

**Northeast Michigan Community Mental Health Authority Board
Northeast Michigan Consumer Advisory Council
June 2018 Meeting**



☁ Strategic Planning Meeting, Thursday, June 14 at 12:00 Noon

- ☁ Environmental Scan by Eric Kurtz, CEO of the Northern Michigan Regional Entity (NMRE)**

This year the Strategic Planning Session will be held at the main office.

Northeast Michigan Community Mental Health Authority

Board Strategic Planning Session

June 14, 2018 @ 12:00 p.m.

A G E N D A

Lunch is served

Call to Order/Welcome/Roll CallGary Nowak, Chairman

Pledge of Allegiance All

Appointment of Evaluator Gary Nowak

Information &/or Comments from the Public

Approval of Minutes (See pages 1-6)

myStrength Contract Approval(See page 7)

Environmental Scan Eric Kurtz, CEO NMRE

Strategic Planning Session Lynne Fredlund

- *Mission & Vision Statement Review*
- *Strategic Plan Document Review*
- *Ends Monitoring Report and Policy Review.....* (See pages 8-14)
- *Update from Consumer Advisory Council.....* Laura Gray & Others
 - *NAMI*
 - *Hot Topics*
- *Other agency topics*
 - *MI Residential Placement Increase.....* Nena Sork
 - *Co-occurring Disorder Treatment/Where Are We?.....* Mary Crittenden
 - *Status of Priority Needs from FY 17 and What We Have Done .* (See pages 15-17)
- *Information learned from Environmental Scan All*
- *Development of new Ends.....* Board Members

Wrap Up

Information &/or Comments from the Public

Meeting Evaluation

Adjournment

Northeast Michigan Community Mental Health Authority Board

Board Meeting

May 10, 2018

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak

Absent: Pat Przeslawski (excused),

Staff & Guests: Lance Abbett, Lisa Anderson, Dennis Bannon, Peggy Boldrey, Carolyn Bruning, Jolie Danielson, Lynne Fredlund, Cheryl Jaworowski, Jane Lawson, Jason Lepper, Cathy Meske, Peggy Yachasz, Christine Taylor, Jen Whyte, Patti St. John, Nena Sork,

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group. Cathy Meske directed

IV. Appointment of Evaluator

Gary Nowak appointed Bonnie Cornelius as evaluator for this meeting.

V. Information and/or Comments from the Public

Cathy Meske informed the Board of a picture competition held to showcase the four counties in our catchment area focusing on the four seasons. Staff were requested to submit their photos and leadership staff selected a photo from each season and county. Staff were requested to attend this meeting to be introduced with their winning photos; however two staff were providing services and could not be here. Brenden Keetch took the summer picture of the Alpena Harbor break wall. Renee Curry took the spring picture of the old Bailey School in Alcona County. Peggy Boldrey and Lance Abbett were introduced. Peggy Boldrey took the picture of the Brush Creek Mill in the winter representing Montmorency County and Lance Abbett took the fall picture of the apple tree at Knaebe's Mmmunchy Krunchy Apple Farm in Presque Isle County.

Moved by Gary Nowak, supported by Roger Frye to thank all staff participating in the photo contest recognizing their efforts in a job well done. Motion carried.

VI. Approval of Minutes

Gary Nowak noted there was a handout making a slight correction to the minutes included in the mailing.

Moved by Albert LaFleche, supported by Steve Dean, to approve the minutes of the April 12, 2018 minutes as corrected. Motion carried.

VII. FY19 MDHHS Contract Authorization & Amendment #2 to FY18 Contract Authorization

Eric Lawson inquired as to the scope of the contract to be authorized for use of egrams. Cathy Meske provided explanation of the FY19 General Funds contract will begin a new process of execution by using the egrams method of signing contracts. Per correspondence received by the Department this will need to be signed in early June.

Moved by Steve Dean, supported by Judy Jones, to authorize the Director or designee to execute the FY19 MDHHS contract when received and approve Amendment #2 to the

FY18 MDHHS Contract. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

VIII. Educational Session – Compliance Update

Christine Taylor noted this annual training is required for all Board members. The OIG, both federal and state, requires a Compliance Plan and designated Compliance Officer. She notes there is a regional Compliance Committee comprised of Compliance Officers from all partner boards.

Christine reviewed the various components affecting Board members noting the reasons for assuring Board members are not sanctioned and also the completion of the Disclosure of Ownership forms.

Christine Taylor reviewed examples of items falling under potential fraud items.

The Board Responsibilities were reviewed with Christine Taylor highlighting the basic roles the Board members need to be aware.

Christine Taylor noted each fall an annual compliance report is presented to Board members.

Christine Taylor noted she will be leaving this Agency June 1. Cathy Meske noted she has paved the way to put the Agency on the right track. Jen Whyte, Christine's successor, was introduced to the Board.

IX. Open Discussion

Roger Frye stated reports from Compliance are good to have. Cathy Meske noted everything is going quite well.

X. May Monitoring Reports

1. Treatment of Consumers 01-002

Board members had no questions. Steve Dean was available to answer questions. Eric Lawson liked the table explaining the various codes.

2. Budgeting 01-004

Cheryl Jaworowski reviewed the Statement of Revenue and Expense for month ending March 31, 2018. She noted the variance in the Staff Recruiting and Development line item was due to the fee associated with the recent acquisition of a psychiatrist. The line item "Contracted Inpatient" is also with a negative variance due to long inpatient stays for two children. One other large negative variance is on the Property and Liability Insurance line. This is a timing issue and the anticipated net distribution has not been communicated to the Agency as of yet.

Cheryl Jaworowski reviewed the contract settlement items. She noted the State has changed their stance and will now allow PIHPs to use unspent Medicaid dollars to cover any deficits in Healthy Michigan.

She also reported the initial budget approved in the fall included 10 vehicles to be purchased. This has been reduced to six after further study.

Cheryl Jaworowski informed the Board of a need to replace the copy machine at the Fletcher Street Office. Bids were received with the cost for the machine coming in at \$4,698. This equipment was not included in the initial budget and will need Board approval to purchase.

Steve Dean inquired about the Medicaid and 3rd Party revenue variance. Cheryl Jaworowski provided explanations noting carry forward and incentive funds have not been distributed yet by the PIHP and there is an increase in the 3rd Party Revenue due to the way Majestic handles

claims on a cash basis vs. an accrual basis. These services were included as revenues and will be adjusted when the claims are paid.

Cathy Meske noted one vehicle to be replaced is under the mileage; however, due to the extent of the repairs needed, it needs to be replaced versus repaired.

Steve Dean inquired about the maintenance line item balance and Cheryl Jaworowski noted much of the maintenance occurs during the summer months so this should even out.

3. Financial Condition 01-005

Cheryl Jaworowski notes the large decrease in cash and the large increase in accounts receivable is due to the timing of receiving allocations from the NMRE. She provided explanation of the reasoning for the number of days of operating funds decreasing four days from the last report.

Cheryl Jaworowski reviewed the Community Foundation Balance Sheet. Gary Nowak inquired as to what happens to the endowment fund should this Agency close. The endowment fund dollars would remain with the Community Foundation as it was set up as an endowment.

Moved by Bonnie Cornelius, supported by Steve Dean, to accept the May monitoring reports as presented. Motion carried.

Moved by Albert LaFleche, supported by Lester Buza, to approve the purchase of the copy machine for \$4,698. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

XI. Board Policy Review and Self Evaluation

1. Board Job Description 02-003

Board members discussed the description under 2.A. Ends: It was determined to revised the sentence to say "Organizational products, impacts, benefits, outcomes, recipients, and the relative worth of these ends or products (what good for which needs at what cost).

Moved by Eric Lawson, supported by Steve Dean to amend the policy 02-003 Board Job Description, as discussed. Motion carried.

Judy Hutchins inquired about the contact with the County Board of Commissioners. Cathy Meske noted Board members and herself attend Board meetings at the various counties. Board members are alerted to when she is scheduled to present and many times attend with her.

2. Board Core Values 02-014

Judy Hutchins inquired about item #4 and the phrase "Recognition of...". Cathy Meske notes the intention is for Board members to not become complacent. Steve Dean suggested changing the wording to "Understanding that..." Alan Fischer suggested it just be "Understanding..." and not include "that."

After discussion, the word Recognition will be replaced with Understanding.

Moved by Alan Fischer, supported by Lester Buza to amend the policy 02-014 Board Core Values as discussed. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

XII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Regional Board Meetings

i. April 25, 2018

The minutes from the April 25th meeting are in draft form and distributed. Judy Hutchins inquired about the Section 298 issues. Cathy Meske noted that there is new language proposed which would make the Medicaid Health Plans have more leverage in the providers they contract with but in the same token still holding the community mental health boards in the pilot to be compliance in all the requirements for crisis services, etc. This would allow some providers to “cherry pick” the services they wish to provide and leaving the other difficult services to the community mental health boards. In addition, they are attempting to make the pilots three years in duration.

ii. March 28, 2018

The minutes of the March 28th meeting were included in the mailing.

2. Board Association

a. Spring Conference Update

Judy Hutchins reported this conference focused on mental health services in the corrections system. She is optimistic there will be improvement. She noted there was a good presentation on human trafficking as well. Alan Fischer reported the “insanity clause” and “history of alcohol” were included in some of the workshops he attended. He also attended a workshop on audit preparations and it brought him back to his days in statistics. He also questioned the number of staff attending as some of the workshops are over the head when presenting and do not always focus on Board level knowledge. Gary Nowak suggested to Joe Stone to have shorter sessions.

Alan Fischer also reported Joe Stone had a discussion about mass shootings and the relationship to mental health. He reports many statements are made that the majority of the perpetrators are not generally those served by the mental health agencies; however, these are the people that should be served. He would like to see a future educational session on how mental health is dealing with violence in our society. Cathy Meske reported a document was received about “angry people” and noting that “angry people” do not have a mental health diagnosis. She will get the document out to Board members either electronically or through snail mail and then at Strategic Planning this could be discussed further. This could be incorporated in an Ends. Nena Sork reported one this she took away from the article is “Not identified as a mental health issue YET.” Eric Lawson noted any other situation similar to this type of action would be identified as a disease.

Cathy Meske reported in her Director’s report she will address a Department of Justice grant opportunity available which she sent to Alpena Sheriff Steve Kielieszewski. She will be meeting with him on Monday to discuss further. This grant would provide funding to address 1) Collaborative County Approaches to Reducing the Prevalence of Individuals with Serious Mental Illnesses in Jails; 2) Strategic Planning for Law Enforcement and Mental Health Collaboration; and 3) Implementation and Expansion. Cathy Meske noted she will also inform the other county sheriff’s offices. Contract person for Presque Isle is the undersheriff, Joe Brewbaker. This is a federal grant and there are local dollars needed to provide match funding. This grant is specific to criminal justice and making the officers more aware of what type of individual is being presented today.

Albert LaFleche reported there is a mentoring program in Montmorency County and has been quite successful.

Cathy Meske reported the author of the article "Anger Isn't a Mental Illness..." might be able to be secured to present and possibly if she already has an appearance scheduled in Michigan we could piggyback off this appearance.

XIII. Operational Report

Nena Sork reviewed the Operational Report through April 2018. She reported last week the Agency celebrated the one-year birthday for our electronic health record. Nena provided information about Safe House and noted this crisis children's service was not available in the past. This helps to keep hospital admissions down as in the past a hospital admission was our only option.

Albert LaFleche inquired as to whether this is more or less than what was provided about five years ago. Cheryl Jaworowski noted adults are down slightly and children are up. Nena Sork also noted the culture has changed and some are discharged as they are doing well. Cathy Meske also noted the population census is also lower than it was in the past. Cathy Meske noted the increase in children ages 0-6 is due to the autism services offered and in addition, children are presenting quicker with the behavior issues.

Steve Dean inquired about the frequency of the report and it was determine the report itself will be monthly and the employment report quarterly.

XIV. Chair's Report

1. Strategic Planning Discussion

Cathy Meske reported the Strategic Planning meeting will begin at noon on June 14th, the regularly scheduled day for monthly Board meetings. Take Five Deli will be contacted again for the luncheon. Eric Kurtz will be providing an environmental scan and Lynne Fredlund will facilitate the Strategic Planning session. The Consumer Advisory Council, Management Team and those leadership members responsible for the Ends will also attend. Board members are requested to plan to stay until 5 p.m.

XV. Director's Report

1. myStrength Services

Cathy Meske reported myStrength is an "app" which would be available for the individuals served by the agency, the staff and family members and the community at large. Jason Lepper and Dennis Bannon were available and provided a demonstration of the "app." At this point, we have a one-month trail to test out the "app." The dollars for this expenditure would come from the incentive payment recently approved through the NMRE. If the Agency decides to adopt this product, a two-year contract would need to be signed. Jason Lepper provided a brief overview of the options available within the app. Cathy Meske noted she will be recommending the Board try out this feature during the trial period. Nena Sork reported this app will be available for all individuals in the four-county area and would not have to be individuals served by this Agency.

Eric Lawson left the meeting 4:35 p.m.

Steve Dean inquired whether the individuals served by this agency with a smart phone could use this system. Cathy Meske reported the agency would receive aggregate data from the usage. Dennis reported this can be accessed by a smartphone, tablet, iPad, laptop, or computer. The 30-day trial period is free.

2. ProtoCall Services

Cathy Meske reported NMRE conducted an RFI to address after hours crisis response services. She reports after receiving the RFI it was determined ProtoCall had the better offering as far as service provision. She reports we will be obtaining more of the details related to funding and will be coming back to the Board in July for action.

