</u> | | |

Unrestricted Net Position as a % of projected annual expense 10.5% or 38 days
Recommended Level 8% - 25%



Recipient Rights Advisory Committee Minutes MAY 05, 2026

The meeting was called to order at 3:04 p.m. May 26, 2026, by Chair Pat Przeslawski in the Administrative Conference Room.

Present: Barb Murphy, Pat Przeslawski, Renee Smart-Sheppler & Lorell Whitscell, Lynnette Grzeskowiak
Absent: Kara Bauer LeMonds, Tom Fredlund
Staff: Elizabeth Kowalski
Guests: None

DRAFT

- I. **Old Business.** None.
- II. **Approval of Minutes.** The minutes from 1-28-2026 were approved as written by consensus.
- III. **New Business.**
INTRODUCTIONS, REAPPOINTMENTS & CHAIR SELECTION: No new reappointments to the committee. Pat Przeslawski continues to serve as chairperson by consensus.

QUARTERLY RIGHTS ACTIVITY REPORT: The committee reviewed the report which covered the second quarter of FY 22, 1/1/2026 – 3/31/2026. There were 25 complaints with 20 investigated, 1 handled as an intervention, and 2 contained no code protected right. Of the 21 investigations/interventions, there were 17 substantiations. There was one pending remedial action. Barb moved to review the report, Lynnette supported.

SEMI-ANNUAL RIGHTS REPORT: The state rights office produced an updated report template for use with the semi-annual and annual reports. The semi-annual report is due to the state no later than June 30th. This report covers the first 6 months of the fiscal year. The semi-annual report will be presented to the committee at the next quarterly meeting.

COMMITTEE COMPOSITION SURVEY: Committee members completed the survey to ensure the required composition is being met. The Mental Health Code, section 757 requires at least 1/3 of the membership must be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers. Members present completed the survey and members not in attendance will be provided with the survey and asked to return it to the rights office within 30 days.
- IV. **Educational Session:** The educational session will be presented at the July meeting and will include information on the Office of Recipient Rights investigative process.
- V. **Other Business:** MDHHS will offer a virtual training for RRAC members on October 7, 2026, from 9:00–10:30 a.m. This training provides basic information about the roles and responsibilities of RRAC members. The committee expressed interest in attending the training together at NEMCMH. Renee moved to incorporate the MDHHS training into the October RRAC meeting. Barb supported a motion to move the previously scheduled October 28, 2026 RRAC meeting to October 7, 2026, immediately following the MDHHS training.
- VI. **Adjournment.**

Pat moved to adjourn, Renee supported. The meeting adjourned at 3:29 p.m. The next meeting will be July 22, 2026 in the Administrative Conference Room at 3 p.m.

Elizabeth Kowalski, Recorder

Patricia Przeslawski, Chairperson

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: January, February & March 2026:

| | | | | | | | | | |
|---------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----|
| I. COMPLAINT DATA SUMMARY | <u>FY 25-26</u> | | | | <u>FY 24-25</u> | | | | |
| A. Totals | 1 st | 2 nd | 3 rd | 4 th | 1 st | 2 nd | 3 rd | 4 th | |
| Complaints Received: | 24 | 25 | | | | 29 | 28 | 26 | 18 |
| Investigated: | 12 | 20 | | | 27 | 19 | 18 | 12 | |
| Interventions: | 03 | 01 | | | | -0- | 03 | 03 | 01 |
| Substantiated: | 10 | 17 | | | 23 | 16 | 16 | 13 | |
| Outside Jurisdiction: | 01 | 02 | | | | -0- | -0- | 01 | -0- |
| No Code Protected Right: | 08 | 02 | | | | 02 | 06 | 04 | 05 |

B. Aggregate Summary of Complaints

| CATEGORY | Received | Investigation | Intervention | Substantiated |
|--|-----------|---------------|--------------|---------------|
| Abuse I | 0 | 0 | | 0 |
| Abuse II | 0 | 0 | | 0 |
| Abuse III | 0 | 0 | | 0 |
| Sexual Abuse | 0 | 0 | | 0 |
| Neglect I | 0 | 0 | | 0 |
| Neglect II | 0 | 0 | | 0 |
| Neglect III | 5 | 5 | | 5 |
| Rights Protection System | 0 | 0 | 0 | 0 |
| Admiss/Dischrg-2 ND Opinion | 0 | 0 | 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 | 1 |
| Freedom of Movement | 0 | 0 | 0 | 0 |
| Financial Rights | 0 | 0 | 0 | 0 |
| Personal Property | 3 | 3 | 0 | 3 |
| Suitable Services | 9 | 9 | 0 | 5 |
| Treatment Planning | 0 | 0 | 0 | 0 |
| Photos/Fingerprints/Audio etc | 0 | 0 | 0 | 0 |
| Forensic Issues | 0 | 0 | 0 | 0 |
| Video Surveillance | 1 | 1 | 0 | 1 |
| Total | 22 | 20 | 01 | 17 |

c. Remediation of substantiated rights violations.

| Category/Specific Allegation | Specific Provider | Specific Remedial Action |
|---|-------------------|--|
| Pending Actions from last qtr: | | |
| Confidentiality | NEMCMH | Documented Counseling |
| | | |
| | | |
| Actions this qtr: | | |
| Neglect, Class III | NEMCMH | Verbal Reprimand |
| Neglect, Class III | Premier Care #4 | Written Reprimand/Suspension |
| Neglect, Class III | NEMCMH | Termination |
| Neglect, Class III | NEMCMH | Termination |
| Neglect, Class III | NEMCMH | Suspension |
| Confidentiality | NEMCMH | Documented Counseling |
| Confidentiality | NEMCMH | Pending |
| Suit Services/Dignity & Respect | NEMCMH | Employee left, but substantiated |
| Suit Services/Dignity & Respect | NEMCMH | Termination |
| Suit Services/Dignity & Respect | NEMCMH | Documented Counseling/Training |
| Suit Services/Dignity & Respect | NEMCMH | Written Reprimand |
| Suit Services/Dignity & Respect | Angie's AFC | Written Reprimand/Suspension |
| Possession and Use of Personal Property | NEMCMH | Employee left, but substantiated |
| Possession and Use of Personal Property | NEMCMH | Employee left, but substantiated/funds replenished by NEMCMH |
| Possession and Use of Personal Property | NEMCMH | Employee left, but substantiated/funds replenished by NEMCMH |
| Safe Sanitary and Human Environment | NEMCMH | Documented Counseling/Training |
| Video Surveillance | Angies AFC | Other |
| | | |
| | | |
| | | |

