

MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS



ANNUAL REPORT

2017

Our Purpose

The Michigan Association of Community Mental Health Boards (MACMHB) is a state association representing the state’s public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHPs)—the public health plans formed and governed by the CMH centers—and the private providers within the CMH and PIHP provider networks.

- Legislative and public policy advocacy on behalf of its membership
- Ongoing conferences and trainings to provide education and training services to its members
- Access to products and services at discounted rates, such as e-learning, publications (booklets and pamphlets), and services (teleconference consultation, SUD-related testing, and consultation)
- Organization and support of annual CMHSP and PIHP contract negotiations with Behavioral Health and Developmental Disabilities Administration (BHDDA)
- Regular access to members in leadership from BHDDA
- Organization of standing and ad hoc workgroups membership to work with BHDDA

The role of CMHSPs and their contracted provider networks in the mental health system of the future is to:

- Provide the safety net for persons with severe and persistent mental illnesses, serious substance use disorders, serious emotional disturbance, and intellectual/developmental disabilities.
- Be the “network of choice” to effectively manage specialty services for 1.3 million Medicaid beneficiaries and for children enrolled in the MICHild program, in partnership with agencies of county, state and federal government.
- Preserve and promote the value of serving and supporting individuals in the least restrictive setting by providing a full range of community-based services and supports (including housing, employment, transportation and other essential supports) and by providing community-based, long-term care for persons with psychiatric, substance use, and intellectual/developmental disabilities.
- Be a valued resource to community schools, jails, law enforcement/criminal justice organizations, primary care providers, and other community agencies and organizations.
- Improve services to children and adolescents in partnership with other state and local organizations and agencies through collaborative planning, service coordination, and delivery.



Leadership Perspective

Bill Davie, President

Robert Sheehan, Chief Executive Officer

Jacqueline Kiss Wilson, Provider Alliance President

While every year has its opportunities and challenges, 2016 saw more than its fair share.

The challenge posed by the introduction of Section 298 in the state's budget process called for Michigan Health Plans to take over and privatize the functions of the public Prepaid Inpatient Health Plans or PIHPs.

This process became an opportunity for solidarity with persons receiving services from across the state. The advocacy, provider, and payer communities came together to reaffirm the long-standing, but often overlooked, values and principles that undergird our work. Standing up for what we believe has a way of reminding us of exactly why we do what we do.

The revision of Section 298 was driven by the voices of persons served by Michigan's public behavioral health and intellectual/developmental disability services system, their families, and allies.

Two stakeholder-driven dialogue processes, involving the voices of over 1,000 persons, called for improvements to the state's public mental health and physical health system. The report generated by this effort is providing a blueprint for the advancement of the system, allowing Michigan to retain its nation-leading status in the behavioral health and intellectual/developmental disability services field.

In 2016, the role of the MACMHB Provider Alliance and its members within the CMH and PIHP networks grew with the Alliance playing key roles in many efforts. Targeted were the 298 initiative; the further development and strengthening of Michigan's SUD system; the Home and Community Based Services rule implementation effort; and advocacy efforts aimed at ensuring a solid wage for the system's tens of thousands of direct care workers, including the legislatively initiated Section 1009 report.

This past year also saw the Association strengthening its training arm. This was made possible through its long-standing partnership with the Michigan Department of Health and Human Services. Leading edge training and education were offered to **more than 7,000** consumers, board members, clinicians, finance, quality improvement, information technology staff, and administrators from across the state. This "education and training engine" is one of the keys to the Michigan system's ability to ensuring a highly trained behavioral health and intellectual/developmental disability services workforce.

The increased visibility, reach, and integration of substance use disorder (SUD) prevention and treatment services grew in 2016, with the greater availability of Medicaid/Healthy Michigan funded SUD

services and the continued integration of SUD services into the CMH, PIHP, and provider framework.

In 2016 the Association formed the Center for Healthcare Research and Innovation. This Center is the research and analysis office within MACMHB that serves to initiate, organize, and disseminate the white papers and analyses of Association staff, consultants, graduate students, Association members, and others. The response to the initial publications by the Center—a report on the hundreds of cutting edge, community-based healthcare integration efforts led by Association members—from policy makers, the media, and the public has been very positive.

