



Annual Report

JUNE 2018 – JUNE 2019

The Community Mental Health Association of Michigan’s Annual Report for 2018 is now available. This report is centered around the Association’s four strategic platforms, and highlights efforts and accomplishments throughout the year. Historically, the Annual Report was distributed as a physical copy, but will now be delivered electronically via e-mail and will be available to view indefinitely on the Community Mental Health Association’s webpage. Contact [Robert Sheehan](#) with any questions.

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Community Mental Health Association of Michigan

The Community Mental Health Association of Michigan (CMHA) is the state association representing the state's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHP) public health plans formed and governed by the CMH centers) and the providers within the CMH and PIHP provider networks.

Our Mission

The Community Mental Health Association of Michigan (CMHA) supports its membership by informing, educating, and advocating for mental health, emotional disturbance, intellectual and developmental disability, and substance use disorder services by strengthening collaboration with persons served, community, partners, and government.

Guiding Themes

The following themes are reflected in our initiatives across all four Strategic Platforms.

1. Ensuring the strength and vibrancy of Michigan's publicly sponsored mental health system including its two core roles as the (1) local public policy, safety net, and community convener, and (2) manager of highly organized, well-developed service delivery networks.
2. Fostering a wide range of healthcare transformation initiatives centered around continued and accelerated innovation.
3. Pursuit of the quadruple aim: (1) enhancing the quality of healthcare and the experience of the persons served, (2) improving population health, (3) controlling cost, and (4) improving the work-life of providers.
4. Recognition of the potential impact, diversity, rapid development, and complexity of the healthcare transformation initiatives and related changes in statute, regulation, financing, practices, and leadership taking place in Michigan and across the country which demand that the Association and its members (1) have a current and deep understanding of a great many developments within the healthcare field; (2) are involved in sharing local/regional, state and national policy and practice; and (3) are able to develop a range of strategic partnerships.
5. Recognition of the inherent dignity of persons with mental health, substance use disorder, and intellectual/developmental disability needs and the value of those who serve and support them – their friends, families, and staff.
6. Fostering the expression of a diversity of views and interests while integrating those views into a unified vision and voice – recognizing the vital importance of creating and sustaining a unified vision and voice.

Strategic Platforms

The Association's work is centered around four strategic platforms. The Association is involved with a variety of efforts to promote and ensure quality services to members and communities served. This report provides highlights of the important work of the Association across the four strategic platforms throughout Fiscal Year 2018.

Education and Training

In order to provide learning experiences, continuing education opportunities, and trainings to our members, CMHA's educational coordinates important events throughout the year. Below are accomplishments

1. CMHA's educational team coordinated over 200 events this year
 - a. These trainings reached over **7,000** key individuals including practitioners, policy makers, persons served, community leaders, and stakeholders
2. CMHA continues to provide Social Work Continuing Education credits, awarding **thousands** of CEUs annually
3. Collaborated with MARO on an employment training and plan to expand that partnership with additional trainings
 - a. This partnership benefit's CMHA in several ways:
 - i. Strengthens the unity between the two organizations and our mutual causes
 - ii. Generates non-dues revenue
 - iii. Exposes MARO's membership to the Association and other trainings that they may have an interest in.
4. The Association was requested to join with the Michigan Developmental Disabilities Council in their efforts to plan and operate
 - a. A new conference aimed specifically at the IDD community
 - b. The next annual Developmental Disabilities conference – a long running and successful conference
5. CMHA is currently working with the Michigan Psychological Association to establish a partnership that offers Continuing Education credits for Psychologists
6. The Association implemented a new learning series for newly appointed CEOs
 - a. This series occurs every quarter on the first morning of the Director's Forum
 - b. Aimed at providing new CEOs with important content, as well as the opportunity for support and connection
7. The Association jointly sponsored an Employment First conference with the Michigan Developmental Disability Council in July, continuing efforts to collaborate with local stakeholder organizations
8. CMHA coordinated with the Michigan Health Endowment Fund to provide a series of managed care relations and related legal education trainings that featured a nationally known health care law attorney, Adam Falcone
 - a. Trainings were held across the states during late 2018 and early 2019
9. The Association has continued its efforts in obtaining grants centered around education and training, and as a result, has been awarded the following grants or grant expansions:
 - a. **MDHHS Training Contract:** Continuing and expanding (now over \$10 million annual contract) in Year 5 of the Association's grant with MDHHS which focuses on evidence-based practices
 - b. **Robert Wood Johnson Foundation Thriving Safety Net Grant:** One of just 13 organizations selected by the Delta Center, CMHA was selected to participate in a two-year national collaboration on value-based payment models for community health care. As a result, an **8 month-long Practice Transformation Academy, jointly developed and**

implemented by CMHA and the National Council will kick-off in September 2019 and run through the summer of 2020.