D. Summary of Incident Reports. (1st Qtr '26)

| Category Type | 1 st Qtr | | 2 nd Qtr | | 3 rd Qtr | | 4 th Qtr | |
|---|---------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|
| | '26 | '25 | '26 | '25 | '26 | '25 | '26 | '25 |
| 05.0 Absent without leave (AWOL) | 01 | 07 | 00 | 21 | | 00 | | 00 |
| 04.0 Accident – No injury | 10 | 18 | 08 | 9 | | 15 | | 14 |
| 04.1 Accident – With injury | 27 | 41 | 15 | 40 | | 42 | | 40 |
| 01.0 Aggressive Acts – No injury | 44 | 29 | 13 | 29 | | 27 | | 31 |
| 01.1 Aggressive Acts – w/ injury | 10 | 04 | 08 | 09 | | 14 | | 12 |
| 01.2 Aggressive Acts – Property Destruction | 03 | 02 | 02 | 02 | | 05 | | 01 |
| 05.2 Death | 02 | 05 | 02 | 03 | | 06 | | 05 |
| 04.3 Fall – No injury | 41 | 13 | 23 | 13 | | 28 | | 32 |
| 02.1 Medical Problem | 73 | 151 | 82 | 136 | | 62 | | 43 |
| 03.0 Medication Delay | 03 | 06 | 02 | 05 | | 04 | | 01 |
| 03.1 Medication Error | 15 | 10 | 15 | 19 | | 19 | | 12 |
| 03.2 Medication Other | 97 | 124 | 74 | 154 | | 107 | | 114 |
| 03.3 Medication Refusal | 22 | 44 | 26 | 33 | | 42 | | 24 |
| 04.5 Non-Serious Injury – Unknown cause | 17 | 15 | 18 | 18 | | 36 | | 23 |
| 05.3 Other | 46 | 109 | 59 | 93 | | 70 | | 65 |
| 01.4 Self Injurious Acts – No injury | 02 | 03 | 05 | 06 | | 11 | | 03 |
| 01.5 Self Injurious Acts – w/injury | 08 | 10 | 07 | 11 | | 13 | | 06 |
| 01.3 Challenging Behavior | 50 | 23 | 48 | 10 | | 59 | | 74 |
| 04.4 Fall – with injury | 14 | 19 | 17 | 13 | | 24 | | 17 |
| 05.1 Arrests | 03 | 04 | 03 | 04 | | 08 | | 01 |
| Total | 488 | 637 | 427 | 628 | | 592 | | 518 |

| | | | |
|----|---------------------------------|---------|------|
| E. | Prevention Activity | Quarter | YTD |
| | Hours Used in Training Provided | 29 | 50.5 |
| | Hours Used in Training Received | 2.5 | 8.5 |
| | Hours Used in Site Visits | 16.5 | 46.5 |

| | | | |
|----|--------------------------|---------|-----|
| F. | Monitoring Activity | Quarter | YTD |
| | Incident Report Received | 427 | 915 |

| | | | |
|----|---------------------------|---------|-----|
| G. | Source of All Complaints: | Quarter | YTD |
| | Recipient: | 04 | 10 |
| | Staff: | 02 | 05 |
| | ORR: | 12 | 22 |
| | Gdn/Family: | 01 | 02 |
| | Anonymous: | 02 | 02 |
| | Comm/Gen Pub: | 04 | 08 |
| | Total: | 25 | 49 |

Elizabeth Kowalski, Recipient Rights Officer

04/29/2026
Date

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

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EXECUTIVE LIMITATIONS

(Manual Section)

FINANCIAL CONDITION – POLICY 01-005

Board Approval of Policy:

August 8, 2002

Policy Last Reviewed:

April 9, 2026

Last Revision to Policy Approved by Board:

April 9, 2020

●1 POLICY:

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

Accordingly, he or she may not:

1. Expend more funds than have been received in the fiscal year to date unless ~~the debt guideline (below) is met~~ directly advised to do so by the NMRE.
2. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any designated reserves other than for established purposes.
4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of equal or greater to the original discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll and debts in a timely manner.
6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
7. Acquire, encumber, or dispose of real property.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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GOVERNANCE PROCESS

(Manual Section)

BOARD JOB DESCRIPTION – POLICY 02-003

| | |
|--|----------------|
| Board Approval of Policy | August 8, 2002 |
| Policy Last Reviewed: | May 9, 2024 |
| Last Revision to Policy Approved by Board: | May 9, 2024 |

●1 POLICY:

The job of the Board is to represent the people of Alpena, Alcona, Montmorency, and Presque Isle counties in determining and ensuring appropriate organizational performance. To distinguish the Board’s own unique job from the jobs of its staff, the Board will concentrate its efforts on the following job “products” or outputs:

1. The link between the organization and the people of Alpena, Alcona, Montmorency, and Presque Isle counties.
2. Written governing policies which, at the broadest levels, address:
 - A. *Ends*: Organizational products, impacts, benefits, outcomes, recipients, and the relative worth of these Ends or products (what good for which needs at what cost).
 - B. *Executive Limitations*: Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 - C. *Governance Process*: Specification of how the Board conceives, carries out, and monitors its own tasks.
 - D. *Board-Executive Director Relationship*: How power is delegated and its proper use monitored; the Executive Director role authority and accountability.
3. The assurance of Executive Director performance (as outlined in policy number 03-004 page 1 of 1, Monitoring Executive Performance 2 A and 2B).
4. Maintain regular communication with the County Board of Commissioners in Alcona, Alpena, Montmorency, and Presque Isle counties through regular reports with a copy maintained by the Executive Director.

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

5. Actively promote involvement of consumers, former consumers, family members, and advocacy groups in planning, implementing, and evaluating mental health services.

6. Actively participate in the planning of health and social services within its service area by involvement with local and regional health service agencies, school districts, and pertinent members and groups of the community through regional coordinating councils and Human Services Community Collaboratives (HSCCs).

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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GOVERNANCE PROCESS

(Manual Section)

BOARD CORE VALUES – POLICY 02-014

Board Approval of Policy

November 7, 2002

Policy Last Reviewed:

May 9, 2024

Last Revision to Policy Approved by Board:

May 10, 2018

●1 POLICY:

The board will create a set of core values that speak to the beliefs of the ownership of the organization as well as staff. These core values shall not be interpreted as ENDS statements, rather the board’s guiding principles.

1. Consumer focus shall be at the heart of all activities. Support of consumer independence is paramount, and to the extent consistent with consumer wishes and confidentiality limitations, the constructive involvement of a consumer’s family shall be supported.
2. Honesty, respect and trust are values that shall be practiced by all.
3. We will be supportive and encouraging to bring out the best in one another. While we recognize our responsibility to participate, and we need the ability to disagree and confront, we should do so in a fashion that personal offense is neither given nor taken, and no one need fear retaliation.
4. Understanding of progress and movement toward a continuously improving environment is a responsibility for all.

These core values will be reviewed and reaffirmed on an annual basis.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board and staff

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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GOVERNANCE PROCESS

(Manual Section)

DISCLOSURE OF OWNERSHIP – POLICY 02-016

| | |
|--|-----------------|
| Board Approval of Policy | August 11, 2016 |
| Policy Last Reviewed: | May 9, 2024 |
| Last Revision to Policy Approved by Board: | August 11, 2016 |

●1 **POLICY:**

The Board shall comply with all requirements to obtain, maintain, disclose and furnish required information about ownership and control interests, business transactions and criminal convictions.

Board members shall complete the Disclosure of Ownership, Controlling Interest and Management Statement ([Exhibit A](#)) upon appointment or reappointment to the Board within 35 days of request. The Disclosure Statements will be reviewed at least annually by a designated staff member. A new disclosure statement and criminal convictions attestation will be required from each Board Member every three years, even if there are no changes in the information.

Disclosure statements will be kept in a confidential file with limited access by designated Agency staff. The disclosure statements will only be viewed or shared to meet State or federal regulations (i.e., representative(s) of the PIHP, MDHHS or other state/federal agencies).

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board members

●3 **DEFINITIONS:**

Disclosing Entity – means a Medicaid provider (other than an individual practitioner or group of practitioners) or a fiscal agent.

Family Members – for the purpose of this policy include spouse, parent, child or sibling.

Fiscal Agent – means a contractor processing or paying vendor claims on behalf of the Disclosing Entity.

Managing Employee – means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency. Designated individuals are defined in Agency procedures.