3. M-CEITA

Cathy Meske reported phase II of the M-CEITA [Michigan Center for Effective IT Adoption] process. The \$600 fee covers technical assistance to support efforts of meaningful use through consultations, custom deliverables, tools and workbooks, and education modules.

Moved by Bonnie Cornelius, supported by Judy Hutchins, to authorize the Director to enter into an agreement with M-CEITA in the amount of \$600 as presented. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Nays: None; Absent: Pat Przeslowski;. Motion carried.

4. Draft of Report to Community

A draft of the Report to Community was distributed. Cathy Meske and Diane Hayka will be reviewing the document prior to printing and distributing to community partners.

5. Supported Employment Clarification

She reported in the Amendment # 2 of the MDHHS contract a focus on employment is included and the definition of integrated employment is the same and the interpretation as Northeast has taken. It does not include providing employment services through enclaves.

XVI. Information and/or Comments from the Public

There was no information or comments presented.

XVII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, June 14, 2018 at 12:00 p.m.

1. Set June Agenda

The June meeting will be in conjunction with Strategic Planning. Eric Kurtz will conduct an environmental scan with Lynne Fredlund facilitating the remainder of the meeting.

XVIII. Evaluation of Meeting

Bonnie Cornelius noted the meeting started on time. She notes she learns much from the presenters. She observed good participation and questions. She really liked the pictures acquired for the Board Room and the involvement of staff for that process.

XIX. Adjournment

Moved by Albert LaFleche supported by Judy Hutchins, to adjourn the meeting. Motion carried. This meeting adjourned at 4:50 p.m.

Alan Fischer, Secretary

Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Cathy Meske
SUBJECT: myStrength Application
DATE: June 4, 2018

As discussed and demonstrated at the Board meeting in May, the myStrength app would allow staff, individuals served by the agency, family, friends and the public at large to establish an account and set up information to track various health related topics to enhance a healthier living model. Our one-month trial period will be ending shortly and we recommend entering into an Agreement with myStrength to continue with this app. The cost for this project is \$11,000 for annual licensing and a one-time implementation fee of \$4,500. The agreement would require a two-year commitment.

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

Ends
Board Ends Statement, Policy # 04-001
Semi-annual: June 2018

Ends

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

Sub-Ends

Services to people with a Mental Illness

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. 75% 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 end of their 3rd quarter review. 90% of children will show a 20 point or more decrease in CAFAS at termination of children's services.

***Status:** The mid-point of fiscal year 2018 ended with 26 out of 37 cases showing at least a 20 point decrease in CAFAS scores by termination. Out of the remaining 11 cases, 2 moved out of the area and 2 were sent to residential treatment by the judicial system before services were completed. Therefore, for those individuals completing services as planned, 70% have shown a 20+ point decrease in their CAFAS scores, with a range to improvement between 20 and 70 points.*

2. Employment opportunities for persons with mental illness promote recovery and independence. The provision of the Evidence Based Practice Supported Employment will lead to increased employment opportunities.

Achievement of this sub end will be confirmed by monitoring employment status of those individuals enrolled in Supported Employment for persons with mental illness.

- A. During the fiscal year 2017-2018 an additional 48 individuals with mental illness will be given an opportunity for paid employment. This increase will be based on the actual end count of individuals given this opportunity on September 30, 2017. Current enrollment as of September 30, 2017 is 63 individuals, and of those

individuals, 40 (63%) are employed in part- and full-time positions.

Status: Current enrollment as of March 31, 2018 is 61 individuals and of those individuals served from October 1, 2017 through March 31, 2018, 47 individuals with mental illness became employed in part- or full-time positions.

DD Consumer Services

3. During the fiscal year 2017-2018, three percent (3%) of employed individuals with an intellectual/developmental disability will retain employment for six (6) months or longer. In addition, there will be a five percent (5%) increase for individuals having the opportunity for competitive employment. As of September 30, 2017 we have 109 persons employed. A successful end will be 114 persons served will have had opportunities for paid, competitive employment.

Status: The fiscal year began (October 1, 2017) with 106 people in supported employment [there was actually an error in reporting 109 as a couple individuals had dropped and one was unable to continue employment due to health]. As of April 30, 2018, 115 individuals have been provided an opportunity for employment and 97 are currently in paid employment. This end may be a difficult one to reach given the current changes with the Home and Community Based Rules mandate planning, etc.

4. During fiscal year 2017-2018 an additional five percent (5%) of persons served with an intellectual/developmental disability will have been given the opportunity to live in a semi/independent community living setting. As of September 30, 2017 we have 81 individuals who have been given the opportunity to live in a semi/independent living setting. A successful end will be 85 served will have this opportunity.

Status: The fiscal year began October 1, 2017 with a census of 81. As of April 30, 2016, 86 individuals have been given the opportunity to live independently or semi-independently.

Financial Outcomes

5. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 6.A, below).

Status: As of September 30, 2017, revenues exceed expenses by \$113,581. As of March 31, 2018, revenues exceeded expenses by \$72,132.

6. 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, 2017, Medicaid funds were overspent by \$15,043. Healthy Michigan funds were overspent by \$127,991 and Autism funds were underpaid by \$435,402. We are awaiting full reimbursement for the net amounts owed to us; \$578,436 from NMRE to settle the annual contract. This is expected to be received by June 15, 2018. As of March 31, 2018 Medicaid funds are underspent by \$245,119 and Health Michigan funds are overspent by \$101,498. These are all expected to balance to \$0 or with a small surplus by year end resulting in a cost settlement with the NMRE from available Medicaid and Healthy Michigan risk funds.

- 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, 107, General Funds were underspent by \$71,055. Of this amount, \$40,494 was carried forward to FY18 and \$30,561 will be lapsed back to MDHHS upon cost settlement. Note that Northeast received a one-time transfer of General Funds in the amount of \$100,000 from AuSable Valley Community Mental Health during FY17 or the Authority would have experienced an over-expenditure of General Funds. It is anticipated that we will have a surplus of General Funds by year end which we plan to carryforward to FY19 (5% carryforward is allowed). We have begun the process of identifying uses for these funds to augment usage in FY18 with remaining amounts.

Community Education

7. The Board's public education and communications strategy will include the following:

- A. At least one Report to the Community annually.

Status: The Annual Report was completed in May 2018 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. Will continue to develop and coordinate community education events and/or cross-systems training events.

Status: Amanda Sola presented on early detection of Autism Spectrum Disorder to Alcona Health Center Behavior Providers on October 3, 2017; Mary Crittenden presented on Depression at First United Methodist Church on October 4, 2017; Peggy Yachasz did a presentation to Pathways Community Mental Health in Marquette on the Monitor/Response System on October 17, 2017; Peggy Yachasz attended the Alpena County Human Services Coordinating Council's October 18, 2017 meeting and provided a presentation on the Monitor/Response System; Nena Sork presented on the topic "Pressure to Be Perfect" on February 10; Amy Thompson and Peggy Yachasz provided a presentation to AuSable Valley on the Monitor/Response System used in the Supported Independent Living Program on March 9 and on April 25th Amy and

Peggy along with Sharon Brousseau went to AuSable Valley and presented to clinical staff, consumers and family members the benefits of the monitoring system [AuSable Valley will be starting a similar program up in June]; Carolyn Bruning, Margie Hale-Manley, Teresa Kowalski, Becky Lahner, Angela Stawoway and Peggy Yachasz did a presentation about Intellectual/Developmental Disability services offer by the Agency to parents of children attending Pied Piper Opportunity Center and the school's Transition Coordinator on March 21.

- C. Will continue to offer training opportunities in Mental Health First Aid for adults and youth and also training opportunities in trauma and the effects of trauma on individuals and families.

***Status:** Three individuals were trained to provide Mental Health First Aid Training in both youth and adults; only two remain certified Carlene Przykucki and Mary Schalk]. The Adult Mental Health First Aid Training course was offered October 20 & 27, 2017 with 18 individuals completing the course. Adult Mental Health First Aid Training was conducted February 20 & 27, March 6 & 13 targeted for NEMROC employees with 15 completing the training. Youth Mental Health First Aid training was offered in Montmorency County on February 14 and March 3 with 8 completing the training.*

In addition, under a contractual arrangement, Partners in Prevention (PiP) provided the Living Works 3.5-hour safeTALK suicide prevention training in Onaway on January 25 to two participants and on February 5 in Hillman to 17 participants. PiP also provided an overview of how trauma affects children to 12 participants in foster parent PRIDE training coordinated through DHHS and held at Child & Family Services on March 10. PiP also provided a 90-minute training on Trauma-Informed Strategies to 15 participants in a staff training at Alpena Childcare and Development Center on March 5. In Presque Isle County, PiP delivered a six-week, 12-hour course addressing Caring for Children Who Have Experience Trauma to 15 individuals, including Montessori School Director, Hope Shores Alliance staff, foster parents, grandparents and childcare providers.

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

ENDS

(Manual Section)

BOARD ENDS STATEMENT

(Subject)

Board Approval of Policy
Revision to Board Policy

August 8, 2002
November 9, 2017

●1 **POLICY:**

Ends

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

Sub-Ends

Services to people with a Mental Illness

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. 75% 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 end of their 3rd quarter review. 90% of children will show a 20 point or more decrease in CAFAS at termination of children's services.
2. Employment opportunities for persons with mental illness promote recovery and independence. The provision of the Evidence Based Practice Supported Employment will lead to increased employment opportunities.

Achievement of this sub end will be confirmed by monitoring employment status of those individuals enrolled in Supported Employment for persons with mental illness:

- A. During the fiscal year 2017-2018 an additional 48 individuals with mental illness will be given an opportunity for paid employment. This increase will be based on the actual end count of individuals given this opportunity on September 30, 2017. Current enrollment as of September 30, 2017 is 63 individuals, and of those individuals, 40 (63%) are employed in part- and full-time positions.

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

Services to people with a Developmental Disability

3. During fiscal year 2017-2018, three percent (3%) of employed individuals with an intellectual/developmental disability will retain employment for six (6) months or longer. In addition, there will be a five percent (5%) increase for individuals having the opportunity for competitive employment. As of September 30, 2017 we have 109 persons employed. A successful end will be 114 persons served will have had opportunities for paid, competitive employment.
4. During fiscal year 2017-2018 an additional five percent (5%) of persons served with an intellectual/developmental disability will have been given the opportunity to live in a semi/independent community living setting. As of September 30, 2017 we have 81 individuals who have been given the opportunity to live in a semi/independent living setting. A successful end will be 85 served will have this opportunity.

Financial Outcomes

5. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 6.A, below).
6. 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

7. The Board's public education and communications strategy will include the following:
 - A. At least one Report to the Community annually.
 - B. Will continue to develop and coordinate community education events and/or cross-systems training events.
 - C. Will continue to offer training opportunities in Mental Health First Aid for adults and youth and also training opportunities in trauma and the effects of trauma on individuals and families.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

Northeast MI Community Mental Health Authority
Priority Needs and Planned Actions: Update of Progress FY 18 10/1/17-3/31/18

Based on feedback received from stakeholder groups and data collected during the Public Hearing in 2017, Northeast Michigan Community Mental Health developed a priority needs assessment and a plan of action to begin addressing those needs during this past year. The table below provides a format for identifying the top issues along with a status update. This plan continues to evolve as goals are reached and new resources are developed to further support our efforts. With the help of our community partners and the services they provide we have been able to address the priority issues identified

Priority Issue	Reasons For Priority	CMHSP Plan	2018 Update to Planned Actions
<p>1. Develop a Trauma Informed Community</p>	<p>-Effects on Children/Family Children K-3 exhibiting serious signs of emotional disturbance in Classroom. – Children acting out aggressively without little/if any regard for law enforcement - Law Enforcement noting increased acting out behaviors of children in this age range. Requesting additional inservice opportunities.</p>	<p>1. NeMCMHA will Complete education of Bus Drivers and Aides in Alpena Public Schools on the effects of trauma on children/adults (teachers completed FY 16-17)</p> <p>2. Increase CMH presence in schools to include increased outpatient access in schools by CMH contractors</p> <p>3. Complete Trauma assessments on children/adults referred by local DHHS Children’s Services through partnership Children’s Trauma Assessment Center (CTAC)</p> <p>4. Community Wide Trauma informed community kick off to occur May 17, 2017 with Drs. Henry and Sloan from CTAC</p>	<p>1. One of NeMCMHA contract providers, Partners in Prevention, completed training on the effects of Trauma to 42 persons</p> <p>2. NeMCMHA contracted with Alcona Health Center (AHC) to provide additional outpatient counseling services at the identified pilot school up to 2 days per week. NeMCMHA will reimburse AHC for providing services to children who are experiencing a serious emotional disturbance. Students who do not have a serious emotional disturbance and in need of counseling may also be offered counseling through AHC at the school.</p> <p>Two NeMCMHA staff are participating in the MDHHS sponsored training by University of Michigan, “TRAILS” (Transforming Research into Action to Improve the Lives of Students) model. “TRAILS” provides free training to school professionals in core concepts of cognitive behavioral therapy (CBT) and mindfulness – two evidence-based strategies shown to reduce anxiety and depression in youth. TRAILS is unique in that school partners receive not only classroom instruction, but also are provided a personal coach (trained CMH staff) who helps implement a CBT- and mindfulness-based skills group to students in need, right at school.</p> <p>3. NeMCMHA worked with the NEMSCA School Success staff, local DHHS staff and the Children’s Trauma Assessment Center (CTAC) in developing a protocol to screen children for trauma. Those children who may</p>