The Association strengthened its advocacy capacity through the growth in both the breadth and depth of its partnership relationships with advocacy groups throughout the state. These partnerships are at the core of the work of this Association and underscore the Association's fundamental commitment to those served by our system. MACMHB's advocacy tool box was expanded and modernized with the addition of a state-of-the-art electronic advocacy alert system. This system, *Voter Voice*, allows the Association's members and partners to receive issue-focused notice of the need to communicate with elected officials (state and federal) and provides those members and partners with the tools to make those contacts, directly with their elected officials, with only a handful of key strokes.

In funding from, and in partnership with the Michigan Health Endowment Fund and twelve of its member organizations, the Association implemented the Senior Reach® initiative in twelve sites across the state. Through the Senior Reach initiative—a nationally recognized, evidence-based program—the twelve partnering organizations provided outreach and education, behavioral health treatment, care management and other needed community based services to older adults (ages 60 and older) who are isolated, frail, or in need of support. The response from the stakeholders in these twelve communities has been very positive, with the Senior Reach initiative closing long-lasting gaps in the human services networks in these communities.

We see 2017 holding as many challenges and opportunities as 2016, with many new legislators in the Michigan House and the new federal administration under President Trump, HHS Secretary Tom Price, and CMS Director Seema Verna.

We look forward, with our members and partners throughout the state, to this new year with hope and determination. We stand ready to take on the challenges and make the most of the opportunities as they arise; continuing to push the community mental health movement forward—a civil rights movement in every way.

Association Strengthening Initiatives

During 2016, the MACMHB Executive Board, members, staff, and allies from across the state, developed and implemented a number of initiatives designed to strengthen the Association and its ability to meet the needs of its constituents—the CMH, PIHP, provider network, and those served by that system.

The multi-dimensional Association strengthening initiative pursued by MACMHB in 2016 was designed and implemented in response to the emergence of a large number of complex and challenging issues in the environment in which the Association and its members work. Some of the environmental vectors, faced in 2016, included:

- The threat to the public system, and those served by the public system, as outlined in the original Section 298 of the Governor's FY 2017 MDHHS budget proposal
- The renewal of the Healthy Michigan Plan waiver via negotiations with CMS
- The projected revenue gaps in the FY 2017 state budget related to the HICA tax, the initiation of the payment of the state share of the Healthy Michigan costs, and the GF cut needed to provide road funding (the latter in FY 2018 and beyond)
- The prolonged impact of the simultaneous impact of cuts, in FY 2014 and 2015 in one funding source—state general fund dollars—and the influx of new Healthy Michigan Plan dollars, causing simultaneous service delivery feast and famine
- The development, by Michigan, of a 1115 waiver, which has the potential to contain dramatic changes to our system and for those whom we serve
- The system-altering impact of the federal changes to the Home and Community Based Services rules, for which Michigan is implementing a multi-year phase-in
- The integration at state and regional levels of the substance use disorder system with the mental health and developmental disability system
- The expansion of the Medicaid autism benefit from its current age cap of six to age 21
- The designation of Michigan as a planning grant state for the Certified Community Behavioral Health Center initiative
- The receipt of federal designation as a State Innovation Model site

Because the complexity, number, and speed by which challenges such as those encountered in 2016 (both opportunities and threats) were expected to emerge, the Association's leadership embarked on a number of organizational development and strengthening efforts. These efforts were designed to ensure that the Association and its members could:

- Capture and make the most of opportunities in the environment
- Respond to, and in many cases, preempt, threats in the environment
- Build on the strengths of the Association and its members

A select set of these Association-strengthening efforts is provided below.

Legislative advocacy: The ability of MACMHB and its members allies to impact legislation—including annual appropriations processes—is key to the vitality of the state's public behavioral health and intellectual and developmental disabilities services (BHIDD) system and those served by this system. This organization-strengthening efforts in this area include:

- Strengthening partnerships with natural allies, including state level advocacy groups
- Implementation of an **electronic action alert system** to allow MACMHB to rapidly and accurately inform its members of key legislative and policy issues while providing them with the tools needed to express, with only a few key strokes, their opinions on these issues to state and federal legislators and policy makers.
- Make, as a permanent part of the Association's budget, **MACMHB's Education and Advocacy Fund** to serve as a complementary advocacy tool with the Association's PAC fund.
- Active work with **federal legislation and policy** via involvement with the National Council on Behavioral Health and the National Association of County Behavioral Health and Developmental Disability Directors.