●4 REFERENCES:

42 CFR 455 Subpart B
42 CFR 455.104-106
Social Security Act, Sections 1128(a) and 1128(b)(1), (2) or (3)
State of Michigan Medicaid Provider Manual, Chapter 2
MDHHS/CMHSP Medicaid Managed Specialty Supports and Services
Concurrent 1915(b)/(c) Waiver
Program Contract, Section 34.0 CMHSP Ownership and Control Interests

●5 FORMS AND EXHIBITS:

[Exhibit A – Disclosure of Ownership, Controlling Interest and Management Statement – Board of Directors](#)

| | Program | Consumers served April 2026 (4/1/26 - 4/30/26) | Consumers served in the Past Year (5/1/25 - 4/30/26) | Running Monthly Average(year) (5/1/25 - 4/30/26) |
|----|--|--|--|--|
| 1 | Access Routine | 45 | 520 | 43 |
| | Emergent | 0 | 1 | 0 |
| | Urgent | 0 | 3 | 0 |
| | Crisis | 37 | 444 | 40 |
| | Prescreens | 47 | 597 | 43 |
| 2 | Doctors' Services | 398 | 1126 | 376 |
| 3 | Case Management | | | |
| | Older Adult (OAS) | 58 | 116 | 73 |
| | MI Adult | 70 | 218 | 63 |
| | MI ACT | 20 | 31 | 16 |
| | Home Based Children | 29 | 72 | 27 |
| | MI Children's Services | 54 | 126 | 45 |
| | IDD | 152 | 304 | 150 |
| 4 | Outpatient Counseling | 110(21/89) | 273 | 77 |
| 5 | Hospital Prescreens | 47 | 597 | 43 |
| 6 | Private Hospital Admissions | 20(2/18) | 233 | 17 |
| 7 | State Hospital Admissions | 1 | 3 | 0 |
| 8 | Employment Services | | | |
| | IDD | 46 | 71 | 47 |
| | MI | 38 | 94 | 40 |
| | Touchstone Clubhouse | 71 | 89 | 67 |
| 9 | Peer Support | 40(7/33) | 77 | 47 |
| 10 | Community Living Support Services | | | |
| | IDD | 85 | 92 | 82 |
| | MI | 52 | 92 | 60 |
| 11 | CMH Operated Residential Services | | | |
| | IDD Only | 46 | 49 | 46 |
| 12 | Other Contracted Resid. Services | | | |
| | IDD | 36 | 38 | 37 |
| | MI | 28 | 34 | 28 |
| 13 | Total Unduplicated Served | 1007 | 2140 | 968 |

| County | Unduplicated Consumers Served Since May 2025 |
|------------------|--|
| Alcona | 218 |
| Alpena | 1278 |
| Montmorency | 261 |
| Presque Isle | 290 |
| Other | 76 |
| No County Listed | 17 |

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Meeting Evaluation Questions
DATE: May 6, 2026

During the March Board meeting, Board members discussed a desire for new/updated meeting evaluation questions. A new evaluation form should be kept to 3 - 5 questions (including one for personal remarks).

Current Questions:

1. Do you feel Board members came prepared to govern?
2. Do you feel you were afforded opportunities to contribute to the conversation?
3. Were you satisfied with what the Board accomplished?
4. Were the provided materials sufficient to assist Board members in forming opinions on decisions made by the Board?
5. (Optional) Evaluator's personal remarks

Previous Questions Prior to November 2023:

1. Did the meeting start and stop on time?
2. Did the Board members come away with some new understanding after what was presented today? (i.e. educational session, reports, etc.)
3. Did a majority of the Board participate in the meeting? (75%)
4. Evaluator's personal remarks

Possible New Questions:

1. What was the most worthwhile element of the meeting?
2. Were all Board members prepared for the meeting?
3. Were you satisfied with the Board's overall meeting performance?
4. Was the Chair effective in allowing all sides to be heard while bringing matters to a decision?
5. How effective were the Board's discussions?
6. How would you rate your own contributions to today's meeting?
7. How well do Board members complement each other's expertise?
8. Do you have any suggestions for Board improvement?
9. What could be improved in the way Board meetings are conducted?
10. How well do you understand your responsibilities and expectations as a Board member?
11. What resources or support would make you a more effective board member?
12. Do you feel adequately informed about the organization's finances, strategic direction, and key risks?
13. Did Board members actively contribute their expertise and insights to discussions?

Community Mental Health Association
Annual Summer Conference

**Rising
to the
MOMENT**

A stylized sun with rays is positioned in the center, rising over a horizon. The background consists of several wavy, overlapping bands of color in shades of yellow, orange, and red, creating a sunset or sunrise effect. The sun is a bright yellow semi-circle with thin white lines radiating from its base.

June 8, 2026 - Pre-Conference
June 9-10, 2026 - Main Conference

Grand Traverse Resort | Traverse City, Michigan

PRE-CONFERENCE INSTITUTE

MONDAY, JUNE 8, 2026

1:00pm – 4:00pm

Pre Conference: Building Stronger Boards: Governance Practices That Elevate Mission and Impact.

– *Jennifer Fair Margraf, MBA, MA, CFRE, Executive Director & Chief Program Officer, Kevin's Song*

This workshop provides a practical, accessible overview of effective board governance tailored to organizations working in Michigan's behavioral-health and human-service sectors. Participants will explore the essential roles and responsibilities of nonprofit boards, including fiduciary oversight, strategic leadership, and mission stewardship. The session highlights common challenges faced by boards—such as unclear expectations, uneven engagement, and role confusion—and offers concrete strategies to strengthen board performance and organizational impact. Through real-world examples and tools used by successful nonprofits, attendees will learn how to build a culture of accountability, collaboration, and shared leadership. The workshop also emphasizes the importance of board diversity, inclusive decision-making, and governance practices that reflect the communities served. Participants will leave with actionable steps to enhance their board's effectiveness and support long-term organizational sustainability. Objectives: 1. Describe the core roles and responsibilities of an effective nonprofit board, including fiduciary, strategic, and generative governance. 2. Identify common barriers to strong board performance and apply practical strategies to improve engagement, accountability, and communication. 3. Explain how board diversity, inclusive leadership, and equitable governance practices strengthen organizational impact and community trust. 4. Assess their own organization's board structure and identify opportunities for improvement using tools provided in the workshop.

[Register for the Conference!](#)

Conference Registration Ends Monday, June 1 at 3:00pm!

[Exhibitor & Sponsorship Registration Open Now!](#)

Deadline: Friday, May 29, 2026

CONFERENCE AGENDA

Monday, June 8, 2026

| | |
|-----------------|---|
| 11:00am | <p>CMH Golf Outing Tee Times starting at 11:00am with every 10-minute sequential times to follow (based on availability) Wolverine Golf Course, Grand Traverse Resort \$80 per person (9 holes and a cart)</p> <ul style="list-style-type: none"> – Call 231-534-6470 for tee times to reserve your spot. – Deadline for pre-registration: Monday, June 2nd, 2026 – Credit card is required to hold a tee time. <p>48-hour cancellation and no shows will be billed.</p> |
| 12:30pm | Registration for Pre-Conference Institutes |
| 1:00pm – 3:30pm | <p>Pre Conference: Building Stronger Boards: Governance Practices That Elevate Mission and Impact.</p> <ul style="list-style-type: none"> – Registration Fee: \$50 per person. Fee includes materials and refreshments. |
| 2:00pm – 6:15pm | Early-bird Conference Registration |
| 3:00pm – 3:40pm | <p>CMHSP/PIHP Board Chairperson Roundtable and Networking This roundtable will be an informal gathering of chairpersons to discuss the latest issues affecting board members. Hear solutions used by chairpersons to overcome challenges in their board. Compare notes and learn what works and what doesn't. Bring your questions and be ready to be an active participant in this lively discussion! If the board chairperson is unable to attend, a board member may come in their place.</p> |
| 4:00pm – 5:30pm | CMHA Members: Board of Directors Meeting |
| 5:40pm – 6:15pm | CMHA Members: Member Assembly Meeting |