Priority Issue	Reasons For Priority	CMHSP Plan	2018 Update to Planned Actions
Develop a Trauma Informed Community (continued)		5. Identify Pilot school to focus on increased CMH and/or contractor presence/Trauma services. Increase educational opportunities from CTAC for teachers in dealing with children experiencing aggressive behaviors	need further assessment are referred to NeMCMHA for assessment and services as appropriate. 4. The Pilot school was identified; additional counseling services are currently in place and NeMCMHA Children's Services staff also making school visits to the children we serve. 5. NeMCMHA staff have participated in training specific to Secondary Trauma:
2. Improve Emergency Response, Jail Services, and Assisted Outpatient Treatment	<p>- Noted challenging wait times by law enforcement in emergency rooms awaiting mental health screen.</p> <p>- Community members lacking knowledge of mental health treatment options. What to do when spouse is experiencing confusion (dementia vs. mental health disorder).</p> <p>- Courts noting need for AOT vs. ATO. Focus on earlier intervention</p> <p>-Correction Officers, court personnel and Law enforcement requesting inservice on symptoms of mental health disorders.</p>	<p>1. CMH will continue to meet with local hospitals in an attempt of developing a standard protocol to decrease wait times of law-enforcement individuals in Emergency Departments when bringing in citizens on mental health petitions</p> <p>2. Provide Community Education opportunities (churches, senior centers, service organizations and others) about community resources for persons experiencing mental health concerns to include court processes</p> <p>3. Increase knowledge of CMH staff about the process of probate court forms for persons requiring court ordered treatment and/or guardianship</p>	<p>1. NeMCMHA has attempted to reach out to the MidMichigan Emergency Department Physician Group to address Behavioral Health Services. We will continue our efforts to meet with hospitals.</p> <p>2. NeMCMHA continues to contract with Partners in Prevention to provide Youth and Mental Health First Aid to our communities: During the First and Second Quarter of FY 18:</p> <ul style="list-style-type: none"> • 33 community members participated in Adult Mental Health First Aid • 8 community members completed Youth Mental Health First Aid; • NeMCMHA staff has provided mental health training for two of our local jail staff (Montmorency and Alpena). NeMCMHA jail diversion staff available to provide mental health training Presque Isle and Alcona jail staff <p>3. All NeMCMHA supervisors were trained in the completion of probate court treatment orders and processes.</p>

Priority Issue	Reasons For Priority	CMHSP Plan	2018 Update to Planned Actions
3. ABA Service Increase	Expanded population eligible for ABA services	Increase contract opportunities for expanded population. Recruit additional staff for 18 mos-6 year olds eligible for Behavioral Treatment Services	NeMCMHA continues its efforts to recruit additional contract opportunities for the expanded population requiring Behavioral Treatment services. NeMCMHA sent a proposed contract to another provider in May of 2018.
4. Increased suicide prevention for youth and vets	Lack of community presentations on suicide prevention	PSA on suicide prevention. Coordinate community partnerships in suicide prevention. Work with the schools, VA, community members and Behavioral Health providers to coordinate suicide prevention and protocol	NeMCMHA, Partners in Prevention and other community partners will provide community wide suicide awareness/prevention training scheduled to begin in May 2018. NeMCMHA has partnered with Presque Isle Suicide Prevention Task Force to increase suicide awareness and prevention. Community Trainings using 'safeTALK' from Living Works and trained 19 individuals in Onaway and Hillman
5. Increased Substance Abuse Services	-Notable increase in opioid use, limited community resources; folks have to travel to Gaylord for Methadone therapy. - Synthetic drug abuse, lack of community knowledge - Substance use disorders that co-occur with mental health disorders	<ol style="list-style-type: none"> 1. Partner with local substance use disorder providers to investigate options for increasing SUD providers 2. Participate in community presentations regarding substance use disorders and synthetic drug abuse 3. Increase CMH provided substance use treatment that affects the people served by CMH 	NeMCMHA staff is a member of the new Family Recovery Care Team (Catholic Human Services, Alpena/Montmorency County DHHS. Courts and Freedom Recovery Center) targeting families involved with DHHS Child Welfare services and have a caregiver identified as having a substance use disorder or concern that substance abuse is present in the home. This project is a result of the Health Endowment Fund grant awarded to Catholic Human Services. Northeast staff are members of the Substance Use Coalition and Northeast staff is scheduled to participate in training specific to adolescent substance use.



*Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.*

May 11, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- **New e-mail addresses for Association staff**
- **Association soon to announce new membership opportunities**
- **Friday Facts to become a members-only electronic newsletter**
- **Work, Accomplishments, and Announcement of CMH Association Member Organizations**
 - **The loss of a longtime CMH leader, Bob Sprague**
 - **Hope Network announces crisis residential open house**
- **State and National Developments and Resources**
 - **CMH Association urges spring conference attendees to complete evaluation**
 - **MDHHS announces delay in 298 pilot implementation**
 - **SAMHSA announces EBP Resource Center**
 - **MMWR provides results of autism prevalence study**
 - **LARA announces opioid laws FAQ**
 - **CMS Announces Agency's First Rural Health Strategy**
 - **MDHHS press release: Michigan families urged to learn more during Perinatal Mood and Anxiety Disorders Awareness Month**
 - **MDHHS and Michigan Medicine announce mental health services to persons who are deaf or hard of hearing**
- **Legislative Update**
 - **Senate Republicans To Caucus On Marijuana Legalization**
- **National Update**
 - **Feds Release Parity Enforcement Tools**
- **Ethics Training for Social Work and Substance Abuse Professionals for 2018**
- **Finance Learn and Share**
- **Improving Outcomes, Finance & Quality through Integrated Information Conference**
- **SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE**
- **CMHAM Association committee schedules, membership, minutes, and information**

New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apepper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincolin@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced.**

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

The loss of a longtime CMH leader, Bob Sprague

Bob Sprague, the former CEO of Lapeer County Community Mental Health, passed away on May 2, 2018. The loss of Bob and his leadership, courage, and vision is a loss to Michigan's public mental health system and those whom he served over his long career. Bob will be sorely missed.

Below is an excerpt from the Bob's obituary.

SPRAGUE, ROBERT M. Of Grand Blanc, age 67, passed away Wednesday, May 2, 2018 at The Oaks at Woodfield after a tremendous and courageous battle with glioblastoma. Robert was born in Durand, Michigan on February 6, 1951. On June 21, 1980 he married the love of his life, Vicki Murphree, in Bloomington, IN. Dr. Sprague dedicated his life to improving the lives of others through a career in publicly funded mental health services. He contributed his immense talents serving his community for over 45 years. His visionary leadership led to the development of numerous innovative clinical, recreational, and employment programs. Dr. Sprague served in both clinical and management positions at Genesee County Community Mental Health and recently retired as CEO for Lapeer County Community Mental Health.

The full obituary can be found at: <http://obits.mlive.com/obituaries/flint/obituary.aspx?pid=188945301>

Hope Network announces crisis residential open house

Below is a recent announcement from Hope Network, a member of this Association, on its upcoming open house for its recently opened Integrated Care service and a Crisis Residential service, Bay Haven.

OPEN HOUSE
NEW INTEGRATED CARE &
CRISIS RESIDENTIAL FACILITY

Please join us for the grand opening and ribbon cutting of our new facility in the Upper Peninsula – Bay Haven, 799 Hombach Street, St. Ignace, MI 49781 Tuesday, May 29, 2018

EVENT SCHEDULE: 10 AM | Opening Ceremony and Ribbon Cutting; 10:30AM – 1PM | Morning Tours; 4PM – 6PM | Afternoon Tours

Bay Haven is both a new Integrated Care service and a Crisis Residential service for the people of Michigan's Upper Peninsula as well as the Upper Lower Peninsula.

Integrated Care is a specialized residential treatment program home serving adults with mental illness and complex medical needs. Our Crisis Residential Program provides an alternative to inpatient psychiatric hospitalization. This program is based on our core belief that people can receive effective care to address acute mental health and substance use needs in a home-like environment.

RSVP AT BAYHAVENOPENHOUSE.EVENTBRITE.COM

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association urges spring conference attendees to complete evaluation

As part of this Association's efforts to continually measure and improve the quality of the services provided to its members, this Association seeks the opinion of the attendees at all of its conferences and training. If you received an e-mail from Annette Pepper over the past week, regarding the evaluation of the Association's Spring Conference please take a moment to complete that survey.

If you cannot locate that e-mail, contact Annette Pepper at apepper@cmham.org

MDHHS announces delay in 298 pilot implementation

Below is a recent announcement from MDHHS regarding the delay in the implementation date for the Section 298 pilot projects:

May 9, 2018

Dear stakeholders,

The Michigan Department of Health and Human Services (MDHHS) is providing another update on the Section 298 Initiative today. The Section 298 Initiative is a statewide effort to improve the coordination of physical health services and behavioral health services in Michigan. This initiative is based upon Section 298 in the Public Act 268 or 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 107 of 2017.

MDHHS has been working with the pilot participant to develop and implement the pilots as specified under the FY 2018 Section 298 boilerplate. While MDHHS and the pilot participants have made substantial progress in the implementation process, MDHHS and the pilot participants will not be able to implement by the pilots by the original target date of October 1, 2018. **MDHHS has therefore proposed an amended target date for pilot**

Implementation of October 1, 2019. MDHHS will be engaging the members of the Leadership Group and other stakeholders in a discussion about the impact of the amended timeline on the pilots.

MDHHS has also published an updated version of the weekly update to the project webpage (www.michigan.gov/stakeholder298). The Section 298 Action Team will develop and publish a weekly set of updates on the Section 298 Initiative throughout the implementation process.

The most recent 298 update can be found at:

https://www.michigan.gov/documents/mdhhs/Weekly_Update_for_May_7_2018_622783_7.pdf

For more information on the Section 298 Initiative, visit www.michigan.gov/stakeholder298

SAMHSA announces EBP Resource Center

Evidence-Based Practices Resource Center: This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

The Resource Center can be found at: <https://www.samhsa.gov/ebp-resource-center>

You can learn more about the Evidence-Based Practices Resource Center at: <https://www.samhsa.gov/ebp-resource-center/about>

MMWR provides results of autism prevalence study

Below is an excerpt from a recent edition of the Morbidity and Mortality Weekly Report (MMWR) providing the latest data on the prevalence of Autism Spectrum Disorder among children in eleven communities across the country. That excerpt is provided below:

MMWR Surveillance Summaries; Vol. 67, No. SS-6; April 27, 2018

Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014

Jon Baio, EdS; Lisa Wiggins, PhD; Deborah L. Christensen, PhD; et al.

The Autism and Developmental Disabilities Monitoring (ADD^M) Network is an active surveillance system that provides estimates of the prevalence of autism spectrum disorder (ASD) among children aged 8 years whose parents or guardians reside within 11 ADDM sites in the United States (Arizona, Arkansas, Colorado, Georgia, Maryland, Minnesota, Missouri, New Jersey, North Carolina, Tennessee, and Wisconsin). ADDM surveillance is conducted in two phases. The first phase involves review and abstraction of comprehensive evaluations that were completed by professional service providers in the community

The full MMWR article can be found at: https://www.cdc.gov/mmwr/volumes/67/ss/ss6706a1.htm?s_cid=ss6706a1_e

LARA announces opioid laws FAQ

Below is an announcement from the Michigan Department of Licensing and Regulatory Affairs (LARA) and the Michigan Department of Health and Human Services (DHHS), of a recently completed set of Frequently Asked Questions on the state's opioid laws.

As you may already know, earlier this week, Michigan's Department of Licensing and Regulatory Affairs (LARA), as well as Michigan's Department of Health and Human Services (DHHS), recently completed their opioid laws implementation FAQ.

For your convenience, I have attached a PDF file containing the aforementioned FAW. Further, the following link will provide you with a copy of the Start Talking Form, created by DHHS:
https://www.michigan.gov/documents/mdhhs/MDHHS-5730_621248_7.dot.

CMS Announces Agency's First Rural Health Strategy

Interagency effort seeks to improve access and quality of care for rural Americans

Recently the Centers for Medicare & Medicaid Services (CMS) released the agency's first Rural Health Strategy intended to provide a proactive approach on healthcare issues to ensure that the nearly one in five individuals who live in rural America have access to high quality, affordable healthcare.

"For the first time, CMS is organizing and focusing our efforts to apply a rural lens to the vision and work of the agency," said CMS Administrator Seema Verma. "The Rural Health Strategy supports CMS' goal of putting patients first. Through its implementation and our continued stakeholder engagement, this strategy will enhance the positive impacts CMS policies have on beneficiaries who live in rural areas."

The agency-wide Rural Health Strategy, built on input from rural providers and beneficiaries, focuses on five objectives to achieve the agency's vision for rural health:

- Apply a rural lens to CMS programs and policies
- Improve access to care through provider engagement and support
- Advance telehealth and telemedicine
- Empower patients in rural communities to make decisions about their healthcare
- Leverage partnerships to achieve the goals of the CMS Rural Health Strategy

Approximately 60 million people live in rural areas – including millions of Medicare and Medicaid beneficiaries. CMS recognizes the many obstacles that rural Americans face, including living in communities with disproportionately higher poverty rates, having more chronic conditions, being uninsured or underinsured, as well as experiencing a fragmented healthcare delivery system with an overworked and shrinking health workforce, and lacking access to specialty services.

This new strategy focuses on ways in which the agency can better serve individuals in rural areas and avoid unintended consequences of policy and program implementation.

"This Administration clearly understands that one of the keys to ensuring that those who call rural America home are able to achieve their highest level of health is to advance policies and programs that address their unique healthcare needs," said Administrator Verma.

Although released today, work on the strategy is already underway. For example, to strengthen access to care, especially for those living in rural communities, CMS is transforming access to telehealth by paying for additional services and making it easier for providers to bill Medicare.

CMS will also continue to collaborate with agencies across the U.S. Department of Health and Human Services (HHS) including, Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA) to implement this strategy.