Policy and issue analysis: MACMHB's policy and issue analysis, in tandem with the Association's advocacy efforts, are key to the health and welfare of the Association's member organizations, and to those served by these members. In an effort to strengthen this dimension, the Association formed the *Center for Healthcare Research and Innovation*. This Center is the research and analysis office within MACMHB that serves to generate, organize, and disseminate the white papers and analyses of Association staff, consultants, graduate students, Association members, and others. Early in its existence, the Center issued a number of white papers providing guidance and increasing the visibility of key policy issues:

- A study of the large number of cutting-edge healthcare integration efforts led—across the state—by the Association's members
- Several multi-state studies of a range of healthcare integration initiatives taking place in other states

Strengthening fiscal analysis, knowledge, and skill capacity of the Association and its members through the development of a small core group of fiscal experts (Fiscal Core Group) who will work, as a sounding board and guidance group, with the fiscal analyst (typically CFOs of CMHs and PIHPs); bolstering the learning opportunities for CFOs and CEOs, across the CMH, PIHP, and provider system, around current and accurate fiscal knowledge and skills, including analyses conducted by the fiscal analyst and the Fiscal Core Group

Public and media relations: The Association worked with its public and media relations partner, Lambert, Edwards and Associates, to focus its efforts on publicizing the strengths of the public system through the use of traditional press/mass media and social media.

Branding change: Additionally, the Association began the process of changing its name and logo. This effort is designed to better reflect the Association's membership, which is diverse in its role and organizational structure, but united within the aims of the community mental health movement.

Association technical infrastructure: A well-functioning Association requires an efficient and modern internal infrastructure. To that end, in 2016, the Association began efforts to upgrade the Association's website, electronic conference and training registration system, member and stakeholder data base management system, and information technology network.

Partnerships with members

The Association took significant steps to strengthen the role of the **MACMHB Provider Alliance** and its members by ensuring that the Alliance members played key roles in a number of statewide policy setting efforts, including: the 298 initiative; the further development and strengthening of Michigan's SUD system; the Home and Community Based Services rule implementation effort; and advocacy efforts aimed at ensuring a solid wage for the system's tens of thousands of direct care workers, including the legislatively initiated Section 1009 report.

The Association and its **PIHP members** took steps to improve the Association's services to its PIHP members. These steps included the expansion of PIHP-related training provided by the Association in the areas of roles of PIHPs; knowledge and skills related to a range of managed care functions; coordination of the political advocacy/lobbying efforts of the PIHPs and the Association; increasing the visibility of Substance Use Disorder (SUD) needs and services, and the role of the SUD offices within the PIHPs; ensuring that issues of interest to and about the work of PIHPs are reflected in MACMHB member and stakeholder information vehicles (Friday Facts, *Connections*, etc.)

Strengthening the Association's weekly newsletter: Revamped the purpose and format of the Association's weekly electronic newsletter, Friday Facts, to fulfill two distinct needs—to highlight the work and accomplishments of individual MACMHB

members, and to be a source for MACMHB members to get information gleaned from across the state and the nation on a wide range of topics without the members having to spend their time identifying and reviewing these numerous information sources (a "one-stop-shop" for information on the national and state developments in our field).

State Legislative and Public Policy Issues & Initiatives

The past year's legislative and policy highlights were dominated by one main issue—the executive budget recommendation for boilerplate section 298. MACMHB and its members also saw a number of key state and federal legislative and policy developments during the year. Following is a brief summary:

Section 298: On February 10, 2016 Governor Snyder presented his FY17 executive budget recommendations to the joint House and Senate Appropriations Committee, which included boilerplate section 298. The proposed section 298 language would have shifted responsibility (carved-in) of the Medicaid behavioral health benefits from the PIHP system to the Medicaid health plans by the end of FY17. The intent of the proposed language was attributed to improving health care integration. After an immediate backlash by advocates and consumers, Lt. Governor Calley quickly called for a large stakeholder workgroup to study the issue. That workgroup put in motion a several-month-long process which produced a robust input process and changed the direction and tone of the 298 issue.

