

**Northeast Michigan Community Mental Health Authority Board  
Northeast Michigan Board/Consumer Advisory Council  
June 2019 Meeting**



- ☔ **Strategic Planning Meeting, Thursday, June 13 at 3:00 p.m.**
- ☔ **Recipient Rights Training**
- ☔ **Semi-Annual Report on Ends**

*All meetings are held in the Board Room at the main office unless otherwise indicated.*

**9NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD  
BOARD MEETING/CONSUMER ADVISORY COUNCIL – STRATEGIC PLANNING [PART 2]  
June 13, 2019 at 3:00 p.m.  
A G E N D A**

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Acknowledgement of Conflict of Interest**
- V. Appointment of Evaluator**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes ..... (See Pages 1-7)**
- VIII. Educational Session – Recipient Rights Overview ..... Ruth Hewett**
- IX. June Monitoring Reports**
  - 1. Budgeting 01-004 ..... (See Page 8)**
  - 2. Ends 04-001 ..... (See Pages 9-13)**
- X. Board Policies Review and Self-Evaluation**
  - 1. Disclosure of Ownership 02-016 [Review & Self-Evaluation (See Pages 14-18)]**
- XI. Linkage Reports**
  - 1. Northern Michigan Regional Entity Update**
    - a. May 22 Meeting ..... (Verbal Update)**
  - 2. Board Association**
    - a. Spring Conference Update .....(Verbal)**
    - b. CMHAM Membership Dues ..... (See Page 19)**
- XII. Operational Report..... (Available at meeting)**
- XIII. Chair's Report**
  - 1. Strategic Plan Review ..... (See Pages 20-24)**
- XIV. Director's Report**
  - 1. Director's Update ..... (See Page 25)**
    - a. Banking Resolutions**
      - i. Huntington Bank (2)**
      - ii. Alpena Alcona Area Credit Union**
      - iii. mBank**
      - iv. Chemical Bank**
      - v. Northland**
    - b. Beneficiary Bequeath Approval..... (See Page 26)**
    - c. Union Negotiations Update**
- XV. Information and/or Comments from the Public**
- XVI. Next Meeting – Thursday, July 11 at 12:00 p.m.**
  - 1. Set July Agenda ..... (See Page 27)**
  - 2. Meeting Evaluation ..... (All)**
- XVII. Adjournment**

MISSION STATEMENT

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

# Northeast Michigan Community Mental Health Authority Board

## Board Meeting

May 9, 2019

### I. Call to Order

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

### II. Roll Call and Determination of a Quorum

Present: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski

Absent: Albert LaFleche (excused), Gary Wnuk (excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, LeeAnn Bushey, Lynne Fredlund, Barton Gray, Laura Gray, Margie Hale-Manley, Judy Hutchins, Cheryl Jaworowski, Ed Lachowicz; Jason Lepper, Cathy Meske, Lance Rhines, Nena Sork, Peggy Yachasz;

### III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

### IV. Acknowledgement of Conflict of Interest

No conflicts were identified.

### V. Appointment of Evaluator

Bonnie Cornelius appointed as evaluator for this meeting.

### VI. Information and/or Comments from the Public

There were no comments presented.

### VII. Approval of Minutes

Cheryl Jaworowski reported there is a correction to the budgeting monitoring report from the April meeting addressing budgeted amount of bad debt write-offs. She reported the Agency does not budget for bad debt; however, it does have an allowance for bad debt which offset bad debts.

***Moved by Gary Nowak, supported by Pat Przeslawski, to approve the minutes of the April 11, 2019 meeting with correction as presented by the Finance Director.*** Motion carried.

### VIII. Environmental Scan

Eric Kurtz reported during his last visit the majority of the focus was on the impact of Section 298. He reported he participated in a rather disturbing conference call just prior to this meeting related to medical loss ratio. He reports the State is working with CMS to build language into the contract addressing funding methods. The Cost Reports compiled by the Finance Directors have been under recent scrutiny and the State is saying what goes into the report is everything that is not direct service. This is not a federal requirement nor a CMS requirement. The fall back is this is being done for the 298 pilot agencies. This might be a good time to work with the legislatures to stop Section 298 from going forward. The benefit would be to try to make a CMHSP like any other provider. The actuary would set a standard fee schedule based on comparables with other providers.

Cathy Meske noted she has had conversations with Nena Sork and Cheryl Jaworowski contemplating how this would change the relationships we currently have. Eric Kurtz noted the group on the call was holding their ground and stating this was not the direction they want the system to go in. Advocacy efforts will be important.

Eric Lawson inquired as to what the administrative costs are as he remembered them being quite low. Eric Kurtz noted it is somewhere around 4.6%. He notes even if he brings in the administrative costs of

the member boards into the mix the administrative costs would still be quite low. Mark Hunter reported he has followed medical costs and the end result is the wages and benefits of employees are the means to savings with the agencies making cuts in those lines.

Eric Kurtz reviewed the market impacts with Board members noting much of this has not changes since the last presentation. He reports we are having increased scrutiny from the federal level and/or auditor general. He reported 14% of claims reviewed from Medicaid Plans did not have documentation to support the service. He notes the electronic health record system we have put in place should assist in compliance with documentation and reduce this type of exposure.

Mr. Kurtz reports the Cures Act has two pieces – Parity – includes all population and federal or national standards were to be used for authorization of those services. For I/DD there are no national standards established for this type of authorization. The State removed I/DD to address this. He notes the approved plan has not been published. Electronic Visit Verification is still on the radar to pinpoint when services are provided to assure the location matches the services.

Eric Kurtz reviewed the Federal Initiatives currently focused on which include the Cures Act, Home and Community Based Setting Compliance, Medication Assisted Treatment, the Opioid Crisis, Value-Based Payment models and the quality of Long Term Services and Supports (LTSS). He reports there are many Value Based Payment models under experimentation. There are many listed on the CMS website. With the new waiver approval, services provided by CMHSP are being identified as LTSS.

Eric reviewed the State Initiatives which include evolution and impacts of 298 initiatives, new administration and direction, public sector self destruction, waiver approval, expanded financial reporting, rate setting and unenrolled populations, funding slide, performance based incentive payments and increased oversight by the Office of Inspector General. The Waiver application has been approved but addresses substance use disorders only.

He reported the Medicaid unenrolled population group comprises 60% of the costs; however, these costs only serve 20% of the individuals. This is a fee-for-service arrangement. The State is continuing to separate this group in determining rate setting. Eric reports the PIHP/CMHSP is on a downward slide. There have been no increases for at least a year and a half.

Quarterly reports are being provided to the Office of Inspector General.

Mr. Kurtz reviewed the Regional Initiatives. The expansion of the behavioral health home seems to be getting attention. Currently, only Manistee-Benzie County fall in this initiative. They are attempting to get it into our entire 21-county area enrolled and even statewide. He noted more performance money will be directed to performance toward HEDIS (Healthcare Effectiveness Data and Information Set) measures.

Eric Kurtz reported there will need to be focus put toward step-down programs which will assist with getting individuals out of residential treatment to something more than outpatient services only.

Eric reviewed the items of focus the CMHSP/PIHPs need to really put their efforts. He notes inpatient settings and crisis alternatives are problematic statewide. Eric reported he believes this region does a good job to monitoring fraud, waste and abuse.

Eric reported the intent of the waiver was to roll all the waivers [HABS children's, etc.] into one waiver to reduce the reporting requirements. Two years after the submission of the original 1115 waiver, they only approved the SUD services and are now requiring the State to renew the HABS Waiver, Children's Waiver supplemented with General Funds which will now be rolled into the Medicaid services, SED Waiver was piloted in 6 or 7 CMHs. This will now be available statewide. Cathy Meske reported previously there was a limit as to how many would be allowed in the waiver and most were in southeast Michigan.

Current 1915b services (community living supports, respite, etc.) with 2,500 individuals regionally receiving these services, will require all individuals to be in an annual enrollment and eligibility process of some type.

Eric Kurtz reports the Department has many new staff who were not involved in program design when the waiver was submitted. He reported he supplied some of the new staff with some of the legwork that was conducted during the development of the submission. There is lack of institutional knowledge within the system.

Gary Nowak reported Eric Kurtz replaced Dave Schneider and is doing a great job. Eric Kurtz reported Dave Schneider was part of the conference call he participated in earlier today.

## **IX. May Monitoring Reports**

Cheryl Jaworowski requested the Budgeting monitoring report and the Financial Condition monitoring report be presented prior to the Budget Amendment.

### **1. Budgeting 01-004**

Cheryl Jaworowski reviewed the Statement of Revenue and Expense for month ending March 31, 2019. She reported at this point in the year, the Agency is \$277,433 to the good; and the budget deficit adjustment is shrinking. She noted if we were to cost settle today the Agency would have \$20,012 to carry forward with a lapse of \$67,024 which would be returned to the State. The Medicaid funding is overspent by \$157,827 and Healthy Michigan funding is underspent by \$185,189.

Cheryl Jaworowski reviewed line items with unspent dollars noting the budget amendment she will be presenting will correct the variances. She noted the \$400,000 surplus in salaries is due to positions being held open to address the budget shortage. The Self-insurance line item also under budget is attributed to the restructure of plans along with lower utilization. She reported the line item associated with staff recruiting and development is over budget due to psychiatrist recruitment. She noted contract inpatient, contract residential and contract employees and services are also under budget. There is a timing issue in the line item property and liability insurance and this will correct when our net distribution from MMRMA is received. Another item which will correct with the budget amendment is the rent line item. Rent for the Clubhouse was removed from the budget effective January 1, 2019 resulting in this line item showing a deficit and the amendment will add the revenues from Touchstone which will offset this deficit.

### **2. Financial Condition 01-005**

Cheryl Jaworowski reviewed the balance sheet for month ending March 31, 2019. She reports the cash is significantly lower at this time; however, the accounts receivable offset it. NMRE remits payment to this Agency a month in arrears.

Cheryl Jaworowski reported the unrestricted net position is 14.1% of projected annual expense. This equates to 51 days of operating expenses.

Cheryl Jaworowski reviewed the financial statement from the Community Foundation for Northeast Michigan. The Community Foundation owns this fund. The spendable portion is \$9,503.20, which this Agency can utilize for various purposes.

## **X. FY19 Budget Amendment**

Cheryl Jaworowski presented Budget Amendment #2 for FY18-19. The bold column is the amended budget amounts with the variance identified in the column proceeding this column. She reports the amended budget is \$353,940 more than the budget adopted last fall. She noted the rebates/incentives on line #12 is due to the incentive dollars received from the NMRE due to meeting performance measures. Cheryl reviewed the various revenue variances.

Cheryl Jaworowski reviewed the Expenditure Budget by account. She noted a large variance in salaries was due to open positions. She reported the direct care wage pass through of 25¢ was effective April 1. Cheryl Jaworowski noted the Agency also received incentive dollars from the NMRE. Cathy Meske

reviewed the incentive measures looked at by the state. The incentive dollars Northeast received this year was \$204,759. She will discuss this further in the Director's Report along with a couple other expenditures which will need approval.

Cheryl Jaworowski reviewed the savings in the self-insured benefits. Cathy Meske reported in January '18 health care plans were redesigned and the traditional Blue Cross plan was eliminated and plans were decreased. She noted this was one measure made to attempt to keep within our PMPM funding. Cheryl Jaworowski reviewed the variance in contracted residential noting the development of Adult Foster Care homes in the area have allowed to move individuals from higher cost residential to less costly placements.

Cheryl Jaworowski reported the greatest potential for risk in this budget is the health insurance if utilization goes up. Another risk would be revenues as she has budgeted for some additional revenue dollars.

Cheryl Jaworowski noted the next page in this amendment is the Expenditure Budget by program. Line 24 – Autism services \$92,000 was added to this and most likely this will not be enough due to expansion of the ages for autism service eligibility. Line 25 – private hospitalizations was decreased slight in anticipation of the new after hour screening service provided by Protocall will eliminate some admissions as they do a better job of screening individuals so they don't end up in the ER. Line 34 – contract residential was reduced slightly; however, this could change if an individual currently living at home needs placement. Cheryl Jaworowski reported Line 48 – Budget corrections to be spread is a placemaker with a deficit of \$402,960. This amount is not tagged to any one program as those dollars will be spread as dollars lapse in the various programs and are unknown at this point. The lapses occur when an employee is on short-term for an illness, a position is not filled immediately upon a staff resignation, utilization of insurance benefits dips lower than projected, etc.

Cheryl Jaworowski also reported the Capital budget decreased by about \$25,000. She reviewed the additional purchases and those pulled out of the budget.

As the following items need to be approved prior to adoption of the budget amendment, Cathy Meske reviewed the items at this time.

**1. Director Report Summary**

**a. Suicide Prevention – Unlimited Community License Approval**

Cathy Meske reported suicide prevention was an "End" developed for the Agency this fiscal year. She reports a DVD is available which provides a good story on suicide. This story addresses the ripple effect associated with suicide. Cathy noted the whole movie can be purchased for \$1,495.00 and would entitle this Agency to have the license to show to groups.

Terry Larson noted there was just a teen suicide in his community.

**b. Performance Based Incentive Program**

Cathy Meske noted this incentive would be awarded to staff based on last year's distribution with all staff working during that timeframe receiving the same dollar amount based on the number of hours worked. This would mean the administrative staff would get the same amount as a residential worker if they had the same amount of hours.

**c. Community Health Worker Certification Program Scholarships**

Cathy Meske reported there is training available for Community Health Worker Certification. Lisa Anderson and Peggy Yachasz applied for a grant in cooperation with ACC to obtain funding to provide scholarships for staff to attend. The Agency did not receive the grant. She noted we will apply for this again next year. Several programs within the agency could benefit from this certification and the Agency reached out to programs such as Peer Support Staff, Community Living Support Staff, Supported Independent Programs staff, Direct Care staff, etc. She reported staff were requested to submit an application. Applicant submitted the application and names were removed to make this a blind application of the review group.

The application contained a short questionnaire addressing why the applicant was interested in applying. Cathy Meske requested board approval of \$4,800 to cover the costs of the scholarship for four individuals. She noted only seven applicants applied. There would be enough money in General Funds in the budget to cover all seven applicants. Once certified the staff could be eligible for an educational advancement allowing for a small bump in their salary and would be required to stay employed with this Agency for at least one year post certification.

Nena Sork reported the college is planning to make this part of their regular curriculum and plans to offer this maybe twice a year. Nena Sork reported she taught a portion of the first cohort program. Terry Larson inquired as to whether this program is open to individuals outside the agency. While the program is available to individuals in the community, the scholarships would be awarded to internal staff. Accommodations would be made to assist the individual in scheduling their work assignments and classroom commitment as well as providing the individual with a laptop for school purposes during the course of the class.

***Moved by Roger Frye, supported by Terry Larson to approve the purchase of the license for the suicide prevention rights to the movie documentary "Suicide - , authorize the distribution of the incentive dollars to staff based part- and full-time status and on hours worked, and approve funding for seven scholarships for the Community Health Worker Certification.*** Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Albert LaFleche, Gary Wnuk. Motion carried.

***Moved by Gary Nowak, supported by Bonnie Cornelius, to approve the FY19 Budget Amendment #2 with above expenses incorporated into the amendment.*** Roll Call Vote: Ayes: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Albert LaFleche, Gary Wnuk. Motion carried.

## **XI. May Monitoring Reports**

### **1. Treatment of Consumers 01-002**

The Recipient Rights monitoring report was reviewed. Steve Dean complimented staff on having reports done timely.

Mark Hunter noted the medication error rate seems high and questioned what was being done to address the errors. Pat Przeslawski reported this was addressed within the meeting and some of the errors counted are for individuals refusing to take their medication and sometimes it may be for such things as Maalox, a medication dropped on the floor needing to be discarded, etc. Pat Przeslawski noted the error rate is minimal based on the number of medications passed. Cathy Meske noted if the error is of a more serious nature, this is addressed with education and or discipline.

***Moved by Pat Przeslawski, supported by Gary Nowak, to approve the May Monitoring Reports as presented.*** Motion carried.

## **XII. Board Policy Review and Self Evaluation**

### **1. Board Job Description 02-003**

Board members reviewed the policy. Pat Przeslawski stated the policy is written well and no adjustments are needed.

### **2. Board Core Values 02-014**

Board members reviewed the policy and there were no revisions recommended.

**XIII. Linkage Reports**

**1. Northern Michigan Regional Entity (NMRE)**

**a. Board Meeting April 24, 2019**

The minutes were distributed for this meeting in draft format. There were no questions or concerns expressed.

**b. Board Meeting March 27, 2019**

The minutes for the NMRE Board meeting of March 27, 2019 were included in the materials mailed.

**2. Community Mental Health Association of Michigan (CMHAM)**

**a. Spring Conference Update**

The Spring Board Conference is scheduled for June 10 & June 11 in Novi, MI. Gary Nowak, Eric Lawson, Judy Jones, and Bonnie Cornelius will attend. The conference brochure was distributed.

**i. Proposed By-Law revisions**

The draft of the by-laws was included in the mailing. The voting delegates will be responsible for voting on the passage of the by-laws so Board members were requested to voice any concerns to the voting delegates.

**XIV. Operation's Report**

Nena Sork reviewed the Operation's Report for month ending April 30, 2019. She noted in April there were 58 pre-screens. She reported typically spring affects those individuals with a bi-polar diagnosis resulting in increased screens. She reported the majority of these prescreens were conducted during regular business hours. She reported there were also more walk-ins during this time period. The Clubhouse numbers are also increasing slightly since the Touchstone takeover.

Nena Sork noted Peer Support is down one staff person but they continue to serve 62 individuals between the two of them.

**XV. Chair's Report**

**1. CMH PAC Last Call**

Last call for the CMH PAC. Eric stressed the importance of providing support. Board members were requested to submit their checks for CMH PAC to Diane Hayka.

**2. Appointment of Voting Delegates for Spring Conference**

Bonnie Cornelius and Judy Jones were appointed as voting delegates for the Spring Conference. Gary Nowak will attend the Chairpersons Roundtable at the conference.

**3. Disclosure of Ownership Forms Update**

Board members were requested to submit their updated Disclosure of Ownership forms to Diane Hayka.

**XVI. Director's Report (continued)**

**2. Director Report Summary**

Cathy Meske reported Nena Sork and she attended the Montmorency Board of Commissioners meeting and it went well.

CARF has notified the Agency they will be arriving on June 12<sup>th</sup> for the triennial review. This will occur during the June 13<sup>th</sup> Board meeting so CARF guest may be present at the June meeting.

She reported she attended the OPS meeting and there was much discussion about Section 928 which requires each CMHSP Board to pass the local match dollars through to the State so a larger dollar amount of Medicaid can be secured. She noted we are not ready to request our County commissions to adopt a resolution related to this topic. The NMRE Board did give Eric Kurtz a directive to draft a letter of support.



Cathy Meske and Nena Sork will continue to meet with the County Commissions. The following dates are scheduled:

Presque Isle County – Friday, May 31 @ 9:00 a.m.

Alcona County: Wednesday, June 5 @ 10:00 a.m.

Alpena County – Tuesday, June 25 @ 1:00 p.m.

3. **QI Council Update**

The minutes from the most recent QI Council meeting were available for review. Board members had no questions or comments related to the minutes.

**XVII. Information and/or Comments from the Public**

There was no information or comments presented.

**XVIII. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, June 13, 2019 at 3:00 p.m.

1. **Set June Agenda**

The June agenda items were reviewed. Strategic Planning continues with Part II focusing on progress towards current "Ends." Ruth Hewett will be conducting an educational session

**XIX. Evaluation of Meeting**

Bonnie Cornelius provided the evaluation noting board members were engaged and the meeting flowed well. She notes there are so many topics covered during a meeting, Board members walk away with more knowledge every month. She reports information about programs really hits close to home as she has a family member who receives services.

1. **Adjournment**

***Moved by Gary Nowak, supported by Judy Jones, to adjourn the meeting.*** Motion carried. This meeting adjourned at 5:00 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Seven Months Ending April 30, 2019**  
**58.3% of year elapsed**

	Actual April Year to Date	Budget April Year to Date	Variance April Year to Date	Budget FY19	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	\$ 55,347	\$ 56,551	\$ (1,204)	\$ 97,000	57.1%
2 Private Contracts	27,056	33,424	(6,368)	57,331	47.2%
3 Grants from Local Units	362,165	296,104	66,061	507,897	71.3%
4 Interest Income	4,507	5,830	(1,323)	10,000	45.1%
5 Medicaid Revenue	14,660,104	14,547,385	112,719	24,952,633	58.8%
6 General Fund Revenue	355,863	466,672	(110,809)	800,467	44.5%
7 Healthy Michigan Revenue	697,228	911,697	(214,469)	1,563,803	44.6%
8 3rd Party Revenue	200,690	310,233	(109,543)	532,132	37.7%
9 SSI/SSA Revenue	291,698	294,335	(2,637)	504,863	57.8%
10 Other Revenue	50,953	50,775	179	87,092	58.5%
11 <b>Total Revenue</b>	<b>16,705,611</b>	<b>16,973,006</b>	<b>(267,395)</b>	<b>29,113,218</b>	<b>57.4%</b>
<b>Expense</b>					
12 Salaries	7,270,708	7,293,554	22,846	12,510,384	58.1%
13 Social Security Tax	326,778	342,447	15,669	587,387	55.6%
14 Self Insured Benefits	1,200,784	1,265,526	64,742	2,170,713	55.3%
15 Life and Disability Insurances	126,607	135,471	8,863	232,368	54.5%
16 Pension	595,710	558,679	(37,031)	958,284	62.2%
17 Unemployment & Workers Comp.	110,137	111,306	1,169	190,919	57.7%
18 Office Supplies & Postage	22,102	26,279	4,177	45,076	49.0%
19 Staff Recruiting & Development	79,200	71,949	(7,252)	123,411	64.2%
20 Community Relations/Education	532	2,257	1,725	3,871	13.7%
21 Employee Relations/Wellness	32,282	30,358	(1,924)	52,072	62.0%
22 Program Supplies	257,113	268,787	11,674	461,042	55.8%
23 Contract Inpatient	542,601	632,852	90,250	1,085,509	50.0%
24 Contract Transportation	62,945	72,381	9,436	124,153	50.7%
25 Contract Residential	2,990,601	2,984,442	(6,159)	5,119,111	58.4%
26 Contract Employees & Services	1,955,759	2,073,437	117,678	3,556,496	55.0%
27 Telephone & Connectivity	64,719	65,437	718	112,242	57.7%
28 Staff Meals & Lodging	13,865	22,267	8,402	38,194	36.3%
29 Mileage and Gasoline	244,799	264,492	19,693	453,674	54.0%
30 Board Travel/Education	5,550	7,966	2,416	13,664	40.6%
31 Professional Fees	44,038	38,039	(5,998)	65,248	67.5%
32 Property & Liability Insurance	64,360	35,394	(28,966)	60,711	106.0%
33 Utilities	99,988	100,629	641	172,605	57.9%
34 Maintenance	95,961	111,421	15,460	191,117	50.2%
35 Rent	154,676	136,053	(18,623)	233,367	66.3%
36 Food (net of food stamps)	33,172	33,628	456	57,681	57.5%
37 Capital Equipment	13,238	69,607	56,369	119,395	11.1%
38 Client Equipment	7,224	16,597	9,374	28,469	25.4%
39 Miscellaneous Expense	22,421	51,496	29,076	88,330	25.4%
40 Depreciation Expense	146,931	150,253	3,321	257,723	57.0%
41 <b>Total Expense</b>	<b>16,584,802</b>	<b>16,973,006</b>	<b>388,204</b>	<b>29,113,218</b>	<b>57.0%</b>
42 <b>Change in Net Position</b>	<b>\$ 120,809</b>	<b>\$ -</b>	<b>\$ 120,809</b>	<b>\$ -</b>	<b>0.4%</b>
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ (77,074)				
45 Healthy Michigan Funds (Over) / Under Spent	219,199				
46 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 142,125</b>				
47 General Funds to Carry Forward to FY20					
48 General Funds Lapsing to MDHHS	\$ 23,347				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 87,727</b>				
	<b>\$ 111,074</b>				

**POLICY CATEGORY:**  
**POLICY TITLE AND NUMBER:**  
**REPORT FREQUENCY & DUE DATE:**  
**POLICY STATEMENT:**

Ends  
Board Ends Statement, Policy # 04-001  
Semi-annual: June 2019

Ends

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends

**Services to Children**

1. We expect that children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

Achievement of this sub-end will be confirmed by monitoring Child and Adolescent Functional Assessment Scores (CAFAS):

- A. 90% of all children who participate in service (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point decrease in CAFAS scores at the completion of services.