"HRSA is excited to see CMS spell out a strategy to better serve rural populations that was informed by rural stakeholders who have a unique lens on the issues in their communities," said HRSA Administrator George Sigounas, MS, Ph.D. "This builds on our long-standing collaboration with CMS and will highlight key issues for rural safety net providers like rural hospitals and community health centers for CMS and HHS."

For more information on the Rural Health Strategy, please visit: <https://go.cms.gov/ruralhealth>. There is also a fact sheet available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-05-08.html>.
Greetings!

CMS releases comments on Innovation Center's RFI on market driven reforms

Feedback on New Direction Request of Information (RFI) Released,
CMS Innovation Center's Market-Driven Reforms to Focus on Patient-Centered Care
Request for Information on Provider Contracting Issued

Recently, the Centers for Medicare & Medicaid Services (CMS) announced that it has released the comments submitted by patients, clinicians, innovators, and others in response to the CMS Innovation Center's New Direction Request for Information (RFI). Last fall, CMS released the RFI to collect ideas on a new director for the agency's Innovation Center to promote patient-centered care and test market driven reforms that: empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes. The Innovation Center is a central focus of the Administration's efforts to accelerate the move from a healthcare system that pays for volume to one that pays for value and encourages provider innovation.

CMS received over 1,000 responses to the RFI from a wide variety of individuals and organizations located across the country, including medical societies and associations, health systems, physician groups, and private businesses. Since the RFI comment period closed last November, CMS has been reviewing the responses, which provided valuable insight on the potential to improve existing models as well as ideas for transformative new models that aim to empower patients with more choices and better health outcomes.

"HHS has made shifting our healthcare system to one that pays for value one of our top four department priorities," said HHS Secretary Alex Azar. "Using bold, innovative models in Medicare and Medicaid is a key piece of this effort. We value stakeholder input on the new direction for the Innovation Center, and look forward to engaging on especially promising, groundbreaking ideas such as direct provider contracting."

"We recognize that the best ideas don't come from Washington, so it's important that we hear from the front lines of our healthcare system about how we can improve care" said CMS Administrator Seema Verma. "The responses from this RFI will help inform and drive our initiatives to transform the health care delivery system with the goal of improving quality of care while reducing unnecessary cost."

The responses focused on a number of areas that are critical to enhancing quality of care for beneficiaries and decreasing unnecessary cost, such as increased physician accountability for patient outcomes, improved patient choice and transparency, realigned incentives for the benefit of the patient, and a focus on chronically ill patients. In addition to the themes that emerged around the RFI's guiding principles and eight model focus areas, the comments received in response to the RFI also reflected broad support for reducing burdensome requirements and unnecessary regulations.

CMS is sharing the feedback received to promote transparency and facilitate further discussion of how to move the Innovation Center in a new direction. The RFI was a critical step in the model design process to ensure public input was available to help shape new models. Over the coming year, CMS will use the feedback as it works to develop new models, focusing on the eight focus areas outlined in the RFI.

Today, CMS is also taking a next step to develop a potential model in the area of direct provider contracting, informed in part by the RFI. A direct provider contract model would allow providers to take further accountability for the cost and quality of a designated population in order to drive better beneficiary outcomes. Such a model would have the potential to enhance the doctor-patient relationship by eliminating administrative burden for clinicians and providing increased flexibility to provide the high-quality care that is most appropriate for their patients, thus improving quality while reducing expenditures.

As part of its process to gain further insight from the public in this area and ask more focused questions, CMS is issuing a follow up RFI. The information being requested is detailed in nature and is intended to provide CMS the data needed to potentially design and release a model in this area. CMS is excited to continue to evaluate the concept of direct provider contracting and is also focusing its attention on other areas guided by input and feedback from the New Direction RFI as well as the public.

The public comments that were received by the CMS Innovation Center in response to the New Direction RFI are available at: <https://innovation.cms.gov/initiatives/direction>.

MDHHS press release: Michigan families urged to learn more during Perinatal Mood and Anxiety Disorders Awareness Month

LANSING, Mich. – As part of May is Perinatal Mood and Anxiety Disorders Awareness (PMAD) Month, 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.

PMAD, historically known as postpartum depression, affect approximately 23,000 Michigan women and their families each year. Symptoms can vary and include depression, anxiety, feeling overwhelmed, guilt, irritability, anger, difficulty sleeping and eating, feeling disconnected from one's baby and experiencing frightening and intrusive thoughts. PMAD can appear during pregnancy and up to two years after a baby is born.

"PMAD primarily affects birth mothers, but can also affect other members of the family including fathers, partners and caregivers," said Dr. Eden Wells, Michigan Department of Health and Human Services chief medical executive. "Education is important in helping reduce stigma about the disorder and is essential in improving the mental health and well-being of women and their families."

To help increase understanding of the disorder, Gov. Rick Snyder has proclaimed May as PMAD Awareness Month and the [Michigan Statewide Perinatal Mood Disaster Coalition](#) is hosting its annual *Walk on the Capitol* Wednesday, May 9, noon -- 2 p.m., at the state Capitol.

For more information about PMAD and available resources, visit the [Maternal Infant Health Program website](#)

MDHHS and Michigan Medicine announce mental health services to persons who are deaf or hard of hearing

Attention providers who see or may see clients who identify as Deaf or Hard of Hearing and are seeking mental health services.

Michigan Medicine currently offers culturally affirmative, language-concordant mental health services to people who use American Sign Language throughout the State of Michigan via a tele-mental health platform. NO BILLING IS NECESSARY, as this is a Medicaid Match Grant-funded program. If you are already providing services, please reach out to Michigan Medicine, as they are willing to serve as consultants or provide adjunctive mental health treatment to achieve higher cultural competency.

Below are some FAQs about the program, but please feel free to call anytime should you have additional questions. If you are hearing please call 734-476-1595. If you are Deaf and use American Sign Language please call 810-355-2473. We look forward to talking with you more about this program!

FAQs

Can a person see one of the physicians on a telehealth visit? No-visits with the physician require typical-in-person visits at this time.

How does it work? Where do you see the person? People who wish to are always welcome to see us in-person for mental health services. Many Deaf people have a video phone in their home, a platform regulated by the Federal Communications Commission (and HIPAA compliant) so Deaf people can make phone calls with anyone. If a person has a videophone in their home (or access to one), we can schedule a telemental health visits from our offices to the home.

Does it matter what insurance the person has? No- we have a Medicaid Match Grant through the Michigan Department of Health and Human Services that funds telemental health visits, so we do not bill insurance for those services at this time. In-person visits may be billed to insurance as typical. We welcome referrals for Medicaid, but no person will be turned away for service based on insurance.

I am from a local CMH several hours away and I have a person who needs intensive services, are you able to assist? Our program is designed to treat people with mild-moderate mental health/behavioral health concerns that would typically be

treated in-person in a Primary Care/Family Medicine clinic.. We are more than happy to assess needs and to consult how you can provide effective treatment in your own agency/community for any person.

Is there any reason you will not see a person for telemental health visits? Will you see children and adolescents? Each person is assessed on a case-by-case basis to assess fitness for our program. In general, we consider people in the following categories not a good fit for our program (but again we are always willing to discuss and to consult) people who live outside of Michigan, people under age 15, people who we cannot manage a safety plan from afar (active suicidal ideation, active hallucinations/psychosis, active domestic violence in the home, etc), people with cognitive disabilities or condition that makes full informed consent and participation in telemental health visits challenging.

Does Michigan Medicine take over medication management of the person? And what is "Michigan Medicine?" Are you "UM Health System?" No- the medication management/medical care is still managed by the person's local primary care provider, Michigan Medicine was formerly known as, "University of Michigan Health System," yes. We have been known as Michigan Medicine since early 2017.

I have a staff of clinicians and providers and I would like to offer the opportunity for them to ask more questions. Will you come visit our program to talk more about what you have to offer? Of course! Please contact us above or at deafhealth@med.umich.edu to plan a good time for a visit!

LEGISLATIVE UPDATE

Senate Republicans To Caucus On Marijuana Legalization

Senate Majority Leader Arlan Meekhof (R-West Olive) scheduled an off-site retreat for Thursday to discuss the pros and cons of the Legislature passing the recreational marijuana citizens' initiative as opposed to voters getting a crack at it in November. Among the options on the table is linking the proposal to an income tax rollback, using the philosophy that revenue created from a 10 percent tax on marijuana could offset some of the money lost by attempting to return to the 3.9 percent rate of last decade.

The numbers, as they stand today, don't match up. The loss in revenue from moving to the current 4.25 percent rate to 3.9 was estimated by the House Fiscal Agency last year to be a \$1 billion annual loss of revenue. Rough estimates have the tax on marijuana bringing in \$200 million a year.

Nonetheless, this option is getting a little traction among Senate Republicans. Outside of knocking down the state's income tax, the Legislature voting through the proposal would give the Republican majority the power to make future changes to the new initiated law with a simple majority vote. If the voters approve it, any changes would require a three-fourths vote after the election. Lawmakers who watched eight years go by before needed changes were made to the medical marijuana initiative know how tough that is.

However, none of this matter if GOP senators can't bring their House colleagues into the equation. As of right now, they are not onboard, House Speaker Tom Leonard (R-DeWitt) isn't all that excited about the idea and neither is the bulk of his Republican caucus.

If the Legislature does not act by 5 the initiative goes on the November ballot.

NATIONAL UPDATE

Feds Release Parity Enforcement Tools

Last week, several federal agencies issued guidance to enhance the enforcement of the federal parity law, which requires that insurance coverage of mental health and addiction services be equal to medical/surgical health services. The new guidance is the result of requirements included in the 21st Century Cures Act to improve behavioral health coverage. The guidance released by Health and Human Services (HHS), Departments of Labor and Treasury is intended to help employers

and insurers implement parity, improve the coordination of parity enforcement between the agencies and to provide Congress with recommendations for improving parity compliance moving forward.

Federal agencies have released the following resources to improve enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, as required by the 21st Century Cures Act:

- Proposed NQTL FAQs: This document includes proposed guidance from the Department of Labor regarding nonquantitative treatment limitations (NQTLs) and disclosure requirements in connection with the Mental Health Parity and Addiction Equity Act (MHPAEA). NQTLs are non-numerical limits on the scope or duration of treatment benefits, such as preauthorization requirements. Public comments are invited and can be submitted until June 22, 2018 to E-OHPSCA-FAQ39@dol.gov.
- DOL 2018 Report to Congress: Pathway to Full Parity: This report summarizes DOL's activities to further parity implementation and provides a roadmap of DOL vision for the future to minimize parity violations.
- FY2017 MHPAEA Enforcement Fact Sheet: This fact sheet summarizes the parity enforcement activities of the Employee Benefits Security Administration (EBSA), which relies on its 400 investigators to review health plans for compliance with MHPAEA.
- 2018 MHPAEA Self-Compliance Tool: The goal of this self-compliance tool is to help group health plans, plan sponsors, plan administrators, group and individual market health insurance issuers, state regulators and other parties determine whether a group health plan or health insurance issuer complies with MHPAEA.
- Revised Draft MHPAEA Disclosure Template (issued April 23, 2018): This is a tool to help consumers request information from their employer-sponsored health plan or insurer regarding coverage limitations that may affect their access to mental health or substance use disorder benefits.
- HHS Mental Health and Substance Use Disorder Action Plan: The Action Plan highlights recent activities and planned actions from HHS, DOL and the Treasury Department related to ongoing implementation of MHPAEA based comments from a public listening session held in July 2017.

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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 dates.

- April 25 – Lansing
- May 30 – Lansing
- June 27 – Kalamazoo
- July 11 – Troy
- August 22 – Lansing

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

\$115 CMHAM Members

\$138 Non-Members

To register: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa7fe5ej2fe8fc5&Lang=*

Finance Learn and Share:

June 6, 2018
 Radisson Plaza Hotel at Kalamazoo Center, 100 W Michigan Ave, Kalamazoo, MI 49007

Registration Fees include: Continental Breakfast, Lunch and Materials
 Register before May 21, 2018 MEMBERS: \$105/NON-MEMBERS: \$130.
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<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5131&AppCode=REG&CC=118041803651>

Register Before 5/4/18 to get a reduced rate	
Full Conference Member	\$ 240.00
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Full Conference Non-Member	\$ 280.00
One Day Non-Member	\$ 222.00
Registration Fees After May 4, 2018	
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One Day After EB Member	\$ 234.00
Full Conference After EB Non-Member	\$ 310.00
One Day After EB Non-Member	\$ 240.00
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Full Conference Member	\$ 380.00
1 Day Member	\$ 300.00
Full 5/22 Non-Member	\$ 390.00
1 Day Non-Member	\$ 364.00

SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE

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- Supports Coordinators/Case Managers
- CMHSP Leadership
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Workshop Tracks:

- Leadership
- Provider Transformation
- HCBS

Sponsored By: The Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

Additional conference details and registration information coming!

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at <https://www.macmhb.org/committees>



*Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.*

May 18, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- New e-mail addresses for Association staff
- Association to announce new membership opportunities
- Friday Facts to become a members-only electronic newsletter
- Work, Accomplishments, and Announcements of CMH Association Member Organizations
- State and National Developments and Resources
 - CMH Association of Michigan named to Robert Wood Johnson Foundation funded project
 - TBD Solutions announces management training
 - Addressing the crisis in older adult mental health
- Legislative Update
 - Annual Budget Conference Shows More Money For State Budget
- National Update
 - SAMHSA Announces Funding Opportunity for CCBHC Expansion
 - House Committee Sends Opioid Package to House Floor
- Ethics Training for Social Work and Substance Abuse Professionals for 2018
- Finance Learn and Share
- Improving Outcomes, Finance & Quality through Integrated Information Conference
- **SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE**
- CMHAM Association committee schedules, membership, minutes, and information

New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

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Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

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STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association of Michigan named to Robert Wood Johnson Foundation funded project

Last week, the CMH Association of Michigan was named as one of ten participants in the State Learning and Action Collaborative Initiative of the Delta Center for A Thriving Safety Net. (More on the Delta Center later in this article.)