The final FY17 budget signed by Governor Snyder in late June called for the continuation of a workgroup and directed MDHHS to produce a report of recommendations to the Legislature on 1/15/17. An interim report called for 69 potential recommendations, including maintaining Michigan's current carved-out structure for Medicaid services. MDHHS is expected to release a second report on 3/15/17 which would outline potential pilot models based on the policy recommendations included in the 1/15/17 report. The 298 process will continue into the near future. MACMHB—which played a key role in partnership with advocacy groups and other allies in these course changing advocacy efforts—will continue to be very active in ensuring the public nature of the system and its ability to continue to serve as a safety net focused on the common good for some of the most vulnerable and resilient residents of this state.

Healthy Michigan Plan renewal waiver approved: On December 17, 2015 the Michigan Department of Health and Human Services (MDHHS) announced the approval of the federal Centers for Medicare and Medicaid Services (CMS) for the renewal of the federal Medicaid waiver for the state's Healthy Michigan Plan.

Michigan's Prescription Drug and Opioid Abuse Commission:

Governor Snyder announced the creation of the *Michigan Prescription Drug and Opioid Abuse Commission* to help reduce the opioid epidemic in Michigan and ensure the health and safety of Michigan residents. Created through Executive Order No. 2016-15, the Commission was made up of state and independent health experts, and responsible for monitoring indicators of controlled substance abuse and diversion in the state.

Governor Signed Medical Marijuana Legislation:

Roughly eight years after Michigan voters agreed to allow marijuana use for medical purposes, the Legislature finally passed legislation creating a regulatory framework for the substance. HBs 4209, 4210, and HB 4827 created a license structure for the growing, testing, processing and transporting of medical marijuana, as well as legalized medical marijuana in non-smokable forms.

Legislation to Establish statewide standing order for naloxone approved:

House Bill 5326 amended the Public Health Code to allow the state's chief medical executive to issue a standing order that does not identify a particular patient for the purpose of allowing a pharmacist to dispense an opioid antagonist, and to also allow a pharmacist to act upon that order and dispense an opioid antagonist to be used to treat a person for a drug overdose.

Elimination of Restraint and seclusion in schools approved:

HBs 5409-5418 made illegal the use of restraint and seclusion in controlling problematic student behavior, except in emergency cases. It also established reporting

requirements associated with the use of the restraint and seclusion practices and required the Department of Education (MDE) to develop a state policy regarding the use of seclusion and restraint.

Kevin's Law changes signed by the Governor:

HB 4674 amended the Mental Health Code to revise the conditions under which a person may be ordered into involuntary mental health treatment, specifically court-ordered, assisted outpatient treatment (AOT). The legislation revised the definitions of "person requiring treatment" and "emergency situation" to allow for easier access to identified services.

FY17 Budget Highlights (HB 5294):

- \$3 million in additional CMH general fund dollars were added for spend down services.
- Section 920 added language requiring that the Medicaid rate setting process for PIHPs include any state minimum wage increases and federal wage and compensation increases.
- Section 928 added language stating legislative intent that any lapsed funds for Medicaid mental health services shall be redistributed to individual CMHSPs as a reimbursement of local funds.
- Section 1010 allocated \$2.0 million in GF to address implementation of court ordered, assisted outpatient treatment under the Mental Health Code (Kevin's Law changes).
- Section 1012 required MDHHS to produce a report on issues relating to Medicaid spend downs and make policy recommendations.
- Section 1875 added language related to medication access, prohibiting prior authorization for psychotropic medications.

Federal Issues and Legislation

Hill Day: Michigan had 21 participants attend the National Council's *Hill Day 2016 Annual Public Policy Institute and Hill Day*. The delegation—including consumers, CMH directors and staff, and providers from across the state—spoke with ten members of Congress, staff, and both United States Senators about a wide array of issues impacting behavioral health care.

CARA legislation signed by POTUS: On July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act (P.L. 114-198). This is the first major federal addiction legislation in 40 years, and the most comprehensive effort undertaken to address the opioid epidemic, encompassing all six pillars necessary for such a coordinated

response: prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal.

21st Century Cures signed by President:

On December 13, 2016, President Obama signed into law the 21st Century Cures (H.R. 34), designed to spur medical innovation and research. The bill also established \$1 billion in grants to states to help combat the nation's opioid abuse epidemic. The Cures Act also reauthorized and clarified a number of key mental health provisions: same day billing for mental health and primary care, parity enforcement, and providing EPSDT services to children in IMDs.