***Status:***

*The mid-point of fiscal year 2019 ended with 20 out of 32 cases showing at least a 20 point decrease in CAFAS scores by termination. Out of the remaining 12 cases, 2 showed a reduction of 10 points, 3 showed no change in their initial and ending CAFAS scores and 7 demonstrated an increase in scores. Therefore, for those consumers completing services as planned, 63% have shown a 20+ point decrease in their CAFAS scores.*

**Services to Adults with Mental Illness and Persons with I/DD**

2. Individuals needing independent living supports will live in the least restrictive environment.

- A. Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.

***Status:***

*The Agency assisted in the development of Boucher AFC in Alpena. Another location just outside our catchment area (Alanson) was identified and this Agency worked with the licensee in a consultative role and have since placed four individuals in that residential location. It is hopeful this licensee will consider opening a second residential facility in the Onaway area.*

- B. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

**Status:**

*The measure was met in 2018; however, the Agency continues to developed additional independent living services. In October 2018, one individual was transitioned from placement at one of the Beacon Specialized living facilities to independent living and in December 2018, one individual was transitioned from placement at Spring Hill to independent living.*

**Services to Adults with Co-Occurring Disorders**

- 3. Adults with co-occurring disorders will realize significant improvement in their condition.

- A. 75% of those persons with a diagnosed substance use disorder will have one objective in their plan of service addressing treatment options or services.

**Status:**

*As previously reported, the monitoring of this identified “End” would require a labor intensive search of each individual’s record who receives services through the Agency. There is no good method to capture this data where a report would be able to generate the results. During the course of this year’s Strategic Planning, we will need to identify a more trackable objective.*

- B. 100% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing medication assisted treatment.

**Status:**

*Reports pulled covering the first half of the fiscal year shows seven (7) individuals receiving services identified they were a part of a medication assisted treatment program. Of the seven (7) cases, two were crisis only cases and a plan of service was not developed. Two cases were intake only and although they qualified for services they did not follow through and no Plan of service was developed. Of the remaining three (3) cases, one case did not have an objective or any mention of a Substance Use Disorder in the Plan of Service although it was identified in the intake and diagnosed. The other two cases all identified in the plan of service Substance Use Disorder; one case did not have an objective but it*

*was noted that the individual was participating in the Suboxone clinic and following the clinics plan and one case clearly identified an objective in the Plan of Service.*

#### **Financial Outcomes**

4. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 5.B, below).

***Status:***

*As of September 30, 2018, agency-wide revenues exceeded expenses by \$26,403. As of March 31, 2019, agency-wide revenues exceed expenses by \$89,043.*

*Management projects the agency will end the current fiscal year with an estimated \$50,000 surplus.*

5. The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:

- A. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.

***Status:***

*As of September 30, 2018, Medicaid and Healthy Michigan funds were overspent by (\$87,501) and (\$115,252) respectively. These losses are based upon actual funds received which did not include NMRE approved FY17 carryforward funds of \$1,296,000. If the carryforward funds had been received, there would have been a large surplus in both Medicaid and Healthy Michigan funds. We are awaiting full reimbursement of the overspent amounts from the NMRE's carryforward and risk funds to cost settle the FY18 annual contract.*

*As of March 31, 2019, Medicaid and Healthy Michigan funds were over and underspent by (\$157,827) and \$185,189 respectively for a net under spending of \$27,362. These are expected to balance to \$0 or with a small deficit by year end resulting in a cost settlement with the NMRE from available carryforward or risk funds.*

*The Board of Directors are kept apprised of the agency's financial situation on a monthly basis, including the status of over and underspending of Medicaid and Healthy Michigan funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods. The NMRE is kept apprised of the agency's managed care spending on a monthly basis and have clearly communicated the agency limit spending to approved per member per month and carryforward net amounts.*

- B. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.

**Status:**

*As of September 30, 2018, General Funds were overspent by (\$19,448). We also lapsed \$10,000 back to MDHHS in unused categorical general funds. These categorical funds were specifically designated for Assisted Outpatient Treatment (AOT) of which the agency had no clients to utilize the funds for.*

*As of March 31, 2019, General Funds were underspent by \$87,036. Of this amount, \$20,012 can be carried forward to FY20 while \$67,025 would lapse to MDHHS or be available for transfer to another Community Mental Health Board. It is the intention of management not to lapse any General Funds to MDHHS by September 30, 2019 and to generate a \$40,024 savings (5% of annual allocated funds) to be carried forward to FY20.*

*The Board of Directors are kept apprised of the agency's financial situation on a monthly basis, including the status of over and underspending of General Funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods.*

**Community Education**

6. The Board will provide community education. This will include the following:

- A. Disseminate mental health information to community utilizing available technology and at least one Report to Community annually.

*Status: The Annual Report was completed in May 2019 and is posted to the Agency's website, distributed through e-mail as well as hard copies available for offices, commissioners, collaborative members and those requesting hard copy.*

- B. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.

**Status:**

*Partners in Prevention held a Youth Mental Health First Aid training December 6 and 13, 2018 at the First Presbyterian Church in Alpena with eight attending and five completing the course. They also held an Adult Mental Health First Aid training December 7 and 14, 2018 at the First Presbyterian Church with 13 attending and 11 completing the course. Youth Mental Health First Aid training was also provided on January 14 and 21, 2019 at Hope Shores Alliance with 14 attending and 11 completing the course.*

*Partners in Prevention provided training in trauma and suicide prevention. On October 16, 2018 a three-hour “Trauma-Informed Practice for Providers in the Field of Intellectual and Developmental Disabilities” was provided for agency staff with 20 attending. They also conducted a 90-minute suicideTALK presentation for Power of Parenting on October 16. October 23 they repeated the training of October 16 for agency staff on trauma with 25 additional staff attending. On November 13, they conducted a 90-minute “Trauma-Informed Parenting” presentation for Power of Parenting with 10 attending. On February 1, 2019, Great Start to Readiness Preschool staff received training on the “Effects of Trauma and Classroom Strategies” with 15 participants.*

*Partners in Prevention also had a six-week course of “Caring for Children Who Have Experienced Trauma” scheduled from January 24 through February 28; however, weather caused reschedule*

*Julie Hasse provided a training on November 13, 2018 for the school system paraprofessionals working one-on-one with children. The training was entitled “Being Gentle in the Face of Challenging Behaviors.”*

C. Support community advocacy.

***Status:***

*Linda Murphy provided the Alpena Human Services Coordinating Council with an overview of the OBRA Program and Older Adult Services offered at the Agency.*

*Mary Crittenden provided the Alpena Area Parkinson’s Support Group with a presentation on the topic of depression on March 18, 2019. On March 19, 2019 she presented the Alpena Senior Center with information on the “Hopeful Journey” dealing with stress management. This segment was targeted to a support group of grandparents raising their grandchildren.*

*Amy Pilarski has been working with the local NAMI Formation group in attempting to establish a local NAMI Chapter in Alpena.*

GOVERNANCE PROCESS

(Manual Section)

**DISCLOSURE OF OWNERSHIP**

(Subject)

Board Approval of Policy

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

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
NeMCMHA BOARD OF DIRECTORS**

**Disclosure of Ownership, Controlling Interest and Management Statement**

**Attestation of Criminal Convictions, Sanctions, Exclusions,  
Debarment or Termination**

**Northeast Michigan Community Mental Health Authority (NeMCMHA)** as a comprehensive service provider must comply with federal regulations (42 CFR 455.100-106) to collect disclosure of ownership, controlling interest and management information including information from NeMCMHA Board of Directors, pursuant to a Medicaid contract with the Northern Michigan Regional Entity and federal regulations set forth in 42 CFR Part §455. Required information includes 1) the identity of all owners and others with a controlling interest; 2) certain business transactions as described in 42 CFR §455.105; 3) the identity of managers and others in a position of influence or authority; and 4) criminal conviction, sanction, exclusion, debarment or termination information for the provider, owners and managers. The information required includes, but is not limited to, name, address, date of birth, social security number (SSN) and tax identification (TIN) information.

**This Statement** should be submitted at the time of initial appointment or re-appointment, updated every 3 years, within 35 days of any change in information, or within 35 days of a request for updated information.

<b>I. NeMCMHA Board Information</b>		
<b>Northeast Michigan Community Mental Health Authority</b>		EIN <b>38-3537521</b>
NEMCMHA Address: Street Name and Number, Suite, Room, Etc. <b>400 Johnson Street</b>		
City/Town <b>Alpena</b>	State <b>Michigan</b>	Zip Code <b>49707</b>
<b>II. Board Member Information</b>		
First Name	Last Name	Date of Birth
Social Security Number	Appointment Start Date	
Street Name and Number, Suite, Room, Etc.		
City/Town	State	Zip Code

Disclosure of Ownership, Controlling Interest and Management Statement

<b>III. Board Member Ownership Information</b>		
Does the Board Member have an ownership or controlling interest of 5% or more in any wholly owned <b>supplier</b> or <b>subcontractor</b> of NeMCMHA, NeMCMHA provider or entity? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, list the required information below. Attach documentation on additional sheets as necessary. Did you attach additional sheets? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Legal Name of Supplier/Subcontractor	% Interest	
Legal Name of Supplier/Subcontractor	% Interest	
<b>IV. Familial Relationships of All Owners</b>		
Is the Board Member related to another owner, managing employee, or individual with a controlling interest in the NeMCMHA Network or any provider, subcontractor or wholly owned supplier listed in Section III? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, list the individuals and their relationship (e.g., spouse, parent, child, sibling) below Attach documentation on additional sheets as necessary. Did you attach additional sheets? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Name of Owner 1</b>	<b>Name of Owner 2</b>	<b>Relationship</b>
<b>V. Criminal Convictions, Sanctions, Exclusions, Debarment and Termination</b>		
1. Has the Board Member ever been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or had civil money penalties or assessments imposed under section 1128A of the ACT? (See 42 CFR §1001.1001(a)) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, list the required information below. Attach documentation and additional sheets as necessary. Did you attach additional sheets? Yes <input type="checkbox"/> No <input type="checkbox"/>		
State of Conviction	Matter of the Offense	
Date of Conviction (mm/dd/yyyy)	Date of Reinstatement (mm/dd/yyyy)	
2. Has the Board Member ever been <b>sanctioned, excluded or debarred</b> from any Federal or State program including Medicare, Medicaid, CHIP or a Title XX program since the inception of those programs? (See 42 CFR §438.610(a)(1)) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, list the required information below Attach documentation and additional sheets as necessary. Did you attach additional sheets? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Sanction, Exclusion or Debarment	Dates of Sanctions, Exclusions or Debarments (mm/dd/yyyy)	
Date of Reinstatement (mm/dd/yyyy)	List all States Where Currently Excluded:	
3. Has the Board Member ever been <b>terminated</b> from participation in any Federal or State program including Medicaid, Medicare, CHIP or a Title XX program in the last 10 years, or been terminated under title XVIII on or after January 1, 2011? (See 42 CFR § 455.416(b)&(c)) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, list the required information below. Attach documentation and additional sheets as necessary. Did you attach additional sheets? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Disclosure of Ownership, Controlling Interest and Management Statement

Reason for Termination	
Date of Termination (mm/dd/yyyy)	State that Originated Termination
Date of Reinstatement (mm/dd/yyyy)	Terminated From Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VI. Signature</b>	
<p>Anyone who knowingly and willfully makes or causes to be made a false statement or representation of this statement may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the appropriate state agency. By signature I certify that the information provided within, is true and correct and I fully understand the consequences as explained above.</p>	
Name of Individual Completing This Form	
Title of Individual Completing This Form	
Signature of Individual Completing This Form	Date:

**Michigan Association of Community  
Mental Health Boards  
Lansing, MI 48933**

# Invoice

Date	Invoice No.
10/10/2018	10/187/333

Bill To
Northeast Michigan CMH Authority Attn: Accounts Payable 400 Johnson St. Alpena, MI 49707

Ship To

P.O. Number		Ordered By	Via	Due Date	Ship Date
				10/10/2018	10/10/2018
Item Code	Quantity	Description		Price Each	Amount
1001-00	1	FY 18/19 Membership Dues		13,166.00	13,166.00

**CANCELLATION POLICY:** Substitutions are permitted at any time. No splitting registrations. Cancellations must be received in writing at least 10 business days prior to the training for a full refund less an administrative fee. If the cancellation is received less than 10 days prior to the training, no refund can be given. "While contributions or gifts to the Michigan Association of CMH Boards are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code."

If you have any questions, please contact Dana Ferguson at (517) 374-6848. Please make checks payable to MACMHB and mail your check to 426 S. Walnut, Lansing, MI 48933.

<b>Current Invoice Total</b>	\$13,166.00
<b>Payments/Credits</b>	\$0.00
<b>Current Balance Due</b>	\$13,166.00

If the Current Balance Due does not match the Total Account Balance below, please contact MACMHB to discuss.

<b>Total Acct Balance</b>	\$13,166.00
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## Northeast Michigan Community Mental Health Authority

### STRATEGIC PLAN 2018-2019

#### Mission:

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

#### Vision:

Northeast Michigan Community Mental Health will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

#### Core Values:

- A Person-Centered focus shall be at the heart of all activities.
- Honesty, respect and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

#### Forces in the Environment Impacting Behavioral Health

##### Payers/Payment Reform

- Reimbursement based on health outcomes
- ACA
- Health system insurance plans

##### Persons Served

- Aging population and other demographic changes
- Expansion of coverage
- Increasing comorbid conditions
- Individuals served accessing health information

##### Quality Improvement

- Health and safety
- Minimizing waste, fraud and abuse
- Right amount of scope & duration of service

##### Regulatory Changes

- Home and Community-Based Services Rule
- Potential carve-in of specialty behavioral health
- 1115 waiver application

### Workforce

- *Shortage of qualified staff* of all types of disciplines (professional as well as direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

### Technology

- Electronic EHR
- Data Analytics
- Increase Mobile Capabilities
- Self-Management Tools/Consumer Portal

### Goals:

1. To reduce the risk of metabolic syndrome in both adults and children.
2. To continue the partnership with Thunder Bay Community Health Services, Alcona Health Center and local school systems in order to provide school-based social work services for children
3. Promote a trauma-informed community through education, assessment and participation in community initiatives.
4. Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.
5. Coordinate community education and partnerships in suicide prevention.
6. To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.
7. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
8. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information.
9. To keep current in education and information technology (IT).

### Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

ABA Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of Personal



Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

**Funding** – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP.

**Jail Services** – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

**Recruiting and Retention of Qualified Staff** – Local competition for positions has made it difficult to recruit.

**Service Population** – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.

**Residential Options** – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

**Opioid Epidemic** – The increasing opioid epidemic has strained community resources.

**Increasing Violence in our Society** – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

### **Opportunities:**

Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.

Take advantage of training opportunities provided by MDHHS.

### **Options:**

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- Shared psychiatric consultation with staff at other clinics
- Easy and consistent flow of individuals and information between behavioral health and primary care providers

- Growth of health care awareness and services in CMH services through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.
- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of Human Services Collaboratives.

**Plan:**

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminates duplication, lower costs, ensure quality care and achieve superior outcomes.

The Ends Statements reflect methods of monitoring population groups and department specific goals.

**Ends:**

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

**Sub-Ends:**

**Services to Children**

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
  - a. 90% of all children who participate in service (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point or more decrease in CAFAS scores at completion of services.

**Services to Adults with Mental Illness and Persons with I/DD**

2. Individuals needing independent living supports will live in the least restrictive environment.
  - a. Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.
  - b. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

### **Services to Adults with Co-Occurring Disorders**

- 3. Adults with co-occurring disorders will realize significant improvement in their condition.**
  - a. 75% of those persons with a diagnosed substance use disorder will have one objective in their plan of service addressing treatment options or services.**
  - b. 100% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing medication assisted treatment.**

### **Financial Outcomes**

- 4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b. below).**
- 5. The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:**
  - a. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.**
  - b. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.**

### **Community Education**

- 6. The Board will provide community education. This will include the following:**
  - a. Disseminate mental health information to the community utilizing available technology and at least one Report to the Community.**
  - b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.**
  - c. Support community advocacy**

**The Ends will be monitored by the Board at least semi-annually.**

**The Strategic Plan will be reviewed by the Board at least annually.**



**Executive Director Report  
May-June 2019**

This report is intended to brief the NeMCMHA Board of the director’s activities since the last Board meeting. The activities outlined are not all inclusive of the director’s functions and are intended to outline key events attended or accomplishments by the director.

Date	Subject
5/13/19	Participated in the Children’s Advocacy Center of Northeast MI Advisory Committee with Nena Sork
5/28/19	Participated in the monthly meeting with NEMROC and reviewed the status of supported employment.
5/30/19	Participated in Union Negotiations with OPEIU Bargaining Team. We have reached a tentative agreement and the Union will be voting on this proposed 4-year contract with annual economic opensers the week of June 10, 2019. I do expect to have an update for the Board at our meeting.
5/30/19	Participated in the orientation of our newest Board members: Gary Wnuk and Mark Hunter. Highlights of the orientation included a tour of our SIP room, Fletcher Street offices and one of our residential homes. Mr. Wnuk and Mr. Hunter also received an orientation of Board Governance provided by Lynne Fredlund.
5/31/19	Provided the Annual Report to Presque Isle County Board of Commissioners with Nena Sork.
6/3/19	Participated in a meeting with the CEO of Centria, Scott Barry and the Clinical Director of Centria, Alicia Decker with Nena Sork.
6/3/19	Attended the Handle with Care community collaborative meeting with Nena Sork. Members of this collaborative include law enforcement, schools including school success staff and DHHS.
6/5/19	Provided the Annual Report to Alcona County Board of Commissioners with Nena Sork.
	Presentation to the Counties: Nena and I will be meeting with the County Commissioners on the following dates: Alpena County : Tuesday June 25 at 1:00 pm
6/24/19	Just a friendly reminder: Lunch for a Cause from 11:30-1:30 at the Alpena Office.
6/27/19	Staff Appreciation at Alpena’s Aplex at 11:30. Please plan on attending if you are able. This is your opportunity to meet with staff who have reached milestones in their employment at Northeast ranging from 5 to 50 years!

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Cathy Meske  
**SUBJECT:** Beneficiary Bequeath Approval  
**DATE:** May 30, 2019

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I am in receipt of an Agreement needing my signature for our Agency to receive funds from an Irrevocable Discretionary Supplement Needs Trust as a beneficiary. The Agency has been named to receive 1% of the final balance of the trust with 95% of that amount being distributed in the near future and the remaining 5% after all tasks and requirements to close the Trust have been completed. Documents included in the notification require the Director to sign the Agreement. I request Board approval to execute the document to obtain the first distribution.

## **JULY AGENDA ITEMS**

### **Policy Review**

Community Resources 01-010

### **Policy Review & Self-Evaluation**

Public Hearing 02-010

### **Monitoring Reports**

Budgeting 01-004 (Finance Report)

Asset Protection 01-007 (Insurance Reports)

Community Resources 01-011 (Collaboration Report)

### **Activity**

Strategic Plan/Ends

Plan for CEO Evaluation [n/a this year due to retirement]

### **Old Business**

### **Ownership Linkage**

### **Educational Session**

Finalize Strategic Planning/Setting Ends

# 2019 EMPLOYEE RECOGNITION



## 50 Years

Kathy Piontkowski, Statistical Clerk



## 20 Years

Dayna Barbeau, Customer Services

## 45 Years

Cathy Meske, Director

Sharon Brousseau, Clinician

Sharon Seguin, Clerical Support Staff

Linda Campbell, SIP Supervisor

## 35 Years

Jan Behring, Residential Training Worker



Kelly Kazyaka, SIP Worker

Carolyn Bruning, Administrative Assistant

Kimberly Lancaster, Residential Training Worker

Rhonda Fletcher, Home Supervisor

John Lapere, Community Support Worker

Denise Safford, Residential Training Worker

Julie Matthews, Home Supervisor

Patti St John, Community Support Services Supervisor

## 30 Years

Debra Greene, Residential Training Worker



## 15 Years

Ruth Hewett, Recipient Rights Officer

Carol Dumsch, Reimbursement Clerk

Patricia Hochrein, OAS Support Worker

Cathy LaCross, Clerical Support Staff

Deborah Schackmann, Supports Coordinator

Melissa Longpre, Residential Training Worker

Joan Schimmel, Registered Nurse



JoAnn Misel, ACT Clerical Support Staff

Ann Smith, Home Supervisor

Donna Roussin, IS Data & Training Technician

## 25 Years

Marlene Gersewski, Community Support Worker-ACT



Beth Tovey, Housekeeper I

Margaret Hale-Manley, Community Employment Coordinator

## 10 Years

William Kaiser, OAS Clinician

Geraldine Anderson, Residential Training Worker

Tamara Leeck, Supports Coordinator

Christie Bruski, Residential Training Worker

Paul Rajasekhar, Medical Director

Richard Greer, Facility & Fleet Supervisor

Cathy Rinard, Residential Training Worker



Mary Jameson, ACT Supervisor

Wendy Sowiecki, Trainee-Scanner



Linda Jones, Residential Training Worker

Amy Pilarski, Project Manager

Nena Sork, Chief Operations Officer

## 5 Years

Joell Anthony, Staff Accountant

Patrick Cohoon, SIP Worker

Jolie Danielson, SIP Supervisor

Sara Lane, Clerical Support Staff

Jessica Lundquist, Behavior Technician



## 2019 Employee Recognition Luncheon

(Employee, a Guest & their Supervisor)

### APlex Upper Conference Room

June 27, 2019

11:30 am to 1:00 pm



# Lunch for a Cause!

Retirement cake for Cathy Meske

LET'S SEND OUR DIRECTOR OUT WITH A BANG!

DONATIONS WILL BE ACCEPTED FOR THE ABOVE  
MISSION!

[Funds will be used for those we serve during holidays or  
demonstrated need.]

MONDAY  
JUNE 24TH

STARTS AT  
11:30 AM

ENDS AT AT  
1:30 PM

BOARD ROOM

[Hot dogs provided]

POTLUCK DISHES WELCOMED!





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## CMH Association and Member Activities:

### Alan Bolter named one of the top association lobbyists in the state

The CMH Association’s Associate Director, Alan Bolter, was recognized, this week, as one of the most effective association lobbyists in the state. The Michigan Insider’s Survey, released by MIRS on May 29, found Alan tied for fourth place among all of the state association lobbyists. MIRS, the sponsor of the survey is a Lansing-based report detailing news and activities for the legislative, judicial and executive branches of Michigan’s state government and first began the survey in 2005.

