



'Thank You' for your decision to charge your workgroups with issues related to children in our legal system, recipient rights and reducing Stigma in the community.

Please accept my application from the floor to participate in any and all of your workgroups and activities.

Please consider the following thoughts:

- 1) Please recommend that the Department expand the use of Michigan's Open Meetings Act to support full community inclusion. It's said that; "Where there is no law, there is the least amount of Liberty". By requiring a written legal opinion concerning the actual charge and functions of all councils, committees and workgroups, we can determine if they make decisions that fall under the Act.

OMA, Act 267 of 1976, Sec.2 (d) states; "Decision" means a...action...upon a recommendation...on which a vote of the members is required and by which a public body effectuates or formulates public policy.

- 2) Please recommend updating Michigan's Suicide Prevention Plan ensuring public meetings and public hearings under Michigan's Open Meetings Act and please ensure that every CMH has in place an appropriate Suicide Prevention Plan and Suicide Reaction Plan as promised by the Department after 2004 MH Commission. Also, please consider who will be approving the State Suicide Prevention Plan now that Michigan has no Office of the Surgeon General.
- 3) Please recommend an amendment to MI Mental Health Code to provide for a MSW minimum as appropriate qualifications for newly created positions such as Chief Executive Officer (CEO) of a CMH Authority or a PIHP who may oversee several 'county directors'. MACMHB's Mike Vizona has suggested that the MH Code has not been updated and in his opinion the qualifications of a 'county director' applies to a CEO of a multi-county CMH Authority including Mr. John Basse at Pathways CMH/NorthCare Network in Marquette, Michigan. Upon the retirement of former CEO Mr. Doug Morton (MSW, MBA) several years ago, Pathways CMH/PIHP conducted a National CEO search stating MSW was a required qualification.

I don't believe the State of Michigan should have MBAs and Accountants running CMH facilities and CMH Authorities. It seems inappropriate on the surface for an accountant to be supervising and challenging the opinion of a Psychiatrist, Psychologists, Master Social Workers, and other licensed mental health professionals. It appears that Pathways CMH by way of a written legal opinion may be effectively interfering with the mandated function of reporting child abuse and neglect by the volunteers, employees, and agents of Pathways CMH and possibly the other CMHs in the 'NorthCare Network'.

- 4) Please recommend a 'Complete Departmental Ban' on all references to a specific CMH or contract provider on the outside of envelopes whether or not they go through the U.S. Postal Service to reduce Stigma and innuendos in the community surrounding mental health services. Also, printing of a CMH logo is very expensive compared to just a return address on a million envelopes.

Thank You for your continued efforts,

James Gallant, Project Parenting Time, Marquette, MI

OPEN MEETINGS ACT

Act 267 of 1976; Eff. Mar. 31, 1977

AN ACT to require certain meetings of certain public bodies to be open to the public; to require notice and the keeping of minutes of meetings; to provide for enforcement; to provide for invalidation of governmental decisions under certain circumstances; to provide penalties; and to repeal certain acts and parts of acts.

The People of the State of Michigan enact:

15.261 Short title; effect of act on certain charter provisions, ordinances, or resolutions.

Sec. 1. (1) This act shall be known and may be cited as the "Open meetings act".

(2) This act shall supersede all local charter provisions, ordinances, or resolutions which relate to requirements for meetings of local public bodies to be open to the public.

(3) After the effective date of this act, nothing in this act shall prohibit a public body from adopting an ordinance, resolution, rule, or charter provision which would require a greater degree of openness relative to meetings of public bodies than the standards provided for in this act.

History: 1976, Act 267, Eff. Mar. 31, 1977.

15.262 Definitions.

Sec. 2. As used in this act:

(a) "Public body" means any state or local legislative or governing body, including a board, commission, committee, subcommittee, authority, or council, which is empowered by state constitution, statute, charter, ordinance, resolution, or rule to exercise governmental or proprietary authority or perform a governmental or proprietary function, or a lessee thereof performing an essential public purpose and function pursuant to the lease agreement.

(b) "Meeting" means the convening of a public body at which a quorum is present for the purpose of deliberating toward or rendering a decision on a public policy.

(c) "Closed session" means a meeting or part of a meeting of a public body which is closed to the public.

(d) "Decision" means a determination, action, vote, or disposition upon a motion, proposal, recommendation, resolution, order, ordinance, bill, or measure on which a vote by members of a public body is required and by which a public body effectuates or formulates public policy.

History: 1976, Act 267, Eff. Mar. 31, 1977.

15.263 Meetings, decisions, and deliberations of public body; requirements; attending or addressing meeting of public body; tape-recording, videotaping, broadcasting, and telecasting proceedings; rules and regulations; exclusion from meeting; exemptions.

Sec. 3. (1) All meetings of a public body shall be open to the public and shall be held in a place available to the general public. All persons shall be permitted to attend any meeting except as otherwise provided in this act. The right of a person to attend a meeting of a public body includes the right to tape-record, to videotape, to broadcast live on radio, and to telecast live on television the proceedings of a public body at a public meeting. The exercise of this right shall not be dependent upon the prior approval of the public body. However, a public body may establish reasonable rules and regulations in order to minimize the possibility of disrupting the meeting.