Grant Awarded for Senior Reach®

In the summer of 2015, the Michigan Health Endowment Fund* (MHEF) presented the Association with an opportunity to submit a grant proposal on behalf of its members. Following discussions with a planning group of interested MACMHB members and MHEF grant management staff, MACMHB developed a letter of interest and readiness assessment tool which was sent to all CMHs and MACMHB provider members to solicit their interest in developing a Senior Reach® site in their community.

Senior Reach®, a nationally recognized evidence-based program through the National Registry of Evidence-Based Programs and Practices (NREPP), provides outreach and education, behavioral health treatment, care management and other needed community-based services to adults (aged 60 and older) who are isolated, frail, or in need of support. This community-based, collaborative program identifies older adults who may need emotional support and/or connection to community services, but are not seeking services on their own behalf. Created in 2005 in Colorado through a multi-agency partnership to better serve older adults, Senior Reach® has achieved proven clinical outcomes that include reductions in depression, anxiety, social isolation, and increased overall recovery.

Following submission of the letters of interest and readiness assessment tools, MACMHB staff identified twelve members from around the state to include in the grant application. These sites were selected to provide for sites from across the state and to include rural, urban, and suburban communities. The rural sites selected included Copper Country CMH, Montcalm Care Network, St. Joseph County CMH, and Van Buren CMH. The suburban sites included Lapeer CMH, Livingston CMH, Northern Lakes CMH, and Ottawa CMH. Urban sites included Easter Seals in Oakland County, Easter Seals in West Michigan, and Northeast Guidance Center, and Services to Enhance Potential located in Wayne County.

Partners working with MACMHB in the grant application included the Jefferson Mental Health Center in Colorado, one of the founding partners in Colorado and the national consultants for the Senior Reach® training and consultation services, and Public Sector Consultants, which provides program management and project evaluation services. In December, 2015, the Health Endowment Fund notified MACMHB that they had been awarded a 2 year grant totaling \$ 4.2M to fund the initiative.

Following training of the sites' program managers, case managers, and clinician staff, the sites began providing services in May. Training is provided to members of the community to identify, offer outreach services, and refer at-risk independent-living older adults. These community partners serve as nontraditional (Meals on Wheels, senior center staff) and traditional

(e.g., primary care physicians, adult protective services) referral sources. When a trained community partner identifies an older adult who may be in need of help, he or she contacts the Senior Reach® call center and provides information on the individual, including name, contact information, and concerns—all of which is kept confidential.

The call center then contacts the individual to explain the program, engage the person, establish possible needs (e.g., transportation, medication, health care, help with financial concerns, mental health care, recreation), and offer Senior Reach® services. After an in-home assessment, the individual is referred to the best combination of Senior Reach® services available for his or her needs—which may be mental health care, or care management, or a combination of the two. Treatment planning, which is done in partnership with the senior, is individualized, strengths-based, and recovery-oriented. When mental health treatment is needed, a solution-focused, brief therapy model is used (typically lasting an average of eight sessions), to address immediate mental health concerns.

The twelve sites began providing Senior Reach® services in May, 2016. Through December, 2016, the 12 sites have provided Senior Reach® training for 6,942 community partners, received 691 referrals from those partners, have completed 653 intakes from those referrals, and have engaged 512 seniors in services.

Public Sector Consultants (PSC), the program evaluator, will conduct a series of qualitative and quantitative program evaluations at the midpoint and end of the grant period. The quantitative analysis will assess both process and outcome measures. The qualitative analysis will include data collected through focus groups with older adults served by Senior Reach®, interviews with Senior Reach® program directors, and a survey of traditional and nontraditional partners trained by Senior Reach® staff.

Senior Reach sites will receive MHEF financing through March, 2017. Sustainability and program service evaluation will be the major foci of the second year of operations. For more information about the Senior Reach® program, go to the Senior Reach website at www.seniorreach.org.