The survey included responses from 520 legislators, lobbyists, staff members and other insiders in and around Lansing.

This recognition is well deserved and underscores the powerful advocacy that Alan has done, for years, and continues to do on behalf of the CMH Association’s members. Congratulations to Alan.

### Wakefield event addresses stigma of mental health, disabilities

Below is an excerpt from the press coverage of the successful Walk-a-Mile event, sponsored by Gogebic Community Mental Health. Congratulations to Gogebic CMH for another successful Walk-a-Mile event.

Participants helped stomp out the stigma of disorders during the eighth annual 'Walk a Mile in my Shoes' event in Wakefield on Wednesday.

Gogebic Community Mental Health Authority aimed to "stomp out stigma" during its eighth annual Walk a Mile in My Shoes event at Wakefield VFW Wednesday.

Missy Lane, the chairperson for community mental health's anti-stigma committee, said the purpose of the event is to provide education and bring awareness to the community.

"We want everybody to be treated equal," she said.

## CMHA WEEKLY UPDATE

The actual walk is more "symbolic" and Lane said not everyone chooses to go.

"It's not around the lake like a lot of people think," she said.



During the walk, banners were hoisted and ladies from Greenbush Assisted Living sported colorful tutus. Local high school students helped serve lunch when the walk was completed.

Guest speaker Jackson Sturkol said he experienced numerous obstacles growing up with autism and had difficulty with day-to-day tasks such as handwriting and tying his shoes.



Sturkol admits he may not have been the easiest child to raise. He thanks his parents for taking the time and effort to help him "smash through the barriers." "They gave me the skills and knowledge that will help me through the rest of my lifetime," he said.

At 22, Sturkol is searching for a potential career and said he wants to move out of his parents house in the next few years.

Sturkol said there is a lot of stigma against people with disabilities and mental illnesses. He feels the negative perception towards people's differences needs to change.

"Some people like saying the 'R-word' all the time," he said. "I don't really believe that's an appropriate term to use because that denigrates against people like us."

Sturkol said events like Wednesday's walk are "awesome" because they raise awareness about mental illnesses.



He said he can't describe the word of thanks he has for Lane. "I believe Missy put together a wonderful event here," he said.

Sturkol said he believes education is the key to stopping the stigma.

"If people are willing to take the time to learn more about this," he said. "I believe us as a society will be better in the long run."

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Tim Kangas, CEO of NorthCare Network, said breaking through the stigma requires people to be exposed and educated concerning the differences between people.

"It's beautiful that the community comes out to support this," he said.

Kangas acknowledged that more support is needed to help people who work "tirelessly" with individuals and families with disabilities.

He said the system doesn't always work and he takes responsibility for that.

"That's why I took this job," Kangas said, "because I care and I know we can do better."

The full article can be found at: <https://www.yourdailyglobe.com/story/2019/05/16/news/wakefield-event-addresses-stigma-of-mental-health-disabilities/12153.html>

### **Hundreds participate in 3rd annual Walk-a-Mile**

Below is an excerpt from a news story on the Walk-a-Mile rally sponsored by Pathways Community Mental Health. Congratulations to Pathways for another successful Walk-a-Mile event.

Thursday at Marquette Commons, Pathways Community Mental Health hosted the Third Annual Walk-a-Mile in my shoes rally to eliminate stigma surrounding mental illness, in addition to educating the community on this matter.



"This is just really about celebrating the folks that we have in our community, and showing our support and making sure that they know that they are people out there that care," said Pathways Clinical Supervisor Ashley Jenema.

A number of speakers came to the podium to share their battle with mental illness. One in particular describes this time as one of the darkest periods of her life.

"I've been going to therapy at Pathways for more than one year now, and my therapist nominated me to be one of the speakers today to share my story and my own personal struggles," said Lorissa Juntti.

When Juntti should've been excited to walk across her high school's stage, she found herself battling with demons inside her head.

"I struggled with an addiction to medications, I was self-harming and I was struggling with an eating disorder, which all led up to a suicide attempt my senior year of high school," she explained. No one expected this behavior from her because she was very involved in high and graduated as the salutatorian of her class.

Yet, after her own personal experience, Juntti wants people to know mental illness doesn't discriminate.

"I feel like a lot of my teachers overlooked it because it was so well-hidden and I don't blame them at all, and that's why I want to be here to show that there's so much more underlying issues, a lot of the times," said Juntti.

Event organizers want people to feel support not only from Juntti's story but from the community as well.

"I think the best thing for us is to actually see all the faces of our clients," said event chair Brenda Stacey. "We see people one-on-one, we see people in small groups, but today we're going to see all the people we serve. It's kind of like a family reunion, that's what it feels like."

The motivational speaker hopes to serve as an inspiration for others battling with mental health. In the meantime, she will continue going to therapy until she completes her race.

The full article can be found at:

<https://www.uppermichiganssource.com/content/news/Hundreds-participate-in-3rd-annual-Walk-a-Mile-510041421.html>

### **Don't Forget About the 2019 PAC Campaign**

Earlier this year we announced our 2019 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2019 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

For those members who qualify for the drawing for the Tiger game suite (minimum 6 contributions per agency), this year's game is on Sunday, July 21 at 1:10pm vs. Toronto Blue Jays. Members should forward the results of their campaign and donations **to the CMHA office by June 28, 2019** in order to be in the drawing for the Tiger tickets if eligible.

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).** Thank you. Please feel free to contact Bob or Alan with any questions.

### **CMHA Committee Schedules, Membership, Minutes, and Information**

## News from Our Preferred Corporate Partners:

### Relias Highlights Recent Posts for Children's Services Providers

Below is a recent announcement from Relias, a longtime Preferred Corporate Partner of CMHA: The past two months we've been focusing on children's issues and celebrating providers through awareness themes like Child Abuse Prevention Month, Children's Mental Health Awareness Day, and Foster Care Month.

We post a variety of topics every month on different issues impacting human services providers, healthcare in general, and workforce development for managers. Here are a few of the recent posts focused on children's services that you may have missed (don't worry, they're still there!):

[https://www.relias.com/blog?utm\\_source=marketo&utm\\_medium=email&utm\\_campaign=eb\\_2019-05-15\\_hhs-blog-roundup\\_childrens-mental-health&mkt\\_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRRReSlInQiOiJqdzJEYWFTY1U3NWVWMkRLNTBHZZFXNTZyMVZuU3IWT29abG5jcGZJeVIVVjg1Zm1ZZGdHbnljT3NocmZNXmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRTdFUxUURFSW1Hb0o4cmp6NDR1QjhFeG5Ub20ifQ%3D%3D](https://www.relias.com/blog?utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-05-15_hhs-blog-roundup_childrens-mental-health&mkt_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRRReSlInQiOiJqdzJEYWFTY1U3NWVWMkRLNTBHZZFXNTZyMVZuU3IWT29abG5jcGZJeVIVVjg1Zm1ZZGdHbnljT3NocmZNXmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRTdFUxUURFSW1Hb0o4cmp6NDR1QjhFeG5Ub20ifQ%3D%3D)

- 16 Ways to Stop Burnout Among Children's Services Providers
- April is Child Abuse Prevention Month
- Spotlight on Children's Mental Health Awareness Day

Thanks for the work you and your staff do every day to improve the lives of those you serve.

### myStrength: Fostering Mindfulness-Based Resilience Among Consumer & Staff Populations

Work, money and health concerns rank as the top 3 stressors for American adults today. Research finds 63% of people report significant impact to their behavioral health comes from on-the-job stress, while 80% of individuals report functional impairment related to their depression.

Employers and providers can use resiliency-building mindfulness tools to not only reduce care costs, increase productivity, and reduce missed work, but also help individuals:

- Diminish anxiety, stress, chronic pain and insomnia symptoms
- Improve heart health and reduce blood pressure
- Feel more satisfied in life and at work through more purpose and commitment
- More effectively deal with adversity
- Form more successful relationships with others

[Click Here to Request a Demo](#)

myStrength's digital Mindfulness and Meditation program offers evidence-based resources for consumers and staff, including diverse approaches that accommodate any schedule and lifestyle. And since even a quick 60-second activity can open the door to the benefits of mindfulness, these activities can be convenient to work into a daily routine. They also complement myStrength's self-care programs for stress, anxiety, depression, substance use (including opioid recovery), chronic pain, insomnia, and balancing intense emotions to offer a single, integrated platform that addresses a range of behavioral health conditions.

## State and National Developments and Resources:

### Resources available to raise awareness about suicide prevention

Below is a recent announcement, from MDHHS, highlighting the availability of a range of suicide prevention resources.

The Michigan Department of Health and Human Services (MDHHS) urges Michigan residents to know the warning signs and resources available to prevent suicide. In 2017, suicide was the second leading cause of death in Michigan for ages 15-34.

"Learning the warning signs of suicide can help raise awareness about suicide prevention and provide loved ones with the proper help," said Robert Gordon, MDHHS director. "Talking with family, friends and neighbors about this important topic is essential as we try to get help to those who need it."

Warning signs for those at risk of suicide include:

- Feelings of hopelessness.
- Threatening to or talking about wanting to hurt oneself.
- Loss of interest in activities.
- Withdrawal from friends and family.
- Change in eating and sleeping habits.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Displaying extreme mood swings.
- Looking for a way to kill oneself.

The recently updated MDHHS Suicide Prevention website has a variety of resources and information for individuals who are having thoughts of suicide or know a loved one who is in crisis. These resources include a communications toolkit, a county map of coalitions and crisis lines, fact sheets, trainings and information about the Suicide Prevention Lifeline.

If you are in a crisis, or know someone who needs help, contact the National Suicide Prevention Lifeline at 800-273-TALK (8255). If you are interested in getting involved in suicide prevention, visit [https://www.michigan.gov/mdhhs/0,5885,7-339-71548\\_54879\\_54882\\_91271---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54879_54882_91271---,00.html) to find out more about local suicide prevention coalitions across the state.

### **Director of Michigan Bureau of Hospitals and Administrative Operations to step down**

Cynthia Kelly, the Director of the Bureau of Hospitals and Administrative Operations within the Behavioral Health and Developmental Disabilities Administration of MDHHS has recently announced that she will be retiring on May 31, 2019. to step down. Cindy leaves a strong legacy of service to the public mental health system, the last nineteen years in the Hospital Bureau.

We wish Cindy the best in the next chapter of her life.

### **MDHHS appoints new director of aging services**

Below is an excerpt from a recent announcement of the appointment of Alexis Travis as the new executive director of the Aging & Adult Services Agency at the Michigan Department of Health and Human Services



The Michigan Department of Health and Human Services has announced its new deputy director for Aging & Adult Services.

Alexis Travis, Ph.D., has been named executive director of the Aging & Adult Services Agency at the Michigan Department of Health and Human Services, MDHHS Director Robert Gordon announced. Travis begins her new job June 3.

Travis came to MDHHS in 2018 after working in public and private health care organizations in Massachusetts. As director of the MDHHS Bureau of Health and Wellness, she has managed the Division of Chronic Disease and Injury Control.

“Dr. Travis has excelled as director of the Bureau of Health and Wellness,” Gordon said. “Her accomplishments have included working with internal and external stakeholders to develop a state dementia plan and establishing a state-level public health workgroup on healthy aging. I am confident she will help the department make further progress in providing services to Michigan’s 2 million older adults while treating them with dignity and respect and providing them with the opportunity to live where they want to live and be free of elder abuse.”

She previously worked as chief of community health for the Worcester Department of Health and Human Services in Massachusetts, where she worked effectively with vulnerable populations and diverse community stakeholders – including older adults and people with disabilities. Earlier in her career she was a payer operations manager for Athena Health, and chapter director of program services and state director of program services for March of Dimes New England.

She holds a doctorate in public health, specializing in community health education and promotion, from Walden University in Minnesota; a master’s degree of pharmacy from the University of Bradford in the United Kingdom; and was a participant in the Socrates/Erasmus Student Exchange Program at the University of Salamanca in Spain.

Travis will report to Dr. Joneigh Khaldun, chief deputy director for health. Scott Wamsley, who has been acting executive director of the Aging & Adult Services Agency, will return to his previous position as deputy director of that agency.

### **State of the States in Intellectual and Developmental Disabilities Project announces updated report**

Below is the opening page of the updated State of the States in Intellectual and Developmental Disabilities Project, hosted and operated by the University of Colorado. This project provides national and state-specific information on the work of states in serving persons with intellectual and developmental disabilities.

Welcome to the website for the State of the States in Intellectual and Developmental Disabilities Project, administered by the University of Colorado. The Project is funded by the Administration on Intellectual and Developmental Disabilities, U.S. Department of Health and Human Services, and by the University of Colorado School of Medicine, Department of Psychiatry.



You can access nationwide longitudinal financial and programmatic trends in intellectual and developmental disabilities services by going to State Profiles and Create a Chart. The data base is found at: <http://www.stateofthestates.org/>

Our recent publication, The State of the States in Intellectual and Developmental Disabilities: 2017, 11th Edition, is now published by the American Association on Intellectual and Developmental Disabilities (AAIDD). Contact us ( <http://www.stateofthestates.org/contact-us> ) for more information about obtaining a copy of the new publication.

### **More Michigan households in fiscal distress**

Below is a recent announcement from the Michigan Association of United Ways, as part of its ALICE initiative, regarding the number of Michigan households in financial distress.

"In Michigan, 1,664,606 households — 43 percent — could not afford basic needs such as housing, child care, food, transportation, health care and technology in 2017," reports the Michigan Association of United Ways. "Despite overall improvement in employment and gains in median income, the economic recovery in Michigan has been uneven. Many ALICE households continue to face challenges from low wages, reduced work hours, depleted savings, and increasing costs. The total number of Michigan households that cannot afford basic needs increased 6 percent from 2010 to 2017."

See an interactive map at: <https://www.unitedforalice.org/michigan>

See county-specific reports at:

[https://www.dropbox.com/s/l22bnlaqlz1wv/19ALICE\\_Report\\_CountyPages\\_MI\\_2.15.19.pdf?dl=0](https://www.dropbox.com/s/l22bnlaqlz1wv/19ALICE_Report_CountyPages_MI_2.15.19.pdf?dl=0)

See the full report at:

[https://www.dropbox.com/s/r95yj3hdy8thhb/19ALICE\\_Report\\_MI\\_Refresh\\_02.26.19b\\_Final\\_Lowres.pdf?dl=0](https://www.dropbox.com/s/r95yj3hdy8thhb/19ALICE_Report_MI_Refresh_02.26.19b_Final_Lowres.pdf?dl=0)

### **How Understanding Trauma Can Strengthen Health Care Organizations: A Q&A with Sandra Bloom**

Below is an excerpt from a recent discussion, by the Centers for Health Care Strategies, on trauma and healthcare.

Knowledge regarding the impact of trauma on individual health and behavior has become more mainstream in health care over the last several years. However, the effects of trauma on groups, organizations, and entire systems of care, are not as widely understood. The Center for Health Care Strategies (CHCS) recently spoke with Sandra Bloom, MD, associate professor of health management and policy at Drexel University's Dornsife School of Public Health and co-founder of the Sanctuary Model, to better understand how trauma impacts health care organizations, including the patients and staff that make up those organizations, and how organizations can address trauma and get started with trauma-informed care.

Dr. Bloom has built her career around helping organizations change their culture and practices to embody trauma-informed care principles. She recently served as an advisor for Advancing Trauma-Informed Care, an initiative led by CHCS through support from the Robert Wood Johnson

Foundation that sought to uncover how trauma-informed approaches can be practically implemented throughout the health care sector.

The full article can be found at:

[https://www.chcs.org/how-understanding-trauma-can-strengthen-health-care-organizations-a-qa-with-sandra-bloom/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=466a70f6f7-Sandy+Bloom+Q%26A+CHCS+-+05%2F28%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-466a70f6f7-152144421](https://www.chcs.org/how-understanding-trauma-can-strengthen-health-care-organizations-a-qa-with-sandra-bloom/?utm_source=CHCS+Email+Updates&utm_campaign=466a70f6f7-Sandy+Bloom+Q%26A+CHCS+-+05%2F28%2F19&utm_medium=email&utm_term=0_bbc451bf-466a70f6f7-152144421)

## State Legislative Update:

### Governor Signs Auto No-Fault Bill

Gov. Gretchen Whitmer signed historic no-fault auto insurance reform legislation Thursday on the porch of the Grand Hotel during this week's Mackinac Policy Conference.

After decades of debate over the 1973 auto insurance law, the GOP-led Senate and House last Friday approved the bill to alter Michigan auto insurance law. Major points of interest in the bill include:

Rate Rollbacks: A key point of contention for all involved, rate rollbacks for personal injury protection (PIP) were agreed upon as follows: completely opting out of PIP coverage would mean a 100 percent rollback; choosing the \$50,000 PIP coverage would mean a 45 percent rollback (this option is only available to those enrolled in Medicaid); choosing the \$250,000 PIP coverage would mean a 35 percent rollback; choosing the \$500,000 PIP coverage would mean a 20 percent rollback; and choosing the unlimited PIP coverage would mean a 10 percent rollback. The above rollbacks would begin July 1, 2020 and will last for eight years.

Rating Factors: Under the agreement, the following factors are prohibited from being used in setting insurance premiums: sex, marital status, home ownership, credit score (NOT insurance score or credit information), occupation and educational level attained (both allowed for group policies), and zip code (NOT "territory"). The rate factors were among the major issues Democratic members sought to change, ensuring those in more poverty-stricken areas are not unfairly overcharged.

Fee Schedule: Multiple levels would take effect two years after the bill takes effect (July 1, 2021) and once they are implemented, the rates will phase-in over two years, settling at the subsequent levels: 190 percent of Medicare for medical and rehabilitation treatment (not covered in any of the following categories); 220 percent for providers treating a high volume of patients enrolled in Medicaid (only care before initial discharge); 230 percent for Trauma 1 & 2 providers (again, only care before initial discharge); and 250 percent for providers treating a high volume of indigent patients. As noted in a summary of the agreement, the rates will be effective after 4 years and will be approximately 40 percent higher than the workers compensation fee schedule.

Opt-out: Drivers enrolled in Medicaid may opt out of PIP coverage, along with those who have private health insurance covering their entire household, any treatment for injuries caused by auto accidents, and that has a deductible lower than \$6,000 per person.

Managed/Attendant Care: As agreed upon, attendant care fee schedules will remain at workers compensation limits, and managed care options for PIP may be offered by insurers. A managed care PIP plan will be available under each PIP choice level, but drivers are not required to choose one when considering

coverage. Following an auto accident, a managed care company will “monitor and adjudicate” the claimant’s care.

Bodily Injury Liability/Fraud: Currently, bodily injury liability (BI) coverage equals \$20,000 per bodily injury and \$40,000 per accident. Under the agreement, those would be increased to \$250,000 and \$500,000, respectively. Another option drivers will have though is to increase the coverage only slightly, to \$50,000 and \$100,000 respectively. Originally written in Senate Bill 1, a fraud task force would be housed within the Michigan Department of State Police. However, under the House Substitute (H-3) for that bill, and the bipartisan agreement, that task force would be removed and replaced with the codification of the fraud bureau within the Michigan Department of Insurance and Financial Services (DIFS) (as created by former Governor Rick Snyder via an Executive Order in 2018).

### **Federal Update:**

#### **Bipartisan Bill Introduced to Train More Doctors to Combat Opioid Epidemic**

U.S. Representatives Brad Schneider (D-IL), Susan W. Brooks (R-IN), Annie Kuster (D-NH), and Elise Stefanik (R-NY) introduced bipartisan legislation to train more doctors equipped to combat the opioid epidemic.

H.R. 2439, the Opioid Workforce Act of 2019, would create 1,000 additional residency positions over five years to hospitals with addiction medicine, addiction psychiatry, or pain management programs.

This legislation to expand graduate medical education (GME) aims to alleviate the worsening physician shortage, which is anticipated to be as high as 121,000 physicians by 2032 according to a study by the Association of American of Medical Colleges. This shortage is particularly acute in the field of addiction medicine and substance use disorder (SUD) treatment. This shortfall of doctors threatens to harm our efforts to reverse the opioid epidemic.

“Turning the tide on the opioid crisis requires treating addiction like the disease that it is, and to do that, we need doctors,” said Schneider. “Our medical professionals on the frontlines of this epidemic are already stretched too thin. Our bipartisan legislation aims to educate more physicians equipped with the latest training in addiction medicine and psychiatry to help the estimated 20 million Americans who need substance use treatment get much needed care.”

“In order to combat the devastating opioid, heroin and fentanyl epidemic that continues to plague communities across our country, a critically important piece of the puzzle is to ensure we have more trained professionals, particularly physicians, who can prevent and treat addiction and substance abuse disorder,” said Brooks. “This bipartisan bill will help provide more residency positions to hospitals that have programs focused on addiction medicine, addiction psychiatry or pain management. The opioid crisis will not stop taking innocent lives overnight, but without more trained doctors ready to help people who are struggling because of substance abuse, drug and opioid related overdose deaths will continue to claim more lives in Indiana and beyond.”

“The opioid epidemic is impacting communities across New Hampshire and the country,” said Kuster. “We know that to address this crisis we must bolster the capacity to treat individuals with substance use disorder and our bill will increase the number of physicians who can take on this challenge. The opioid epidemic requires an all-hands-on-deck response and our legislation will help to step up efforts on the frontlines to get individuals the help they need.”

“Every single person knows of a family that has been devastated by the opioid crisis, and deaths related to overdoses have outpaced car accidents as the number one killer of young people,” said Stefanik. “The number of health care professionals focused on the treatment and prevention of opioid abuse directly translates to the number of people who can be saved. In my district, so many families are suffering due to the wide-spread impact of this public health crisis, which is why I’m co-leading this bipartisan and life-saving bill.”

The Opioid Workforce Act is endorsed by the Association of American Medical Colleges, the Greater New York Hospital Association, the American Hospital Association, American Society of Addiction Medicine, American College of Academic Addiction Medicine, and Indiana University.

[The text of H.R. 2439 is available online.](#)

### **Sen. Warren, Rep. Kennedy Reintroduce Bill to Strengthen Parity**

Earlier this week, Senator Elizabeth Warren (D-MA) and Representative Joe Kennedy III (D-MA) reintroduced the Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) with the aim of strengthening Americans’ access to mental health and substance use disorder (SUD) treatment. Specifically, the bill would increase oversight and enforcement of the federal parity law, which requires that insurance coverage of mental health and SUD services be equal to the coverage of medical and surgical health services.

#### BACKGROUND

The Mental Health Parity and Addiction Equity Act of 2008 established parity between the coverage of behavioral health and medical/surgical benefits. While the law has led to gains in behavioral health coverage, many individuals and families continue to report being denied or charged more for necessary mental health and SUD treatments by their health care plan. A [survey by the National Alliance on Mental Illness \(NAMI\)](#) found that respondents experienced a rate of denials for mental health care that was nearly twice the rate of denials for general medical care. The bill’s reintroduction also comes on the heels of a [federal judge’s ruling](#) that found that the nation’s largest insurer, UnitedHealth, unlawfully denied beneficiaries access to mental health and SUD treatment in an effort to cut costs.

