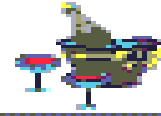




Northeast Michigan Community Mental Health Authority *Board Meetings - January 2019*



Happy New Year



All meetings are held at the Board's Main Office Board Room located at 400 Johnson St in Alpena unless otherwise noted.

* Meeting held in the Administrative Conference Room



**Board Meeting,
Thursday, January 10 @
3:00 p.m.**



**Recipient Rights
Advisory Committee*,
Wednesday, January 16
@ 3:15 p.m.**



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

January 10, 2019 at 3:00 p.m.

A G E N D A

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Approval of Minutes (See pages 1-5)
- VIII. Educational Session –Lynne Fredlund (CARF Update)
- IX. Consent Agenda (See page 6)
 - 1. Contracts
 - a. MiDeal Member Agreement
- X. January Monitoring Reports
 - 1. Emergency Executive Succession 01-006... (See page 7)
- XI. Board Policies Review and Self Evaluation
 - 1. Emergency Executive Succession 01-006... [Review] (See page 8)
 - 2. Chief Executive Role 03-001..... [Review & Self Evaluation] (See page 9)
- XII. Linkage Reports
 - 1. Northern Michigan Regional Entity
 - a. December 12th Board Meeting Report.....(Verbal Report)
- XIII. Operations Report (Available at the Meeting)
- XIV. Chair's Report
 - 1. Executive Committee Update (See page 10)
- XV. Director's Report.....(Verbal)
 - 1. NEMROC Update(Verbal)
- XVI. Information and/or Comments from the Public
- XVII. Next Meeting – Thursday, February 14 at 3:00 p.m.
 - 1. Set February Agenda..... (See page 11)
 - 2. Meeting EvaluationAll
- XVIII. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

December 13, 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, Steve Dean, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Gary Nowak, Pat Przeslawski

Absent: Bonnie Cornelius, Alan Fischer, Judy Hutchins, Eric Lawson (excused),

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Jackie Fitzgerald, Lynne Fredlund, Cathy Meske, Larry Patterson, Nena Sork, Jen Whyte @ 4:10 p.m.

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Steve Dean as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Terry Larson, supported by Albert LaFleche, to approve the minutes of the November 8, 2018 minutes as presented. Motion carried.

Judy Hutchins arrived at 3:05 p.m.

VIII. Consent Agenda

1. **NEMROC Contract**

Moved by Albert LaFleche, supported by Pat Przeslawski, to approve the Consent Agenda as presented. Roll call vote: Ayes: Lester Buza, Steve Dean, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Bonnie Cornelius, Alan Fischer, Eric Lawson. Motion carried.

Alan Fischer arrived at 3:08 p.m.

IX. Educational Session – Special Presentation

Gary Nowak reported the special presentation scheduled for this meeting will have to be postponed due to a scheduling conflict.

Alan Fischer addressed the Board notifying them of his resignation. He has accepted a trustee position in his township which meets the same night and approximate time which prohibits attending both meetings. Alan Fischer reported this Agency was instrumental in his recovery many years ago

and he will continue to serve on the Consumer Advisory Council. Gary Nowak presented Mr. Fischer with a recognition certificate and thank you note from the Director and Board.

Alan Fischer left the meeting 3:12 p.m.

X. December Monitoring Reports

1. Budgeting 01-004

The monitoring report for month ending October 31, 2018 was distributed. Larry Patterson provided an update to the financial statement. He reported the revenues and expenses noting the month ended in a deficit of \$52,816. He notes some incentives have not been received as yet so this could be a timing issue. Larry reviewed the line items with negative variances. He reported the Medicaid funds and General funds are over spent and the Healthy Michigan funds are underspent.

2. Financial Condition 01-005

The Endowment Fund financial report was not available at the November meeting and was included in the mailing to complete the Financial Condition monitoring report from November. Cathy Meske noted two other community mental health boards had reached out to her to determine how the endowment fund was established as they are interested in also setting up a fund like this.