**The Michigan Health Endowment Fund board was created through passage of Public Act 4 of 2013, which authorized certain changes on how Blue Cross Blue Shield of Michigan operates in this state. The law requires Blue Cross Blue Shield to contribute up to \$1.56 billion over 18 years to a health endowment fund. The MHEF's purpose is to support efforts to improve the quality of health care while reducing costs, and to benefit the health and wellness of Michigan's citizens through funding of programs for minor children and seniors throughout the state. For additional information about MHEF, including their grant priorities and process, go to their website at www.healthendowmentfund.org.*

Service Awards

Each year MACMHB recognizes some of its most important partnerships with a series of awards recognizing outstanding leadership and service on behalf of Michigan's publicly funded mental health, developmental disabilities, and substance use disorder system. Award winners in 2016 are recognized here.

The **Hal Madden Outstanding Services Award** is given each year to recognize a person from within the public mental health system who, over time, has made an outstanding contribution to the system. The 2016 award was given to **Steffan Taub**, advocate and Board Member for Oakland County CMH Authority.

The **Go to Bat Award** is presented annually to a person outside the public mental health system who exemplifies extraordinary concern, advocacy or leadership aimed at improving the quality and quantity of community based mental health services. Co-recipients in 2016 were **The Honorable Judge Dorene Allen**, Midland County Probate and Family Court, and **The Honorable Judge John Tomlinson**, 72nd District Court, St. Clair County, for their leadership and support in promoting services to children with severe emotional disturbances, and promoting Mental Health Courts.



Judge Dorene Allen (above) is introduced by Katherine Dollard of CMH for Central Michigan. Judge John Tomlinson is shown above (right) with Debra Johnson, CEO of St. Clair County CMH Services. Both Allen and Tomlinson are Go To Bat Award winners.



The **Jim Neubacher Media Award** is given to a person or organization from the media who has portrayed mental health services accurately and positively in an effort to reduce stigma. The 2016 award recipient was **Paul Miller**, morning radio talk show host of WPHM in Port Huron, nominated by St. Clair County CMH.



Steffan Taub (left) receives his Hal Madden award from Willie Brooks, CEO, Oakland County CMH Authority.

The **Nick Filonow Award** is given to recognize a person who has made a contribution to the overall efficiency and effectiveness of services through a process of quality improvement. **Kathleen Haines**, the 2016 recipient has long demonstrated her commitment to the improvement of the lives of person served by the public mental health system.



Paul Miller (above) recipient of the Jim Neubacher Media Award is shown with Debra Johnson, St. Clair County CMH Services.

The **Partners in Excellence Awards** are regional recognitions to individuals who enhance the perception of community mental health services and their recipients within their communities. The recipient in the Fall of 2015 was **Greg Toutant**, nominated by the U.P. Region. Mr. Toutant was recognized for his work in the behavioral field consisting of over 23 years in advanced alcohol and drug abuse counseling. The recipient in the Spring of 2016 was **Deborah Appleman**, nominated by the Northern Region.

At left is Kathleen Haines, recipient of the Nick Filonow Award, with Jonathan Nigrine, Genesee Health System



Ms. Appleman was recognized for her deep commitment to advocacy in the mental health system, advocating for local and children's issues in her community and for showing that change can occur at the local, state and federal levels.

The **David LaLumia Outstanding Professional Service Award** is to honor employed individuals from within the public mental health, developmental disabilities, and substance use disorder system who have made, over time, an outstanding contribution to Michigan's publicly funded system. The recipient of this award in 2015 was **Michael Vizena**. Mr. Vizena was recognized for his many roles that he served in, over a very expansive period of time, beginning in 1972 as a Therapist in the Adult Day Treatment Program for Macomb County, and ending as the Executive Director of the Michigan Association of Community Mental Health Boards, when he retired in 2015.



Winners of the Partners in Excellence Awards are Greg Toutant (above left), and Deborah Appleman (above right).

AUDITED STATEMENT OF REVENUE AND EXPENDITURES

| | FY 2015-16 | FY 2014-15 |
|-----------------------|------------------|------------------|
| REVENUE | | |
| CMH Dues | 558,923 | 571,462 |
| PIHP Dues | 23,400 | -0- |
| Affiliate Dues | 125,809 | 100,898 |
| MDHHS Grant | 3,132,953 | 2,009,703 |
| Conferences | 577,648 | 562,848 |
| Training | 274,108 | 210,195 |
| Products | 109,574 | 89,801 |
| Miscellaneous | 98,632 | 55,921 |
| MHEF Grant* | 848,084 | -0- |
| Total Revenue | 5,749,131 | 3,600,828 |
| EXPENDITURES | | |
| Core Services | 1,120,984 | 846,021 |
| MDHHS Grant | 3,132,953 | 2,009,703 |
| Conferences | 319,098 | 297,633 |
| Training | 217,994 | 185,132 |
| Products | 91,981 | 71,012 |
| MHEF Grant* | 848,084 | -0- |
| Total Expenses | 5,731,094 | 3,409,501 |
| Net Retained Earnings | 18,037 | 191,327 |
| TOTAL | 5,749,131 | 3,600,828 |