- c. **SAMHSA Great Lakes Mental Health Technology Transfer Center Grant:** provides free or low-cost training around mental health treatment and recovery services workforce to deliver quality, effective services in a recovery-oriented system of care. As a result of this grant, CMHA is offering a six-month Change Leadership Academy, using evidence-based change management approaches – centered on improving access to mental health services. Over 40 participants from CMHA member organizations are involved in this 6-month academy.
 - d. **SAMHSA Great Lakes Mental Health Technology Transfer Center Supplemental Grant on schools and mental health:** will allow CMHA to develop free or low-cost training initiatives/campaigns focusing on mental health awareness in the schools.
10. To provide CMHA members, allies, and staff have access to customer and education-friendly facilities, the Association continues to engage in plans for relocation of the Association’s office

Government Relations/Advocacy

The Association participates in many efforts to influence policy and government relations, along with advancing advocacy efforts. Below are highlights from the most influential efforts to date

1. The Association, with approval and support from members, updated its annual policy and advocacy platform in February 2019 which has given staff the needed guidance in their lobbying/advocacy work
2. CMHA increased efforts to communicate with members in a timely fashion by ensuring
 - a. Electronic communication with members was made in a real-time fashion, as issues happen – such as budget material, important legislation, and advocacy opportunities
 - b. Topics covered in the CMHA weekly electronic newsletter and Weekly Update, were relevant and updated, and reached over 1,400 readers
 - c. The continued management of the Association’s Voter Voice program to provide coordinated messages, timing, and target audiences
 - d. Attendance at many local CMH, PIHP, and Regional board meetings
3. CMHA testified on behalf of membership in various legislative settings, serving as the spokesperson for all Association members
4. The Association communicated with important media outlets on behalf of membership, providing a unified, statewide perspective, on behalf of membership
5. The Association’s government relation and advocacy efforts during the FY 2019 State of Michigan supplemental budget (passed on 12/21/2018) process resulted in several “successes”
 - a. Supported funding for Emergent Peer Recovery Coach Services Pilot Project – One-Time Provides \$500,000 GF/GP to Growth Works for an emergent peer recovery coach services pilot project in conjunction with a hospital with at least 5 beds dedicated to stabilizing patients suffering from addiction. Pilot will provide a specialized trauma therapist and peer support specialist to assist with treatment and counseling.
 - b. Supported funding for Autism Alliance of Michigan – One-Time Provides \$466,000 GF/GP to the Autism Alliance of Michigan to pilot a fidelity review and secondary approval for children receiving Medicaid who are evaluated for autism services.

- c. Advocated with coalition to secure Direct Care Wage Increase - Includes \$16.0 million Gross (\$5.1 million GF/GP) to increase direct care behavioral health worker wages by \$0.25 per hour. Funding supports the wage increase beginning April 1, 2019.
 - d. Advocated on behalf of Lakeshore Regional Entity – One-Time Includes \$3.5 million GF/GP for the Lakeshore Regional Entity PIHP.
6. The Association’s focus on key legislative action initiatives include:
- a. Tracked numerous bills through the lame duck session (11/26/18 – 12/21/18) – **legislature passed over 300 bills during lame duck.**
 - b. Successfully worked on SUD Licensing Rules with the JCAR (Joint Committee on Administrative Rules) committee. Was able to get agreement from LARA to hold off on implementing potentially harmful rules on SUD providers and was able to get a commitment to work on a new set of rules in 2019 to address detox services.
 - c. Supported HB 5152 & 5153, which created a nonopioid directive form, which would allow patients to opt out of being administered or prescribed an opioid & HB 5153 allows a guardian to execute a nonopioid directive form. The bills passed in lame duck.
 - d. Supported HB 5806 – 5808, which created legislative framework on juvenile mental health court. The bills passed in lame duck.
 - e. Successfully advocated in support of HB 5505, 5506 & 6400, which clarify when you need to license an adult foster care home. HB 5505 proposes not requiring licensure for settings of up to 4 adults receiving benefits from a CMH services program. HB 5506 includes transferring the cost of the FBI criminal history checks to AFC licensees beginning July 1, 2020. The bills passed in lame duck.
 - f. Supported HB 5439, which requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website. This bill passed in lame duck.
 - g. Successfully advocated in support of SB 962, which allows certain facilities to be dually licensed as adult foster care facilities and substance use disorder programs so that an individual seeking treatment for a substance use disorder and mental health issues could be treated at a single facility, as long as the facility was approved as a co-occurring enhanced crisis residential program. This bill passed in lame duck.
 - h. Successfully stopped SB 641 during lame duck. The bill would have redefined limited licensed phycologists as a “psychological associate”.
 - i. Successfully added an appointment by CMHA to the proposed 25-person Suicide Prevention Commission, which is SB 228. The legislation would create a suicide prevention commission to work with state departments and nonprofit organizations on researching causes and underlying factors of suicide, and to prepare a report for the legislature with recommendations for reducing risk factors with yearly updates thereafter and would sunset the Commission at the end of 2026. CMHA was NOT included in last year’s version of the bill.
7. The Association’s member communication efforts related to government relations and advocacy included
- a. Developing a revised Did You Know infographic as a tool to be used by members as they educate new legislators.