3. Grants or Contracts 01-011

Board members reviewed the monitoring report and had no comments.

Moved by Lester Buza, supported by Roger Frye, to accept the December monitoring reports as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. Grants or Contracts 01-011

Board members reviewed the policy. Gary Nowak questioned if the limitation on the contract total of \$25,000 was still a good criteria. Cathy Meske indicated she was comfortable with that limitation. No revisions were necessary for this policy.

2. Board Member Recognition 02-011

Board members had no suggestion revisions to this policy. One Board member did comment about providing a monetary award for the various milestones. This policy mirrors that of the staff recognition policy.

3. Board Member Orientation 02-015

Board members reviewed the policy. Cathy Meske reported Lynne Fredlund and she discussed the importance of orientation for new Board members in policy governance earlier today. This Board will have two new Board members begin in April and Lynne Fredlund will assist in the orientation process.

XII. Linkage Reports

1. CMHAM

a. World Class Public Mental Health System in Michigan

Cathy Meske noted this publication was developed by the Board Association and feels this was done very well and contains good information. She obtained additional copies and Carolyn Bruning will be taking them to the various HSCC meetings. Steve Dean noted this document does contain good information however the funding also needs to be provided to assure those programs can be maintained.

b. How we are Funded

Cathy Meske reported this document was updated from one shared previously. This document also contains some interesting facts.

2. Northern Michigan Regional Entity (NMRE)

a. Board Meeting December 12, 2018

The minutes from this meeting were not available at the time of the meeting. Cathy Meske noted NMRE reports there will be a carry forward; however, not as great as anticipated. She reports there is talk about geographic considerations when addressing funding which should resolve some of those boards finding themselves in the risk corridor. She reported Eric Kurtz's, NMRE CEO, contract was renewed. A contract was also approved for MCG (Parity Software vendor).

Cathy Meske reported the Opioid Health Home which began on October 1, 2018 has about 150 individuals enrolled.

Cathy Meske reported the Board Association has requested support of the 298 pilots and this PIHP may oppose that stance. She reports more information will follow and be shared with the Board.

Cathy Meske notes the next three years will be very important to keep abreast of changes at the state level.

b. Board Meeting October 24, 2018

The minutes of this meeting were included in the mailing.

3. Consumer Advisory Council

Cathy Meske reported she presented on the Opioid Health Home overview and discussed the Operation's Report to the Council. Council members were very interested in the Operation's Report and have requested to continue receiving that report. Cathy Meske requested solicitation for Council members as there are two vacancies.

XIII. Operation's Report

Nena Sork reviewed the Operation's Report for month ending November 30, 2018. Nena reported there were 49 individuals for routine access, 87 individuals for crisis walk-ins and 57 individuals for prescreens. She noted 1,115 individuals were seen by doctors' services.

Nena Sork reports since Dr. Hoffman began in July children on stimulants have gone from 126 to 62. She notes there is about a 50% reduction in anti-psychotic medications as well. Cathy Meske reports we also have an improvement project which reviews those children on multiple medications and the improvement statistics were obtained in just over a six-month period.

Cathy Meske reports many of the behaviors in children can be caused by allergies and trauma. Dr. Banicki-Hoffman treats the whole child. The Board expressed an interest in having Dr. Banicki-Hoffman present about treatment of children for an educational session at some point.

Nena Sork reports the average case management caseload is 25. She reports this ratio is very good compared to some of our partner boards. She notes the Home-Based Children program is now fully staffed so those served in that program are increasing.

Nena Sork reports the clubhouse numbers should increase in the next few months as Touchstone is planning to increase participants.

XIV. Presentation of K of C Tootsie Roll Funds

Albert LaFleche and Roger Frye, Knights of Columbus in Montmorency County, requested suggestions on a deserving entity for funds raised in the Knights of Columbus Tootsie Roll drive. Cathy Meske had suggested Bay View Center for this purpose. Jacqueline Fitzgerald, Director of Bay View Center, was presented a check for \$660.00 from this year's drive.