This Initiative, funded by the Robert Wood Johnson Foundation, involves primary care associations (PCAs) and behavioral health state associations (BHSAs), drawn from across the country, to expand and elevate their existing work around:

- healthcare transformation and integration
- payment reform
- development of sustainable learning communities

The goal is to enhance state associations' capacity to support the shift to value-based care and payment and to sustain this shift by cultivating the practices of learning organizations. The three major activities include:

- **State Learning & Action Collaborative:** The CMH Association will participate in a national learning and action collaborative focused on supporting state associations' understanding of and movement towards value-based payment and care. The collaborative will also seek to bolster partnerships between primary care and behavioral health state associations, with the CMH Association inviting the Michigan Primary Care Association to join them in this effort.

- **Engaging with Local Members:** The CMH Association will use what the Association learns for our participation in the State Learning & Action Collaborative to support primary care and behavioral health providers across both urban and rural areas in Michigan as they transition to value-based care and payment.
- **Advancing Policy:** The CMH Association will engage with Association members and policy stakeholders in Michigan states to explore and advance payment transformation that can support and sustain care transformations aimed at improving health outcomes, care experiences and staff experiences, as well as reducing health disparities, and total costs of care.

This Initiative, which runs from June 15, 2018 through June 14, 2020, will provide technical assistance to the CMH Association and a team of trainers/coaches (to be identified) to provide, in concert with nationally renowned experts, training, coaching, shadowing, via both learning community and broad distribution approaches.

The CMH Association looks forward to joining this national effort, ensuring that Michigan's public safety net remains at the forefront of innovation.

More on The Delta Center for a Thriving Safety Net:

Community health centers, which serve over 27 million people, and community behavioral health providers, which serve over 10 million people, are facing increasing pressure to move towards models of care and payment that reward value over volume. Safety-net primary care and behavioral health providers are key sectors for a reformed delivery system yet often lack the technical and change management capacity to implement and sustain change. Participation in population-based payment arrangements in the safety net is still nascent—many providers face challenges in building the necessary infrastructure and navigating an evolving payment environment.

To help the safety net address these challenges, the Delta Center for a Thriving Safety Net (Delta Center) was launched in January 2018 with support from the Robert Wood Johnson Foundation (RWJF). The Delta Center is a national collaborative led by JSI Research & Training Institute, Inc. (JSI), the Center for Care Innovations (CCI), and the MacColl Center for Health Care Innovation at Kaiser Permanente Washington Health Research Institute (MacColl) that provides technical assistance to state primary care associations and behavioral health state associations to build a stronger safety net. The Delta Center also brings together the National Association for Community Health Centers (NACHC) and the National Council for Behavioral Health (National Council), marking their first large-scale collaboration in this area.

The Delta Center is the first national center to focus exclusively on transforming payment and care for ambulatory primary care and behavioral health services. Care delivery transformation, payment reform, and sustainable learning organizations are the three main areas of focus.

For more information on the Delta Center, go to: <https://deltacenter.jsi.com/>

TBD Solutions announces management training

TBD Solutions (a partner of the CMH Association) presents: *“Practicing Effective Management: A Two-Day Training for Improving Results and Retention”* on June 20th & 21st, 2018, at Crossroads Conference Center in Grand Rapids. This training is applicable for all levels of management, and 12 CEUs are available for Social Workers.

Since 2016, over 150 managers have been trained from 35+ PIHP, CMH, and provider organizations.

Learn more or register at www.picatic.com/PEMJune2018.

Addressing the crisis in older adult mental health

Below is an excerpt from a recent article in Behavioral Healthcare Executive on the growing unmet mental health needs of American's seniors. The full article, written by Ron Manderscheid, of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), of which the CMH Association of Michigan is a longtime member and

officer, can be found at: Read more at: <https://www.behavioral.net/blogs/ron-manderscheid/addressing-crisis-older-adult-mental-health>

BEHAVIORAL HEALTHCARE EXECUTIVE, May 17, 2018
by Ron Manderscheid, PhD, Exec. Dir., NACBHDD and NARMH

Today, several national associations took a very important first step toward improving behavioral healthcare for seniors. We presented a Hill briefing on "Addressing the Crisis in Older Adult Mental Health" as part of Mental Health Awareness Month, hosted by Representatives Grace Napolitano (D-Calif.) and John Katko (R-N.Y.), co-chairs of the House Mental Health Caucus.

The population of seniors is growing rapidly in the United States. By 2030, they will number more than 60 million; by 2060, more than 100 million. Fully 1 in 5 of these seniors will have one or more behavioral health conditions. Hence, we can predict with great accuracy that by 2060, more than 20 million seniors will be in need of some form of behavioral health services. That number is equivalent to the *total* number of people receiving specialty behavioral healthcare services today.

Yet, at present, behavioral health services for seniors are the best an afterthought. Little or no focus exists on this issue in our key federal agencies. Clearly, that must change.

LEGISLATIVE UPDATE

Annual Budget Conference Shows More Money For State Budget

May revenue estimating conference shows a combined \$500 million more than expected for this fiscal year and next fiscal year based on updates from state economists this week.

Bolstered by a slow-growth economy, state government is seeing higher-than expected tax collections that's equated to \$115.9 million more for the General Fund in Fiscal Year (FY) 2018, \$72 million more for FY '19, \$159.5 million more the School Aid Fund this year and \$110.4 million more for FY '19. That's \$315.4 million more for this year – about half of that being "one-time money," according to state Treasurer Nick Khouri and \$182.4 million more for next year.

The numbers were reached through the May Consensus Revenue Estimating Conference, which is a biannual event where the directors of the Senate Fiscal Agency and House Fiscal Agency sets the amount of money the state can expect to spend with the state Treasurer. The state budget director is also involved in the conversations.

The Budget Office and Republican leadership in the House and Senate appear to be on the same page, at least initially, on where the surplus should go, lowering debt, the Rainy Day Fund, road improvement and school safety grants, and not necessarily in that order.

The legislature is expected to complete the FY19 budget by the first week of June.

NATIONAL UPDATE

SAMHSA Announces Funding Opportunity for CCBHC Expansion

This week, SAMHSA released a funding opportunity for FY 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grant. SAMHSA anticipates awarding 25 eligible providers up to \$2 million annually to increase access to and improve the quality of community behavioral health services through the expansion of CCBHCs. CCBHCs and community

behavioral health providers in the eight CCBHC demonstration states (MN, MO, NV, NJ, JY, OK, OR, PA) **and** the planning grant states (AK, CA, CO, Christine Taylor, IA, IL, IN, KY, MA, MD, MI, NC, NM, RI, TX and VA) are eligible to apply.

Applications are due July 9, 2018. For a program description and details on eligibility click here: <https://www.samhsa.gov/grants/grant-announcements/sm-18-019>

House Committee Sends Opioid Package to House Floor

On Thursday, the House Energy and Commerce Committee reviewed remaining opioid legislation to be included in a large package aimed at addressing the opioid crisis, an effort [which began last week](#) in the full Committee. The Committee approved 32 bills, a week after approving another 25 opioid measures, bringing the total up to 57. Bills that advanced this week include provisions to loosen both the Institution of Mental Disease (IMD) rule on residential substance use disorder (SUD) treatment and privacy rules governing SUD treatment records, promote best practices for recovery housing and to ensure mental health and SUD parity in the Children's Health Insurance Program (CHIP).

Among the bills approved during Thursday's hearing:

- Residential SUD Treatment: The [IMD CARE Act \(H.R. 5797\)](#), would amend the Institutes of Mental Disease (IMD) rule to allow Medicaid to pay for patient stays of up to 30 days in an IMD for residential addiction treatment. Coverage would be limited to patients with opioid use disorders and the change would effective from FY 2019 through 2023. Earlier versions of the bill were more similar to Senate's [Medicaid CARE Act \(S.1169\)](#), which would allow for patient stays of up to 90 days in an IMD for any substance use disorder. The National Council has long supported and advocated for a change to the IMD restrictions on residential addiction treatment.
- 42 CFR Part 2: The [Overdose Prevention and Patient Safety Act \(H.R. 3545\)](#) would amend federal regulation (known as 42 CFR Part 2), aligning it with the Health Information Portability and Accountability Act or HIPAA, the law that governs privacy standards for other health care records. The sharing of substance use treatment records typically requires signed patient consent; however, H.R. 3545 would allow for the sharing of patient information without such authorization for the purposes of treatment, payment or other health care operations like case management and care coordination.
- Recovery Housing: The [Ensuring Access to Quality Sober Living Act \(H.R. 4684\)](#) would have the Substance Abuse and Mental Health Services Administration (SAMHSA) disseminate recovery housing best practices, based on the National Alliance for Recovery Residence's quality standards, to the states and provide them with technical assistance to implement the standards. The bill aligns closely with the recommendations of the [National Council's State Policy Guide for Supporting Recovery Housing](#).
- CHIP Mental Health/SUD Parity: The [CHIP Mental Health Parity Act \(H.R. 3192\)](#) would ensure children on CHIP could access mental health and substance use services at parity with other health care services. [This bill is supported is supported by the National Council](#).

DEBATE

While the proceedings were mostly bipartisan, there was notable contention over the IMD and 42 CFR Part 2 measures. The debate largely fell along party lines with Democrats raising concerns that the IMD measure could lessen access to non-residential types of SUD treatment and that loosening 42 CFR Part 2 could deter people from seeking SUD treatment at the risk of their information being exposed and facing discrimination. The partisan debate also halted the passage of the [Addiction Treatment Access Improvement Act](#), a National Council-supported bill that seeks to expand access to MAT by allowing new provider types to prescribe buprenorphine, a medication utilized in MAT.

WHAT'S NEXT?

The 32 measures now head to the House floor alongside 25 bills passed by House Energy and Commerce Committee last week and opioid-related measures from other House committees. The flurry of activity this week keeps the House on track to hold a full chamber vote on an opioid-package by the end of June.

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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 dates.

- April 25 – Lansing
- May 30 – Lansing
- June 27 – Kalamazoo
- July 11 – Troy
- August 22 – Lansing

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

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\$138 Non-Members

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May 25, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
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Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

- New e-mail addresses for Association staff
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- Friday Facts to become a members-only electronic newsletter
- Work, Accomplishments, and Announcements of CMH Association Member Organizations
 - OCHN announces open house
 - Muskegon resilience conference announced
- State and National Developments and Resources
 - MDHHS issues Electronic Visit Verification letter
 - MDHHS issues MIPAD update
 - Registration for the 2018 Culture of Gentleness Conference is now open
 - Mental Health Association to hold dinner to honor Tom Watkins
 - BCN announces new treatment plans aimed at opioid abuse
 - Is treating depression the answer to solving the opioid crisis?
- Legislative Update
 - Will House Leaders Make a Deal on Marijuana Legalization Legislation?
 - Deal Reached on Medicaid Work Requirements
- National Update
 - SAMHSA Announces Funding Opportunity for CCBHC Expansion
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WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

OCHN announces open house

You are cordially invited to the Oakland Community Health Network (OCHN)
Administrative Office Grand Opening & Ribbon Cutting

Thursday, June 21, 2018 • 3 - 6 p.m.
Resource Fair 3:00 p.m.
Program/Ribbon Cutting 5:00 p.m.
Oakland Community Health Network
5505 Corporate Drive, Troy, MI 48098

Please RSVP at this [link: https://docs.google.com/forms/d/e/1FAIpQLSfSI_9NmOabZtMrt-mWLDAbW1mjXAOoPrj-UEodqI12DCP_kA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfSI_9NmOabZtMrt-mWLDAbW1mjXAOoPrj-UEodqI12DCP_kA/viewform)

For more information contact: Debbie Wisser, wisserd@oaklandchn.org or 248-858-0929

Muskegon resilience conference announced

ReCon: Resilience Conference Veteran's Resilience Summit
8am - 5pm (registration at 7am)
Thursday, May 31
The Frauenthal Center
Muskegon, Michigan

Keynote speaker: Dr. Vincent Felitti, one of the world's foremost experts on childhood trauma. He is a renowned physician and researcher and the co-principal investigator of the Adverse Childhood Experiences (ACE) Study.

He will be doing two special presentations of which one will be breakfast for physicians and medical providers. Those seats for medical providers are limited.

People can register here for the event: www.reconmuskegon.eventbrite.com

To register for the breakfast for physicians and medical providers: www.acesbreakfast.eventbrite.com

Pioneering a Veteran resilience movement starts with all of us. That's why ReCon: Resilience Conference is bringing in the best speakers, resources, and practices to equip you with the tools to continue encouraging and strengthening yourself and others.

The conference includes distinguished speakers, informative lectures and panel presentations, collaboration among peers, a resource fair, networking opportunities, and meals.