- b. Sending congratulatory letters to all newly election state elected officials and provided sample letter and contact info for membership.
 - c. Developed new systemic underfunding infographics as a tool to be used by members during the budget process and meet and greet meetings with legislators.
 - d. Continue to work though factors causing funding crisis, updating membership and key policy makers.
 - e. Traveled to numerous board meetings and community forums/conferences to present on the latest happenings in Lansing.
8. In partnership with the CMHA Public Relations Committee, The Association planned and implemented the 15th annual Walk a Mile in My Shoes rally at the Michigan Capitol. **This is the largest annually held rally at the Capitol!**
9. *Progress on strategic goals:*
- a. *Increased member involvement in advocacy*
 - b. *Increased member involvement with CMH PAC*
 - c. *Use of social media platforms*
 - d. *Legislative/advocacy work on issues related to SUD prevention/treatment*
 - e. *Expand info available on CMHAM website*
 - f. *Develop in-house database for key info*
 - g. *Develop Lansing hill day similar to National Council Hill Day*

Policy and Data Analysis

1. The Association developed and widely distributed the Community Mental Health “*Vision for a World Class Public Mental Health System in Michigan*”
2. Through the Association’s Center for Healthcare Integration and Innovation (CHI2), the Association disseminated a series of policy white papers on topics of importance to members, stakeholders, and policy members. During this period, CHI2 issued the following:
 - a. Healthcare Integration and Coordination – 2018/2019 Update: Survey of Initiatives of Michigan’s Public Mental Health System (January 2019)
 - b. Community Mental Health and Corrections: A Sequential Intercept Model Survey of Michigan CMHSPs (April 2018)
3. In partnership with those in the direct care worker coalition, CMHA carried out in-depth and accessible fiscal analysis, that lead to approval, by the Michigan Legislature, of **increases in the Medicaid rates paid to the system** in order to provide wage increases to the direct care workers in the system
4. CMHA’s advocacy and government relations carried out several fiscal analysis efforts that included:
 - a. Analysis of the migration of person with Medicaid DAB eligibility to the Healthy Michigan Plan – **resulting in the restoration of over \$60 million in Medicaid dollars** lost as a result of the DAB to HMP migration
 - b. Analysis of causes and recommendations to address the systemic underfunding of Michigan’s public mental health system
5. Conducted fiscal analysis of Medicaid rate setting procedures that are used by the state actuary, Milliman, which resulted in greater clarity as to the variables that are used in determining

Medicaid rates paid to the states PIHP's. **This analysis is leading to a newly, robust, discussion of the appropriate rate setting methodology.**

6. Emerging Healthcare Integration Practices and Structures Study Group
7. Obtaining legal opinions on statutory and regulatory issues
8. Progress on strategic goals:
 - a. Expansion of Center for Healthcare Research and Innovation
 - b. Strengthening/broadening PR efforts to highlight policy analysis/recommendations

Linking with information, resources, partnerships; representation of members' interests in a range of policy making settings