XV. Chair's Report

1. Appointment of Secretary

Gary Nowak appointed Bonnie Cornelius as Secretary for the Board, replacing Alan Fischer. Diane Hayka will contact Bonnie.

2. Winter Conference

No Board member requested to attend.

3. By-Law Review

Discussion related to Section 8 and Board members agreed with striking out "avoid all personalities". Steve Dean also questioned the past by-laws and the removal of arrested but not convicted. This phrase was removed during the by-law review last year. Cathy Meske explained why this was removed. The Meeting agenda was revised. Sexual orientation was added in Section 8 "Assurances" as another non-discrimination item.

Moved by Steve Dean, supported by Judy Hutchins, to approve the proposed revisions to the By-Laws. Motion carried.

XVI. Director's Report

1. Director's Update

Cathy Meske reviewed the activities she participated since the last Board meeting. She notes one highlight of the month was attending the Monday Night Activities meeting and members receiving awards. She reported LeeAnn Bushey attended as well as she supervises the leaders of Monday Night Activities.

Cathy Meske also reviewed the MIPAD sunset recommendation with a broader inpatient access effort initiated. She notes the state will continue to focus on psychiatric bed capacity.

Cathy Meske reported the Home and Community-Based Services (HCBS) heightened scrutiny plans of correction are all in place so we are doing well in this project.

She notes the LOCUS fidelity review took place on December 3, 2018. Northeast did quite well for this being their first review for the administration of the LOCUS assessment tool.

Cathy Meske reported as a member board of the NMRE, Northeast has the largest budget deficit going in to fiscal year 2019. This may be due to budgeting practices. She notes Northeast began the fiscal year with a \$1.8M deficit. This is down from last year's deficit of \$3.2 million at the beginning of fiscal year 2018.

Cathy Meske provided a summary of the transition activities at Clubhouse getting ready to transfer management to Touchstone effective January 1, 2019.

Cathy Meske reported she met with Michigan Rural EMS Network and there are grant dollars available for specific activities and she noted much of what they had suggested are already being done with our contract with Partners in Prevention.

The November 14th Lunch for a Cause was held and \$871 was earned for this event and when added to existing total the Agency had \$1,329 for this cause. This year \$954 was spent on gifts for 79 individuals receiving services. Gifts included clothing, boots, weighted blankets, puzzles, snow gear, etc.

2. **Northland Area Credit Union – Authorized Signers**

Cathy Meske reported a needed adjustment to the account at Northland Area Credit Union. Previously, Joell Anthony was an authorized person. The Agency requests Larry Patterson, Accounting Supervisor, be added to the account as an authorized person and Joell Anthony will be removed.

Moved by Lester Buza, supported by Albert LaFleche, to approve adding Larry Patterson to replace Joell Anthony on the account at Northland Area Credit Union.

Motion carried.

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

Pat Przeslawski requested clarification on the Executive Committee meeting scheduled for Tuesday, December 18. The meeting will address the Director's contract.

XVIII. **Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, January 10, 2019 at 3:00 p.m.

1. **Set January Agenda**

The January agenda items were reviewed. Pat Przeslawski suggested a presentation be done in the future on Clubhouse.

Roger Frye addressed the legislative luncheons the agency hosted in the past. Gary Nowak suggested this task be a responsibility of the NMRE as it would have more power. Cathy Meske reported she had met with all three of the representatives individually.

XIX. **Evaluation of Meeting**

Steve Dean noted the meeting began almost on time. Steve Dean reported the Section 298 pilot initiative was good. The Operation's Report update was very good. Reports of Dr. Banicki-Hoffman's work with children was good and shows we are moving in the right direction. He looks forward to having Dr. Banicki-Hoffman present at a future Board meeting.