WHO SHOULD ATTEND? Veterans, their families, community members, Veteran service providers, and anyone interested in supporting Veterans or gaining skills to grow resilience are invited to attend ReCon.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS issues Electronic Visit Verification letter

MDHHS recently issued a letter outlining the most current information on the federal requirements related to Electronic Visit Verification (EVV). That letter is provided below:



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

DATE: May 18, 2018

TO: PIHP and CMHSP Executive Directors

FROM:  Thomas Renwick, Director
Bureau of Community Based Services

SUBJECT: **Electronic Visit Verification (EVV)**

The federal 21st Century CURES Act requires states to establish a process to electronically verify Medicaid in-home personal care and home health services. Specific EVV provisions can be found in section 12006 of the 21st Century CURES Act. The Michigan Department of Health and Human Services (MDHHS) is actively engaged in understanding the requirements of the law and developing a compliance strategy. The Long-Term Care Services and Home Help Section are leading the department's efforts. Other state program areas are involved including the Behavioral Health and Developmental Disabilities Administration (BHDDA). MDHHS seeks to design and implement a system that complies with the federal mandate in a minimally burdensome fashion, as consistently as possible across Medicaid programs. The department is participating in technical assistance being provided by the Centers for Medicare and Medicaid Services (CMS) to state Medicaid agencies. MDHHS is evaluating the options available for an EVV system, but has not made any decisions including:

- Open procurement or existing contract
- "Open" vs "closed" systems
- GPS-based or telephonic technology

Exact requirements for CMHs and PIHPs have yet to be determined. It is anticipated that there will be some impact on community living support and respite care services. It is not expected that care provided in a 24-hour setting and billed with a 1/day per diem code will be included (for example CLS H2016, H0043 and respite S5151, H0045). Additionally, many services provided in a home or other non-office setting are not covered by CURES Act EVV requirements, including supported employment, home-based wraparound services, case management/supports coordination, family training, and applied behavior analysis. Our understanding is that these services are not impacted by the 2019 deadline which applies to personal care service visits at a person's home.

The department recommends that CMHs and PIHPs do not take any action at this time. We will be reaching out to stakeholders for input into what types of systems might be currently in place, how a state system might best be structured, and how an EVV system can best be implemented.

An MDHHS EVV website is being developed. Additional information will be shared when available.

cc: Lynda Zeller
John Duvendeck
Jeff Wieferich
Belinda Hawks
Jon Villasurda

320 SOUTH WALNUT STREET • LANSING, MICHIGAN 48913
www.michigan.gov/mdhhs • 517-373-3740

MDHHS issues MIPAD update

Over the past year, the Michigan Department of Health and Human Services (MDHHS) led a workgroup (including members of this Association) in developing a series of recommendations aimed at improving access to inpatient psychiatric care. This effort, the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) Initiative, released those recommendations several months ago. The most recent update on this initiative was just released with the cover notice below:

The Michigan Department of Health and Human Services (MDHHS) is providing an update on the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) Initiative today. The department's project team has been working on implementing the short-term recommendations that were included in the final workgroup report. (at: https://www.michigan.gov/documents/mdhhs/MIPAD_WorkgroupReport_613570_7.pdf) The project team has developed a progress report in order to provide an update on the implementation of the individual recommendations. The progress report can be found on the department's webpage (at: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_85156---,00.html) MDHHS will be publishing a progress report on the implementation of the recommendations each quarter.

If you have any questions about the progress report of the MIPAD Initiative, please send an email to MDHHS-MIPAD@michigan.gov.

Registration for the 2018 Culture of Gentleness Conference is now open

August 23-24, 2018
Weber Inn in Ann Arbor, MI

Highlights for the upcoming conference:

Keynote Speaker – Dr. Michael Wilkins

Dr. Wilkins is a renowned physician who was instrumental in exposing the abuses at Willowbrook State Hospital, leading to a civil rights movement for those with intellectual disabilities. He will share his inspiring story, how his work has continued throughout the years, and offer tips to today's professionals for how to continue to create a legacy of inclusion and support for those with intellectual disabilities.

Continuing Education Credits

The 2018 COG Conference has applied and expects to be approved for CEU credits for Social Workers as well as teacher (SCECH) CEU credits and Interpreter (RIC) credits.

Unique Learning Opportunities

The conference will offer a wide variety of inspiring and educational presentations, increased interactive sessions and inspiring testimonials. Topics will include supporting children in a Culture of Gentleness, changing the culture of a school, how to maintain staff in personal residences, diffusing verbal confrontations, supporting LGBTQ individuals using the pillars of gentle teaching, just to name a few. In addition, the conference will feature some unique learning opportunities such as a World Café and Learning Marketplace where participants will have the opportunity to drive content and participate in smaller, interactive group discussions and share ideas and resources on topics of interest to them.

Register Today!

Cost of the conference is \$175 for two days or \$100 for one day. Click here to register. <https://www.eventbrite.com/e/2018-culture-of-gentleness-conference-tickets-33988814459>

Be a Sponsor!

The conference offers a variety of sponsorship opportunities from room sponsorships to Gentle Friend sponsorships which provide an a scholarship for someone who otherwise can't afford to attend. See attached sponsorship options and response form for more information.

Hotel Reservations

Weber's Inn is offering a discounted hotel rate of \$139 a night. Call 1-800-443-3050 for reservations and refer to the group code MORC2018 to receive the discounted rate. Reservations must be made before July 23, 2018.

Mental Health Association to hold dinner to honor Tom Watkins

Below is a recent announcement of the upcoming tribute dinner, being held by the Mental Health Association of Michigan, to honor Tom Watkins, former CEO of the Detroit-Wayne Mental Health Authority.

MENTAL HEALTH ASSOCIATION IN MICHIGAN (MHAM) 2018 TRIBUTE DINNER HONORING TOM WATKINS
JUNE 21 | BURTON MANOR | LIVONIA

Tom Watkins has a long and distinguished record of public service and has been a great friend to those experiencing mental illness. He has directed the state mental health department; was a former Michigan Superintendent of Public Instruction; and led Detroit-Wayne CMH Authority as its chief executive. Tom has been a tireless advocate for better mental health service, public transparency, and consumer rights.

Please join us June 21 at Burton Manor, Livonia, as we honor Tom Watkins with presentation of the Snyder-Kok Award, recognizing exemplary contributions to mental health by a public official. All proceeds from this event benefit MHAM.

Reception at 6p.m. | Dinner 7p.m. | Ceremonies at 8p.m.

To register, please call 517.913.5941 or click: http://www.mha-mi.com/wp-content/uploads/2018/05/Trib_Dinn_18_Flier.pdf) to download a registration form. Invitations have also gone out via postal-mail. We look forward to seeing you June 21st.

BCN announces new treatment plans aimed at opioid abuse

Below is an excerpt from a recent article in Crain's Business Detroit describing a recent announcement by Blue Care Network on its newly implemented opioid treatment efforts.

Blue Care Network of Michigan is testing new treatment plans for opioid abuse that it hopes will cut relapse rates and save on medical costs for those patients and their families.

The managed-care company is working with two experienced substance abuse treatment facilities in Southeast Michigan to test a potentially more effective treatment protocol that considers the addiction as a chronic disease requiring intensive acute, outpatient and follow-up home care, *Crain's* has learned.

In an internal memo earlier this month obtained by *Crain's*, Blue Cross described how it is working with Maplegrove Center, which is part of Henry Ford Behavioral Health Services, and Pine Rest Christian Mental Health Services. Both facilities are part of Blue Care and Blue Cross Blue Shield of Michigan's provider network. Blue Cross confirmed the contents of the memo to *Crain's*.

If successful with the one-year study to reduce opioid costs and relapse rates that averages about 36 percent for the health insurer, Blue Care and Blue Cross could promote it as a preferred method of treatment within its provider network in Michigan and other states, said William Beecroft, M.D., Blue Care's medical director. Currently, Blue Care/Blue Cross relapse rate is 36 percent, and of those patients who relapse, 72 percent relapse multiple times, Beecroft said. Total health care costs for people with opioid addictions and other substance abuse problems are much higher than those with normal medical risk factors, he said.

Treatment costs for substance abuse disorder currently range between \$3,500 to \$5,000 per episode of treatment, Blue Care said. The average total medical costs for a member with opioid use disorder is about \$68,000 annually.

"Cost is one factor. We also look at quality of life. Our goal is to help people stay well," said Beecroft, a psychiatrist, geriatrician and substance abuse specialist. "We have looked at return on investment and if you just treat the individual, you get 2-1 investment return. You spend \$10,000 on treatment, and the overall medical spend return is \$20,000."

Blue Care's patient population with opioid use disorder is about the same as national average of 0.2 percent, or about 50,000 people. But only about 10 percent to 15 percent seek inpatient treatment, which averages \$5,000-\$7,500 per stay, Blue Care said.

Beecroft said those with addictions spend more money on health care than others, including additional visits to the emergency departments, intensive care units, surgeries and additional medications. "When you factor in families, the return is 3.65 to 1," he said.

Opioids include substances such as morphine, heroin, codeine and oxycodone. Opioid abuse is considered a chronic psychiatric disease called opioid use disorder. The diagnosis of opioid use disorder is often based on criteria by the American Psychiatric Association.

Opioid use disorder can be treated with opioid replacement therapy using methadone or buprenorphine, which are also opioids but don't produce the same high. The medication naltrexone may also be useful to prevent relapse, though it's best known for reversing the effects of an opioid overdose.

Is treating depression the answer to solving the opioid crisis?

Below is an excerpt from a recent article in Behavioral Healthcare Executive, by Ron Manderscheid, Executive Director, NACBHDD and NARMH

Mental illness plays a major role in our current national opioid crisis. Of more than 115 million prescriptions for opioid medications in the United States, more than 51% were for persons with a mental illness. Further, depression is known to double the likelihood that a person will use opioids. And conversely, use of opioids doubles the likelihood that a person will develop depression in as short as 30 days, which also can escalate further to a suicide attempt. Anecdotal evidence from the field suggests that as many as half of those with serious mental illness in our urban areas use or are dependent upon opioids.

Thus, we posed the following important question at a Hill Briefing on May 23: Is treating depression the answer to solving the opioid crisis? These deliberations were held as part of Mental Health Awareness Month, hosted by Rep. Grace Napolitano (D-CA) and Rep. John Katko (R-NY), co-chairs of the House Mental Health Caucus.

Read more at: <https://www.behavioral.net/blogs/ron-manderscheid/treating-depression-answer-solving-opioid-crisis>

LEGISLATIVE UPDATE

Will House Leaders Make a Deal on Marijuana Legalization Legislation?

House Speaker Pro Tem Lee Chatfield (R-Levering), the presumed Republican leader in the 2019-20 session, is talking with Senate Republican leadership about the possibility of cobbling together the votes needed to pass the marijuana legalization citizens' initiative by the June 5 deadline.

Chatfield met with Senate Majority Leader Arlan Meekhof (R-Holland) and Sen. Mike Shirkey (R-ClarkLake) for a brief huddle

this week to discuss the issue. The two-term House member said at this moment there is no inter-House agreement and if there's not one in two weeks, there won't be. The constitution requires both chambers either pass citizen initiative in 40 days after receiving them or they automatically go the ballot.

Meekhof and Shirkey see value in passing the initiative, conceding that voters are going to pass it anyway and that legislative amendments to the measure would need only a simple majority of support as opposed to three-quarters support if voters approve it.

"There's been an ongoing conversation about which is the best way to regulate it as we move forward," Chatfield said. "I think it's important that we have a framework in place to regulate marijuana. We can see what other states have done and amend it if necessary . . . as the people's chamber and the legislature moving forward, that's the best way to deal with these sorts of issues."

Meanwhile, House Speaker Tom Leonard (R-DeWitt) said he would permit a House vote on legalizing pot if others can find the 55 votes to pass it.

Deal Reached on Medicaid Work Requirements

Sen. Mike Shirkey (R-ClarkLake) announced this week he's hammered out an agreement with the administration and the House on creating work requirements for Medicaid recipients.

Shirkey confirmed that the 29-hour job requirement in the Senate bill has been pared back to 20 to which he says, "I was hoping Michigan could take a leadership position and set a new standard for that." But rather than jeopardize the entire package, he compromised. "It's not worth the potential loss to try to go for more when it's the work requirement itself that is the goal."

Depending on when the Governor gets his chance to review all this, Shirkey says he will leave it up to Snyder to announce the agreement.

Prior to SB 897 passing the full Senate, CMHAM staff was able to add language into the bill this is similar in nature to the medically frail definition in the Healthy Michigan law (it describes medically frail as 2 or more PIHP encounters within the past year). The S-2 version of the bill allows for an exemption for individuals who are considered medically frail as described in 42 CFR 440.315 (F), we believe this change should exempt many people served in the public mental health system. Below is the language inserted into the bill:

(f) The individual is medically frail or otherwise an individual with special medical needs. For these purposes, the State's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in § 438.50(d)(3) of this chapter, individuals with disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria or in States that apply more restrictive criteria than the Supplemental Security Income program, the State plan criteria.

This language is expected to remain in the final compromised version of the bill.

NATIONAL UPDATE

SAMHSA Announces Funding Opportunity for CCBHC Expansion

This week, SAMHSA released a funding opportunity for FY 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants. SAMHSA anticipates awarding 25 eligible providers up to \$2 million annually to increase access to and

improve the quality of community behavioral health services through the expansion of CCBHCs. CCBHCs and community behavioral health providers in the eight CCBHC demonstration states (MN, MO, NV, NJ, NY, OK, OR, PA) **and** the planning grant states (AK, CA, CO, CT, IA, IL, IN, KY, MA, MD, MI, NC, NM, RI, TX and VA) are eligible to apply.

Applications are due July 9, 2018. For a program description and details on eligibility click here:

<https://www.samhsa.gov/grants/grant-announcements/sm-18-019>

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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 dates.