Tuesday, June 9, 2026

| | |
|-----------------|---|
| 7:15am – 5:00pm | Conference Registration and Exhibits Open |
| 7:15am – 8:15am | Group Networking Breakfast |
| 8:00am – 8:15am | <p>Conference Welcome</p> <ul style="list-style-type: none"> – <i>Craig Reiter, President, CMHA; Board Member, Hiawatha Behavioral Health</i> |
| 8:15am – 9:15am | <p>Keynote: Baldly Bipartisan – A preview of what to expect in Michigan's political and public policy worlds in 2026</p> <ul style="list-style-type: none"> – <i>John Sellek, CEO & Chief Strategist, Harbor Strategic Public Affairs</i> – <i>Adrian Hemond, CEO, Grassroots Midwest</i> <p><i>John & Adrian are bipartisan political and public relations consultants who specialize in the inside world of what is happening at the state capital and in the key election campaigns that will shape your organization's future advocacy objectives. Objectives: 1. Learning about the national political environment and how it now heavily influences what happens on the ground here in Michigan. 2. Educating attendees about the key races this year, from U.S. Senate to governor to the legislature, and why they do what they do. 3. Hearing about likely ballot questions voters will face and what they would mean for our future if passed.</i></p> |
| 9:15am – 9:45am | Exhibitor-Sponsored Refreshment Break |

| | Concurrent Workshops |
|------------------|---|
| 9:45am – 11:15am | <p>1. Introducing MichiCANS Updates! Data driven enhancements to the MichiCANS Screener, MichiCANS Comprehensive and Decision Support Models!</p> <ul style="list-style-type: none"> – Lisa Collins, Ed.S. Education, MA CCC-SLP, Section Manager, Access, Workforce Development and Education, The Bureau of Children’s Coordinated Health Policy and Supports, MDHHS – Kelly France, LMSW, CAADCLMSW, CAADC, MichiCANS Consultant, Bureau of Children’s Coordinated Health Policy and Supports, MDHHS – Megan Belonga, MSW, MichiCANS Specialist, Bureau of Children’s Coordinated Health Policy and Supports, MDHHS <p><i>Ready to explore what’s new in MichiCANS 2.0? Join us for an engaging workshop designed to bring you up to speed with the latest enhancements and what they mean for your clinical practice. We’ll walk through key updates to the MichiCANS Screener and Comprehensive, and unpack not just what has changed, but a data-driven look at why these changes were made. Expect hands-on demos of updated Decision Support Models, refreshed reference guides and rating sheets plus improved training curriculum, certification data tracking, and new resources to support your learning and your work. Come curious, leave confident and stay in the know on everything MichiCANS! Objectives: 1. Identify MichiCANS 2.0 updates. 2. Understand how the updates can be used to enhance clinical practice. 3. Locate training resources on the MichiCANS website and understand what the statewide training and certification data is telling us.</i></p> |
| 9:45am – 11:15am | <p>2. Stronger Together: Michigan Community Action and Community Mental Health</p> <ul style="list-style-type: none"> – Brian McGrain, MA, Executive Director, Michigan Community Action – Kerry Baughman, CCAPCCAP, Executive Director, <p><i>Michigan’s behavioral health system relies on strong community partnerships to meet the increasingly complex needs of individuals and families experiencing mental illness, substance use disorders, and economic instability. For over 60 years Michigan’s Community Action Agencies have provided essential services that complement and strengthen the work of CMH organizations. As public funding tightens and demand for behavioral health, housing, and crisis-support continues to grow, understanding how Community Action’s nation-wide infrastructure and community-first modeling can bolster care coordination, reduce social determinants of health barriers, and improve healthy outcomes is critical. This session will explore how Community Action Agencies function as key partners in Michigan’s public services network, offering community-based access points, results-informed programming, and trusted local relationships that enhance whole-person care. Attendees will learn where strategic collaboration can reduce service gaps, support individuals in economic crisis, and strengthen the resilience of the communities served. Objectives: 1. Understand Community Action’s Role in Behavioral Health Integration. Participants will increase their understanding of how Michigan’s Community Action Agencies complement CMH services particularly through addressing social determinates of health, promoting community stability, and supporting care coordination for poor individuals. 2. Identify Collaborative Opportunities Across Systems. Participants will be able to recognize specific partnership models that align Community Action programs with CMH priorities, including crisis diversion supports, housing stability services, warm handoffs, and wraparound community resource connections. 3. Strengthen Local Behavioral Health Ecosystems Through Strategic Alignment. Participants will leave with practical approaches for integrating Community Action resources into behavioral health treatment planning, improving service navigation, and enhancing outcomes for consumers and families statewide.</i></p> |
| 9:45am – 11:15am | <p>3. Numbers with Names: Humanizing Data for Quality Person-Centered Planning</p> <ul style="list-style-type: none"> – Angela Martin, LMSW, Senior Associate Director, Michigan Developmental Disabilities Institute, Wayne State University – Janice Lampman, BA, QIDPBA, QIDP, Owner & Consultant, Michigan Developmental Disabilities Institute, Wayne State University – June Malachowski, LMSW, Research Assistant, Michigan Developmental Disabilities Institute, Wayne State University <p><i>Michigan has significantly higher rates of guardianship for adults with intellectual and developmental disabilities (I/DD). Recently, the Michigan Developmental Disabilities Council released a report on guardianship for adults with I/DD who receive behavioral health services. This session will present the report’s findings and key indicators (service planning, rights, community inclusion) from Michigan’s National Core Indicators survey, a national survey that assesses the outcome of services provided to adults with I/DD. The presentation will share tools and strategies to enhance planning processes to address these topics (Guardianship, Supported Decision Making, Person-Centered services and supports). Objectives: 1.</i></p> |