(2) All decisions of a public body shall be made at a meeting open to the public.

(3) All deliberations of a public body constituting a quorum of its members shall take place at a meeting open to the public except as provided in this section and sections 7 and 8.

(4) A person shall not be required as a condition of attendance at a meeting of a public body to register or otherwise provide his or her name or other information or otherwise to fulfill a condition precedent to attendance.

(5) A person shall be permitted to address a meeting of a public body under rules established and recorded by the public body. The legislature or a house of the legislature may provide by rule that the right to address may be limited to prescribed times at hearings and committee meetings only.

(6) A person shall not be excluded from a meeting otherwise open to the public except for a breach of the peace actually committed at the meeting.

(7) This act does not apply to the following public bodies only when deliberating the merits of a case:

(a) The worker's compensation appeal board created under the worker's disability compensation act of 1969, Act No. 317 of the Public Acts of 1969, as amended, being sections 418.101 to 418.941 of the Michigan Compiled Laws.

(b) The employment security board of review created under the Michigan employment security act, Act No. 1 of the Public Acts of the Extra Session of 1936, as amended, being sections 421.1 to 421.73 of the Michigan Compiled Laws.

MACMHB

Michigan Association of Community Mental Health Boards

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The Standards Group: Achieving Consistency and Uniformity Across the Public Mental Health System

WHAT IS THE STANDARDS GROUP?

While Michigan's public mental health system has many important strengths, it is widely believed that consumers and families will benefit from more uniform access and availability of services and supports. The Standards Group (TSG) is a joint effort of the Community Mental Health System, the Michigan Department of Community Health, and the Michigan Association of Community Mental Health Boards to work with consumers and advocates to provide focused attention to the development of recommendations for uniform and consistent administrative, programmatic and business practice standards for state-wide use in serving persons with mental illness and/or developmental disabilities and/or substance use conditions. These parties have committed to working together to create a capacity to standardize practices that affect how services and supports are organized and delivered. By building on and tightening coordination of existing committees, coalitions and initiatives, recommended standards will be developed that provide for:

Equity – Care is consistent in terms of the quality and array of services and supports

Effective Care – Services are provided in a manner that meets individual consumer goals as identified through the person-centered planning process. Consumers are informed and have opportunities to choose services and supports that produce intended results, including emerging practices, best practices and evidence-based practices.

Efficiency – Standards required to administer services and provide care are designed in a manner that avoids waste and assures that the maximum amount of funding available is directed to the delivery of consumer services and supports.

The work of TSG is guided by the following principles:

- *Proactive inclusion of primary consumers, families, advocates and stakeholders
- *Respect for diverse opinions
- *Grounded in the fundamental values of person centered planning, recovery and resiliency
- *Work products recognize diversity and are culturally competent
- *Work is completed with a sense of urgency, and with transparency
- *The Process provides for continuous search for and sharing of best practices
- *Utilizes outcomes-oriented approaches to the projects prioritized for action
- *Builds upon and harnesses the strengths of existing, related efforts

[Click here for the complete description of The Standards Group.](#)

MI Mental Health Commission
Public Hearing 6-17-13
CMH CEO Credentials - EB Meetings

James Gallant #3

From: Michael Vizona (MVizona@macmhb.org)
Sent: Fri 2/08/13 11:26 AM
To: projectparentingtime@hotmail.com (projectparentingtime@hotmail.com)

Jim - cut and pasted below is the section of administrative rules related to educational/experience requirements for CEOs of CMHs.

Also, the next scheduled meetings of the MACMHB Executive Board (EB) are 2/11 at 6:00 p.m. at our Winter Conference, Best Western Plus in Lansing, and 9:00 am on April 12th at our MACMHB offices in Lansing. We routinely have a public comment section on the agenda. It is not conducted as a discussion between the executive board and the person making a comment but a time limited opportunity for the person to make a comment/statement.

SUBPART 5. COMMUNITY MENTAL HEALTH DIRECTOR

R 330.2081 Education and experience of a county director.

Rule 2081. (1) The county director of a county community mental health program shall meet the education and experience requirements specified in either of the following provisions:

(a) Be a physician, psychologist, social worker, registered nurse, or other human services professional who has at least a master's degree, 3 years of professional experience in his or her field of training, and 1 year of experience in the administrative supervision of mental health programs.

(b) Be a person who possesses at least a master's degree in a field of management relevant to the administration of a county community mental health program with 3 years of professional experience in management and 1 year of experience in the management of human services programs. The areas of community mental health administration, hospital administration, public administration, institution management, business administration, or public health are deemed to be relevant fields of management.

(2) Notwithstanding the requirements specified in subrule (1) of this rule, if a person is a county director on the effective date of this rule,

that person shall be deemed to meet the minimum education and experience requirements to be the county director of that or any other county program.

(3) If a candidate does not meet the minimum education and experience qualifications and the board requests review of this matter, the candidate may be deemed qualified by the department director to be a county director if the candidate is found to have substantially met the education and experience requirements of this rule.

Mike Vizona

MACMHB

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Lansing MI 48933

MI Mental Health Commission
Public Hearing 6-17-13

James Gallant #4



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