#### BILL SUMMARY

The Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) would require insurance providers to disclose the analysis they utilize in making parity determinations as well as the rates and reasons for mental health/SUD claims denials versus medical/surgical denials. It also would require the Department of Health & Human Services, the Department of Labor and the Department of Treasury to undertake a minimum of 12 random audits of health plans per year to discourage noncompliance with existing parity laws. The results of the audits would be made public. Finally, it would establish a Consumer Parity Unit, giving individuals a centralized online clearinghouse to get information about their rights and to submit complaints with assurance of timely responses.

“Patients with behavioral health concerns deserve the same access to care as patients with physical health conditions, but for far too long, insurance companies have unfairly denied behavioral health care services to cut costs,” said [Senator Warren in a statement](#). “Our bill would put a stop to these discriminatory practices and make sure patients get the treatment they need.”

#### REACTION FROM THE FIELD

## **CMHA WEEKLY UPDATE**

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The bill has received widespread support from mental health and addiction advocacy organizations, including the National Council for Behavioral Health and Massachusetts behavioral health provider association, the Association for Behavioral Healthcare (ABH). Vic DiGravio, President and CEO of ABH explained why his organization supports the legislation saying, "As providers of behavioral health services, our members see first-hand the difficulty their clients face in accessing timely treatment because of insurance barriers. Our members frequently note that these barriers are in sharp contrast to when their clients are seeking physical health care. Senator Warren and Congressman Kennedy are right to fight to strengthen parity laws. Behavioral health care must be made as accessible as physical health care."

The National Council echoed support for the bill as part of the Mental Health Liaison Group (MHLG), a nonpartisan, nationwide coalition of mental health and addiction advocacy organizations, in [this letter](#) sent to bill sponsors.

### **Education Opportunities:**

#### **Improving Outcomes Conference – June 6 & 7, 2019 – Traverse City**

The Improving Outcomes Conference is a grassroots conference focused on supporting and improving the public behavioral health system in Michigan. Target audience for this conference is leadership and key staff from CMHSPs, PIHPs and Provider Organizations with specific focus on Information Technology, Quality Improvement, Finance, and Provider Network Management.

The conference is on 6 & 7, 2019 at the Grand Traverse Resort in Traverse City.

[Click Here for More Details and to Register!](#)

#### **Required for Licensure Renewal: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.***

Trainings offered on the following date.

**July 17, 2019 – Lansing [Click Here To Register!](#)**

**August 21, 2019 – Lansing [Click Here To Register!](#)**

Training Fees: (fee includes training material, coffee, lunch and refreshments.

\$115 CMHA Members

\$138 Non-Members

#### **Earlybird Deadline Extended to Monday, June 3, 2019 - CMHA Annual Spring Conference**

**Don't miss your chance to earn up to 12 Social Work and 14 SUD CE's at the Spring Pre-Conference Institute/Full Spring Conference!**

## **CMHA WEEKLY UPDATE**

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### **Hear from National and Michigan experts on evidence-based practices and the current trends!**

- June 10, 2019: Pre-Conference Institute
- June 11 & 12, 2019: Full Conference
- Suburban Collection Showplace, Novi, Michigan

### **Hotel for Conference Attendees Overnights:**

Hampton Inn & Suites  
49025 Alpha Drive, Wixom, MI 48393  
*2.7 miles from Suburban Collection Showplace*  
Room Rate: \$109 plus taxes (includes hot breakfast buffet)  
Reservations can be made by calling 248-348-0170, Hit 0 to go to the Novi property  
Mention Code: MHS for discounted rate.

Country Inn & Suites  
21625 Haggerty Rd, Novi, MI 48375  
*25.5 miles from Suburban Collection Showplace*  
Room Rate: \$109 plus taxes (includes hot breakfast buffet)  
Reservations can be made by calling 248-596-9800  
Mention "Mental Health Association Spring Conference" for the discounted rate.

CMHA will provide transportation between hotels and Conference Facility.

### **Spring Pre-Conference & Conference Registration:**

[TO REGISTER FOR THE PRE-CONFERENCE INSTITUTE, CLICK HERE!](#)

[DETAILS & TO REGISTER FOR THE SPRING CONFERENCE, CLICK HERE!](#)

### **Pre-Conference Institute: A Mindfulness Approach to Clinical Social Work**

- Monday, June 10, 2019 from 8:45am – 4:00pm
- \$125 CMHA members
- \$148 Non-Members

### **Keynote Presentations:**

- Keynote: Passive Victim to Resilient Warrior! Transforming the Way You Think About Trauma Informed Care
  - Shari Simmons, LCSW, Executive Director of Fire Mountain Treatment Center; Adjunct Professor
- The MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA): An Overview
  - George E. Mellos, MD, Senior Executive Psychiatrist Director, Deputy Director for Behavioral Health and Developmental Disabilities, Michigan Department of Health and Human Services
- Keynote: Update from Washington
  - Charles Ingoglia, MSW, Incoming President and CEO, National Council for Behavioral Health

### **Educational Workshops:**

- Putting It All Together: The Need to Belong - An Effective Paradigm Shift for Addressing Mental Health, Physical Health, and Substance Abuse Crises Facing Our Consumers and Communities
- Update on Statewide Efforts for Improving the Medical Assessment of Psychiatric Patients in Emergency Department
- "Shattering Silos and Building Bridges": A Community Approach to Early Intervention for Children and Families with Mental Health Needs
- Supporting LGBTQ+ Individuals Through Affirmative Practices
- Implementing the Trauma Policy

## **CMHA WEEKLY UPDATE**

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- An Analysis of Parent Support Partner Services in Michigan
- Boardworks 2.0: Board Member Orientation & the Role of Board Members in the Rights Protection Process
- Value-Based Payment Practice Transformation Academy
- The Tri County LifeSavers: Replicable Steps to Building a Community Youth Suicide Prevention Coalition
- Jail Diversion Efforts Across Michigan: Challenges and Successes
- Examining Initial Outcomes of Peer Coaching/Specialized Detoxification Program – Developing a Research Based Curriculum for Integrated Care
- Building a Trauma Informed CMH System
- Boardworks 2.0: Leadership - Participatory Governance and Ethical Implications (formerly Character)
- Trauma and Resilience: Using ACE Surveys, Screenings, and Interventions to Address and Improve Individual and Community Outcomes (Lessons Learned and Outcomes Shared)
- Treatment Foster Care Oregon (TFCO): Community-based Mental Health Treatment for Hospital Level-of-Care Children
- Criminal Justice, Homelessness and Mental Health: How Cross-System Collaboration Assists with Successful Transitions Across Intercepts
- Beyond Case Management: Scaling Team-Based Behavioral Health Homes and an Alternative Payment Model to Achieve the Quadruple Aim Across a Community
- Why Understanding Benefits Is So Important!
- Boardworks 2.0: Management – System
- Making a Home in Higher Education: Expanding the Continuum of Care for Students in Recovery on a College Campus
- Crises in the Emergency Department: System Issues in the Care of People with Developmental Disabilities
- Empathy and Effectiveness in the Recognition and Treatment of Human Trafficking Victims and Survivors
- Understanding Adverse Childhood Experiences (ACEs) and the Impact of Trauma
- Criminal Justice Connection to Care Model
- Integrative Healthcare for Older Behavioral Health Clients
- Fully Present: The Importance of Self-Care and Mindfulness in Our Work

### **Free Webinar: Tobacco Free Policies and Interventions in Behavioral Health Care Settings**

The [Smoking Cessation Leadership Center](#) (SCLC) invites you to join us for this webinar, ***“Tobacco Free Policies and Interventions in Behavioral Health Care Settings”*** on **Tuesday, June 18, 2019, at 2:00 pm EDT** (90 minutes). We are honored to have the following speakers presenting on this important and timely topic:

- **Chad D Morris, PhD**, Professor of Psychiatry, University of Colorado
- **Timothy Stacey, LPC-S**, Integrated Care Systems Program Manager, Integral Care

#### Webinar Objectives:

- Identify proven steps toward bringing your agency tobacco free
- Discuss how to effectively enforce a tobacco free grounds policy
- Describe how to implement tobacco cessation interventions into clinical practice.
- Identify and overcome common barriers experienced during tobacco free policy implementation

**REGISTER HERE:** <https://cc.readytalk.com/r/aahucxsi8hjk&eom>

## 11<sup>th</sup> Annual Anti-Stigma Event Day – July 25, 2019 at LCC Downtown

The 11th Annual Anti-Stigma Event Day will be held Thursday, July 25, 2019 at the Lansing Community College - Downtown Lansing Campus in the Gannon Building. The event will be held from 9:00am to 4:00pm. Do you have anti-stigma initiatives at your CMHSP? Please contact Colleen Jasper [jasperc@michigan.gov](mailto:jasperc@michigan.gov) or 517-373-1255 to present your anti-stigma program. Or just come, and we will have time for CMHSPs initiative updates that very day. Registration is open online at <https://cmham.org/events/?EventId=5302>

## Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

### 5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

#### Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

#### Dates/Locations:

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

## Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

### Course Description:

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched



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assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

**This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.**

Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:

June 19, 2019 | Okemos Conference Center | **This training is now full, contact Bethany at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on the waiting list.**

### **Motivational Interviewing College Trainings for 2018/2019**

#### **4 Levels of M.I. Training offered together at 4 convenient locations!**

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Remaining Dates/Locations:

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

### **Co-Occurring College Save-the-Date!**

The 2019 Co-Occurring College will be held Tuesday, July 30<sup>th</sup> at the DoubleTree Bay City. More information including hotel reservations and registration links coming soon!

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo

- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

### **20<sup>th</sup> Annual Substance Use Disorder and Co-Occurring Disorder Conference Save-the-Date!**

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

### **45<sup>th</sup> Annual National Association for Rural Mental Health Conference**

August 26-29, 2019

45<sup>th</sup> Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at [www.narmh.org](http://www.narmh.org).

**About Our Conference:** The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45<sup>th</sup> year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

**Our Conference Theme:** The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at [www.narmh.org](http://www.narmh.org) to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

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**Questions & General Information:** If you need additional information after visiting the NARMH 2019 conference website at [www.narmh.org](http://www.narmh.org), please contact Brenton Rice, NARMH Event Planner, by email at [brenton@togevents.com](mailto:brenton@togevents.com) or by phone at 651.242.6589.

### **Miscellaneous News and Information:**

#### **Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH**

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 [acmhjane@sbcglobal.net](mailto:acmhjane@sbcglobal.net)  
To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

### **CMH Association's Officers and Staff Contact Information:**

#### **CMHA Officers Contact Information:**

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

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

#### **CMHA Staff Contact Information:**

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)

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Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

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## CMH Association and Member Activities:

### Don’t Forget About the 2019 PAC Campaign

Earlier this year we announced our 2019 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2019 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

For those members who qualify for the drawing for the Tiger game suite (minimum 6 contributions per agency), this year’s game is on Sunday, July 21 at 1:10pm vs. Toronto Blue Jays. Members should forward the results of their campaign and donations to the CMHA office by June 28, 2019 in order to be in the drawing for the Tiger tickets if eligible.

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).** Thank you. Please feel free to contact Bob or Alan with any questions.

### CMHA Committee Schedules, Membership, Minutes, and Information

Visit our website at <https://www.cmham.org/committees>

## News from Our Preferred Corporate Partners:

### Relias Highlights Recent Posts for Children’s Services Providers

Below is a recent announcement from Relias, a longtime Preferred Corporate Partner of CMHA: The past two months we’ve been focusing on children’s issues and celebrating providers through awareness themes like Child Abuse Prevention Month, Children’s Mental Health Awareness Day, and Foster Care Month.

We post a variety of topics every month on different issues impacting human services providers, healthcare in general, and workforce development for managers. Here are a few of the recent posts

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focused on children's services that you may have missed (don't worry, they're still there!):

[https://www.relias.com/blog?utm\\_source=marketo&utm\\_medium=email&utm\\_campaign=eb\\_2019-05-15\\_hhs-blog-roundup\\_childrens-mental-health&mkt\\_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRReSlInQiOiJqdzJFYWFTY1U3NWVWMMkRLNTBHZzFXNTZyMVZuU3IWT29abG5jcGZJeVlVjg1Zm1ZZGdHbnljT3NocmZlNmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRTdFUxUURFSW1Hb0o4cmp6NDR1QjhFeG5Ub20ifQ%3D%3D](https://www.relias.com/blog?utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-05-15_hhs-blog-roundup_childrens-mental-health&mkt_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRReSlInQiOiJqdzJFYWFTY1U3NWVWMMkRLNTBHZzFXNTZyMVZuU3IWT29abG5jcGZJeVlVjg1Zm1ZZGdHbnljT3NocmZlNmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRTdFUxUURFSW1Hb0o4cmp6NDR1QjhFeG5Ub20ifQ%3D%3D)

- 16 Ways to Stop Burnout Among Children's Services Providers
- April is Child Abuse Prevention Month
- Spotlight on Children's Mental Health Awareness Day

Thanks for the work you and your staff do every day to improve the lives of those you serve.

### **myStrength: Fostering Mindfulness-Based Resilience Among Consumer & Staff Populations**

Work, money and health concerns rank as the top 3 stressors for American adults today. Research finds 63% of people report significant impact to their behavioral health comes from on-the-job stress, while 80% of individuals report functional impairment related to their depression.

Employers and providers can use resiliency-building mindfulness tools to not only reduce care costs, increase productivity, and reduce missed work, but also help individuals:

- Diminish anxiety, stress, chronic pain and insomnia symptoms
- Improve heart health and reduce blood pressure
- Feel more satisfied in life and at work through more purpose and commitment
- More effectively deal with adversity
- Form more successful relationships with others

[Click Here to Request a Demo](#)

myStrength's digital Mindfulness and Meditation program offers evidence-based resources for consumers and staff, including diverse approaches that accommodate any schedule and lifestyle. And since even a quick 60-second activity can open the door to the benefits of mindfulness, these activities can be convenient to work into a daily routine. They also complement myStrength's self-care programs for stress, anxiety, depression, substance use (including opioid recovery), chronic pain, insomnia, and balancing intense emotions to offer a single, integrated platform that addresses a range of behavioral health conditions.

## **State and National Developments and Resources:**

### **MDHHS appoints new Medicaid director**

Below are excerpts from a recent press release announcing the hiring of Kate Massey as the Michigan's Medicaid Director.

Michigan's new deputy director for Medical Services Administration and Medicaid director has a wealth of experience leading successful health care initiatives in both the public and private sector.

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Kate Massey has been appointed to the position, Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon announced today. She begins her new post on June 7.

Massey most recently was chief executive officer for Magellan Complete Care of Virginia. She previously served as vice president for Medicaid and Medicare for Kaiser Permanente of the Mid-Atlantic States, overseeing the launch of two Medicaid managed care organizations in Virginia and Maryland. She also worked for Amerigroup, where she established its Public Policy Institute and served as executive director.

She dedicated her early career to government service and public policy. She worked at the White House Office of Health Reform, overseeing implementation of provisions in the Affordable Care Act related to Medicaid, Medicare and public health. Prior to that, she served as unit chief of the Low-Income Health Programs and Prescription Drugs Unit in the Congressional Budget Office. She began her career in public service working for the federal Office of Management and Budget, leading a team focused on Medicaid, CHIP and private health insurance market programs.

"Kate's health care leadership skills will serve MDHHS well as the department works to keep the Healthy Michigan Plan strong, address the social determinants of health, improve health outcomes and increase healthy equity for the Michiganders we serve," Gordon said. "I am confident that her unique qualifications make her the perfect fit to lead our Medical Services as we improve healthcare outcomes for Michiganders."

As Michigan's Medicaid director, Massey will oversee several health care programs, including MICHild and the Healthy Michigan Plan. She will report to the Chief Deputy Director for Health, Dr. Joneigh Khaldun, and support the advancement of public health policy efforts for the state. Michigan Medicaid covers nearly 1.8 million people and there are more than 650,000 Healthy Michigan Plan beneficiaries.

Massey has a master's degree in public affairs from the Lyndon B. Johnson College of Public Policy at the University of Texas at Austin and a bachelor's degree from Bard College in New York. Kathy Stiffler, who has been acting as deputy director of Medical Services and Medicaid director, will resume her previous post as director of the MDHHS Bureau of Medicaid Care Management and Customer Service and deputy Medicaid director.

### **Michigan emergency rooms are jammed. Identifying mental illness can help.**

Below are excerpts from a recent press story on one of the initiatives within the State Innovation Model (SIM) projects, in communities across the state, in which Michigan's Community Mental Health organizations are deeply involved as co-leaders.

The 60-year-old man had become a familiar sight in the Ann Arbor emergency room. Suffering from depression, anxiety and heart disease, he showed up more than a dozen times a month complaining of dizziness and weakness and seeking opiates for pain.

Michigan Health Watch is made possible by generous financial support from the Michigan Health Endowment Fund, the Michigan Association of Health Plans, and the Michigan Health and Hospital Association. The monthly mental health special report is made possible by generous financial support of the Ethel & James Flinn Foundation. Please visit the Michigan Health Watch 'About' page for more information.



Last September, a nurse convinced him to try something new. He was put in touch with a therapist who could help him gain insight into panic attacks that had plagued him for years. Volunteers kept in touch, providing the man transportation to medical appointments and to ensure he stayed current on medications.

He now has a primary care doctor who he calls first before thinking about visiting the ER, which is far more expensive for medical services. In the eight months since the nurse intervened, the man has visited an emergency room just once.

That's the goal of a federally-funded project targeted at frequent emergency room patients in Washtenaw and Livingston counties, many of whom suffer from mental health or substance abuse issues – or both. More than 3,500 patients cycled through emergency rooms in these counties at least five times in 2018. By identifying their underlying issues, the project seeks to match them with appropriate medical or social services treatment while reducing the stress on hospital emergency departments.

The full story can be found at: <https://www.bridgemi.com/michigan-health-watch/michigan-emergency-rooms-are-jammed-identifying-mental-illness-can-help>

### **CMS issues bulletins on Medical Loss Ratio (MLR) Requirements Related to Third-Party Vendors and SMI/SED demonstration opportunity**

The federal Centers for Medicare and Medicaid (CMS) recently issued two bulletins on issues of interest to CMHA members.

The first is a bulletin designed to provide additional clarification and specific examples of the regulatory requirements for determining the amounts that can be included as incurred claims in the medical loss ratio (MLR), particularly when a Medicaid or CHIP managed care plan uses a third-party vendor in a subcontracted arrangement. That bulletin can be found at:

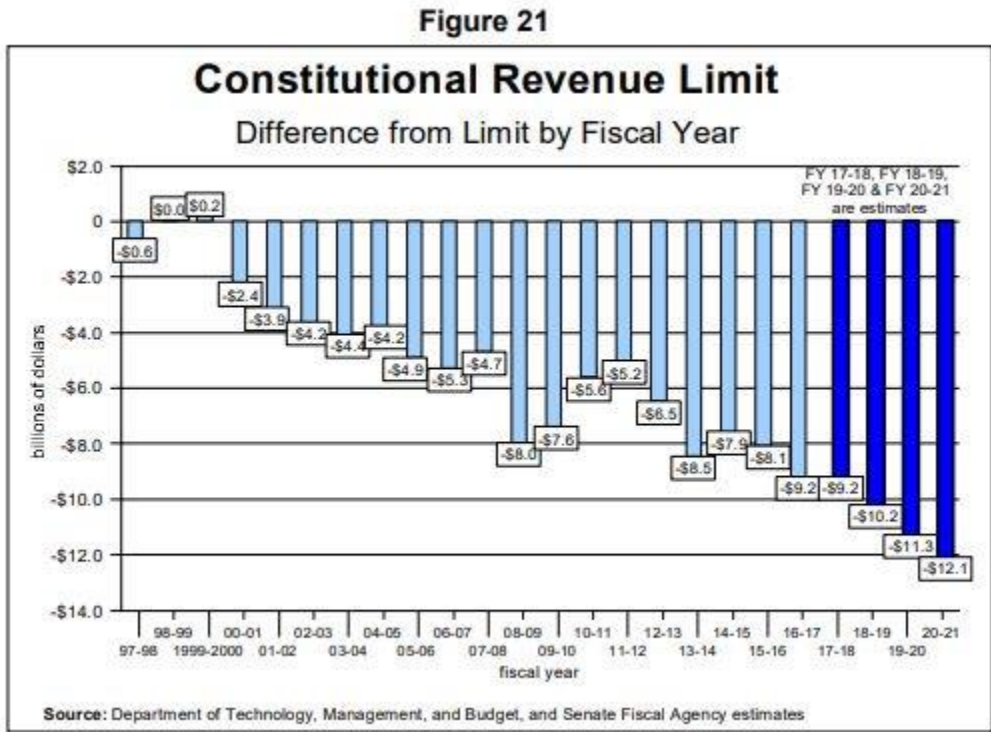
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib051519.pdf>

The second is a bulletin that provides technical assistance questions and answers related to the CMS Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) Demonstration Opportunity. That bulletin can be found at: <https://www.medicaid.gov/federal-policy-guidance/downloads/faq051719.pdf>

**Feel overtaxed? Michigan \$10B below tax, fee limit**

Below are excerpts from a recent Detroit News article on one of the causes of fiscal pressure on many of Michigan’s publicly funded systems, including the state’s public mental health system.

As Gov. Gretchen Whitmer pushes for a \$2.5 billion fuel tax increase, new data from non-partisan fiscal agencies shows Michigan residents and businesses are paying \$10 billion less in state taxes and fees than they did in 1977 when measured as a percentage of total personal income.



The Whitmer administration argues stagnant state revenues make it nearly impossible to fix Michigan’s crumbling roads without some form of new taxes or fees, but critics fear any significant increase could derail the state’s ongoing economic recovery.

“The reason that we have these needs is that we have not provided the resources that we need to be able

to fix our roads, to improve our schools and protect our water,” Budget Director Chris Kolb told reporters Friday after a bi-annual Consensus Revenue Estimating Conference.

Michigan voters in 1978 approved a constitutional amendment that limited the amount of tax and fee revenue state government is allowed to collect in any given year, establishing a cap of 9.49 percent of total personal income — the same ratio as 1977.

### CHCS offers webinar “Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment”

Experiencing trauma — events such as parental divorce, living with a family member who is substance dependent, abuse, and neglect — strongly correlate to health-risk behaviors later in life, including substance use. With this understanding, many providers are seeking ways to acknowledge and address trauma as a hidden, underlying risk in patient’s lives.

This webinar, cosponsored by the Center for Health Care Strategies and ACEs Connection, will highlight how two providers operating in vastly different settings have incorporated a trauma-informed approach to care into their day-to-day practices for treating substance use disorder, and how doing so has shaped the experiences of their patients and staff. Daniel Sumrok, MD, DFASAM, ABAM, ABPM, family physician and addiction specialist, who formerly led the University of Tennessee Health Science Center’s (UTHSC) College of Medicine’s Center for Addiction Science, will discuss the challenges of treating substance use disorder in a rural setting and his approach to helping patients break the cycle of what he calls “ritualized, compulsive comfort-seeking.” Rosalind De Lisser, MS, FNP, PMHNP, is an associate clinical professor at University of California San Francisco (UCSF) and director of integrated behavioral health services at UCSF’s Women’s HIV Program. She will discuss UCSF’s efforts to build a clinical model for individuals with HIV, substance use, and mental health disorders, and the importance of taking a trauma-informed approach for this population. Health care providers, administrators, and other interested stakeholders are invited to join this 90-minute webinar. Made possible by the Robert Wood Johnson Foundation, this webinar is a product of Advancing Trauma-Informed Care, a national initiative aimed at understanding how trauma-informed approaches can be practically implemented across the health care sector.