| | |
|-------------------------|--|
| | <p><i>Understand the high rates of guardianship for people with intellectual and developmental disabilities who receive behavioral health services in Michigan. 2. Understand the Michigan National Core Indicators data on Person-Centered Planning and Case Management supports for people with intellectual and developmental disabilities who receive behavioral health services. 3. Identify tools to enhance planning processes to address Guardianship, Supported Decision Making, and Person-Centered services and supports.</i></p> |
| <p>9:45am – 11:15am</p> | <p>4. From Concern to Action: Mastering QPR for Suicide Prevention</p> <ul style="list-style-type: none"> – TBD, Certified QRP Trainer, Kevin's Song <p>This workshop introduces participants to QPR (Question, Persuade, Refer), an evidence-based suicide prevention training designed to equip anyone working in mental health with practical, lifesaving skills. Attendees will learn how to recognize the warning signs of suicide, confidently engage in supportive conversations, and connect individuals to appropriate professional resources. The session blends clear instruction with real-world examples to help participants understand how QPR can be applied in everyday practice across diverse clinical and community settings. Emphasis is placed on building confidence, reducing stigma, and strengthening each participant's ability to respond effectively when someone may be at risk. Whether you are new to suicide-prevention training or seeking to refresh your skills, this workshop offers an accessible, actionable framework that enhances the safety net within Michigan's mental health system. Participants will leave with increased knowledge, practical tools, and a renewed sense of readiness to help save lives. Objectives: 1. Identify warning signs and risk factors for suicide and recognize when a person may be in crisis. 2. Demonstrate the three core QPR intervention steps: Question, Persuade, and Refer, through discussion and scenario-based practice. 3. Describe appropriate referral options and community resources and explain how to connect a person at risk to timely professional help.</p> |
| <p>9:45am – 11:15am</p> | <p>5. You Can't Give What You Don't Have: Reconnecting Clinicians to Meaning, Strengths, and Sustainable Practice</p> <ul style="list-style-type: none"> – Jody Nelson, LMSW, Owner, Cogito Therapy LLC <p>Social workers are among the most mission-driven professionals in the helping fields — and among the most likely to minimize the significance of what they do. This experiential workshop invites clinicians and organizational leaders to step back from the front lines and reconnect with the personal strengths, defining moments, and clinical experiences that first drew them to this work. Drawing on positive psychology, the CE-CERT model for reducing secondary traumatic stress, and Csikszentmihalyi's research on flow, participants will explore how self-awareness and strengths-based reflection serve as active, evidence-informed tools for burnout prevention. Through structured journaling, small group dialogue, and facilitated large-group conversation, participants will identify the "lightbulb moments" — those sessions where everything aligned, time disappeared, and they left feeling genuinely effective — and learn how to use those moments as anchors for sustainable practice. Organizational leaders will leave with both a personal experience of this reflective process and a concrete framework they can bring back to their clinical teams. This workshop stresses the message that you can't give what you don't have. Objectives: 1. Identify at least three personal clinical strengths and articulate how those strengths are actively expressed in their professional practice using a structured strengths-reflection framework. 2. Describe the relationship between sustained self-awareness and burnout prevention, and identify at least two reflective strategies they can integrate into their daily clinical or supervisory practice. 3. Recognize the characteristics of clinical flow and meaning-making moments in their own work history and develop a personal plan for intentionally cultivating those experiences as a burnout mitigation strategy.</p> |
| <p>9:45am – 11:15am</p> | <p>6. The Michigan Opioid Crisis: Responding with Naloxone</p> <ul style="list-style-type: none"> – Shannon Schafer, CPS, Director, Hamtramck Drug Free Community Coalition – Lara Girdwood, CPSCPS, Executive Director, <p>In 2020, an estimated 8% of the American adult population struggled with addiction while, in 2023, over 100,000 lost their lives specifically to opioids. This interactive workshop will equip participants with critical knowledge and skills to recognize and respond to opioid overdoses in their communities. Attendees will learn about the origins and current scope of the opioid crisis in Michigan, signs of overdose, and how naloxone (Narcan) reverses potentially fatal effects. Participants will receive step-by-step instruction on administering Narcan nasal spray safely and effectively. This workshop empowers social workers, clinicians, and community advocates to become first responders in saving lives. Each attendee will receive a Free Narcan kit for use in an emergency. Objectives: 1. Define opioids and explain their impact on the brain and body, including risks of addiction and overdose. 2. Understand contributing factors to the opioid</p> |

| | |
|-------------------|--|
| | crisis and Michigan's response to the crisis 3. Identify signs and symptoms of opioid overdose versus intoxication and demonstrate correct administration of naloxone (Narcan) nasal spray. |
| 11:15am – 12:15pm | Group Networking Lunch |
| 12:15pm – 1:15pm | <p>Keynote: Can You Hear the Voices? What Psychosis Feels Like</p> <ul style="list-style-type: none"> – <i>Bethany Boik, B.A. Mental Health Advocate, Artist and Author of the book <i>Diary of a Schizophrenic</i></i> <p>Have you ever wondered what it's like to live with voices? Learn about the treatment and management of voices in psychosis from a mental health advocate who lives with schizophrenia. Understand where voices come from and why voices tend to have negative content. Finally, learn what wraparound supports can do to help those living with voices and how social supports are essential in the lives of those living with psychosis. Objectives: 1. Learn what voices represent and mean in the management of psychosis. 2. Understand why voices tend to have negative content for those affected by psychosis. 3. Understand how genetics and environmental factors play a role in the development of schizophrenia. 4. Learn why social support is essential when working with individuals affected by schizophrenia.</p> |
| | Concurrent Workshops |
| 1:30pm – 3:00pm | <p>7. Motivational Interviewing in Action: Strengthening Team Practice, Fidelity, and Impact</p> <ul style="list-style-type: none"> – <i>Heidi Knizacky, MS, LLP, CEO, APPRECOTS</i> – <i>Vanessa Reading, MA, LLPMA, LLP, Motivational Interviewing Trainer,</i> <p>As community mental health systems face increasing complexity, workforce strain, and rising community needs, ensuring consistent, high-quality engagement practices is more important than ever. This interactive session explores how organizations can rise to the moment by strengthening Motivational Interviewing (MI) practice. MI offers a practical, person-centered way to support meaningful engagement and promote lasting change. In this session, participants will learn how to recognize whether everyday conversations are aligned with MI principles and fidelity. The session will also highlight practical, sustainable supports that help teams strengthen and maintain MI skills over time—without adding burden to already full workloads. Participants will leave with actionable strategies for strengthening MI consistency within their programs and practical tools to support ongoing fidelity monitoring—ensuring their teams not only practice MI, but practice it well. Objectives: 1. Describe the purpose and value of Motivational Interviewing within care. 2. Identify 2-3 key indicators that distinguish MI-consistent practice from non-MI practice, including basic fidelity considerations. 3. List at least two practical supports that help teams sustain Motivational Interviewing implementation.</p> |
| 1:30pm – 3:00pm | <p>8. Deaf, DeafBlind, and Hard of Hearing Services: What Can You Do to Be Ready?</p> <ul style="list-style-type: none"> – <i>Dylan Secord, MSW, LMSW-C, Clinical Social Worker, Deaf Community Advocacy Network</i> <p>Deaf, DeafBlind, and Hard of Hearing individuals experience significant barriers when accessing behavioral health and social services, often leading to misdiagnosis and inadequate care. This 90-minute workshop will explore the cultural, clinical, and legal considerations necessary to provide accessible and effective services. Participants will gain insight into the impact of language deprivation, dysfluency, and trauma within the Deaf community and learn how these factors influence assessment and treatment. The session will also address common clinical misunderstandings and the risk of misinterpreting language differences as psychiatric symptoms. Practical strategies for collaborating with certified sign language interpreters and creating linguistically appropriate, trauma-informed environments will be discussed. Attendees will leave better prepared to improve accessibility, reduce disparities, and enhance outcomes for Deaf, DeafBlind, and Hard of Hearing clients. Objectives: 1. Differentiate between cultural and medical models of deafness and explain how language deprivation and dysfluency can impact mental health assessment and diagnostic accuracy. 2. Identify at least three barriers that contribute to misdiagnosis or reduced access to care for Deaf, DeafBlind, and Hard of Hearing individuals. 3. Apply practical, trauma-informed strategies for collaborating with certified sign language interpreters and improving communication accessibility in behavioral health settings.</p> |
| 1:30pm – 3:00pm | <p>9. More Than Budgeting: The Systems Behind Poverty</p> <ul style="list-style-type: none"> – <i>Melea Belton, PhD, LPC, NCC, Director of Behavior/Mental Health Services, Eaton Regional Education Service Agency</i> – <i>Kim Thalison, CPCCPC, Director of School Wellness & Prevention Services,</i> |