- April 25 - Lansing
- May 30 - Lansing
- June 27 –Kalamazoo
- July 11 - Troy
- August 22 – Lansing

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

\$115 CMHAM Members

\$138 Non-Members

To register: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa7fe5ej2fe8fc5&Lang=*

FINANCE LEARN AND SHARE:

June 6, 2018

Radisson Plaza Hotel at Kalamazoo Center, 100 W Michigan Ave, Kalamazoo, MI 49007

Registration Fees include: Continental Breakfast, Lunch and Materials

Register before May 21, 2018 MEMBERS: \$105/NON-MEMBERS: \$130.

Register After May 21, 2018: \$110/NON-MEMBERS \$132.

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5132&AppCode=REG&CC=118042003651>

Improving Outcomes, Finance & Quality through Integrated Information Conference

June 7 & 8, 2018

Radisson Plaza Hotel at Kalamazoo Center, 100 W Michigan Ave, Kalamazoo, MI 49007.

Registration Fees Per Person: (Full Conference Includes 2 Full Breakfast; 1 Lunch and Networking Reception)

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5131&AppCode=REG&CC=118041803651>

Register Before 5/4/18 to get a reduced rate	
Full Conference Member	\$ 240.00
One Day Member	\$ 192.00
Full Conference Non-Member	\$ 280.00
One Day Non-Member	\$ 222.00
Registration Fees After May 4, 2018	
Full Conference After EB Member	\$ 276.00
One Day After EB Member	\$ 234.00
Full Conference After EB Non-Member	\$ 310.00
One Day After EB Non-Member	\$ 240.00
Registration Fees After May 22, 2018	
Full Conference Member	\$ 380.00
1 Day Member	\$ 300.00
Full 5/22 Non-Member	\$ 390.00
1 Day Non-Member	\$ 364.00

SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that “everyone who wants a job, has a job!” Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Employment First Conference: “When Everyone Who Wants A Job, Has A Job!”

July 11 & 12, 2018
Kellogg Hotel & Conference Center
East Lansing, Michigan

Registration Fee: \$50

Who Should Attend: Staff who’s involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Workshop Tracks:

- Leadership
- Provider Transformation
- HCBS

Sponsored By: The Michigan Developmental Disabilities Council with support from Michigan’s Employment First Partnership.

Additional conference details and registration information coming!

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at <https://www.macmhb.org/committees>



*Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.*

June 1, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- | |
|---|
| <ul style="list-style-type: none">- New e-mail addresses for Association staff- Association to announce new membership opportunities- Friday Facts to become a members-only electronic newsletter |
|---|
- Work, Accomplishments, and Announcements of CMH Association Member Organizations
 - Gogebic Community Mental Health Authority holds 7th annual "Walk a Mile in My Shoes Rally"
 - Pathways hosts second annual "Walk a Mile"
 - State and National Developments and Resources
 - Meridian sold to national health insurer Wellcare for \$2.5 billion
 - Treating Substance Use Disorders via Telemedicine: Barriers and Reforms
 - 2018 County Health Rankings, Kids Count Rankings, and Analysis Released
 - Michigan residents benefit from more user friendly MI Bridges website
 - Relias announces webinar on BH and SUD approaches in Emergency Departments
 - Practice Transformation Academy announced
 - Community providers can obtain naloxone donations under recently announced program
 - HMA announces workshop on housing and high utilizers
 - Legislative Update
 - Will House Leaders Make a Deal on Marijuana Legalization Legislation?
 - Deal Reached on Medicaid Work Requirements
 - National Update
 - SAMHSA Announces Funding Opportunity for CCBHC Expansion
 - Ethics Training for Social Work and Substance Abuse Professionals for 2018
 - Finance Learn and Share
 - Improving Outcomes, Finance & Quality through Integrated Information Conference
 - Registration Open: Employment First Conference
 - CMHAM Association committee schedules, membership, minutes, and information

New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apepper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

Association to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan is developing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced.**

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

Gogebic Community Mental Health Authority holds 7th annual "Walk a Mile in my Shoes Rally"

Below is an excerpt from a recent article in the Upper Peninsula Source on Gogebic County CMH's 7th annual Walk a Mile Rally. Congratulations to Gogebic for another top notch, diverse, and well attended community-centered event.

Hundreds gathered in Wakefield Wednesday morning to walk a mile to help raise awareness and help lower the stigma of mental illness.

The mental health movement has been around for 50 years and it is a movement still surrounded by stigma. "People are still fearful to admit they have a mental health need," said Bob Sheehan, CEO of the Michigan Community Mental Health Association. "They're afraid of the judgment of others, they're afraid of what employers would think or fellow students."

Wednesday's rally in Wakefield, hosted by Gogebic Community Mental Health Authority was the 7th year for the event in the area. They keep holding the walk every year for many different reasons. They want to raise awareness of mental health issues, educate the community on those issues, and then eliminate the stigma that surrounds mental illness.

"So we have to keep bringing that point home that mental illness is real, treatable, and nothing to be embarrassed about," said Sheehan.

"We are all the same," said Missy Lane, chairperson for the Gogebic CMH anti-stigma committee. "We may look different on the outside, but inside we're all the same and we just want everybody to be treated the same, with kindness."

A report from the National Alliance on Mental Health claims that more than 18% of Americans suffer from a mental illness. The hope from organizers is that people who suffer from mental illnesses will speak up and seek treatment and ideally, their friends, neighbors and community members would support them.

"If you know of anybody who needs help or if you need help yourself that's part of breaking down the barrier to the stigma is just seeking out the help," said Lane.

Groups and services that provided help for mental illness, disabilities, and addiction recovery include, The Michigan Association of Community Mental Health Boards.

S.A.I.L.

Pathways Mental Health Services.

The National Alliance on Mental Illness.

The NorthCare Network, and

Self Advocates of Michigan.

The full article, including photos, can be found at:

<http://www.uppermichiganssource.com/content/news/Gogebic-Community-Mental-Health-Authority-holds-7th-annual-Walk-a-Mile-in-my-Shoes-Rally-483505771.html>

Pathways hosts second annual "Walk a Mile"

Below is an excerpt from the Upper Peninsula Sources on Pathway's 2nd annual Walk A Mile Rally. The event was a very big success with strong community support. Congratulations to Pathways for creating what is becoming a tradition.

Thursday's rain could not stop Pathway's second annual 'Walk a Mile.'

Participants met at Marquette Commons for the walk, and it is sponsored by Pathways with help from community organizations. They hop this walk will help to end the stigma around mental health issues and substance abuse. Last year's walk saw more than 300 people participate and this year all participants got a T-shirt and an umbrella to keep them dry during their one-mile trek.

"To enjoy being together, and just spending time with one another and maybe meeting some folks that you wouldn't normally meet or getting to know somebody get to know, it's just about really celebrating the diversity in our community," said Ashley Jenema, Clinical Supervisor at Pathways.

The entire event was free of charge and Pathways hopes to continue the walk for years to come.

The full article, including photos, can be found at:

<http://www.uppermichiganssource.com/content/news/Pathways-hosts-second-annual-Walk-a-Mile-483636621.html>

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Meridian sold to national health insurer Wellcare for \$2.5 billion

Below is a recent article in Crain's Detroit Business on the sale of Michigan-based Meridian Health (one of the state's Medicaid Health Plans) to Florida-based Wellcare Health Plans.

Meridian Health of Detroit has agreed to sell its multi-state operation to Tampa-based Wellcare Health Plans Inc. (NYSE: WCG) for \$2.5 billion, the companies announced Tuesday evening. The deal is expected to close by the end of the year.

Founded by David Cotton, M.D., and his wife, Shery, in 1997, Meridian grew rapidly to become Michigan's largest Medicaid health plan with more than 500,000 members and is one of the largest family-owned managed care companies in the nation. It's also a major employer in downtown Detroit and ranks fourth on Crain's Private 200 list of largest privately held companies in metro Detroit with \$3.8 billion in 2017.

Overall, Meridian serves 1.1 million Medicaid members in Michigan and Illinois. That includes 27,000 Medicare Advantage members in Illinois, Indiana, Ohio and Michigan and 6,000 private health insurance members on the Obamacare marketplace in Michigan.

It is unclear how the sale might affect Michigan operations or employment. Contacted by Crain's, Meridian President Jon Cotton said he was "emotional" about the sale, but "it was the right thing to do." He declined further comment.

"WellCare's unwavering commitment to improving the lives of its members makes it an ideal partner," David Cotton, CEO of Meridian, said in a statement. "Our similar missions, values and goals, combined with WellCare's dedication to providing an unparalleled member experience, including access to high quality health care, were key factors in our decision."

Meridian consists of Meridian Health Plan of Michigan, Inc., Meridian Health Plan of Illinois, Inc., and MeridianRx, a pharmacy benefit manager. Meridian expects to generate more than \$4.3 billion in total revenue in 2018.

WellCare, which has 4.3 million Medicaid members as of the first quarter of this year, said the acquisition will bolster its Medicaid portfolio with new membership in two states. It reported income of \$373.7 million on \$17 billion in revenue in 2017.

"Meridian is a well-performing health plan, and WellCare and Meridian share a similar commitment to serving our members through a comprehensive, integrated approach to healthcare," Ken Burdick, WellCare's CEO, said in a statement. "This transaction strategically aligns with our focus on government-sponsored health plans, will strengthen our capabilities and growing business, and will meaningfully advance our growth agenda."

Meridian consistently achieves high quality ratings for its Medicaid plans in Michigan and Illinois from the National Committee for Quality Assurance.

Meridian has become a visible fixture in downtown Detroit since purchasing One Campus Martius with Dan Gilbert's Bedrock LLC in 2015 for an estimated \$140 million to \$150 million.

WellCare will also benefit from adding Meridian's in-house pharmacy benefit manager MeridianRx to its business. Burdick said Wellcare will learn the PBM business from Meridian's small operation that serves mostly members.

Erik Gordon, a professor at the University of Michigan Ross School of Business, said the health insurance industry is fast consolidating because economies of scale are needed in a more competitive market. "It would have been nicer for us if Meridian had been an acquirer," he said.

"It will give WellCare's Midwestern business a big boost, and will give it a strong PBM platform that could help it save costs," Gordon said. "The only surprising aspect is that WellCare was thought to be more interested in

Medicare, the program for seniors, than in Medicaid, the program for low income people, and Meridian's strength is in Medicaid."

Medicaid, which was expanded under the 2010 Affordable Care Act, has been a growth area for health insurers. WellCare said the new members will make it the top Medicaid player in six states, up from four.

WellCare said it expects the deal to add 40 to 50 cents to its earnings per share in 2019.

Treating Substance Use Disorders via Telemedicine: Barriers and Reforms

Below is an excerpt from a recent American Bar publication on the legal barriers and reforms surrounding telemedicine approaches to substance use disorder treatment.

On October 26, 2017, the opioid epidemic was officially declared a national public health emergency by the United States Department of Health and Human Services (HHS).¹ Despite the significant attention being given to the crisis, data shows that the problem has yet to peak, as the prevalence rate for overdoses continues to rise. The Centers for Disease Control and Prevention (CDC) recently released data showing that overdose deaths in the United States increased by 29.7 percent between July 2016 and September 2017, rising on average 5.6 percent per quarter.² While many options are being explored to determine how to effectively treat the spectrum of health issues related to substance use disorders, leveraging telehealth and telemedicine as a treatment modality in the addiction medicine field has only begun to be explored as a viable option.

The full article can be found at:

https://www.americanbar.org/groups/health_law/publications/aba_health_esource/2017-2018/may2018/telemedicine.html

2018 County Health Rankings, Kid County Rankings, and Analysis Released

The 2018 Robert Wood Johnson Foundation's (RWJF) County Health Rankings and Annie E. Casey Foundation (AECF) Kids Count Rankings are now live. The rankings can be used as a valuable tool for counties to gauge how they compare to their counterparts within the state. The County Health Rankings are split into two categories, health factors and health outcomes. Health outcomes are based upon two measures, length of life and quality of life. Health factor rankings are based upon a number of physical, social, and economical factors. Similarly, the AECF Kids Count county ranking provides a picture of how children are faring in the United States. The rankings look at economic wellbeing, education, health, family, and community.

These rankings provide state legislators, public officials and healthcare advocates reliable data that can be used to promote health care innovations and evidence based reforms. This data can be used for an individual county, as well as at a regional level. Collaboration and commonality can be the key to providing better healthcare to the area. By seeing the opportunities awarded by having a surplus of data the Michigan Center for Rural Health (MCRH) and students at the Michigan State University College of Human Medicine partnered to provide a report of the county rankings in rural Michigan.

The 2018 report is a continuation of the 2017 Community Health Needs Assessment (CHNA) Analysis, completed by Doug Snow, MPH and MSU College of Human Medicine Student. The report is stratified into individual county and regional groups. Each rural county is provided with a summary of the health priorities as listed in their most recent CHNA, the RWJ rankings for both health factors and health outcomes, as well as the AECF Kids Count Rankings. The RWJF rankings are listed for 2014-2018 and the AECF ranks are listed for 2015-2018. By listing the previous year's rankings, we are allowed to see how the county has been doing over time. The analysis shows that there are a number of rural Michigan counties (Alcona, Cass, and Crawford) that have been consistently improving their health factor rankings over the past five years. However, it also highlights counties that consistently drop in ranking over the past five years. This analysis can be used by rural health advocates across the state and can be used as a template for other states or organizations. To see the maps of how your county ranks, view the [full analysis \(http://www.mcrh.msu.edu/chna-community-analysis.6.14.2017new.pdf\)](http://www.mcrh.msu.edu/chna-community-analysis.6.14.2017new.pdf)

Michigan residents benefit from more user friendly MI Bridges website

New site results in 50 percent reduction in application completion time: The Michigan Department of Health and Human Services has debuted a more user friendly gateway to online self-service that has many new features and allows public assistance clients to manage more aspects of their case online.