The webinar is scheduled for

June 4, 2019  
2:00-3:30 PM ET



For more information on this webinar go to:

<https://www.chcs.org/resource/integrating-trauma-informed-approach-into-substance-use-disorder-treatment/>

### State Legislative Update:

#### June 1 Budget Deadline to be Missed

During the prior administration, then-Gov. Rick Snyder would often boast about finishing the new state budget in or around June 1. But with June now about a week away, House Appropriations Committee Chair Shane Hernandez (R-Port Huron) observed today "It's pretty safe to say we will not make" a June 1 finish date for the Fiscal Year (FY) 2020 budget.

First, keep in mind Gov. Gretchen Whitmer introduced her first budget in March. Snyder gave his first in mid-February. Another complicating factor is all the attention Speaker Lee Chatfield (R-Levering) has devoted to no-fault car insurance reform. Because of that, "it is taking longer" and as for another target deadline, "We've never set an artificial final date." Also, three House budgets -- Higher Education, K-12 and Transportation -- haven't emerged from a committee or subcommittee, yet, and no appropriations bills have moved out of the full House.

Up until now it appeared the House would not adopt the so-called omnibus approach to bundling all of the budget measures into two bills -- one for the General Fund and a second for the School Aid Fund. On going that route, Hernandez said, "We'll keep those options open (while) we continue to move as separate bills . . . We'll see as the process goes on if that is necessary."

### **Slowing Economy Flattens Projected State Revenues**

Last week, state economic leaders gathered for the semi-annual Consensus Revenue Estimating Conference. This review and forecast of the state's economic health is an important step toward establishing budget targets, and completing budget bill negotiations, for the coming year.

Generally, the forecast for the next two years is flat, with no immediate cause for current budget reductions but little room for increased or new spending. Income tax revenue is high, which benefits the state General Fund. But sales tax revenue is down, which impacts the School Aid Fund.

Anticipated revenues for the current fiscal year were revised upward slightly from the January forecast: General Fund revenue will increase by \$151 million, and School Aid Fund revenue will decrease by \$68.2 million.

For Fiscal Year 2019-2020, General Fund revenue is forecast to decrease \$74.8 million from the January forecast, and School Aid Fund revenue to increase \$357.5 million.

Below are links to documents providing more detail:

[http://www.house.mi.gov/hfa/PDF/Revenue\\_Forecast/Consensus\\_Revenue\\_Agreement\\_Exec\\_Summary\\_May19.pdf](http://www.house.mi.gov/hfa/PDF/Revenue_Forecast/Consensus_Revenue_Agreement_Exec_Summary_May19.pdf)

[http://www.house.mi.gov/hfa/PDF/Revenue\\_Forecast/Economic\\_Outlook\\_and\\_Revenue\\_Estimates\\_May19.pdf](http://www.house.mi.gov/hfa/PDF/Revenue_Forecast/Economic_Outlook_and_Revenue_Estimates_May19.pdf)

## **Federal Update:**

### **Bipartisan Bill Introduced to Train More Doctors to Combat Opioid Epidemic**

U.S. Representatives Brad Schneider (D-IL), Susan W. Brooks (R-IN), Annie Kuster (D-NH), and Elise Stefanik (R-NY) introduced bipartisan legislation to train more doctors equipped to combat the opioid epidemic.

H.R. 2439, the Opioid Workforce Act of 2019, would create 1,000 additional residency positions over five years to hospitals with addiction medicine, addiction psychiatry, or pain management programs.

This legislation to expand graduate medical education (GME) aims to alleviate the worsening physician shortage, which is anticipated to be as high as 121,000 physicians by 2032 according to a study by the Association of American of Medical Colleges. This shortage is particularly acute in the field of addiction

medicine and substance use disorder (SUD) treatment. This shortfall of doctors threatens to harm our efforts to reverse the opioid epidemic.

“Turning the tide on the opioid crisis requires treating addiction like the disease that it is, and to do that, we need doctors,” said Schneider. “Our medical professionals on the frontlines of this epidemic are already stretched too thin. Our bipartisan legislation aims to educate more physicians equipped with the latest training in addiction medicine and psychiatry to help the estimated 20 million Americans who need substance use treatment get much needed care.”

“In order to combat the devastating opioid, heroin and fentanyl epidemic that continues to plague communities across our country, a critically important piece of the puzzle is to ensure we have more trained professionals, particularly physicians, who can prevent and treat addiction and substance abuse disorder,” said Brooks. “This bipartisan bill will help provide more residency positions to hospitals that have programs focused on addiction medicine, addiction psychiatry or pain management. The opioid crisis will not stop taking innocent lives overnight, but without more trained doctors ready to help people who are struggling because of substance abuse, drug and opioid related overdose deaths will continue to claim more lives in Indiana and beyond.”

“The opioid epidemic is impacting communities across New Hampshire and the country,” said Kuster. “We know that to address this crisis we must bolster the capacity to treat individuals with substance use disorder and our bill will increase the number of physicians who can take on this challenge. The opioid epidemic requires an all-hands-on-deck response and our legislation will help to step up efforts on the frontlines to get individuals the help they need.”

“Every single person knows of a family that has been devastated by the opioid crisis, and deaths related to overdoses have outpaced car accidents as the number one killer of young people,” said Stefanik. “The number of health care professionals focused on the treatment and prevention of opioid abuse directly translates to the number of people who can be saved. In my district, so many families are suffering due to the wide-spread impact of this public health crisis, which is why I’m co-leading this bipartisan and life-saving bill.”

The Opioid Workforce Act is endorsed by the Association of American Medical Colleges, the Greater New York Hospital Association, the American Hospital Association, American Society of Addiction Medicine, American College of Academic Addiction Medicine, and Indiana University.

[The text of H.R. 2439 is available online.](#)

### **Sen. Warren, Rep. Kennedy Reinroduce Bill to Strengthen Parity**

Earlier this week, Senator Elizabeth Warren (D-MA) and Representative Joe Kennedy III (D-MA) reintroduced the Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) with the aim of strengthening Americans’ access to mental health and substance use disorder (SUD) treatment. Specifically, the bill would increase oversight and enforcement of the federal parity law, which requires that insurance coverage of mental health and SUD services be equal to the coverage of medical and surgical health services.

#### **BACKGROUND**

The Mental Health Parity and Addiction Equity Act of 2008 established parity between the coverage of behavioral health and medical/surgical benefits. While the law has led to gains in behavioral health coverage, many individuals and families continue to report being denied or charged more for necessary mental health and SUD treatments by their health care plan. A [survey by the National Alliance on Mental Illness \(NAMI\)](#)

found that respondents experienced a rate of denials for mental health care that was nearly twice the rate of denials for general medical care. The bill's reintroduction also comes on the heels of a [federal judge's ruling](#) that found that the nation's largest insurer, UnitedHealth, unlawfully denied beneficiaries access to mental health and SUD treatment in an effort to cut costs.

### **BILL SUMMARY**

The Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) would require insurance providers to disclose the analysis they utilize in making parity determinations as well as the rates and reasons for mental health/SUD claims denials versus medical/surgical denials. It also would require the Department of Health & Human Services, the Department of Labor and the Department of Treasury to undertake a minimum of 12 random audits of health plans per year to discourage noncompliance with existing parity laws. The results of the audits would be made public. Finally, it would establish a Consumer Parity Unit, giving individuals a centralized online clearinghouse to get information about their rights and to submit complaints with assurance of timely responses.

"Patients with behavioral health concerns deserve the same access to care as patients with physical health conditions, but for far too long, insurance companies have unfairly denied behavioral health care services to cut costs," said [Senator Warren in a statement](#). "Our bill would put a stop to these discriminatory practices and make sure patients get the treatment they need."

### **REACTION FROM THE FIELD**

The bill has received widespread support from mental health and addiction advocacy organizations, including the National Council for Behavioral Health and Massachusetts behavioral health provider association, the Association for Behavioral Healthcare (ABH). Vic DiGravio, President and CEO of ABH explained why his organization supports the legislation saying, "As providers of behavioral health services, our members see first-hand the difficulty their clients face in accessing timely treatment because of insurance barriers. Our members frequently note that these barriers are in sharp contrast to when their clients are seeking physical health care. Senator Warren and Congressman Kennedy are right to fight to strengthen parity laws. Behavioral health care must be made as accessible as physical health care."

The National Council echoed support for the bill as part of the Mental Health Liaison Group (MHLG), a nonpartisan, nationwide coalition of mental health and addiction advocacy organizations, in [this letter](#) sent to bill sponsors.

## **Education Opportunities:**

### **Improving Outcomes Conference – June 6 & 7, 2019 – Traverse City**

The Improving Outcomes Conference is a grassroots conference focused on supporting and improving the public behavioral health system in Michigan. Target audience for this conference is leadership and key staff from CMHSPs, PIHPs and Provider Organizations with specific focus on Information Technology, Quality Improvement, Finance, and Provider Network Management.

The conference is on 6 & 7, 2019 at the Grand Traverse Resort in Traverse City.

[Click Here for More Details and to Register!](#)

## **CMHA WEEKLY UPDATE**

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### **2 New Dates Added: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.***

Trainings offered on the following date.

**July 17, 2019 – Lansing [Click Here To Register!](#)**

**August 21, 2019 – Lansing [Click Here To Register!](#)**

Training Fees: (fee includes training material, coffee, lunch and refreshments.

\$115 CMHA Members

\$138 Non-Members

### **CMHA Annual Spring Conference Registration Open!**

**Registration Open for CMHA Annual Spring Conference will be held on:**

- June 10, 2019: Pre-Conference Institutes
- June 11 & 12, 2019: Full Conference
- Suburban Collection Showplace, Novi, Michigan

**Hotel for Conference Attendees Overnights:**

Hampton Inn & Suites

49025 Alpha Drive, Wixom, MI 48393

*2.7 miles from Suburban Collection Showplace*

Room Rate: \$109 plus taxes (includes hot breakfast buffet)

Reservations can be made by calling 248-348-0170, Hit 0 to go to the Novi property

Mention Code: MHS for discounted rate.

Country Inn & Suites

21625 Haggerty Rd, Novi, MI 48375

25.5 miles from Suburban Collection Showplace

Room Rate: \$109 plus taxes (includes hot breakfast buffet)

Reservations can be made by calling 248-596-9800

Mention "Mental Health Association Spring Conference" for the discounted rate.

Additional hotels will be added as necessary. Watch [www.cmham.org](http://www.cmham.org) for additional details. CMHA will provide transportation between hotels and Conference Facility.

**Spring Pre-Conference & Conference Registration:**

[TO REGISTER FOR THE PRE-CONFERENCE INSTITUTE, CLICK HERE!](#)

[DETAILS & TO REGISTER FOR THE SPRING CONFERENCE, CLICK HERE!](#)

**Pre-Conference Institute: A Mindfulness Approach to Clinical Social Work**

- Monday, June 10, 2019 from 8:45am – 4:00pm

## **CMHA WEEKLY UPDATE**

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- \$125 CMHA members
- \$148 Non-Members

### **Keynote Presentations:**

- Keynote: Passive Victim to Resilient Warrior! Transforming the Way You Think About Trauma Informed Care
  - Shari Simmons, LCSW, Executive Director of Fire Mountain Treatment Center; Adjunct Professor
- The MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA): An Overview
  - George E. Mellos, MD, Senior Executive Psychiatrist Director, Deputy Director for Behavioral Health and Developmental Disabilities, Michigan Department of Health and Human Services
- Keynote: Update from Washington
  - Charles Ingoglia, MSW, Incoming President and CEO, National Council for Behavioral Health

### **Educational Workshops:**

- Putting It All Together: The Need to Belong - An Effective Paradigm Shift for Addressing Mental Health, Physical Health, and Substance Abuse Crises Facing Our Consumers and Communities
- Update on Statewide Efforts for Improving the Medical Assessment of Psychiatric Patients in Emergency Department
- "Shattering Silos and Building Bridges": A Community Approach to Early Intervention for Children and Families with Mental Health Needs
- Supporting LGBTQ+ Individuals Through Affirmative Practices
- Implementing the Trauma Policy
- An Analysis of Parent Support Partner Services in Michigan
- Boardworks 2.0: Board Member Orientation & the Role of Board Members in the Rights Protection Process
- Value-Based Payment Practice Transformation Academy
- The Tri County LifeSavers: Replicable Steps to Building a Community Youth Suicide Prevention Coalition
- Jail Diversion Efforts Across Michigan: Challenges and Successes
- Examining Initial Outcomes of Peer Coaching/Specialized Detoxification Program – Developing a Research Based Curriculum for Integrated Care
- Building a Trauma Informed CMH System
- Boardworks 2.0: Leadership - Participatory Governance and Ethical Implications (formerly Character)
- Trauma and Resilience: Using ACE Surveys, Screenings, and Interventions to Address and Improve Individual and Community Outcomes (Lessons Learned and Outcomes Shared)
- Treatment Foster Care Oregon (TFCO): Community-based Mental Health Treatment for Hospital Level-of-Care Children
- Criminal Justice, Homelessness and Mental Health: How Cross-System Collaboration Assists with Successful Transitions Across Intercepts
- Beyond Case Management: Scaling Team-Based Behavioral Health Homes and an Alternative Payment Model to Achieve the Quadruple Aim Across a Community
- Why Understanding Benefits Is So Important!
- Boardworks 2.0: Management – System
- Making a Home in Higher Education: Expanding the Continuum of Care for Students in Recovery on a College Campus
- Crises in the Emergency Department: System Issues in the Care of People with Developmental Disabilities
- Empathy and Effectiveness in the Recognition and Treatment of Human Trafficking Victims and Survivors
- Understanding Adverse Childhood Experiences (ACEs) and the Impact of Trauma
- Criminal Justice Connection to Care Model



## **CMHA WEEKLY UPDATE**

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- Integrative Healthcare for Older Behavioral Health Clients
- Fully Present: The Importance of Self-Care and Mindfulness in Our Work

### **11<sup>th</sup> Annual Anti-Stigma Event Day – July 25, 2019 at LCC Downtown**

The 11th Annual Anti-Stigma Event Day will be held Thursday, July 25, 2019 at the Lansing Community College - Downtown Lansing Campus in the Gannon Building. The event will be held from 9:00am to 4:00pm. Do you have anti-stigma initiatives at your CMHSP? Please contact Colleen Jasper [jasperc@michigan.gov](mailto:jasperc@michigan.gov) or 517-373-1255 to present your anti-stigma program. Or just come, and we will have time for CMHSPs initiative updates that very day. Registration is open online at <https://cmham.org/events/?EventId=5302>

### **Dialectical Behavior Therapy (DBT) Trainings for 2018/2019**

#### **5-Day Comprehensive DBT Trainings**

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

#### Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

#### Dates/Locations:

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

### **Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019**

#### Course Description:

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including

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assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

**This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.**

Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:

June 19, 2019 | Okemos Conference Center | **This training is now full, contact Bethany at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on the waiting list.**

### **Motivational Interviewing College Trainings for 2018/2019**

#### **4 Levels of M.I. Training offered together at 4 convenient locations!**

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Remaining Dates/Locations:

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

### **Co-Occurring College Save-the-Date!**

The 2019 Co-Occurring College will be held Tuesday, July 30<sup>th</sup> at the DoubleTree Bay City. More information including hotel reservations and registration links coming soon!

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos

- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

### **20<sup>th</sup> Annual Substance Use Disorder and Co-Occurring Disorder Conference Save-the-Date!**

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

### **45<sup>th</sup> Annual National Association for Rural Mental Health Conference**

August 26-29, 2019

45<sup>th</sup> Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at [www.narmh.org](http://www.narmh.org).

**About Our Conference:** The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45<sup>th</sup> year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

**Our Conference Theme:** The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

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There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at [www.narmh.org](http://www.narmh.org) to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

**Questions & General Information:** If you need additional information after visiting the NARMH 2019 conference website at [www.narmh.org](http://www.narmh.org), please contact Brenton Rice, NARMH Event Planner, by email at [brenton@togevents.com](mailto:brenton@togevents.com) or by phone at 651.242.6589.

### **Miscellaneous News and Information:**

#### **Job Opportunity: CEO of Rose Hill Center**

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide. As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

#### **Job Opportunity: Executive Director of Network 180**

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over \$140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: <http://www.network180.org/en/employment/employment-opportunities>.

#### **Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH**

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 [acmhjane@sbcglobal.net](mailto:acmhjane@sbcglobal.net)  
To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

### **CMH Association's Officers and Staff Contact Information:**

#### **CMHA Officers Contact Information:**

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

## **CMHA WEEKLY UPDATE**

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ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

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

### **CMHA Staff Contact Information:**

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

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

May 17, 2019

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## **CMH Association and Member Activities:**

### **Longtime Leader at Huron Behavioral Health Saying Farewell**

In August of this year, Suzanne Prich, the CEO of Huron Behavioral Health (the Community Mental Health organization in Huron County) will be stepping down. Suzanne has worked for Huron Behavioral Health for 40 years, the last 14 of those years as the organization’s Executive Director. Suzanne will be retiring on August 30, 2019.

Suzanne has dedicated her professional life to providing the best possible services to the consumer’s in Huron County. She has been an excellent advocate, mentor and colleague and leader who will be sorely missed.

We wish Suzanne the best as she leaves Huron and begins a new journey in her life.

### **Detroit Wayne Mental Health Seeks to Partner with Medicaid HMO for Integrated Care**

Below are excerpts from a recent article in Crain’s Detroit Business magazine discussing the work of the Detroit Wayne Mental Health Authority to build an integrated care, shared savings partnership with one or more private Medicaid Health Plans.

- Organization proposes to share savings by coordinating physical and behavioral health services
- Estimated savings could be \$25 million in unnecessary hospital costs, which could be used to expand mental health care
- Plan needs changes in state law and regulations, and a willing Medicaid partner

## **CMHA WEEKLY UPDATE**

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A new proposal from the Detroit Wayne Mental Health Authority would team the state's largest provider of behavioral health services with at least one Medicaid health plan to coordinate mental and physical health services.

If successful, care coordination could save millions of dollars that potentially can be used to expand mental health services and at the same time cut HMO expenses, DWMHA officials said.

The organization last week issued a request for information to Medicaid HMOs and other interested agencies for an integrated approach to health care services. At least 25 health organizations have downloaded the proposal since it was posted May 10 on the Michigan Inter-governmental Trade Network.

Under the 20-page proposal, which must first overcome some regulatory and legislative hurdles, savings of up to an estimated \$25 million would come from reducing unnecessary hospital emergency room visits and inpatient and catastrophic care could be used to expand mental health services, said Willie Brooks, CEO of DWMHA.

Brooks said DWMHA alone spends \$55 million annual on hospital costs. He said HMOs could be expected to also save an unspecified amount of money by reducing unnecessary hospital and outpatient costs.

"We cannot partake in the (three) pilot programs (the state plans to launch later this year to test integrated care), yet at the same time we part to be part of the integrated care" movement because of the potential savings involved, Brooks said. "It will be beneficial to patients and fits in with the holistic care philosophy we have adopted."

Brooks said last year DWMHA pledged to gear its future services in a holistic care approach that focuses on improving behavioral and physical health, and the economic, social justice and spiritual well-being of patients.

As the largest of the 10 regional prepaid inpatient health plans in Michigan, DWMHA has an overall budget of about \$780 million. It serves more than 73,000 people, including 82 percent Medicaid or Healthy Michigan, 11 percent non-Medicaid and 6 percent Medicare-Medicaid dual eligible patients.

The proposal deadline is June 14 and DWMHA plans to start the integrated care approach this fall, Brooks said.

Dom Pallone, executive director of the Michigan Association of Health Plans, said several Medicaid health plans are reviewing the integration proposal. He said the plan is contingent on health plans sharing savings from the physical health side.

"This just looks like an effort by a PIHP (Prepaid Inpatient Health Plan) to see if they can find new revenue to offset their financial losses," Pallone said in an email to Crain's. "They seem to be looking for proposals to do care coordination, but there aren't any state barriers to doing more on care coordination, so I'm not really sure why they haven't done something in this arena already."

Brooks said DWMHA initiated the proposal because Wayne County was not selected by the Michigan Department of Health and Human Services as a pilot region to test integrated care. He said it has been working on coordinating care with mental health providers, physicians and health plans, but the new proposal would formalize interactions and speed up integration.

Robert Sheehan, CEO of the Community Mental Health Association of Michigan, said similar innovations between mental health organizations and managed care payers are starting to happen across the state. To date, however, there hasn't been any shared savings plans worked out.



## **CMHA WEEKLY UPDATE**

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"Wayne County is very large and is requesting a health plan partner. There are also some great partnerships going on in Oakland County and in some northern counties (in Michigan), but no shared savings yet," Sheehan said. "There are a lot of mental health providers working with health plans on co-location of services and sharing of clinical records."

Pallone said Medicaid health plans want to improve the current system and are working in many ways toward those goals already with mental health agencies and the 10 regional prepaid inpatient health plans, which manage \$2.8 billion in state Medicaid behavioral health funds.

"I don't think this is asking for true integration — financial, administrative and clinical — and isn't very innovative," he said. "(Health plans and the association) also will continue to work with our partners at MDHHS and the Legislature to find a path forward that improves health outcomes for the whole person in a way that is fiscally responsible to the limited resources of taxpayers."

This week, Brooks met with MDHHS officials to ask for a waiver from the state regulation that requires prepaid inpatient health plans like DWMHA to use all funds, including potential savings from efficiencies, during the fiscal year. Currently, state regulations mandate that savings of mental health agencies and profits from Medicaid HMOs must be accounted for at the end of the year and not held over.

State health officials promised to work with Detroit Wayne Mental Health Authority, a DWMHA spokesman said. However, DWMHA and the HMOs also need changes in state laws.

"The challenge we have is for the state to allow HMOs and community mental health agencies to take the savings and reinvest it into" mental health services in an ongoing basis, Brooks said.

"We and Medicaid HMOs are punished if we don't spend (savings) right away," he said. "The state allows Medicaid HMOs to make money, but when they calculate their rates they take into consideration profits and reduce rates."

How proposal would work: Under the proposed contract, Brooks said, the Medicaid HMOs and Detroit Wayne Mental Health Authority would continue to be paid from the state and manage their funding as always. But there would be an alternative payment model system created by the organizations to return physical health savings to the mental health authority on a quarterly or monthly basis.

"Maintaining two distinct risk pools, behavior health (DWMHA) and physical health (Medicaid HMO) is necessary to protect the integrity of the relationship between DWMHA and partnered (HMOs)," the proposal says.

In the meantime, the proposal calls for DWMHA to make available to Medicaid HMOs a network of physical health satellite offices. Each office will include dental, vision, preventative health care and other services. Mutual credentialing of providers will also be necessary.

Brooks said developing a medical records exchange system and streamlining referral processes is key to coordinating and integrating care.

It is unclear now how many patients could be served under an integrated approach. It depends if one or more Medicaid health plans participate and whether other populations besides managed care are included. For example, Detroit Wayne Mental Health Authority serves about 17,000 people who are not enrolled in a health plan, are receiving fee-for-service Medicaid services or have serious mental illnesses.

"DWMHA will work with as many MHPs as are interested in partnering on an integration model that is based on the DWMHA model of care, core values, and pilot goals," the proposal says.

## CMH Association & Allies Host 15th Annual Walk A Mile Rally

On May 9, 2019, nearly 2,000 participants joined together at the Capitol Lawn in Lansing! The weather forecast included Thunderstorms, lightning, and heavy rain, but that did not deter persons that are served by the Public Mental Health System from showing up in droves! These citizens wanted their voices heard and they made it clear to Legislators that until they "Walk a mile in my shoes!", they could not understand the needs of this population! We rally to enhance public awareness and to put an end to stigma related to Mental Health & Developmental Disabilities in Michigan. Together, we ARE making a difference! Thank you to all who participated, volunteered, braved the forces of nature, or contributed to making this event another successful Rally! We look forward to seeing everyone in 2020!