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| | <p>Poverty is often framed as a matter of personal financial management, but the reality is much more complex. Socioeconomic status can have a deep impact on an individual's mental health and wellness. On one hand, there are those who argue that those in the “lower class” experience more frequent negative mental health events, but on the other hand, mental health support can appear as a luxury for the “upper class”. We all, however, know the truth. Mental health and wellness can affect anyone. This interactive 90-minute simulation invites participants to step into the lives of individuals and families navigating life with limited resources, competing demands, and unpredictable crises. Through fast-paced, real-time decision-making, participants will encounter the policies, institutional barriers, and systemic constraints that shape everyday choices. Attendees will feel the pressure of trade-offs where no option is truly “good.” The experience moves beyond empathy to demonstrate how systems interact and can collide to create cycles of instability and mental stressors. A guided debrief will help participants connect insights from the simulation to their own professional roles and explore how organizations can reduce barriers rather than reinforce them. Objectives: 1. Recognize how systems and policies impact families experiencing socioeconomic hardship beyond individual financial choices. 2. Understand the stress and trade-offs involved in living with limited resources. 3. Identify practical ways to reduce barriers within participants’ own organizations or communities.</p> |
| 1:30pm – 3:00pm | <p>10. The Basics of Supported Decision-Making and Alternatives to Guardianship</p> <ul style="list-style-type: none"> – <i>Mary Shehan, BS, MS, QSE, QADP, Community Inclusion Coordinator, Michigan Developmental Disabilities Council</i> – <i>Corissa Pittman, Self-AdvocateSelf-Advocate, CYVYC, Supported Decision-Making Youth Ambassador,</i> <p>Guardianship, at one time seen as a benign way to "protect" people with disabilities, is now seen as an intrusion into a person's basic civil and human rights and a legal process to be avoided. Thus, support systems in most states are exploring alternative means to guardianship and ways to restrict the effects of the imposition of guardianship on the choices of individuals with disabilities. These efforts have resulted in the development of many alternative methods to handle decision-making that assist individuals with disabilities and their advocates. There are as many alternatives as there are issues. Education of those recommending guardianship is needed as many professionals and lay people, as well as court personnel, believe guardianship is the only way to resolve many issues that can actually be, handled through less intrusive methods. We need to stop applying a legal solution to personal issues that can be handled through a person-centered process. Objectives: 1. Summarize the historical reasons for guardianship and discuss why guardianship is harmful 2. Identify ways to support people so they can control their lives 3. Understand the importance of self-determination for individuals with developmental disabilities</p> |
| 1:30pm – 3:00pm | <p>11. NGRI Transitions: Navigating Changes and Reinstitution of Authorized Leave Status</p> <ul style="list-style-type: none"> – <i>Kimberly Kulp-Osterland, DO, Director of Psychiatry and NGRI Committee Chair, Center for Forensic Psychiatry</i> – <i>Kelli Schaefer, LMSWLMSW, Social Work Director, NGRI Liaison, Center for Behavioral Health and Justice Wayne State University School of Social Work</i> – <i>Jenny Kimmel, LMSW, CCS, CAADC, Project Manager, AOT & Court Initiatives, Center for Behavioral Health and Justice Wayne State University School of Social Work</i> <p>This workshop will focus on recent changes being implemented regarding NGRI processes. Workshop participants will explore the challenges we have faced in the last several years and develop an improved understanding of how individuals adjudicated NGRI will be transitioned to Authorized Leave Status Risk Mitigation Contracts to meet their individualized needs. Objectives: 1. Develop an understanding of NGRI processes and Authorized Leave Status (ALS) 2. Understand importance of collaboration and communication between CMH, state hospitals, and NGRI Committee to assist individuals who have been adjudicated NGRI. 3. Describe how an individualized ALS Risk Mitigation Contract will be developed for individuals adjudicated NGRI</p> |
| 1:30pm – 3:00pm | <p>12. From Burnout to Breakthrough: Rebuilding Behavioral Health Workforces Through Operational Design, Culture, and Systems Leadership</p> <ul style="list-style-type: none"> – <i>Carla Dean, MBA, QIDP, Principle Consultant, Michigan Impact</i> <p>Behavioral health organizations across Michigan are facing unprecedented workforce challenges—high turnover, chronic burnout, onboarding gaps, inconsistent supervision, and operational systems that were never designed for today’s demands. These pressures directly impact access, quality, and continuity of</p> |

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| | <p>care. This workshop provides leaders, supervisors, and program managers with a practical, systems-level framework for rebuilding and sustaining a healthy, high-performing workforce. Participants will examine the root causes of workforce instability, including structural barriers, outdated workflows, unclear role expectations, and organizational cultures that unintentionally reinforce burnout. The session introduces evidence-based strategies for redesigning operations, strengthening supervision, improving onboarding and training, and building psychologically safe, equity-centered workplaces. Attendees will learn how to implement low-cost, high-impact changes that improve retention, reduce crisis-driven operations, and support staff well-being. This workshop aligns with the conference theme “Rising to the Moment” by equipping leaders with actionable tools to stabilize their teams, strengthen organizational resilience, and create environments where staff—and the people they serve—can thrive. Objectives: 1. Identify the operational, cultural, and systemic factors driving burnout, turnover, and workforce instability in behavioral health settings. 2. Apply evidence-based strategies for improving onboarding, supervision, workflow design, and role clarity to strengthen staff retention and performance. 3. Implement practical tools for building psychologically safe, equity-centered, and supportive organizational cultures.</p> |
| 3:00pm – 3:30pm | Exhibitor-Sponsored Refreshment Break |
| | Concurrent Workshops |
| 3:30pm – 5:00pm | <p>13. From Compliance to Excellence: Using Licensing Standards as a Strategic Leadership Tool</p> <ul style="list-style-type: none"> – <i>Andrea Bubel, MBA, Administrative Services Division Director, Blue Water Developmental Housing</i> <p>Licensing regulations are often viewed as administrative burdens rather than strategic assets. This workshop reframes regulatory compliance as a leadership framework that can drive quality, accountability, and measurable outcomes across behavioral health programs. Drawing on real leadership experience overseeing multiple residential settings, participants will explore practical ways to transform compliance requirements into performance systems that strengthen culture, improve staff engagement, and enhance resident outcomes. Attendees will leave with actionable tools for aligning policy, practice, and supervision to create sustainable program excellence. This session demonstrates how organizations can move beyond minimum standards to build systems that consistently perform under pressure. Objectives: 1. Reframe regulatory standards as operational leadership tools that support quality improvement and program stability. 2. Design supervision and monitoring systems that ensure compliance while strengthening staff performance. 3. Implement practical metrics and tracking methods to evaluate program fidelity, outcomes, and risk indicators.</p> |
| 3:30pm – 5:00pm | <p>14. TBD</p> <p>More Info coming soon!</p> |
| 3:30pm – 5:00pm | <p>15. Behavioral Threat Assessment and Management: A Collaborative Approach</p> <ul style="list-style-type: none"> – <i>Brittany Prescott, N/A, Behavioral Threat Assessment and Management Unit Manager, Michigan State Police</i> – <i>Lauren Kroll, N/AN/A, Behavioral Threat Assessment and Management Unit Analyst,</i> <p>This presentation explores how professionals can work together to identify, assess, and manage potentially threatening behaviors before they escalate to violence. This presentation provides practical training on the Pathway to Violence framework, helping participants recognize warning signs, leakage, and concerning behaviors in their clients. Attendees will gain an understanding of how the Michigan State Police Behavioral Threat Assessment and Management Unit operates, including its assessment process. The session will also highlight how Community Mental Health collaborates with MSP’s team to support individuals of concern through coordinated intervention strategies. Real-world case studies will illustrate successful prevention efforts and demonstrate how early identification and cross-system collaboration can reduce risk. Objectives: 1. Explain the Pathway to Violence framework and identify key behavioral warning signs in order to recognize potential threats among clients early and accurately. 2. Describe the role of the Michigan State Police Behavioral Threat Assessment and Management Unit, including how multidisciplinary assessments are conducted. 3. Apply collaborative threat management strategies by demonstrating how Community Mental Health partners coordinate with law enforcement and other stakeholders to implement intervention plans, as illustrated through case study analysis</p> |
| 3:30pm – 5:00pm | 16. Supporting Sustainable Services for Youth and Families: Facilitating Agency Growth Through Peer Connections |