*Michigan Health Endowment Fund Grant for Senior Reach®

NOTE: During fiscal year 2015-16, the Executive Board approved use of a portion of the MACMHB fund balance to pay down its mortgage. The additional payment of \$90,000 will result in a savings of interest payments of \$7,123 and the elimination of mortgage-related debt within the next two years.

Leadership • Members • Staff

EXECUTIVE BOARD

William Davie (Pathways), President
Joseph Stone (AuSable Valley), First Vice President
Elizabeth O'Dell (St. Joseph), Second Vice President
Jim Johnson (Sanilac), Secretary
Lois Shulman (Oakland), Treasurer
Steffan Taub (Oakland), Past President

COMMITTEE CO-CHAIRS

Children's Issues

Mary Anderson (Newaygo)
Connie Conklin (Livingston)

Contract and Financial Issues

Michael Hamm (Newaygo)
Dan Russell (Genesee)

Legislation and Policy

Alexis Kaczynski (North Country)
Jim Shotwell (LifeWays)

Member Services

Lou Burdi (Macomb)
Robert Sprague (Lapeer)

REGIONAL REPRESENTATIVES

Central Region

Debra Johnson, St. Clair – Regional Rep
Doug Ward, Central Michigan – Regional Rep
Hank Weitenberger, Huron – Regional Rep
Sharon Beals, Tuscola – Alternate
Elva Mills, Sanilac – Alternate

Metro Region

John Kinch, Macomb – Regional Rep
Malkia Newman, Oakland – Regional Rep
Terence Thomas, Detroit Wayne – Regional Rep
Willie Brooks, Oakland – Alternate
Ken DeBeaussiaert, Macomb – Alternate

Northern Region

Sr. Augusta Stratz, North Country – Regional Rep
Dave Beck, AuSable – Regional Rep
Mary Marois, Northern Lakes – Regional Rep
Karl Kovacs, Northern Lakes – Alternate
Nicole Miller, Northern Lakes – Alternate

Southeast Region

Maxine Thome, CMHA of CEI – Regional Rep
Jan Plas, Livingston County CMHA – Regional Rep
Sara Lurie, CEI – Alternate
Rudolph Shorter, Monroe – Alternate

UP Region

Craig Reiter, Hiawatha – Regional Rep
Dr. John Shoberg, Hiawatha – Regional Rep
Mary Swift, Pathways – Regional Rep
Dan McKinney, Hiawatha – Alternate
Robert Barr, Hiawatha – Alternate

Western Region

Clinton Galloway, Ionia – Regional Rep
Adele Hansen, Newaygo – Regional Rep
Julia Rupp, HealthWest – Regional Rep
Tammy Quillan Montcalm – Alternate
Robert Wagel Woodlands – Alternate

THE PROVIDER ALLIANCE

Jacqueline Kiss Wilson (Treatment & Training Innovations), President
Kathleen Swantek (Blue Water Developmental Housing), Vice President
Ben Robinson (Rose Hill Center), Treasurer
Samuel Price (Ten16), Secretary

PIHP DELEGATES

Randall Kamps, Region 2
Linda Keller, Region 10
William Slavin, Region 1
Edward Woods, Region 5

COMMUNITY MENTAL HEALTH SERVICE PROVIDERS

Allegan County CMH Services
AuSable Valley CMH Authority
Barry County CMH Authority
Bay-Arenac Behavioral Health Authority
Berrien Mental Health Authority – d/b/a Riverwood Center
Centra Wellness Network
CMH Authority of Clinton-Eaton-Ingham Counties
CMH of Ottawa County
Community Mental Health & Substance Abuse Services
of St. Joseph County
Community Mental Health for Central Michigan
Copper Country CMH Services
Detroit Wayne Mental Health Authority
Genesee Health System
Gogebic CMH Authority
Gratiot Integrated Health Network
HealthWest
Hiawatha Behavioral Health
Huron Behavioral Health
Kalamazoo CMH & Substance Abuse Services
Lapeer County CMH Services
Lenawee CMH Authority
LifeWays CMH
Livingston County CMH Authority
Macomb County CMH Services
Monroe CMH Authority