He noted the recommendation to have a financial reward for Board members tied to service recognition was mentioned. He reported it was a nice presentation to Bay View Center from the Montmorency Knights of Columbus by Albert LaFleche and Roger Frye.

XX. **Adjournment**

Moved by Roger Frye, supported by Albert LaFleche, to adjourn the meeting. Motion carried. This meeting adjourned at 4:13 p.m.

Bonnie Cornelius, Secretary

Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Cathy Meske
SUBJECT: Consent Agenda
DATE: December 31, 2018

1. Contract

a. MiDeal Member Agreement

This Agreement is with the State of Michigan – Department of Technology, Management and Budget. The Agreement provides purchasing power utilizing State contracts in which members can purchase goods contracted for the State at the same prices, terms and conditions as State agencies. There is a membership fee of \$180. We recommend approval of this membership.

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

Executive Limitations
Emergency Executive Succession
Annual, January 2019

POLICY STATEMENT:

In order to protect the board from sudden loss of chief executive services, the CEO may not have less than one other executive familiar with board and chief executive issues and processes.

- **Interpretation**

I interpret the policy to require plans to address two possible scenarios: 1) the temporary assumption of the CEO's responsibilities during, for example, a brief period of illness, and 2) the assumption of these responsibilities if the CEO's position were to be suddenly vacated.

- **Status**

"Scenario 1" In the event of a temporary absence there should not be a significant problem with the current administrative staffing available at the agency. The leadership team, our program managers and clinical staff are competent and capable of managing services on a day-to-day basis.

In "Scenario 2" situations, Nena Sork (Chief Operations Officer) is well-qualified to step in as interim director while the Board considered its options. Ms. Sork in fact would make fine CEO as a permanent replacement with an abundance of experience and history with this organization and the private sector. With many long standing members of the Administrative Team, I am confident the operations would not be adversely impacted, under Ms. Sork's guidance.

SUMMARY:

With the continuing pressure from the Department of Health and Human Services to reduce administrative costs, staffing restructuring is currently underway. We are fortunate to have a strong contingent of management staff members, many of whom have been employed for a lengthy period of time, on whom the Board will be able to rely if need be.

Board Review/Comments

Reasonableness Test: Is the interpretation by the CEO reasonable?

Data Test: Is the data provided by the CEO both relative and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

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

EXECUTIVE LIMITATIONS

(Manual Section)

EMERGENCY EXECUTIVE SUCCESSION

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
July 13, 2006

●1 **POLICY:**

In order to protect the board from sudden loss of chief executive services, the CEO may not have less than one other executive familiar with board and chief executive issues and processes.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

BOARD STAFF RELATIONSHIP

(Manual Section)

CHIEF EXECUTIVE ROLE

(Subject)

Board Approval of Policy
Last Revision to Policy Approved by Board:

August 8, 2002
January 11, 2007

●1 POLICY:

The CEO is accountable to the board acting as a body. The board will instruct the CEO through written policies, delegating to him or her interpretation and implementation of those policies.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

**Northeast Michigan Community Mental Health Authority
Executive Committee Meeting
December 18, 2018**

The meeting was called to order at 11:00 a.m. by Chair, Gary Nowak.

Present: Bonnie Cornelius, Roger Frye, Eric Lawson, Gary Nowak

Staff: Cathy Meske

I. Director's Contract

Moved by Gary Nowak supported by Eric Lawson to go into closed session to discuss the Director's contract. Motion carried.

Meeting adjourned to closed session 11:02 a.m.

Roll call vote to return to open session: Ayes: Bonnie Cornelius, Roger Frye, Eric Lawson, Gary Nowak

Meeting resumed at 11:45 a.m.

The Executive Committee received the retirement notice from Cathy Meske effective at the end of her contract June 30, 2019. Ms. Meske informed the Committee she would continue on until a new Director has been selected and transitioned to the position. The Agency's Job Description for the Director and the Administrative Rules provide basic requirements, which include at least a master's degree with three years of clinical/professional experience and also experience in management. Cathy Meske noted she fully supports her Executive Succession plan as written. The Executive Committee wishing to do their due diligence will advertise internally and externally in the northern Michigan region only with letters of intent to be postmarked by January 18th.