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| | <ul style="list-style-type: none"> – Jewel Cannon, MA, LPC, Peer Services Outreach and Expansion Analyst, MDHHS – Shawna Kassuba, MSMS, Education and Outreach Coordinator, Association for Children's Mental Health – Carla Pretto, BS, RN, Executive Director, Association for Children's Mental Health <p>This session will focus on data updates from the Peer Expansion Project for Parents and Youth (PEPPY) and highlight experience from a Parent Support Partner (PSP) and Youth Peer Support (YPS) supervisor on these services have positively impacted their agency. PEPPY outreach feedback and outcomes will be shared with the group, along with the current outreach plan. Participants will also have the opportunity to share their experiences in small breakout groups, along with providing feedback on outreach materials being developed for both services. Discussion around sustainability, frequently occurring barriers and ways to mitigate them will also occur through small breakout groups. The PSP and YPS supervisor will provide insight on their strategies for outreach, hiring, retention and how these services have been integrated at their agency. There will also be information provided on how this has supported other services being successful for children, youth and their families. Objectives: 1. Describe how peer delivered services enhance overall treatment. 2. Describe current outreach and expansion efforts for Parent Support Partner and Youth Peer Support 3. Describe strategies to onboarding peers into their agency.</p> |
| 3:30pm – 5:00pm | <p>17. What If Dignity Was the Intervention? Regulated Leadership in Substance Use Systems</p> <ul style="list-style-type: none"> – Paula Lipinski, MSW, Chief Executive Officer, Addiction Treatment Services <p>In high-acuity behavioral health systems, pressure often leads to rigidity, control, and unintended shame. This workshop explores dignity not as a soft value, but as a disciplined leadership practice that stabilizes culture and improves engagement. Drawing from lived experience in recovery and executive leadership of a multi-site substance use treatment organization, this session examines how leaders influence system tone under financial, clinical, and operational stress. Participants will explore the relationship between regulation, boundaries, and therapeutic alliance, and how dignity can be operationalized without sacrificing accountability. Evidence-informed principles from trauma-informed care, recovery-oriented systems of care, and organizational leadership will be integrated. Attendees will leave with practical strategies to reinforce dignity within policy, supervision, and daily interactions—rising to the moment with steadiness rather than reaction. Objectives: 1. Explain how regulated leadership influences engagement, culture, and outcomes within substance use treatment systems. 2. Identify system-level practices that either reinforce or erode dignity under organizational stress. 3. Apply at least two operational strategies to embed dignity into supervision, policy enforcement, and client interactions without compromising accountability.</p> |
| 3:30pm – 5:00pm | <p>18. From Donations to Dignity: A Community-Partnered Pilot to Support Children in Residential Substance Use Treatment</p> <ul style="list-style-type: none"> – Stacey Sharp, LMSW, CAADC, Associate Vice President of Clinical Operations, Detroit Wayne Integrated Health Network – Matthew Yascolt, MSFMSF, Director of Substance Use Disorder Programs, <p>This workshop will describe a pilot, community-partnered intervention designed to improve the lived experience of children ages 0-12 residing with a parent in residential SUD treatment. Through a partnership between a public behavioral health system, a residential SUD provider, and a local church, age-appropriate "Comfort Kits" were developed and sustainably donated. The kit is provided to the child upon admission as a personal, trauma-informed welcome resource that remains with the child after discharge. The session will outline the rationale for the intervention, the structure of the community partnership, and the pilot evaluation framework. Planned outcomes include pre and post-administration of the PHQ-A (where developmentally appropriate), as well as analysis of treatment retention and AMA rates to explore whether improving child comfort and engagement supports parents' ability to remain in treatment. Objectives: 1. Identify the unique emotional and environmental needs of children residing with parents in residential SUD treatment. 2. Describe a community-partnered, trauma-informed pilot intervention designed to improve children's comfort, sense of safety, and engagement during residential SUD treatment. 3. Explain an evaluation framework that examines both child-level outcomes and system-level outcomes to assess the impact of child-centered interventions.</p> |
| Wednesday, June 10, 2025 | |
| 7:30am – 12:00pm | Conference Registration and Exhibits Open |

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| 7:30am – 8:45am | Breakfast Activities (full breakfast buffet will be served until 8:45am) Regional Breakfast Meetings Non-Member and Staff Networking Breakfast |
| 9:00am – 10:00am | Welcome and Keynote: The History of Michigan’s Managed Behavioral Health System <ul style="list-style-type: none"> – <i>Jeff Patton</i> – <i>Bill Allen</i> – <i>Judith Taylor</i> – <i>Glenn Stanton</i> <p>The four persons on this panel bring into this discussion over 150 years of experience with the public mental health system in Michigan. We “grew up” with the system in its early stages of creativity and development and were leaders in the first steps of managed care and the additions to the Mental Health Code in 1996 that then supported the shift to managed care in 1998. Objectives: 1. To understand the precursors of the shift to managed care in 1998 2. To understand the values that were the basis of the managed care system of care 3. To understand the history of the financing of the public mental health system 4. To understand what you, the current leadership, needs to pursue on behalf of the persons we serve 5. To understand it takes a partnership between the consumers and their families, the advocates, the CMH system and the state department to create and support a system of care that is based on person centered values</p> |
| 10:00am – 10:30am | Exhibitor-Sponsored Refreshment Break |
| | Concurrent Workshops |
| 10:30am – 12:00pm | 19. Nursing Facility Placement and Mental Health Services <ul style="list-style-type: none"> – <i>Marshall Cronican-Walker, LMSW, PASARR Determination and Federal Compliance Coordinator, MDHHS</i> – <i>Kristin Guise, LMSWLMSW, PASARR Appeals Coordinator,</i> <p>This session will provide an introduction to the OBRA/PASARR program. We will discuss the process for those with Serious Mental Illness and/or Developmental Disabilities to be placed into nursing facilities. Additionally, we will discuss alternatives to nursing facility placement and services available to this population when residing in a nursing facility. Objectives: 1. provide a brief history of the OBRA/PASARR program 2. explain the PASARR Level I/Level II process 3. identify who needs a PASARR Level I/Level II</p> |
| 10:30am – 12:00pm | 20. Building Empowered & Supportive Transitions: A Completely Peer-Lead, Peer-Run Pilate Program Expanding the Reach of Peer Services in Michigan <ul style="list-style-type: none"> – <i>Claire McGinn, LMSW, Site Director, Detroit Wayne Integrated Health Network's (DWIHN) 707 Crisis Care Center</i> – <i>Krzysztof Kuchta, LPC, NCCLPC, NCC, Crisis Care Unit Administrator, Detroit Wayne Integrated Health Network's (DWIHN) 707 Crisis Care Center</i> – <i>Kristina DeClue, CPSS, Peer Support Supervisor- B.E.S.T. Unit, Detroit Wayne Integrated Health Network's (DWIHN) 707 Crisis Care Center</i> <p>Detroit Wayne Integrated Health Network (DWIHN)’s 707 Crisis Care Center has been operating a post-crisis transitional unit since June 2024. This transitional unit allows guests discharging from a Crisis Stabilization Unit (CSU) to a step-down to a less restrictive, but equally supportive setting. The Building Empowered & Supportive Transitions (B.E.S.T.) Unit is a voluntary program that is run completely by Peer Support Specialists (PSS). PSSs work with guests for up to 7 days post-CSU discharge, sharing their stories, assisting in goal development and check-ins, running skills groups, and supporting guests in their behavioral health and/or substance use recovery journeys. This presentation will take a look at the pivotal role PSSs and PSS-led programs can play in post-crisis stabilization, recidivism, and long-term recovery. Objectives: 1. Explain the role of Peer Support Specialists (PSSs) in promoting recovery, engagement, and stabilization following a behavioral health crisis. 2. Identify key components of effective post-crisis transitional care, such as peer mentorship, goal setting, skills groups, and short-term recovery planning. 3. Apply concepts from the B.E.S.T. Unit model to their own settings, identifying opportunities to integrate or strengthen peer-led supports in post-crisis care.</p> |
| 10:30am – 12:00pm | 21. The Friendship Bench: Building Community Mental Health Through Peer Support |