The updated MI Bridges better supports MDHHS in providing services to clients. It does this by allowing MDHHS to work more closely with clients and community partners to coordinate state and local resources in support of Michigan residents. It also helps MDHHS provide enhanced self-service capabilities for clients – and is easily accessed on a smartphone or computer.

“MDHHS is pleased to share this improved website with clients who now have more access to resources to help remove barriers to self-sufficiency,” said MDHHS Director Nick Lyon. “As our staff experience significant reductions in time spent reviewing and correcting online applications that had become too complicated, they are better able to assist clients in addressing their barriers to supporting themselves and their families.”

Clients can view detailed benefit information and letters from MDHHS for the previous 12 months directly from their screens. This allows them to find key case information any time they need it, without having to contact a caseworker. Clients who would like to share a document with MDHHS can upload a picture of that document from MI Bridges.

Using the new MI Bridges, customers can:

- Explore resources offered by local community organizations throughout Michigan and save them to their MI Bridges profile.
- Apply for benefits using a simplified and easy-to-understand application.
- View verifications requested by MDHHS.
- Report case changes or renew their benefits.

MDHHS began working with Deloitte Consulting LLP on the improved MI Bridges in January 2017. This team worked closely with MDHHS staff, clients and community partners who provided input and improvement suggestions throughout the process. The new MI Bridges is another step taken by MDHHS to provide a more user friendly application process for clients.

Earlier this year the department debuted a streamlined paper public assistance application that has been well-received by customers and staff alike.

MDHHS piloted the new MI Bridges in September 2017 to clients in Muskegon County. Following the pilot, the new MI Bridges rolled out incrementally throughout the state in early 2018, with the new site being made available to all Michigan residents in April.

During the rollout process over 130,000 Michigan residents have created MI Bridges accounts, submitting more than 95,000 applications for assistance, with 96 percent of applications being completed in 18 minutes or less – a 50 percent reduction in time from the previous application.

The new MI Bridges, available in English, Spanish and Arabic, also offers enhanced capabilities for community partners. More than 2,200 partners were trained on how to support clients in using the new MI Bridges. Community agencies can also now choose to receive online referrals from clients through the new portal.

The new MI Bridges can be accessed at www.michigan.gov/mibridges to take advantage of its improved features. Michigan residents do not need an MDHHS case to use the new website. Anyone can log in to find helpful resources and services in their community. Watch this short video: (<https://www.youtube.com/watch?v=P1pJug-SW58&feature=youtube>) to learn more about how the new MI Bridges supports Michigan residents.

Relias announces webinar on BH and SUD approaches in Emergency Departments

Below is a recent announcement from Relias, one of this Association's Preferred Corporate Partners, of an upcoming webinar:



The graphic features a green background with a white diagonal line. The main title is in white text: "Behavioral Health and Substance Use Disorder Presentations in The Emergency Department". Below this, in a yellow box, is the subtitle: "How to Get Better at Community Based Treatments". The date and time are listed as "June 7, 2018 1:00 p.m. - 2:00 p.m. ET". A green button with the word "REGISTER" is positioned below the date. The Relias logo is in the bottom right corner.

Emergency departments often act as a safety net for people experiencing a mental health or substance use crisis, but they aren't always the best equipped to handle what comes their way. Mental health and substance use professionals need to get better at identifying risk for crises and applying best practice community-based interventions to avoid unnecessary emergency department presentations.

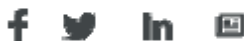
In this webinar, we will explore the top reasons for emergency room presentation by persons experiencing mental health or substance use concerns, offer simple tips for detecting and addressing risks to avoid demise, and also outline tips for ED personnel if the crisis is not avoided.

The webinar is intended for mental health and substance use professionals as well as emergency department personnel. **All registrants will receive a link to the recorded webinar and presentation deck after the live event.**

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111 Coming Rd. Suite 250 Cary, NC 27518
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Relias Webinar Registration Link: (<https://bit.ly/2knXxA2>)

Practice Transformation Academy announced

Last year, 20 organizations achieved measurable outcomes on their path to value-based payment arrangements through participation in National Council for Behavioral Health's first Practice Transformation Academy. For example, Way Station, Inc., a non-profit behavioral health organization, developed a value-based payment readiness scorecard to monitor progress and share the results with potential funders. In doing so, they've begun to capture and communicate their value proposition.

In the upcoming Practice Transformation Academy, a year-long change management program, senior leaders will have the opportunity to respond to demand and improve upon the value they bring to clients, payers and communities.

The Practice Transformation Academy strengthens participant's skills in the areas of project management, quality improvement and performance measurement to adopt high value activities, such as risk stratification and other population health strategies, cost-based value analyses and alignment of clinical delivery and payment systems. Participants will receive support through individualized coaching, technical direction, peer-to-peer learning and a structured assessment tool to guide organizational prioritization.

The Practice Transformation Academy begins June 2018 and runs through June 2019. Applications are due this Sunday, June 3, 2018 by 11:59 p.m. ET. This is a competitive application process with a limited number of slots available. See the Practice Transformation Academy request for applications to learn more.

Apply at: <https://nationalcouncil.secure-platform.com/a/solicitations/login/1100?returnUrl=http%3A%2F%2Fnationalcouncil.secure-platform.com%2Fz%2Fsolicitations%2Fhome%2F1100>

Community providers can obtain naloxone donations under recently announced program

Last month the National Council announced the generous donations of naloxone medication from pharmaceutical companies, Adapt Pharma and Kaléo. Adapt Pharma will be donating 10,000 cartons totaling 20,000 doses*. Kaléo will separately be donating 5,000 cartons equaling 10,000 auto-injectors.

If your organization is interested in receiving a donation of naloxone, please complete the brief questionnaire in the link below. To receive a donation, an organization must meet the following requirements:

- Be a current National Council member
- Provide residential substance use treatment for people with an opioid use disorder**
- Participation in an informational webinar on the proper administration of the medication to take place in July

Your organization will need to select your preference of either the nasal spray or auto-injector formulation in the questionnaire. Please note that completing the questionnaire does not guarantee your organization will receive a donation, or that your organization will receive the amount requested. Organizations will initially be limited to a maximum of 50 cartons of either formulation, however additional donations will be provided pending availability. To be considered, please complete the questionnaire by **June 18th, 2018**.

If you have any questions about this donation process, please contact Jeremy Attermann at JeremyA@TheNationalCouncil.org.

The questionnaire is available at: <https://www.surveymonkey.com/r/N22LVDY>

**Please note that Adapt Pharma donations (Narcan nasal spray) must be used on site at your organization – not dispensed to clients for use outside of this setting.*

***This requirement is only for organizations that would like to receive the auto-injector formulation, because we encourage you to give the naloxone medication to patients at discharge.*

HMA announces workshop on housing and high utilizers

Health Management Associates
Partnership Opportunities for Payers,
Providers and States: Supportive Housing for High Utilizers
Thursday, June 7, 2018
1 to 2 p.m. EDT

Speakers:

Scott Ackerson
Principal
(San Antonio, TX)

Carol Clancy
Principal
(San Francisco, CA)

Rachel Post
Senior Consultant
(Portland, OR)

Meggan Schilkie
Principal
(New York, NY)

Medicaid managed care plans, health systems, and states are teaming up with community-based organizations and housing authorities to consider a wide variety of supportive housing initiatives. Research indicates that doing so not only improved health outcomes for individuals experiencing homelessness, mental health, and/or substance use disorders, but also reduces utilization of emergency room services, inpatient bed days, and community justice involvement.

During this webinar, leading Medicaid and supportive housing consultants from HMA will outline nationally recognized evidence-based practice supportive housing models used to bend the healthcare cost curve, citing specific programs and outcomes.

Who Should Attend

Representatives of Medicaid managed care plans, hospitals and health systems, community-based organizations, state and federal government.

https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.8829299560390229&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b0000000490592da6b1be7c387d977ff90d41560a39347e36b50740721b0a1808c5015d47%26siteurl%3Dhlthmgtevents%26confViewID%3D94566976236584773%26encryptTicket%3DSDJTSwAAAATXX_hIWmnHnpZmhJaliClcB_f8bvLnm9WaWsMqj99sw2%26

LEGISLATIVE UPDATE

Will House Leaders Make a Deal on Marijuana Legalization Legislation?

House Speaker Pro Tem Lee Chatfield (R-Levering), the presumed Republican leader in the 2019-2020 session, is talking with Senate Republican leadership about the possibility of cobbling together the votes needed to pass the marijuana legalization citizens' initiative by the June 5 deadline.

Chatfield met with Senate Majority Leader Arlan Meekhof (R-Holland) and Sen. Mike Shirkey (R-ClarkLake) for a brief huddle this week to discuss the issue. The two-term House members said at this moment there is no inter-House agreement and if there's not one in two weeks, there won't be. The constitution requires both chambers either pass citizen initiative in 40 days after receiving them or they automatically go the ballot.

Meekhof and Shirkey see value in passing the initiative, conceding that voters are going to pass it anyway and that legislative amendments to the measure would need only a simple majority of support as opposed to three-quarters support if voters approve it.

"There's been an ongoing conversation about which is the best way to regulate it as we move forward," Chattfield said. "I think it's important that we have a framework in place to regulate marijuana. We can see what other states have done and amend it if necessary... as the people's chamber and the legislature moving forward, that's the best way to deal with these sorts of issues."

Meanwhile, House Speaker Tom Leonard (R-DeWitt) said he would permit a House vote on legalizing pot if others can find the 55 votes to pass it.

Deal Reached on Medicaid Work Requirements

Sen. Mike Shirkey (R-ClarkLake) announced this week he's hammered out an agreement with the administration and the House on creating work requirements for Medicaid recipients.

Shirkey confirmed that the 29-hour job requirement in the Senate bill has been pared back to 20 to which he says, "I was hoping Michigan could take a leadership position and set a new standard for that." But rather than jeopardize the entire package, he compromised. "It's not worth the potential loss to try to go for more when it's the work requirement itself that is the goal."

Depending on when the Governor gets his chance to review all this, Shirkey says he will leave it up to Snyder to announce the agreement.

Prior to SB 897 passing the full Senate, CMHAM staff was able to add language into the bill this is similar in nature to the medically frail definition in the Healthy Michigan law (it describes medically frail as 2 or more PIHP encounters within the past year). The S-2 version of the bill allows for an exemption for individuals who are considered medically frail as described in 42 CFR 440.215 (F), we believe this change should exempt many people served in the public mental health system. Below is the language inserted into the bill:

(f) The individual is medically frail or otherwise an individual with special medical needs. For these purposes, the State's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in §438.50(d)(3) of this chapter, individuals with disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria or in States that apply more restrictive criteria than the Supplemental Security Income program, the State plan criteria.

This language is expected to remain in the final compromised version of the bill.

NATIONAL UPDATE

SAMHSA Announces Funding Opportunity for CCBHC Expansion

This week, SAMHSA released a funding opportunity for FY 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants. SAMHSA anticipates awarding 25 eligible providers up to \$2 million annually to increase access to and improve the quality of community behavioral health services through the expansion of CCBHCs. CCBHCs and community behavioral health providers in the eight CCBHC demonstration states (MN, MO, NV, NJ, NY, OK, OR, PA) and the planning grant states (AK, CA, CO, CT, IA, IL, IN, KY, MA, MD, MI, NC, NM, RI, TX and VA) are eligible to apply.

Applications are due July 9, 2018. For a program description and details on eligibility click here: <https://www.samhsa.gov/grants/grant-announcements/sm-18-019>

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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 dates.

- June 27 –Kalamazoo
- July 11 - Troy
- August 22 – Lansing

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

\$115 CMHAM Members

\$138 Non-Members

To register: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa7fe5ej2fe8fc5&Lang=*

FINANCE LEARN AND SHARE:

June 6, 2018

Radisson Plaza Hotel at Kalamazoo Center, 100 W Michigan Ave, Kalamazoo, MI 49007

Registration Fees include: Continental Breakfast, Lunch and Materials

Register **before May 21, 2018 MEMBERS: \$105/NON-MEMBERS: \$130.**

Register **After May 21, 2018: \$110/NON-MEMBERS \$132.**

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5132&AppCode=REG&CC=118042003651>

Improving Outcomes, Finance & Quality through Integrated Information Conference

June 7 & 8, 2018

Radisson Plaza Hotel at Kalamazoo Center, 100 W Michigan Ave, Kalamazoo, MI 49007.

Registration Fees Per Person: (Full Conference Includes 2 Full Breakfast; 1 Lunch and Networking Reception)

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5131&AppCode=REG&CC=118041803651>

Register Before 5/4/18 to get a reduced rate	
Full Conference Member	\$ 240.00
One Day Member	\$ 192.00
Full Conference Non-Member	\$ 280.00
One Day Non-Member	\$ 222.00
Registration Fees After May 4, 2018	
Full Conference After EB Member	\$ 276.00
One Day After EB Member	\$ 234.00
Full Conference After EB Non-Member	\$ 310.00
One Day After EB Non-Member	\$ 240.00
Registration Fees After May 22, 2018	
Full Conference Member	\$ 380.00
1 Day Member	\$ 300.00
Full 5/22 Non-Member	\$ 390.00
1 Day Non-Member	\$ 364.00

Register Now! Employment First Conference

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that "everyone who wants a job, has a job!" Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Employment First Conference: "When Everyone Who Wants A Job, Has A Job!"

July 11 & 12, 2018
Kellogg Hotel & Conference Center
East Lansing, Michigan

Registration Fee: \$50

Who Should Attend: Staff who's involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Workshop Tracks:

- Leadership
- Provider Transformation
- HCBS

Sponsored By: The Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

Additional conference details and registration information coming!

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at <https://www.macmhb.org/committees>