Montcalm Care Network
 network180
 Newaygo County Mental Health Center
 North Country CMH
 Northeast Michigan CMH Authority
 Northern Lakes CMH Authority
 Northpointe Behavioral Healthcare Systems
 Oakland County CMH Authority
 Pathways Community Mental Health
 Pines Behavioral Health Services
 Saginaw County CMH Authority
 Sanilac County CMH
 Shiawassee County CMH Authority
 St. Clair County CMH Services
 Summit Pointe
 The Right Door for Hope, Recovery and Wellness
 Tuscola Behavioral Health Systems
 VanBuren Community Mental Health Authority
 Washtenaw County Community Mental Health
 West Michigan CMH System
 Woodlands Behavioral Healthcare Network

AFFILIATE MEMBERS

Addiction Treatment Services
 Adult Learning Systems—U.P.
 Adult Well-Being Services
 Afia, Inc.
 Alternative Services, Inc.
 Arbor Circle Corporation
 Association for Children's Mental Health
 Bay Human Services, Inc.
 Beacon Specialized Living Services, Inc.
 Bio-Med Behavioral Healthcare
 Blue Water Developmental Housing, Inc.
 CARE of Southeastern Michigan
 Cherry Street Health Services
 Common Ground
 Community Alliance
 Community Care Services
 Community Housing Network, Inc.
 Community Living Options
 Community Living Services
 Community Network Services
 Community Normalization Homes
 Community Programs, Inc.
 Comprehensive Youth Services Inc./Clinton Counseling Center
 Consumer Direct Michigan
 Consumer Services, Inc.
 Dykema Gossett, PLLC
 Easter Seals Michigan
 Ennis Center for Children, Inc.
 ExpertCare Management Services
 F.W.O.G.C., Inc.
 Flint/Saginaw Odyssey House
 Gateway Community Health, Inc.
 Gateway, Inc.
 Genoa, a QoL Healthcare Company
 Great Lakes Recovery Centers, Inc.
 Great Lakes Regional Care
 Harbor Hall, Inc.
 Hegira Programs, Inc.
 Heritage Homes, Inc.

Holy Cross Youth and Family Services
 Hope Network
 Independent Opportunities of Michigan, Inc.
 Innovative Housing Development Corp.
 Integrated Care Alliance
 Jabez Recovery Management Services, Inc.
 Judson Center Autism Connections
 Kadima
 Macomb County Provider Alliance
 Macomb Oakland Regional Center, Inc.
 Maner Costerisan
 Michigan Association of Alcoholism and Drug Abuse Counselors
 MOKA
 NAMI Michigan
 Neighborhood Service Organization
 New Center Community Services
 New Light Consultants, Inc.
 Northeast Guidance Center
 Oakland Family Services
 Ortele Telemedicine
 Ottagan Addiction Recovery, Inc. (OAR)
 Our Hope Association
 Phoenix House, Inc
 Pine Rest Christian Mental Health Services
 Professional Counseling Center
 Professional Psychological & Rehabilitation Services, PC
 Provider Alliance of Wayne County
 Rose Hill Center
 Roslund, Prestage & Company, P.C.
 Sacred Heart Rehabilitation Center, Inc.
 Saginaw Psychological Services, Inc.
 Segue, Inc.
 Services To Enhance Potential
 Spectrum Community Services
 Ten Sixteen Recovery Network
 The Children's Center of Wayne County
 The Guidance Center
 Training and Treatment Innovations
 Turning Leaf Behavioral Health Services
 Vista Maria
 Wayne Center

PRE-PAID INPATIENT HEALTH PLANS (PIHPs)

CMH Partnership of Southeast Michigan
 Lakeshore Regional Entity
 Mid-State Health Network
 NorthCare Network
 Northern Michigan Regional Entity
 Region 10 PIHP
 Southwest Michigan Behavioral Health

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