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| | <ul style="list-style-type: none"> – <i>Barbara Lee, MBA, Experi-Mentor, Momentum Center</i> – <i>Kate Maver, MDivMDiv, Friendship Bench Coordinator,</i> <p>In an age of increased anxiety, depression and loneliness, and decreased access to mental health services, the Friendship Bench program offers community members a non-threatening place to talk to a carefully trained, compassionate, nonjudgmental volunteer listener. These Friendship Bench conversations happen in community spaces, such as libraries or coffee shops. Conceived about 25 years ago in Zimbabwe by psychiatrist Dixon Chibanda and fourteen grandmothers, the program is a well-researched, evidence-based means of easing isolation and reducing stigma around seeking mental health services. This workshop will explore the origins and benefits of the Friendship Bench; the logistics of bringing this peer support program from Zimbabwe to Michigan; and continuity of service between this peer program and professional mental health services. Featured on CBS Sunday Morning and in TED Talks, the Friendship Bench Pilot in the Grand Haven area is one of a handful of Friendship Bench programs in the United States. Momentum Center is pleased to offer this opportunity to learn about this exciting new Community Mental Health intervention. Objectives: 1. describe the origins and benefits of the Friendship Bench Program 2. grasp the envision the continuity between peer support programs such as Friendship Bench and professional mental health support 3. understand the logistics of developing a Friendship Bench program in their own setting.</p> |
| 10:30am – 12:00pm | <p>22. What's Going on in Lansing</p> <ul style="list-style-type: none"> – <i>Alan Bolter, Associate Director, Community Mental Health Association of Michigan</i> <p>Hear about the latest goings-on in the Michigan Legislature. What does the budget landscape look like for the current year and next fiscal year? What are the major policy items impacting the public mental health system? How has the political shift in Lansing impacted the legislative process and what big issues will the legislature tackle in the future? This workshop will provide an update on the latest legislation and budget issues impacting the CMH system and how members can convey our advocacy message moving forward.</p> |
| 10:30am – 12:00pm | <p>23. Rising to the Moment: Building Peer-Led Recovery Community Centers in High-Need Communities</p> <ul style="list-style-type: none"> – <i>Dr. Tino Smith, PhD, Founder & Executive Director, Greater Kingdom International (dba Kingdom Builders)</i> <p>Communities across Michigan are seeking effective, scalable approaches to address substance use disorders through peer-led, recovery-oriented supports. This workshop explores the development of Recovery Community Centers (RCCs) as welcoming, non-clinical hubs that strengthen local recovery ecosystems. Drawing from real-world implementation experience in a high-need Michigan community, participants will examine how peer leadership, community partnerships, and trauma-informed practices can be integrated into RCC design and operations. The session will highlight practical strategies for launching recovery supports quickly, engaging marginalized populations, and aligning services with state and local behavioral health systems. Participants will leave with concrete tools to assess readiness, design peer-driven programming, and adapt RCC models within their own communities. Objectives: 1. identify the core components and principles of peer-led Recovery Community Centers and their role in recovery-oriented systems of care. 2. describe strategies for implementing RCC services in high-need communities, including engaging individuals with lived experience and building effective community partnerships. 3. apply trauma-informed and recovery-oriented practices to strengthen peer support, advocacy, and connection to services within community-based recovery settings.</p> |
| | <p>24. Love Addiction and Codependency: a multiple pathway to recovery and boundaries</p> <ul style="list-style-type: none"> – <i>Angela Fay, B.S., CPRM, CPRC, Peer Recovery Coach Programs Manager/Coordinator, Hegira Health</i> <p>This workshop will give a wide overview of love addiction, addictive relationships, codependency, and learning boundaries using a multiple pathway approach. I will review attachment theory and give basic definitions and identifying characteristics for codependency and love addiction. Then share my own personal experience in love addiction, codependency, withdrawal, and the road to recovery. We will explore different ways to achieve recovery, especially for those with co-occurring disorders with practical tools and suggestions. There will be several templates for conflict resolution and boundaries. As well as a multiple pathway diagram and resource list. The comprehensive presentation of love addiction to healing will be informative yet personal; sharing my experience doing the work on this over the last 6 years and my expertise as a recovery coach for the last 9 years. Objectives: 1. Define Love addiction and at least 3 characteristic of codependency 2. Have a blueprint for setting boundaries 3. list at least two avenues for a multiple pathway to recovery from codependency</p> |

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| 12:00pm – 1:30pm | Group Networking Lunch and Closing Keynote - <i>Schwartzten Precil</i> More Info coming soon! |
| 1:30pm | Conference Adjourns |

[Register for the Conference!](#)

Conference Registration Ends Monday, June 1 at 3:00pm!

[Exhibitor & Sponsorship Registration Open Now!](#)

Deadline: Friday, May 29, 2026



Voting Delegates are Responsible for Voting
at the
SUMMER CONFERENCE
in Traverse City on **June 8, 2026**
and must be present to vote.
PLEASE REMEMBER THAT MEMBER
ASSEMBLY MEETINGS ARE HELD ON THE
EVENING **PRIOR** TO THE START OF THE
CONFERENCE. DELEGATES MUST BE ABLE
TO ARRIVE BY 5:30PM THAT EVENING.

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April 30, 2026

MEMORANDUM

To: Executive Directors
Executive Secretaries/Assistants

FROM: Monique Francis

RE: Voting Delegates

**VOTING DELEGATES
Member Assembly Meeting**

*Please fill out and email this form to Monique at
mfrancis@cmham.org by **May 22, 2026***

You may choose different voting delegates for each CMHA Member Assembly Meeting.

Please list your board's voting delegates for the Association Member Assembly Meeting to be held on **MONDAY, JUNE 8, 2026, at 5:40PM** at The Grand Traverse Resort, Traverse City.

Your board's 3 voting delegates (or 5 for Stand Alone PIHP's) must sign in at the conference registration to receive their voting card on June 8, 2026. **EARLY BIRD REGISTRATION WILL OPEN AT 2:30PM TO ACCOMMODATE FOR THIS.**

Voting Privileges of CMHSPs/PIHPs: According to Association By-Laws, Article III (D): Voting privileges in the meetings of the Member Assembly shall be composed of three (3) delegates from each member CMHSP: two (2) board members and one (1) CMHSP executive director, OR, three (3) delegates from each member Regional Entity PIHP: two (2) board members and one (1) PIHP executive director, OR five (5) delegates for each member Stand Alone PIHP: four (4) board members and one (1) PIHP executive Director. ***The executive director's vote may NOT be reassigned to any other individual. Voting by proxy is expressly prohibited.***

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| <p>Name of CMH/PIHP: _____</p> <p>Ex. Director _____</p> <p>Bd. Member _____</p> <p>Bd. Member _____</p> | <p><u>Macomb/Oakland/Detroit Wayne PIHPs Only:</u></p> <p>Name of PIHP: _____</p> <p>Ex. Director _____</p> <p>Bd. Member _____</p> <p>Bd. Member _____</p> <p>Bd. Member _____</p> <p>Bd. Member _____</p> <p>Bd. Member _____</p> |
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JUNE AGENDA ITEMS

Consumer Advisory Council Attends the June Board Meeting

Monitoring Reports

Budgeting 01-004

Ends 04-001

Activity

Strategic Planning – Part II [Ends Reporting/Monitoring and Review]

Educational Session

TBD