Overall, the event garnered nearly 10 news stories, ranging across print, online and television outlets. The news stories were released throughout the last two weeks, riding on the wave of media coverage around the systemic underfunding of Michigan's public mental health system. A few of the local media publications covered their local CMH organizations in addition to the state rally, demonstrating local and statewide reach. The media coverage for the Walk a Mile event can be found at the sites below:

- [Lifeways Asking To 'Walk a Mile' For Funding Gap](#) in WKHM
- [Walk-a-Mile in My Shoes' rally to shed light on mental health underfunding](#) in the Argus Press
- [Rally to bring awareness of mental health needs](#) in the Hillsdale Daily News
- [Walk A Mile In My Shoes' highlights mental healthcare in Michigan](#) in WILX-TV
- [Kalamazoo group offers free mental health first aid class to identify warning signs](#) in WWMT-TV
- [Walk A Mile In My Shoes Rally happening Thursday at the State Capitol](#) in FOX47
- [Walk A Mile In My Shoes Rally happening Thursday at the State Capitol](#) in FOX47 YouTube

The clips do a great job of underscoring this year's theme of modernizing Michigan's public mental health funding model, while staying true to the rally's purpose each year – working to banish mental health stigma.

## Don't Forget About the 2019 PAC Campaign

Earlier this year we announced our 2019 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2019 PAC efforts. As you know, our

# **CMHA WEEKLY UPDATE**

CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

For those members who qualify for the drawing for the Tiger game suite (minimum 6 contributions per agency), this year's game is on Sunday, July 21 at 1:10pm vs. Toronto Blue Jays. Members should forward the results of their campaign and donations to the CMHA office by June 28, 2019 in order to be in the drawing for the Tiger tickets if eligible.

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**

Thank you. Please feel free to contact Bob or Alan with any questions.

## **CMHA Committee Schedules, Membership, Minutes, and Information**

Visit our website at <https://www.cmham.org/committees>

## **News from Our Preferred Corporate Partners:**

### **Relias Highlights Recent Posts for Children's Services Providers**

Below is a recent announcement from Relias, a longtime Preferred Corporate Partner of CMHA: The past two months we've been focusing on children's issues and celebrating providers through awareness themes like Child Abuse Prevention Month, Children's Mental Health Awareness Day, and Foster Care Month.

We post a variety of topics every month on different issues impacting human services providers, healthcare in general, and workforce development for managers. Here are a few of the recent posts focused on children's services that you may have missed (don't worry, they're still there!):

[https://www.relias.com/blog?utm\\_source=marketo&utm\\_medium=email&utm\\_campaign=eb\\_2019-05-15\\_hhs-blog-roundup\\_childrens-mental-health&mkt\\_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRReSlInQOiQjQdzJEYWFTY1U3NWVWMkRLNtBHZzFXNTZyMVZuU3IWT29abG5jcGZJeVlVjg1Zm1ZZGdHbnljT3NocmZlNmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRtdFUxUURFSW1Hb0o4cnp6NDR1QjhFeG5Ub20ifQ%3D%3D](https://www.relias.com/blog?utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-05-15_hhs-blog-roundup_childrens-mental-health&mkt_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRReSlInQOiQjQdzJEYWFTY1U3NWVWMkRLNtBHZzFXNTZyMVZuU3IWT29abG5jcGZJeVlVjg1Zm1ZZGdHbnljT3NocmZlNmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRtdFUxUURFSW1Hb0o4cnp6NDR1QjhFeG5Ub20ifQ%3D%3D)

- 16 Ways to Stop Burnout Among Children's Services Providers
- April is Child Abuse Prevention Month
- Spotlight on Children's Mental Health Awareness Day

Thanks for the work you and your staff do every day to improve the lives of those you serve.

### **myStrength: Fostering Mindfulness-Based Resilience Among Consumer & Staff Populations**

Work, money and health concerns rank as the top 3 stressors for American adults today. Research finds 63% of people report significant impact to their behavioral health comes from on-the-job stress, while 80% of individuals report functional impairment related to their depression.

Employers and providers can use resiliency-building mindfulness tools to not only reduce care costs, increase productivity, and reduce missed work, but also help individuals:

- Diminish anxiety, stress, chronic pain and insomnia symptoms
- Improve heart health and reduce blood pressure
- Feel more satisfied in life and at work through more purpose and commitment
- More effectively deal with adversity

## **CMHA WEEKLY UPDATE**

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- Form more successful relationships with others  
[Click Here to Request a Demo](#)

myStrength's digital Mindfulness and Meditation program offers evidence-based resources for consumers and staff, including diverse approaches that accommodate any schedule and lifestyle. And since even a quick 60-second activity can open the door to the benefits of mindfulness, these activities can be convenient to work into a daily routine. They also complement myStrength's self-care programs for stress, anxiety, depression, substance use (including opioid recovery), chronic pain, insomnia, and balancing intense emotions to offer a single, integrated platform that addresses a range of behavioral health conditions.

### **State and National Developments and Resources:**

#### **Crain's: Michigan Legislature Boosts Mental Health, Autism Funding for 2020**

Below are excerpts from a recent Crain's Detroit Business magazine on the proposals contained in the FY 2020 MDHHS budget that relate to the state's CMH, PIHP, and provider system.

- Lawmakers approve largest increase in mental health funding in years
- Ten regional public mental health funding entities to receive 2.75% increase in mental health, 3%-5.75% boost for autism
- Mental health advocates say underfunding over the years has led to more homelessness, poverty, incarceration, deaths

Mental health and autism funding in Michigan could be receiving the biggest increase in years for fiscal year 2020 starting Oct. 1 under separate House and Senate bills approved Tuesday.

But will the final reconciled bills be enough to prevent an overall system collapse in the next few years? The Michigan House passed a bill that calls for a \$211.5 million increase for 2.75 percent boost for behavioral health, 5.75 percent hike for autism and 2 percent adjustment for physical health (Medicaid HMOs). The Senate passed a similar bill calling for \$204.5 million in additional funding to support a 2.75 percent increase for behavioral health, 3 percent more for autism services and 2 percent extra for physical health.

Over the next several weeks, the Senate and House versions of the bills to fund the Michigan Department of Health and Human Services must be reconciled and approved by the chambers and then signed into law by Gov. Gretchen Whitmer.

Under the proposed Senate bill, MDHHS' \$26.1 billion budget was increased 2.5 percent, which includes a 5.7 percent general fund increase. The proposed House bill increased MDHHS' budget 1.5 percent to \$25.8 billion with a 5.2 percent general fund increase. MDHHS budget represents about 45 percent of the state's overall \$58 billion budget.

A new report shows the 10 regional public entities that fund hundreds of mental health agencies in Michigan lost \$95.7 million in 2018. This is in addition to losing \$133 million in fiscal 2017, said the Community Mental Health Association of Michigan.

Eight of the 10 prepaid inpatient health plans lost money and further depleted their reserves with the Lakeshore Regional Entity structurally bankrupt with zero reserves. In Southeast Michigan, Detroit Wayne Mental Health Authority lost \$32.5 million, Oakland Community Health Network lost \$10.6 million and Macomb County Community Mental Health lost \$13.5 million, CMHBM said. Only Midstate Health Network in Lansing and Region 10 PIHP in Port Huron maintained annual surpluses of \$8 million and \$6.2 million, respectively.

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"These rate increases are encouraging," Robert Sheehan, CEO of Community Mental Health, said in an email to Crain's. "We appreciate the leadership of the Governor, Senate and House in working to close the funding gap in Michigan's public mental health system."

Sheehan said the state's public mental health system has been underfunded for at least 20 years. He said many agencies in the state have had to limit services and lay off staff to meet budgets.

Mental health advocates contend there is a \$150 million gap between the cost of health care and the funding provided to the state's \$2.8 billion-plus public mental health system, according to the study commissioned by Community Mental Health.

Besides the opioid crisis — which resulted in more than 1,700 deaths in Michigan in 2016 alone and tens of thousands of addictions — the increased rates of incarceration of those with mental health needs and autism have caused many more problems within the system and society, the report says.

"There remains a sizable funding gap, especially in some parts of the state for whom this rate increase represents the first real revenue increase since 2014," Sheehan said. "The key, now, is that this funding be distributed across the state in a way that matches demand."

Anya Eliassen, CFO of Oakland Community, said the additional funding is welcome and will aid in the planning for the health organization's 2020 budgeting process. Data, however, shows that Medicaid funding to Oakland has declined 12 percent to \$233.3 million in 2018 from \$260.7 million in 2016.

"We are extremely appreciative of the proposed funding increases for the delivery of valuable behavioral health care services that benefit the lives of our state's most vulnerable citizens," Eliassen said in an email to Crain's. "It's a positive response to key conversations that have occurred about continued reductions in Medicaid revenues, which present service delivery challenges to the entire public mental health system."

Dom Pallone, executive director with the Michigan Association of Health Plans, said the overall increase for behavioral health is the highest he has seen in years.

Pallone contends that one solution to the funding shortfall is to allow the state's 11 Medicaid health plans to manage the \$2.8 billion Medicaid behavioral health system. This fall, MDHHS is expected to begin three regional pilot studies to test whether Medicaid health plans can coordinate funding and delivery of physical and mental health services. The pilots were created by legislation in 2016 suggested by then-Gov. Rick Snyder.

Sheehan and other mental health professionals believe other ways can be found to coordinate care between physical and behavioral health. But in the meantime, more funding is needed to meet rising demand for services and avoid a system meltdown.

At least two autism providers in Wayne County are expected to shut down services in the coming weeks and months because deficits at the Detroit Wayne Mental Health the past several years that have forced the state's largest mental health provider to notify agencies they can't further provide additional funding to cover losses for autism services.

Officials from Starfish Family Services in Inkster and The Children's Center in Detroit, which collectively provide Applied Behavior Analysis-approved autism services for 81 children each week, said they cannot continue to sustain hundreds of thousands of dollars in underfunding.

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Marisa Nicely, Starfish's vice president of behavioral health, said the 39 children ages 18 months to age 6 the center sees about 20 hours each week have been incredibly improved using the ABA therapy system. But that form of intensive therapy is terribly expensive and the center has been losing \$50,000 a month.

"This is a really difficult decision for our agency," but the plan is to terminate the 3-year-old autism program on June 1, Nicely said. "We budgeted \$300,000 loss this year and already have reached it halfway through the year."

Last year, Detroit Wayne Mental Health provided additional funding to Starfish to cover the annual losses. But DWMHA informed Starfish and other autism providers that it doesn't have money left in reserves to perform end-of-year cost settlement.

Stacie Durant, CFO with Detroit Wayne Mental Health, said autism costs are exceeding revenue by 15 percent this year. "Through March 31, DWMHA received approximately \$23 million in revenue. However, autism costs estimated for the same period are \$27 million. It's possible that despite a 5.75 percent increase in next year funding, this may not cover the losses," Durant said in an email to Crain's.

At the Children's Center, CEO Debora Matthews said autism services is vitally important to the 42 children and their families who have received care since the program began in 2012.

"We started to get cost settlements with (DWMHA) because our costs have far exceeded our rates and they made us whole, but that is stopping," Matthews said, adding that the center projects to lose about \$600,000 this year. "We are going to look at our budget in August and make a decision whether to continue."

Matthews also said the children are making remarkable progress and many are able to be mainstreamed in public schools when they reach school age.

"We have had tremendous results. Many kids improve. It is just very expensive for staffing and five hours of activities for children," she said.

### **Detroit Free Press: White Drug Addicts Most Likely to Receive Opioid Addiction Medication**

Below are excerpts from a recent Detroit Free Press article on the disparity in access to opioid addiction treatment between persons of color and white residents of the United States.

White people who are addicted to heroin or other opioids are 35 times more likely to receive treatment with a medication called buprenorphine than are African Americans or other people of color, according to a new study.

For every outpatient appointment where a person of color received a prescription for buprenorphine, also known by the brand name Suboxone, white patients had thirty-five appointments, said researchers from the University of Michigan and VA Ann Arbor Healthcare System who analyzed national data from 2012-2015.

The findings on the disparity of treatment are especially interesting because research revealed earlier this year showed a spike in the number of African American deaths tied to fentanyl, the ultra-powerful opioid that's being cut into heroin, cocaine and other drugs.

While it's true that white people are still most likely to die from a fentanyl overdose, the rate of African American deaths is growing fastest. Between 2011 and 2016, the African American death rate increased 140% each year, according to the U.S. Centers for Disease Control and Prevention. If that trend continues, African Americans will become most likely to die from fentanyl overdoses.

The full article can be found at:

<https://www.freep.com/story/news/health/2019/05/08/opioid-addiction-treatment-medicine-buprenorphine/1140260001/>

### **Are Managed Care Providers Wrongly Denying Services to People With Disabilities?**

Below are excerpts from a recent edition of the Disability Scoop (one of the best sources for information on a wide range of issues impacting persons with intellectual and developmental disabilities) on the impact of the movement of Medicaid benefit management to private managed care companies.

As more states turn to managed care to administer Medicaid, federal investigators are set to examine whether these companies are offering people with disabilities the care they're entitled.

The U.S. Department of Health and Human Services' Office of Inspector General said it will investigate whether managed care organizations are wrongly denying services.

Many states have turned to private insurers to handle their Medicaid services, including those for people with developmental disabilities. Under the arrangements, states pay insurers a set amount of money to administer benefits.

"The contractual arrangement shifts financial risk for the costs of Medicaid services from the state Medicaid agency and the federal government to the MCO, which can create an incentive to deny beneficiaries' access to covered services. Our review will determine whether Medicaid MCOs complied with federal requirements when denying access to requested medical and dental services and drug prescriptions that required prior authorization," the HHS inspector general said in announcing the plan to investigate.

The move comes at the request of Sen. Bob Casey, D-Pa. In a letter to HHS Inspector General Daniel R. Levinson last month, Casey cited reports from the Dallas Morning News and the Des Moines Register suggesting that some managed care companies have wrongly denied needed care. "It is the duty of MCOs, as a steward of taxpayer dollars, to spend Medicaid funds responsibly in pursuit of the health of our families," Casey wrote. "What the Dallas Morning News and Des Moines Register uncovered, however, were actions taken by MCOs focused squarely on delivering profits to wealthy shareholders at the expense of those most in need of medical care."

The full article can be found at: <https://www.disabilityscoop.com/2019/05/06/are-managed-care-denying-services/26561/>

### **CMH Innovation Center Hosts Public Listening Sessions on Opioid Use Disorder Treatment**

The Center for Medicare and Medicaid Innovation (Innovation Center) will be hosting a 90-minute virtual Public Listening Session to inform development of an opioid use disorder (OUD) treatment demonstration program created through the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. Objectives for the listening sessions include:

- Obtain input from providers, beneficiaries, families, and other stakeholders into the design of the demonstration program, including performance-based incentive payments.
- Identify and understand what the biggest barriers to increasing access to and utilization of OUD treatment are, in a post-SUPPORT Act era.
- Assess and understand provider interest in and challenges related to value based payment models for OUD treatment.

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- Understand how patients and providers measure and define quality OUD treatment and successful treatment outcomes.
- Assess the level of potential interest in the demonstration program from stakeholders and eligible program participants

The listening session (the 2<sup>nd</sup> of two) will be held on Tuesday, May 21<sup>st</sup> from 2:00- 3:30 pm ET. This session will be targeted to specialists in the field of addiction and clinicians in the primary care community.

All interested stakeholders are invited to attend these virtual public listening sessions. If interested, please respond to Tevin Warren at [Tevin.warren@cms.hhs.gov](mailto:Tevin.warren@cms.hhs.gov). Reservations will be granted on a first come, first serve basis. We will close this out after the first 20 people have responded.

### **CHRT Issues Michigan Physician Survey**

The Center for Health and Research Transformation (CHRT) has been surveying primary care physicians (PCPs) in Michigan since 2012- tracking key trends in practice patterns, capacity, payer mix and care team composition. Our latest survey also asked physicians about care continuity and Medicaid work requirements legislation. PCPs are a key component of a successful, high quality healthcare system. As the population ages, there is ongoing concern about how well the healthcare workforce can meet increasing demand. Additionally, primary care is on the front lines of improving care delivery, such as increasing care management for complex cases, integration of behavioral health care, and identifying and addressing social determinants of health.

This report can be found at:

[https://www.chrt.org/publication/michigan-physician-survey-primary-care-physicians-in-michigan/?utm\\_source=Physician+survey+PC&utm\\_campaign=Physician+survey+PC&utm\\_medium=email](https://www.chrt.org/publication/michigan-physician-survey-primary-care-physicians-in-michigan/?utm_source=Physician+survey+PC&utm_campaign=Physician+survey+PC&utm_medium=email)

### **Setting Precedent, A Federal Court Rules Jail Must Give Inmate Addiction Treatment**

Below is an excerpt from a recent National Public Radio (NPR) story on a ground-breaking federal court ruling that opens the door to substance use treatment for persons who are incarcerated.

Last week, a federal appeals court addressed the right to treatment for an inmate who suffers from opioid addiction, a move that legal advocates say could have wide repercussions.

The United States Court of Appeals for the First Circuit in Boston ruled that a rural Maine jail must provide Brenda Smith with medication for her opioid use disorder. One of her attorneys, Emma Bond, a staff attorney with the ACLU of Maine, says the new ruling has the potential to create a "big signal" for jails across the country and combat the social barriers preventing incarcerated people from receiving treatment.

"This is the first federal appeals court in the country to address the right to treatment for opioid addiction in jail," says Bond. "It represents a huge step forward in the fight against the opioid crisis and for our client who will get her medication in jail."

Brenda Smith, a resident of Madawaska, Maine, was sentenced in 2018 to 40 days in the Aroostook County Jail for theft at an area Walmart, according to statements in an earlier court decision. Smith currently receives a twice-daily dose of buprenorphine — more commonly known by the brand name Suboxone. This medication helps people with opioid addiction control cravings and maintain recovery. Smith has been in stable recovery for five years on the medication.

The full story can be found at:



<https://www.npr.org/sections/health-shots/2019/05/04/719805278/setting-precedent-a-federal-court-rules-jail-must-give-inmate-addiction-treatment>

## **Michiganders Alerted of Resources During Better Hearing and Speech Month**

Below is a recent press release from MDHHS highlighting Better Hearing and Speech Month:

As part of May is Better Hearing and Speech Awareness Month, the Michigan Department of Health and Human Services (MDHHS) is promoting resources available through its Early Hearing Detection and Intervention Program (EHDI).

All of Michigan's 80 birthing hospitals perform newborn hearing screens, and annually about 175 babies are identified as deaf or hard of hearing. The EHDI program assists hospitals, clinics, midwives and parents in identifying infants with hearing loss and enrollment in appropriate audiological services.

"Early language and speech development in infants and children is critical to literacy success and long term educational attainment," said Dr. Joneigh Khaldun, MDHHS chief medical executive and chief deputy director for health. "Research has shown early identification of hearing loss and enrollment in intervention services can lead to significant benefits in childhood development."

The EHDI program strives to achieve goals set by national and federal partners to improve screening, hearing loss detection and early enrollment in intervention services. The National EHDI 1-3-6 goals include:

- 1 - All infants are screened for hearing no later than 1 month of age, preferably before hospital discharge.
- 3 - All infants who do not pass the screening will have a diagnostic hearing evaluation no later than 3 months of age.
- 6 - All infants identified as deaf or hard of hearing are enrolled in early intervention services no later than 6 months of age.

The EHDI program provides information about infant hearing screening and family support resources on its website: [https://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4911\\_21429---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_21429---,00.html)

Two of those resources are Early On ® and Michigan Hands and Voices - Guide By Your Side™.

Early On offers early intervention services for children from birth to 3 years of age, who have developmental delays and/or disabilities, including hearing loss. The program is a collaborative of MDHHS and the Michigan Department of Education.

Guide by Your Side is a non-profit whose membership includes teachers, audiologists, interpreters and parents of children who are deaf or hard of hearing. The free program provides support and information, as well as the chance for parents just learning of their child's hearing loss an opportunity to connect with other parents of children who are deaf or hard of hearing to help guide them.

## **CHCS: State Pathways to Integrated Care: Exploring Options for Medicare-Medicaid Integration**

Below is a recent announcement from the Center for Health Care Strategies (CHCS) regarding resources available to assist states in designing and improving the design of Medicare-Medicaid integration projects.

## CMHA WEEKLY UPDATE

More than 12 million Americans are dually eligible for Medicaid and Medicare, often receiving fragmented, uncoordinated care. These individuals have higher rates of chronic illness than their Medicare- and Medicaid-only peers, as well as a higher cost of care — particularly in Medicaid, where they account for about 15 percent of enrollees, but 33 percent of spending.

To help state Medicaid programs better serve their dually eligible populations, the Integrated Care Resource Center has developed a decision tool, State Pathways to Integrated Care. This tool describes: (1) foundational steps states can take to better understand their dually eligible populations; (2) how state Medicaid administrative processes can be modified to improve access to care; and (3) available Medicare-Medicaid integration options and how states can chart a path toward integration.

The tool can help states put into context new demonstration opportunities described in a Centers for Medicare & Medicaid Services April 2019 State Medicaid Director Letter, and existing opportunities to better serve the dual eligible population highlighted in a December 2018 State Medicaid Director Letter.

The tool can be found at:

[https://www.integratedcareresourcecenter.com/content/state-pathways-integrated-care-exploring-options-medicare-medicaid-integration?utm\\_source=CHCS+Email+Updates&utm\\_campaign=4d88cdace8-ICRC+decision+tool+05%2F08%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-4d88cdace8-152144421#overlay-context=content/using-value-based-purchasing-vbp-arrangements-improve-coordination-and-quality-medicare-0](https://www.integratedcareresourcecenter.com/content/state-pathways-integrated-care-exploring-options-medicare-medicaid-integration?utm_source=CHCS+Email+Updates&utm_campaign=4d88cdace8-ICRC+decision+tool+05%2F08%2F19&utm_medium=email&utm_term=0_bbc451bf-4d88cdace8-152144421#overlay-context=content/using-value-based-purchasing-vbp-arrangements-improve-coordination-and-quality-medicare-0)

## State Legislative Update:

### FY20 House Budget Proposal

#### Specific Mental Health/Substance Abuse Services Line items

	<b>FY'19 (final)</b>	<b>FY'20 (Governor)</b>	<b>FY'20 (Senate)</b>	<b>FY'20 (House)</b>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200	\$125,578,300
-Medicaid Mental Health Services	\$2,319,029,300	\$2,478,086,100	\$2,478,086,100	\$2,478,086,100
-Medicaid Substance Abuse services	\$67,640,500	\$66,200,100	\$66,200,100	\$66,200,100
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800	\$0
-Community substance abuse (Prevention, education, and treatment programs)	\$76,956,200	\$107,754,700	\$107,754,700	\$108,254,700
-Children's Waiver Home Care Program	\$20,241,100	\$20,241,100	\$20,241,100	\$18,141, 100
-Autism services	\$192,890,700	\$221,718,600	\$208,181,100	\$221,718,600
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$346,548,100	\$346,548,100	\$346,548,100

### FY20 House Budget Decisions:

## ***CMHA WEEKLY UPDATE***

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- House budget reduces \$1 million for the executive budget recommendation of \$2.2 million for the Center for Forensic Psychiatry (general fund) to meet the growing demand for forensic evaluations and restoration treatment for adults deemed incompetent to stand trial and reduce current wait lists for these services – House budget reduces from 12 FTEs to 7.0 forensic evaluators and not the 5.0 support and administrative staff. (\$1 million GF savings)
- House budget directs \$450,000 be allocated to a Recovery High School and \$600,000 be allocated to recovery community organizations from the \$31.9 million federal funds for the state opioid response grant.
- House budget reduces funding for MI CARES hotline to \$2 million (\$1 million GF reduction)
- House budget eliminates Mental Health and Wellness Commission (\$2.8 million GF/GP), executive budget proposed reducing by \$1.8 million
- House budget increases court-appointed guardians funding by \$1.2 million GF/GP, total funding is \$2.7 million, which would reimburse guardians at \$50 per month.
- House budget retains Wayne county opioid pilot (\$500,000 GF).
- House budget eliminates State Disability Assistance SUD services – \$2.0 million GF/GP allocated to PIHPs for per diem room and board payments for eligible individuals who reside in substance use disorder residential facilities.
- House budget reduces \$4,450,000 million GF/GP funding based on historic lapse trends for the following: Behavioral Health Administration (\$600,000 GF/GP), Office of Recipient Rights (\$200,000 GF/GP), Children with Serious Emotional Disturbance Waiver (\$1.4 million GF/GP), Children’s Waiver Home Care Program (\$2.1 million GF/GP), and Civil Service Charges (\$150,000 GF/GP).
- House budget includes one-time funding \$100,000 GF/GP for SAFE Substance Abuse Coalition and \$60,000 GF/GP for mobile crisis resolution services.
- House budget includes \$200 placeholder to offset local funding used for Medicaid mental health rates (Sec. 928), \$200 for a staffing increase at Kalamazoo Psychiatric Hospital, and \$100 for McLaren behavioral health pilot project.