1. Actively participated in MDHHS and other state-level workgroups addressing a range of issues impacting CMHA members, including:
 - a. Michigan Inpatient Psychiatric Access Discussion (MIPAD) workgroup and workgroups formed as a result
 - b. Home and Community Based Services Implementation Advisory Group
 - c. Advisory committee of integrated Service Delivery (IDS) initiative of MDHHS
 - d. Medicaid Resetting Workgroup
 - e. Practice Improvement Steering Committee
 - f. Behavioral health fee screen development group
 - g. Uniform Release of Information Advisory Group
 - h. Medical Services Advisory Group (Medicaid advisory group)
 - i. 31n Advisory Group (established to advise the Michigan Department of Education and the Michigan Department of Health and Human Services in the design of the spending of the funds appropriated, in FY 2019 budget, funding for school-based mental healthcare)
 - j. Children's Special Health Care Services/CMH partnership group – Bob
 - k. MDHHS Stakeholders Group
 - l. Encounter Data Integrity Network (EDIT- longstanding workgroup)
 - m. Workgroup to explore potential changes to the Michigan Mental Health Code related to recipient rights mediation
 - n. Incompetent to Stand Trial (IST) workgroup
 - o. Workgroup to design leadership forum for CMH children's services and MDHHS child welfare offices
 - p. Handle with Care Advisory Group
 - q. Developmental Disability Council's Community of Practice (COP) on cultural and linguistic competence
 - r. Employment First Stakeholders Group
 - s. MC3 Advisory Group
 - t. Children's Special Health Care Services- CMH collaborative workgroup
 - u. Assisted Outpatient Treatment (AOT) training workgroup
2. The Association continued to increase the breadth and depth of the Association's weekly electronic newsletter as well as a change in name, from the Friday Facts to the CMH Association's "Weekly Update". The Weekly Update provides Association members with up-to-date information on a range of topics:

- a. Accomplishments of and changes in leadership within the Association’s members
 - b. State legislative activity
 - c. Federal legislative activity
 - d. State and federal policy and trends in the industry
 - e. Information on the resources offered by the Association’s corporate partners
 - f. Educational offerings available from the Association and other reliable sources
3. The Weekly Update format was changed to allow for ease, by the reader, in finding and bringing up the articles of interest to the reader.
 4. The Association distributed nearly weekly periodic e-mails on a range of issues including:
 - a. Funding opportunities
 - b. Regulatory changes
 - c. Status of policy
 - d. Practice initiatives at the state level
 5. The Association co-sponsored a Request for Proposals (RFP) with the Michigan Developmental Disabilities Council, and MARO which led to a number of Association members receiving Employment First grants to foster provider transformation and rate restructuring around competitive independent employment
 6. The Association worked with NACBHDD (a relationship strengthened by Association staff serving as an officer of NACBHDD), the National Council, United States Senator Stabenow’s office, and Association members who were first round CCBHC applicants to **bring \$2 million per year, multi-year CCBHC contracts to seven Association members**
 7. Facilitation of broad stakeholder groups comment on proposed policies, via notice to members on proposed policies of MDHHS, LARA, CMS, SAMHSA, including proposed LARA SUD licensing changes.

Awards

In order to showcase hard work, The Association presents several awards at both the Spring and Winter Conferences.



The David LaLumia Outstanding Professional Award – Presented to Kathleen Kovach at the CMHA Fall 2018 conference

David LaLumia was the first executive director of the Association of Community Mental Health Association of Michigan (CMHA). Dave began his career in Michigan as a legislative staff person to Senator Joe Snyder in 1975. He assisted in the merging of the Board and Directors’ associations into CMHA in 1983 and was appointed CMHA’s first full time director in 1984. He served in that capacity until 2008. The purpose of 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 “Go To Bat” Award – Presented to Kevin Fischer at the CMHA Winter 2019 Conference

The “Go To Bat” Award is presented by the Community Mental Health Association of Michigan to an individual outside of the public mental health system (DCH or CMH) who exemplifies extraordinary concern, advocacy or leadership aimed at improving the quality and quantity of community-based mental health services for persons with mental illness and developmental disabilities in Michigan.



The “Jim Neubacher” Media Award – Presented to MI Health Mind and accepted by co-hosts Michael Hunter and Elizabeth Atkins



Jim Neubacher, award-winning reporter, became an outspoken advocate for the rights of people with disabilities after he developed multiple sclerosis. He helped advance the understanding of people with disabilities by writing a column for the Detroit Free Press called, “Disabled in Detroit,” which focused on disabilities and how they affect individuals, families and society.

The “Jim Neubacher” Media Award is presented to the individual or organization from the media (print or broadcast) that has: portrayed mental health services accurately and positively to reduce stigma of mental illness or developmental disabilities in the community, contributed to improving community awareness and perception about community –based public mental health services in Michigan, and has representative copy (audio, videotape or article) of relevant work



The Partners in Excellence Award – Presented to Warren Crossroads Clubhouse and accepted by Bruce Dunton

The Partners in Excellence award is designed to recognize those who have, in the process of utilizing community mental health services, enhanced the perception of those services and their recipients within the community.