### **House Boilerplate Sections Included:**

- **Section 298** – retains language from FY19.
- **Section 928** – Retains local match draw down requirement from past years minus \$200 item of difference and **ADDS section 3 that expresses legislative intent to phase out local match draw down requirements with a state GF offset equaled to the current amount over 5 years.**

## ***CMHA WEEKLY UPDATE***

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- **Section 950 – Court-Appointed Guardians** - House added additional funds to directly reimburse court-appointed public guardians and conservators at \$50 per month.
- **NEW Section 974 – Intellectual or Developmental Disability Service Delivery** – Requires DHHS and PIHPs to allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to choose to instead receive supports and services from another provider if the individual can show he or she is qualified and eligible to receive services from the other provider. States that other providers can include MI Choice and PACE providers.
- **NEW Section 976 – Oakland County Integration Pilot Project** – Requires DHHS to work with a single county PIHP that is currently not participating in any other pilot project to pilot a physical and behavioral health integrated service demonstration model that does not transfer funds to Medicaid health plans; expands existing integrated efforts such as shared care coordination; states intent that the pilot project last at least 2 years, expands individuals who meet criteria for expanded care coordination through CareConnect 360 and identifying individuals not receiving health care services; states outcomes and performance measures; requires a report.
- **Section 1010 – Court Ordered Treatment** – From the funds appropriated in part 1 for behavioral health program administration, up to \$1,000,000.00 shall be allocated to address the implementation of court-ordered assisted outpatient treatment as provided under chapter 4 of the mental health code, 1974 PA 258, MCL 330.1400 to 330.1490. **(House reduces from \$2 million to \$1 million)**
- **Section 1061** – Specifies that funds appropriated for Care Mental Health Center only be used at the existing site and that capital outlay funding only be used at the Caro site.
- **NEW Section 1513 Medicaid Inpatient Psychiatric Hospital Workgroup** – Requires DHHS to create a workgroup to determine an equitable and adequate reimbursement methodology for Medicaid inpatient psychiatric hospital care, lists participating workgroup members, requires a report from the workgroup.
- **Section 1696 – Traditional Medicaid to HMP Migration Restriction** – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

### **Slowing Economy Flattens Projected State Revenues**

This morning, state economic leaders gathered for the semi-annual Consensus Revenue Estimating Conference. This review and forecast of the state's economic health is an important step toward establishing budget targets, and completing budget bill negotiations, for the coming year.

## ***CMHA WEEKLY UPDATE***

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Generally, the forecast for the next two years is flat, with no immediate cause for current budget reductions but little room for increased or new spending. Income tax revenue is high, which benefits the state General Fund. But sales tax revenue is down, which impacts the School Aid Fund.

Anticipated revenues for the current fiscal year were revised upward slightly from the January forecast: General Fund revenue will increase by \$151 million, and School Aid Fund revenue will decrease by \$68.2 million.

For Fiscal Year 2019-2020, General Fund revenue is forecast to decrease \$74.8 million from the January forecast, and School Aid Fund revenue to increase \$357.5 million.

Below are links to documents providing more detail:

[http://www.house.mi.gov/hfa/PDF/Revenue\\_Forecast/Consensus\\_Revenue\\_Agreement\\_Exec\\_Summary\\_May19.pdf](http://www.house.mi.gov/hfa/PDF/Revenue_Forecast/Consensus_Revenue_Agreement_Exec_Summary_May19.pdf)

[http://www.house.mi.gov/hfa/PDF/Revenue\\_Forecast/Economic\\_Outlook\\_and\\_Revenue\\_Estimates\\_May19.pdf](http://www.house.mi.gov/hfa/PDF/Revenue_Forecast/Economic_Outlook_and_Revenue_Estimates_May19.pdf)

### **Federal Update:**

#### **Finalized Rule from CMS Preserves Medicare's Six Protected Classes**

The Centers for Medicare and Medicaid Services (CMS) released a final rule on Thursday aimed at addressing rising drug prices and out-of-pocket expenses under Medicare Part D and Medicare Advantage. Notably, the final rule did not include previously-proposed measures that would have provided exceptions to Medicare's "six protected classes," a policy that ensures beneficiaries with complex health conditions, including mental illness, have access to a full range of medication treatment options. The announcement comes after six months of opposition to the proposals from Members of Congress and patient and provider advocates, including the National Council for Behavioral Health.

#### THE PROPOSED RULE

The originally proposed rule, released back in November 2018, threatened Medicare Part D participants' access to critical prescription drugs, including those often needed by individuals living with mental illness. Under current law, Medicare Part D plans must provide access to all or substantially all medications within the "six protected classes," including critical prescription drugs that support patients with mental health conditions, epilepsy, Parkinson's disease, lupus, HIV/AIDS, cancer, and organ transplants. The proposed rule would have allowed Part D insurers to require patients who have been stabilized on a medication regimen for years to try different, cheaper medications or receive prior authorization when they enroll in or switch between Part D plans, resulting in potentially catastrophic consequences.

In response, advocates mobilized to make CMS aware of how harmful the rule would be if enacted as written. The National Council for Behavioral Health signed onto letters, submitted official comments, created advertisement campaigns, and participated in educational briefings for

## **CMHA WEEKLY UPDATE**

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Members of Congress and Administration officials to raise awareness for the importance of this issue. At a briefing last week, Michael Petruzzelli, National Council's Manager of Policy and Advocacy, said "The patient population being covered by this policy are some of our nation's most complex, costly and challenging patients to help. They should be given every opportunity to achieve and maintain wellness with their treatment regimen."

### PROTECTED CLASSES REMAIN INTACT

Following the public comment period, CMS's final rule significantly walked back these proposals, and leaves the current environment under Medicare Part D's protected classes largely unchanged. Of the proposed exceptions to the protected classes, the agency finalized an allowance for prior authorization (PA) and step therapy (ST) in part, allowing the practices for new starts, but did not implement other proposed restrictions. Other provisions that did make their way into the final rule include measures aimed at giving Medicare enrollees and their doctors more transparency on medication options and costs via new requirements for real-time drug pricing data, and requirements to include drug pricing information in enrollees' explanation of benefits.

## **Education Opportunities:**

### **NIATx Change Leader Academy – TRAINING FULL!**

**Wednesday, May 22, 2019**

**9:00am – 3:30pm (8:30am Registration)**

**Holiday Inn & Suites, 5278 East Pickard, Mt. Pleasant, MI**

*CMHAM and the Great Lakes MHTTC is proud to present a new training:*

The *NIATx* Change Leader Academy (CLA) is a one-day face-to-face workshop followed by three months of peer networking and support from a *NIATx* coach. The CLA trains change leaders in the *NIATx model of process improvement*: a structured, team-based approach to change management for organizations large and small. Attendees learn how to select a change project, set a project aim, engage senior leaders and staff in the change process, and achieve measurable, sustainable improvements. Following the CLA face-to-face workshop, participants commit to carrying out a three-month change project focusing on one of the following areas: *Medication-Assisted Treatment; Recovery Oriented Systems of Care; Access to and Retention In Treatment*; or a different focus area of their choosing.

Who should attend: Anyone interested in leading change or improving service delivery in their organization: Senior leaders, managers, supervisors and front-line staff from behavioral healthcare, recovery services, criminal justice, and social services. The CLA provides both beginners and those with some experience in process improvement with the tools to lead change projects and teams within their organization.

4.5 CEs for Substance Abuse Professionals

### **Improving Outcomes Conference – June 6 & 7, 2019 – Traverse City**

The Improving Outcomes Conference is a grassroots conference focused on supporting and improving the public behavioral health system in Michigan. Target audience for this conference is leadership and key staff from CMHSPs, PIHPs and Provider Organizations with specific focus on Information Technology, Quality Improvement, Finance, and Provider Network Management.

The conference is on 6 & 7, 2019 at the Grand Traverse Resort in Traverse City.

# **CMHA WEEKLY UPDATE**

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[Click Here for More Details and to Register!](#)

## **2 New Dates Added: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.***

Trainings offered on the following date.

**July 17, 2019 – Lansing [Click Here To Register!](#)**

**August 21, 2019 – Lansing [Click Here To Register!](#)**

Training Fees: (fee includes training material, coffee, lunch and refreshments.

\$115 CMHA Members

\$138 Non-Members

## **21st Annual Wraparound Conference**

DHHS/CMHA hosts the 21<sup>st</sup> Annual Wraparound Conference, "Innovating a Classic!," will be held on June 12-14, 2019 at the Great Wolf Lodge, Traverse City.

[For More Details on the Wraparound Conference & To Register Click Here!](#)

## **CMHA Annual Spring Conference Registration Open!**

**Registration Open for CMHA Annual Spring Conference will be held on:**

- June 10, 2019: Pre-Conference Institutes
- June 11 & 12, 2019: Full Conference
- Suburban Collection Showplace, Novi, Michigan

**Hotel for Conference Attendees Overnights:**

Hampton Inn & Suites

49025 Alpha Drive, Wixom, MI 48393

*2.7 miles from Suburban Collection Showplace*

Room Rate: \$109 plus taxes (includes hot breakfast buffet)

Reservations can be made by calling 248-348-0170, Hit 0 to go to the Novi property

Mention Code: MHS for discounted rate.

Country Inn & Suites

21625 Haggerty Rd, Novi, MI 48375

*25.5 miles from Suburban Collection Showplace*

Room Rate: \$109 plus taxes (includes hot breakfast buffet)

Reservations can be made by calling 248-596-9800

Mention "Mental Health Association Spring Conference" for the discounted rate.

Additional hotels will be added as necessary. Watch [www.cmham.org](http://www.cmham.org) for additional details.

# **CMHA WEEKLY UPDATE**

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CMHA will provide transportation between hotels and Conference Facility.

## **Spring Pre-Conference & Conference Registration:**

[TO REGISTER FOR THE PRE-CONFERENCE INSTITUTE, CLICK HERE!](#)

[DETAILS & TO REGISTER FOR THE SPRING CONFERENCE, CLICK HERE!](#)

## **Pre-Conference Institute: A Mindfulness Approach to Clinical Social Work**

- Monday, June 10, 2019 from 8:45am – 4:00pm
- \$125 CMHA members
- \$148 Non-Members

## **Keynote Presentations:**

- Keynote: Passive Victim to Resilient Warrior! Transforming the Way You Think About Trauma Informed Care
  - Shari Simmons, LCSW, Executive Director of Fire Mountain Treatment Center; Adjunct Professor
- The MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA): An Overview
  - George E. Mellos, MD, Senior Executive Psychiatrist Director, Deputy Director for Behavioral Health and Developmental Disabilities, Michigan Department of Health and Human Services
- Keynote: Update from Washington
  - Charles Ingoglia, MSW, Incoming President and CEO, National Council for Behavioral Health

## **Educational Workshops:**

- Putting It All Together: The Need to Belong - An Effective Paradigm Shift for Addressing Mental Health, Physical Health, and Substance Abuse Crises Facing Our Consumers and Communities
- Update on Statewide Efforts for Improving the Medical Assessment of Psychiatric Patients in Emergency Department
- "Shattering Silos and Building Bridges": A Community Approach to Early Intervention for Children and Families with Mental Health Needs
- Supporting LGBTQ+ Individuals Through Affirmative Practices
- Implementing the Trauma Policy
- An Analysis of Parent Support Partner Services in Michigan
- Boardworks 2.0: Board Member Orientation & the Role of Board Members in the Rights Protection Process
- Value-Based Payment Practice Transformation Academy
- The Tri County LifeSavers: Replicable Steps to Building a Community Youth Suicide Prevention Coalition
- Jail Diversion Efforts Across Michigan: Challenges and Successes
- Examining Initial Outcomes of Peer Coaching/Specialized Detoxification Program – Developing a Research Based Curriculum for Integrated Care
- Building a Trauma Informed CMH System
- Boardworks 2.0: Leadership - Participatory Governance and Ethical Implications (formerly Character)
- Trauma and Resilience: Using ACE Surveys, Screenings, and Interventions to Address and Improve Individual and Community Outcomes (Lessons Learned and Outcomes Shared)
- Treatment Foster Care Oregon (TFCO): Community-based Mental Health Treatment for Hospital Level-of-Care Children
- Criminal Justice, Homelessness and Mental Health: How Cross-System Collaboration Assists with Successful Transitions Across Intercepts
- Beyond Case Management: Scaling Team-Based Behavioral Health Homes and an Alternative Payment Model to Achieve the Quadruple Aim Across a Community
- Why Understanding Benefits Is So Important!
- Boardworks 2.0: Management – System



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- Making a Home in Higher Education: Expanding the Continuum of Care for Students in Recovery on a College Campus
- Crises in the Emergency Department: System Issues in the Care of People with Developmental Disabilities
- Empathy and Effectiveness in the Recognition and Treatment of Human Trafficking Victims and Survivors
- Understanding Adverse Childhood Experiences (ACEs) and the Impact of Trauma
- Criminal Justice Connection to Care Model
- Integrative Healthcare for Older Behavioral Health Clients
- Fully Present: The Importance of Self-Care and Mindfulness in Our Work

### **Dialectical Behavior Therapy (DBT) Trainings for 2018/2019**

#### **5-Day Comprehensive DBT Trainings**

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

#### Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

#### Dates/Locations:

June 3-7, 2019 | Best Western, Okemos | [REGISTER HERE](#)

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

### **Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019**

#### Course Description:

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched

## **CMHA WEEKLY UPDATE**

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assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

**This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.**

Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:

June 19, 2019 | Okemos Conference Center | **This training is now full, contact Bethany at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on the waiting list.**

### **Motivational Interviewing College Trainings for 2018/2019**

#### **4 Levels of M.I. Training offered together at 4 convenient locations!**

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Remaining Dates/Locations:

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

### **Co-Occurring College Save-the-Date!**

The 2019 Co-Occurring College will be held Tuesday, July 30<sup>th</sup> at the DoubleTree Bay City. More information including hotel reservations and registration links coming soon!

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

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Visit [www.cmham.org](http://www.cmham.org) for more information.

### **Understanding Benefit Programs: The Impact of Employment and Work Incentive Programs for People with Disabilities**

MARO, a partner of this Association, has recently announced a workshop designed to strengthen the ability of services and supports providers to assist the persons whom they serve in navigating the benefits system – especially as they pursue and obtain employment.

#### **Understanding Benefit Programs**



#### **Understanding Benefit Programs**

June 17, 2019 - 9:00 AM to 12:00 PM

Lansing Community College-West Campus  
5708 Cornerstone Dr, Lansing, MI 48917

\$69 for MARO Members

\$99 for Non-members

Register at: <https://maro.silkstart.com/events/understanding-benefit-programs>

As a result of this course, you will be able to:

- Understand the major components and differences in the SSI, SSDI, Medicaid, and Medicare benefit programs
- Identify how the Social Security Administration defines work, disability and how employment income affects SSI/SSDI benefit checks
- Understand federal and state work incentive programs and how they can be used to help an individual retain necessary cash and/or medical benefits
- Locate resources that can help an individual navigate through these programs for successful employment outcomes

Trainers will include Hillary Hatch- Area Work Incentive Coordinator for the Social Security Administration. Hillary's service area for the state includes the Upper Peninsula and the Western Half of the Lower Peninsula.

### **20<sup>th</sup> Annual Substance Use Disorder and Co-Occurring Disorder Conference Save-the-Date!**

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

## 45th Annual National Association for Rural Mental Health Conference

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at [www.narmh.org](http://www.narmh.org).

**About Our Conference:** The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

**Our Conference Theme:** The 2019 NARMH Annual Conference theme is "From Surviving to Thriving: Embracing Connections". NARMH "rode the winds of change" in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at [www.narmh.org](http://www.narmh.org) to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

**Questions & General Information:** If you need additional information after visiting the NARMH 2019 conference website at [www.narmh.org](http://www.narmh.org), please contact Brenton Rice, NARMH Event Planner, by email at [brenton@together.com](mailto:brenton@together.com) or by phone at 651.242.6589.

## Miscellaneous News and Information:

### Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide. As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an

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emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

### **Job Opportunity: Executive Director of Network 180**

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over \$140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: <http://www.network180.org/en/employment/employment-opportunities>.

### **Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH**

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 [acmhjane@sbcglobal.net](mailto:acmhjane@sbcglobal.net)  
To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

## **CMH Association's Officers and Staff Contact Information:**

### **CMHA Officers Contact Information:**

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
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Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### **CMHA Staff Contact Information:**

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

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## CMH Association and Member Activities:

### CMH Association & Allies Host 15th Annual Walk A Mile Rally

On May 9, 2019, nearly 2,000 participants joined together at the Capitol Lawn in Lansing! The weather forecast included Thunderstorms, lightning, and heavy rain, but that did not deter persons that are served by the Public Mental Health System from showing up in droves! These citizens wanted their voices heard and they made it clear to Legislators that until they “Walk a mile in my shoes!”, they could not understand the needs of this population! We rally to enhance public awareness and to put an end to stigma related to Mental Health & Developmental Disabilities in Michigan. Together, we ARE making a difference! Thank you to all who participated, volunteered, braved the forces of nature, or contributed to making this event another successful Rally! We look forward to seeing everyone in 2020!





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### **TTI Recognized for Exemplary Practice**

Below is a recent press announcement of the recognition, by a nationally renowned healthcare initiative, of Training and Treatment Innovations (TTI) as an exemplary Practice. Congratulations to TTI, which has been a longtime member of this Association.

Training & Treatment Innovations, Inc. (TTI) was recognized as an “Exemplary Practice” for measures the agency uses to provide value-based care. This distinction comes from Altarum, the Great Lakes Practice Transformation Network, and the Centers for Medicare and Medicaid Services (CMS) as part of the CMS Transforming Clinical Practice Initiative (TCPI).

TCPI is part of a series of programs that CMS designed to help health providers achieve large-scale transformation in the wake of the Affordable Care Act (ACA). TCPI was created to help doctors and other clinicians across the country achieve this transformation through collaborative, peer-based learning networks. Under TCPI are 29 Practice Transformation Networks (PTNs) that enroll and work with clinicians on developing core skills to transform care. TTI is an active participant of the Great Lakes Practice Transformation Network.

As the recipient of an Exemplary Practice award, TTI has demonstrated that systems and processes it has put into place have brought better value to payers and patients. TTI is meeting TCPI’s goals of improved care, better health and reduced cost.

Exemplary Practice award recipients are asked to present a Practice Performance Story that outlines the agency’s exemplary practices. TTI’s story was chosen as one of the Top 3 Best of the Best by TCPI. This Practice Performance Story will be available to health insurance companies and other payers, and will also be shared with other practitioners so that they may learn from TTI’s successful delivery model.

### **Don’t Forget About the 2019 PAC Campaign**

Earlier this year we announced our 2019 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2019 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

For those members who qualify for the drawing for the Tiger game suite (minimum 6 contributions per agency), this year’s game is on Sunday, July 21 at 1:10pm vs. Toronto Blue Jays. Members should forward the results of their campaign and donations to the CMHA office by June 28, 2019 in order to be in the drawing for the Tiger tickets if eligible.

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**

Thank you. Please feel free to contact Bob or Alan with any questions.

### **CMHA Committee Schedules, Membership, Minutes, and Information**

Visit our website at <https://www.CMHA.org/committees>

## News from Our Corporate Partners:

### May is Mental Health Month: Relias Provides Awareness-Building Resources

May is Mental Health Month and this week is Children's Mental Health Awareness Day. This year's theme is "Suicide Prevention: Strategies That Work," however, Children's MH Day is to promote the awareness of caring for every child's mental health.

We celebrate the many children's services providers in the Relias family and support the valuable and important work they do caring for children, youth, and families.

Take some time this month to promote mental health awareness, especially children's mental health, in your community. Celebrate your staff and the challenging and rewarding work they do every day.

[Children's Mental Health Blog](#)

### Fostering Mindfulness-Based Resilience Among Consumer & Staff Populations

Work, money and health concerns rank as the top 3 stressors for American adults today. Research finds 63% of people report significant impact to their behavioral health comes from on-the-job stress, while 80% of individuals report functional impairment related to their depression.

Employers and providers can use resiliency-building mindfulness tools to not only reduce care costs, increase productivity, and reduce missed work, but also help individuals:

- Diminish anxiety, stress, chronic pain and insomnia symptoms
- Improve heart health and reduce blood pressure
- Feel more satisfied in life and at work through more purpose and commitment
- More effectively deal with adversity
- Form more successful relationships with others

[REQUEST A DEMO](#)

myStrength's digital Mindfulness and Meditation program offers evidence-based resources for consumers and staff, including diverse approaches that accommodate any schedule and lifestyle. And since even a quick 60-second activity can open the door to the benefits of mindfulness, these activities can be convenient to work into a daily routine. They also complement myStrength's self-care programs for stress, anxiety, depression, substance use (including opioid recovery), chronic pain, insomnia, and balancing intense emotions to offer a single, integrated platform that addresses a range of behavioral health conditions.

## State and National Developments and Resources:

### MDHHS Issues Announcement on Changes to MAT Access

Below is a recent letter, from MDHHS, regarding changes aimed at improving access to Medication Assisted Treatment (MAT)

Dear Provider:

## **CMHA WEEKLY UPDATE**

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RE: Streamlining Medication Assisted Treatment Coverage Process

The Michigan Department of Health and Human Services (MDHHS) is making changes to increase access to Medication Assisted Treatment (MAT). The changes below will be effective for dates of service on and after May 1, 2019.

### **Initial 14-Day Supply Without Prior Authorization**

MDHHS will allow pharmacies to dispense an initial 14-day supply of medications used in MAT without Prior Authorization (PA). This change will allow prescribers 14 days to complete a PA request for continued MAT.

### **Removing MAT Single Prescriber Prior Authorization Restriction**

To further enhance coverage of MAT services, MDHHS is removing the requirement that limited MAT coverage to only the prescriber who requested and received PA approval. This change has the potential to reduce treatment disruption in the event there is a change in a beneficiary's MAT prescriber. This change will also enable the beneficiary to obtain services from more than one provider in the same practice, including different locations. This approach will be continued when subsequent PA's are submitted for renewal.

Any questions regarding this letter should be directed to MDHHSPharmacyServices@michigan.gov. Thank you for your continued partnership to care for Medicaid beneficiaries.

### **MHEF Issues Aging Initiative RFP**

The Michigan Health Endowment Fund has recently issued a Request for Proposals (RFP) for its Healthy Aging Initiative. That announcement follows:

HEALTHY AGING RFP OPEN

The 2019 Healthy Aging Initiative is now accepting applications! We're seeking proposals in two categories: healthy aging and caregiving. The aim of this initiative is to improve access and availability of integrated, comprehensive services for older adults and their caregivers, delivered in a person-centered way.

Learn more about this opportunity and see the RFP at:

[https://zoom.us/webinar/register/WN\\_XxuU1liETguVAyM7aNe3aQ](https://zoom.us/webinar/register/WN_XxuU1liETguVAyM7aNe3aQ)

INFORMATIONAL WEBINAR: TUESDAY, MAY 14

Tuesday, May 14 at 10 a.m. we're hosting a webinar to walk you through the RFP and answer your questions. Find out everything you need to know before submitting a proposal, including:

- Program overview. We'll walk you through the Healthy Aging initiative and our focus areas.
- Criteria for funding. We'll let you know the types of projects we want to fund, as well as those we can't.
- Tips for a successful proposal. From concept papers to full proposals, we'll fill you in on what we look for every step of the way

Register for the webinar at:

[https://zoom.us/webinar/register/WN\\_XxuU1liETguVAyM7aNe3aQ](https://zoom.us/webinar/register/WN_XxuU1liETguVAyM7aNe3aQ)

### **Michigan Families Urged to Learn About Resources During Perinatal Mood and Anxiety Disorders Awareness Month**

May is Perinatal Mood and Anxiety Disorders Awareness (PMAD) Month and Michigan women and families are being urged to learn more about PMAD and available resources by the Michigan Department of Health and Human Services (MDHHS) Division of Maternal and Infant Health.

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PMAD, historically known as postpartum depression, affect many Michigan families each year. PMAD is different and more intense than the “baby blues” that many women experience in the weeks after birth of a baby.

Symptoms can feel overwhelming and include depression, anxiety, guilt, irritability, anger, difficulty sleeping and eating, feeling disconnected from one’s baby and experiencing frightening and intrusive thoughts. These symptoms can appear during pregnancy and up to two years after a baby is born. PMAD can affect birth mothers, fathers and adoptive mothers.

“PMAD affects the physical health and emotional well-being of pregnant and postpartum women,” said Dr. Joneigh Khaldun, MDHHS chief medical executive and chief deputy director for health. “We must join together to increase awareness, reduce stigma and assist women with getting the support and treatment they need.”

For more information about PMAD and available resources, visit the [Maternal Infant Health Program website](#).

### **Senator Stabenow Visits Escanaba, Talks Addiction Programs**

Below is an excerpt from a recent edition of the Escanaba Daily Press on the visit of United States Senator Debbie Stabenow to Escanaba to discuss the work being done to fight the opioid epidemic.

Delta County’s continuous effort to combat the opioid crisis locally was recognized by U.S. Senator Debbie Stabenow (D-MI) Friday morning.

Stabenow visited Delta County as part of her series of health care “check-in” visits across the state. Her “check-in” visits include her meeting with patients, providers and other stakeholders in various communities throughout Michigan to hear first-hand about their challenges and needs.

Delta County’s drug court program was recognized for its team effort in helping high risk, high needs people with addictions break their drug habits rather than sending them to jail or prison, which could contribute to a cycle of crime.

“The drug court here is so impressive — the work that’s being done and the coordination with the community and law enforcement and courts and mental health and addiction treatment services. It’s just, it’s very special the way people have come together here (in) Escanaba. That’s why I wanted to come and hear what was happening and how I could be of help,” Stabenow said.

District Court Judge Steven Parks spearheaded the effort of bringing the drug court program to Delta County. Since it’s inception in 2016, the program has seen six graduations with four more scheduled for June.

“We’re happy (Stabenow) is recognizing drug courts as a useful tool to address serious drug addiction. So we’re happy to show her our program,” Parks said.

The specialized treatment court addresses the root of many crimes — drug addiction — so those with addictions can learn to live without drugs and not re-offend, thus stopping the chain of crimes that often accompanies drug abuse.

“The process is incredibly gratifying for those of us who are involved because we see them typically at the height of their problem. They’ve just committed a crime of some sort, and then we spend — our program is 15 to 24 months. By the time they graduate we see the old self reemerge. We see them for who they once were. It’s amazing work to see that transformation,” Parks said.

The full article can be found at:

<https://www.dailypress.net/news/local-news/2019/05/stabenow-visits-esky-talks-addiction-programs/>

### Incorporating Consumer Voices into Program Development: Q&A with Washington's Medicaid Director MaryAnne Lindeblad

Below is an excerpt from a recent blog by the Center for Health Care Strategies:

Medicaid programs are increasingly interested in fostering cross-sector alignment as a means to provide quality and cost-effective health care services. At the center of these efforts are the individuals, families, and communities that depend on the health and social services provided by the state. For MaryAnne Lindeblad, Medicaid Director for the Washington Health Care Authority, building opportunities to engage consumers and understand their perspective is crucial to continuously refining the state program that provides health care coverage to more than 1.8 million residents.

CHCS recently spoke with Ms. Lindeblad, a fellow of the 2010 inaugural class of CHCS' Medicaid Leadership Institute, a national initiative made possible by the Robert Wood Johnson Foundation. Ms. Lindeblad shared her approach for engaging consumers to improve the effectiveness of service design and delivery for Washington's Medicaid program.

The full blog can be found at:

[https://www.chcs.org/incorporating-consumer-voices-into-program-development-qa-with-washingtons-medicaid-director-maryanne-lindeblad/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=a11f4b07ef-MaryAnne+Lindeblad+Q%26A+4%2F29%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-a11f4b07ef-152144421](https://www.chcs.org/incorporating-consumer-voices-into-program-development-qa-with-washingtons-medicaid-director-maryanne-lindeblad/?utm_source=CHCS+Email+Updates&utm_campaign=a11f4b07ef-MaryAnne+Lindeblad+Q%26A+4%2F29%2F19&utm_medium=email&utm_term=0_bbc451bf-a11f4b07ef-152144421)

### Mental Health and Faith Community Partnership

**Back to Faith Community Partnership:** The Mental Health and Faith Community Partnership is a collaboration between psychiatrists and clergy aimed at fostering a dialogue between two fields, reducing stigma, and accounting for medical and spiritual dimensions as people seek care. The convening organizations are APA, the APA Foundation and the Interfaith Disability Advocacy Coalition, a program of the American Association of People with Disabilities.

The partnership provides an opportunity for psychiatrists and the mental health community to learn from spiritual leaders, to whom people often turn in times of mental distress. At the same time it provides an opportunity to improve understanding of the best science and evidence based treatment for psychiatric illnesses among faith leaders and those in the faith community.

Resources for Faith Leaders



Mental Health: A Guide for Faith Leaders

# CMHA WEEKLY UPDATE

This guide provides information to help faith leaders work with members of their congregations and their families who are facing mental health challenges.

## Download the guide



### Quick Reference Guide

View the quick reference on Mental Health for Faith Leaders, a companion to the Guide.

## Download the guide

## State Legislative Update:

### Suicide Prevention Commission Clears Senate

A new Suicide Prevention Commission would work with state departments and agencies to study the causes and possible factors that are leading to an increase in rates, under legislation the Senate pass unanimously this week.

Under SB 228, the 25-member commission would consist of unpaid members who would study the causes and underlying factors related to suicide and provide recommendations for state coordination on suicide prevention data collection and a coordinated state approach to the prevention of suicide. The committee would dissolve in 2024. The Community Mental Health Association of MI has an appointment to the commission.

"Suicide is a national epidemic and Michigan's suicide rate has been increasing at an astounding 33 percent over the past decade according to the CDC (Centers for Disease Control and Prevention)," Sen. Jim Runestad (R-White Lake) told his colleagues on the Senate floor. "Here are some facts about suicide you may be surprised to learn."

"Half of the people who die from suicide have no diagnosed mental health condition," Runestad continued. "Suicide is not increasing in every state. In some states it's actually decreasing. Overdoses account for only one in 10 suicides and in Michigan there are more deaths by suicide each year than traffic deaths and gun deaths combined."

The Suicide Prevention Commission would operate within the Legislative Council.

Under the bill, the commission would:

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- Prepare and present a preliminary report of its findings and recommendations to the Legislature;
- Within one year, prepare an updated report including information on existing evidence-based programs for suicide prevention in the state with successful outcomes;
- Annually review and update any recommendations; and
- Provide a process for state coordination on suicide prevention after the commission dissolves.

According to proponents of the legislation, the Suicide Prevention Commission that would be established under SB 228 would utilize state resources to compile data and develop a statewide action plan.

### **Federal Update:**

#### **House Bill Aims to Address Mental Health Workforce Shortage**

A bill introduced in the House this week would establish a loan repayment program for mental health care providers who commit to working in designated communities with a lack of accessible care. The Mental Health Professionals Workforce Shortage Loan Repayment Act of 2019 (H.R. 2431), introduced by Representatives John Katko (R-NY) and Grace Napolitano (D-CA), seeks to address a critical shortage in the number of mental health care providers across the country.

While around 18 – 20% of the American population lives with some form of mental illness in any given year, there are only enough mental health care professionals across the country to meet around 26% of the need for services, and the gaps are much higher for residents in rural areas. Projections included in a 2016 report from the Health Resources and Services Administration (HRSA) show that, unless these trends are reversed, this shortage will grow astronomically worse by 2025 and will result in shortages of over 250,000 full-time equivalents across certain behavioral health provider types. Establishing loan repayment programs, such as the one proposed in H.R. 2431, could help to incentivize qualified students to pursue careers in the mental health field and contribute to changing this outcome.

“It is imperative we create a sustainable workforce of therapists, psychologists, and counselors who can meet the mental health care needs of the nation,” said Rep. Katko upon introduction. “This legislation incentivizes mental health care professionals to practice in underserved communities, improving access to treatment and improving the quality of care. Rep. Napolitano added, “We have no time to waste. We need robust investment in mental health in America.”

### **Education Opportunities:**

#### **NIATx Change Leader Academy**

**Wednesday, May 22, 2019**

**9:00am – 3:30pm (8:30am Registration)**

**Holiday Inn & Suites, 5278 East Pickard, Mt. Pleasant, MI**

**Registration Fee:** \$140 per person (The fee includes training materials, continental breakfast and lunch.)

*Limited number of attendees!* [TO REGISTER, CLICK HERE!](#)

*CMHAM and the Great Lakes MHTTC is proud to present a new training:*

The *NIATx* Change Leader Academy (CLA) is a one-day face-to-face workshop followed by three months of peer networking and support from a *NIATx* coach. The CLA trains change leaders in the *NIATx model of process improvement*: a structured, team-based approach to change management for organizations large

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and small. Attendees learn how to select a change project, set a project aim, engage senior leaders and staff in the change process, and achieve measurable, sustainable improvements. Following the CLA face-to-face workshop, participants commit to carrying out a three-month change project focusing on one of the following areas: *Medication-Assisted Treatment; Recovery Oriented Systems of Care; Access to and Retention In Treatment;* or a different focus area of their choosing.

Who should attend: Anyone interested in leading change or improving service delivery in their organization: Senior leaders, managers, supervisors and front-line staff from behavioral healthcare, recovery services, criminal justice, and social services. The CLA provides both beginners and those with some experience in process improvement with the tools to lead change projects and teams within their organization.

4.5 CEs for Substance Abuse Professionals

### **Improving Outcomes Conference – June 6 & 7, 2019 – Traverse City**

The Improving Outcomes Conference is a grassroots conference focused on supporting and improving the public behavioral health system in Michigan. Target audience for this conference is leadership and key staff from CMHSPs, PIHPs and Provider Organizations with specific focus on Information Technology, Quality Improvement, Finance, and Provider Network Management.

The conference is on 6 & 7, 2019 at the Grand Traverse Resort in Traverse City.

[Click Here for More Details and to Register!](#)

### **2 New Dates Added: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.***

Trainings offered on the following date.

**July 17, 2019 – Lansing [Click Here To Register!](#)**

**August 21, 2019 – Lansing [Click Here To Register!](#)**

Training Fees: (fee includes training material, coffee, lunch and refreshments.

\$115 CMHA Members

\$138 Non-Members

### **21st Annual Wraparound Conference**

DHHS/CMHA hosts the 21<sup>st</sup> Annual Wraparound Conference, "Innovating a Classic!," will be held on June 12-14, 2019 at the Great Wolf Lodge, Traverse City.

[For More Details on the Wraparound Conference & To Register Click Here!](#)

### **CMHA Annual Spring Conference Registration Open!**

**Registration Open for CMHA Annual Spring Conference will be held on:**



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- June 10, 2019: Pre-Conference Institutes
- June 11 & 12, 2019: Full Conference
- Suburban Collection Showplace, Novi, Michigan

## **Hotel for Conference Attendees Overnights:**

Hampton Inn & Suites  
49025 Alpha Drive, Wixom, MI 48393  
*2.7 miles from Suburban Collection Showplace*  
Room Rate: \$109 plus taxes (includes hot breakfast buffet)  
Reservations can be made by calling 248-348-0170, Hit 0 to go to the Novi property  
Mention Code: MHS for discounted rate.

Country Inn & Suites  
21625 Haggerty Rd, Novi, MI 48375  
*25.5 miles from Suburban Collection Showplace*  
Room Rate: \$109 plus taxes (includes hot breakfast buffet)  
Reservations can be made by calling 248-596-9800  
Mention "Mental Health Association Spring Conference" for the discounted rate.

Additional hotels will be added as necessary. Watch [www.cmham.org](http://www.cmham.org) for additional details.

CMHA will provide transportation between hotels and Conference Facility:

## **Spring Pre-Conference & Conference Registration:**

[TO REGISTER FOR THE PRE-CONFERENCE INSTITUTE, CLICK HERE!](#)

[DETAILS & TO REGISTER FOR THE SPRING CONFERENCE, CLICK HERE!](#)

## **Pre-Conference Institute: A Mindfulness Approach to Clinical Social Work**

- Monday, June 10, 2019 from 8:45am – 4:00pm
- \$125 CMHA members
- \$148 Non-Members

## **Keynote Presentations:**

- Keynote: Passive Victim to Resilient Warrior! Transforming the Way You Think About Trauma Informed Care
  - Shari Simmons, LCSW, Executive Director of Fire Mountain Treatment Center; Adjunct Professor
- The MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA): An Overview
  - George E. Mellos, MD, Senior Executive Psychiatrist Director, Deputy Director for Behavioral Health and Developmental Disabilities, Michigan Department of Health and Human Services
- Keynote: Update from Washington
  - Charles Ingoglia, MSW, Incoming President and CEO, National Council for Behavioral Health

## **Educational Workshops:**

- Putting It All Together: The Need to Belong - An Effective Paradigm Shift for Addressing Mental Health, Physical Health, and Substance Abuse Crises Facing Our Consumers and Communities
- Update on Statewide Efforts for Improving the Medical Assessment of Psychiatric Patients in Emergency Department
- "Shattering Silos and Building Bridges": A Community Approach to Early Intervention for Children and Families with Mental Health Needs
- Supporting LGBTQ+ Individuals Through Affirmative Practices

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- Implementing the Trauma Policy
- An Analysis of Parent Support Partner Services in Michigan
- Boardworks 2.0: Board Member Orientation & the Role of Board Members in the Rights Protection Process
- Value-Based Payment Practice Transformation Academy
- The Tri County LifeSavers: Replicable Steps to Building a Community Youth Suicide Prevention Coalition
- Jail Diversion Efforts Across Michigan: Challenges and Successes
- Examining Initial Outcomes of Peer Coaching/Specialized Detoxification Program – Developing a Research Based Curriculum for Integrated Care
- Building a Trauma Informed CMH System
- Boardworks 2.0: Leadership - Participatory Governance and Ethical Implications (formerly Character)
- Trauma and Resilience: Using ACE Surveys, Screenings, and Interventions to Address and Improve Individual and Community Outcomes (Lessons Learned and Outcomes Shared)
- Treatment Foster Care Oregon (TFCO): Community-based Mental Health Treatment for Hospital Level-of-Care Children
- Criminal Justice, Homelessness and Mental Health: How Cross-System Collaboration Assists with Successful Transitions Across Intercepts
- Beyond Case Management: Scaling Team-Based Behavioral Health Homes and an Alternative Payment Model to Achieve the Quadruple Aim Across a Community
- Why Understanding Benefits Is So Important!
- Boardworks 2.0: Management – System
- Making a Home in Higher Education: Expanding the Continuum of Care for Students in Recovery on a College Campus
- Crises in the Emergency Department: System Issues in the Care of People with Developmental Disabilities
- Empathy and Effectiveness in the Recognition and Treatment of Human Trafficking Victims and Survivors
- Understanding Adverse Childhood Experiences (ACEs) and the Impact of Trauma
- Criminal Justice Connection to Care Model
- Integrative Healthcare for Older Behavioral Health Clients
- Fully Present: The Importance of Self-Care and Mindfulness in Our Work

### **Dialectical Behavior Therapy (DBT) Trainings for 2018/2019**

#### **5-Day Comprehensive DBT Trainings**

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

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### Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

### Dates/Locations:

May 20-24, 2019 | Detroit Marriott Livonia | [REGISTER HERE](#)

June 3-7, 2019 | Best Western, Okemos | [REGISTER HERE](#)

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

## **Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019**

### Course Description:

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

**This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.**

### Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

### Dates/Locations:

June 19, 2019 | Okemos Conference Center | [REGISTER HERE](#)

## **Motivational Interviewing College Trainings for 2018/2019**

### **4 Levels of M.I. Training offered together at 4 convenient locations!**

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

### Remaining Dates/Locations:

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

TNT: Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

## **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.CMHA.org](http://www.CMHA.org) for more information.

## **Michigan Health Policy Forum Announces Spring 2019 Forum: “New People and New Policies”**

The Michigan Health Policy Forum, of which the CMH Association is a Board member, has announced its spring 2019 Forum. The announcement is provided below.

“New People and New Policies”  
May 20, 2019 from 1:00 PM to 4:00 PM  
Kellogg Center on the Campus of Michigan State University

Welcome and Introductions: Andrea Amalfitano DO., PhD. Dean, MSU College of Osteopathic Medicine

Keynote Address: Robert Gordon, Director, Michigan Department of Health and Human Services

Panel Discussion on Michigan’s Health Priorities

Moderator: Janet Olszewski, Senior Fellow, Michigan Health Endowment Fund,

Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of health and Human Services

Joneigh Khaldun M.D., Chief Medical Executive and Chief Deputy for Health, Michigan Department Of Health And Human Services

Rep. Mary Whiteford, (R) Chair, House Appropriations Committee on Human Services

Sen. Curt VanderWall (R) Chair, Senate Committee on Health Policy and Human Services

To register, go to: <https://michiganhpf.msu.edu/index.php/spring-forum-2019>

## **Understanding Benefit Programs: The Impact of Employment and Work Incentive Programs for People with Disabilities**

MARO, a partner of this Association, has recently announced a workshop designed to strengthen the ability of services and supports providers to assist the persons whom they serve in navigating the benefits system – especially as they pursue and obtain employment.

### **Understanding Benefit Programs**

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### **Understanding Benefit Programs**

June 17, 2019 - 9:00 AM to 12:00 PM

Lansing Community College-West Campus  
5708 Cornerstone Dr, Lansing, MI 48917

\$69 for MARO Members  
\$99 for Non-members

Register at: <https://maro.silkstart.com/events/understanding-benefit-programs>

As a result of this course, you will be able to:

- Understand the major components and differences in the SSI, SSDI, Medicaid, and Medicare benefit programs
- Identify how the Social Security Administration defines work, disability and how employment income affects SSI/SSDI benefit checks
- Understand federal and state work incentive programs and how they can be used to help an individual retain necessary cash and/or medical benefits
- Locate resources that can help an individual navigate through these programs for successful employment outcomes

Trainers will include Hillary Hatch- Area Work Incentive Coordinator for the Social Security Administration. Hillary's service area for the state includes the Upper Peninsula and the Western Half of the Lower Peninsula.

### **CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference**

The Annual Substance Use Disorder/Co-Occurring Disorder Conference brought in over 1,300 attendees last year. We would love for you to join us by sharing your expertise, research or showcasing a successful program!

20th Annual Substance Use Disorder/Co-Occurring Disorder Conference  
"Innovative Strategies for Today's Challenges"  
September 15, 2019: Pre-Conference Institutes  
September 16 & 17, 2019: Full Conference  
Cobo Center, Detroit, MI

[Click Here to Download the Presentation Submission Form.](#)

Submit your completed form to Alexandra Risher [arisher@CMHA.org](mailto:arisher@CMHA.org) by **Friday, May 10, 2019.**

*Note: Hotel reservations and Conference registration is not available at this time.*

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## **45th Annual National Association for Rural Mental Health Conference**

August 26-29, 2019  
45th Annual National Association for Rural Mental Health Conference  
La Fonda on the Plaza Hotel  
Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at [www.narmh.org](http://www.narmh.org).

**About Our Conference:** The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

**Our Conference Theme:** The 2019 NARMH Annual Conference theme is "From Surviving to Thriving: Embracing Connections". NARMH "rode the winds of change" in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at [www.narmh.org](http://www.narmh.org) to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

**Questions & General Information:** If you need additional information after visiting the NARMH 2019 conference website at [www.narmh.org](http://www.narmh.org), please contact Brenton Rice, NARMH Event Planner, by email at [brenton@togevents.com](mailto:brenton@togevents.com) or by phone at 651.242.6589.

## **Miscellaneous News and Information:**

### **Job Opportunity: CEO of Rose Hill Center**

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an

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emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

### **Job Opportunity: Executive Director of Network 180**

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over \$140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: <http://www.network180.org/en/employment/employment-opportunities>.

### **Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH**

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 [acmhjane@sbcglobal.net](mailto:acmhjane@sbcglobal.net)

To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

## **CMH Association's Officers and Staff Contact Information:**

### **CMHA Officers Contact Information:**

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Lois Shulman; [Loisshulman@comcast.net](mailto:Loisshulman@comcast.net); (248) 361-0219  
Second Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### **CMHA Staff Contact Information:**

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

Alan Bolter, Associate Director, [abolter@CMHA.org](mailto:abolter@CMHA.org)  
Christina Ward, Director of Education and Training, [cward@CMHA.org](mailto:cward@CMHA.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@CMHA.org](mailto:mfrancis@CMHA.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@CMHA.org](mailto:npayton@CMHA.org)  
Dana Ferguson, Accounting Clerk, [dferguson@CMHA.org](mailto:dferguson@CMHA.org)

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Bethany Rademacher, Training and Meeting Planner, [brademacher@CMHA.org](mailto:brademacher@CMHA.org)

Jodi Johnson, Training and Meeting Planner, [jjohnson@CMHA.org](mailto:jjohnson@CMHA.org)

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Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)