Adjournment of this meeting by the call of the Chair at 11:50 a.m.

Gary Nowak, Chair

Diane Hayka
Recorder

FEBRUARY AGENDA ITEMS

Policy Review

Asset Protection 01-007

Policy Review & Self-Evaluation

Board Committee Principles 02-005

Delegation to the Executive Director 03-002

Monitoring Reports

Treatment of Consumers 01-002 (Recipient Rights Report)

Staff Treatment 01-003 (Turnover Report)

Budgeting 01-004 (Finance Report)

Financial Condition 01-005 (CPA Audit Report)***

Asset Protection 01-007 (CPA Audit Report)***

Activity

Ownership Linkage

Educational Session

*** This will be delayed due to late onset of audit

December 21, 2018

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CMH Association and Member Activities:

Annette Pepper moving to next phase in her career

It is with mixed feelings that we are writing you with this news.

Annette Pepper, Meeting Planner Extraordinaire and our longtime colleague, has recently accepted a position as the Executive Director of Michigan Association of Osteopathic Family Physicians at NGAGE Association Management (<http://www.ngagellc.com/>). Annette's last day with us will be [January 9, 2019](#).

Annette has been one of the pillars of this Association, leading the development, design, planning, and implementation of literally hundreds of conferences, workshops, and educational events. As you know, her expertise is seen as so valuable, by MDHHS, that they proposed (and we concurred) that she be dedicated, nearly exclusively, to heading up the entire substance use disorder education and training portfolio offered through the MDHHS-CMH Association partnership.

Annette's leadership extends far beyond our Association to her leadership roles within SGMP at the state and national levels. When work needs to get done – especially complex, politically- and time-sensitive, nearly-impossible, and involving a wide range of personalities (often in conflict with each other), everyone knew to call on Annette.

Her willingness and ability to take on such projects, often thankless projects, made her a tremendous asset to this association, to MDHHS, to SGMP, to the trainers and specialists with whom she works, and to the thousands of education and training participants with whom she has worked over her seventeen years with our Association.

Annette's commitment to hard work; her dedication to this organization, to us, her colleagues, to our members, and to those whom we serve; her creativity; her intelligence; her resilience; and her selflessness will be sorely missed. All of these traits are integrated with a powerful sense of fun, a love for others, and a very clever and dry wit. She leaves very large shoes to fill.

So, please join us in congratulating Annette and wishing her the best in her new role.

St. Clair County CMH Services named CCBHC

Below is an excerpt from a recent announcement, from Deb Johnson, CEO, of the receipt by St. Clair County Community Mental Health Services of a Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant. Congratulations to St. Clair County CMH.

I am incredibly excited to announce that we have been awarded the "Improving Community Health CCBHC project" grant in the amount of \$2,000,000.00 per year for the next 2 years (CY2019 & 2020)! We submitted for this grant from SAMHSA quite a few months ago and

CMHA WEEKLY UPDATE

were told we did not receive it...however, more funds have become available and SAMHSA awarded 15 more sites across the country this grant! Very simply stated this grant will allow for greater access for mental health services and access for individuals needing only SUD services.

We also hope to become a "Certified Opioid Treatment Center. We will continue to provide updates as things start to happen.

Washtenaw CMH named CCBHC

Below is an excerpt from a recent press release on the receipt, by Washtenaw County Community Mental Health, of a Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant. Congratulations to Washtenaw CMH.

Washtenaw County Community Mental Health (WCCMH) is pleased to announce being awarded through the Substance Abuse and Mental Health Services Administration (SAMSHA) a Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant for two years, beginning December 31, 2018. CCBHCs will help transform our behavioral health system by ensuring individuals have access to a high-quality, coordinated array of mental and physical health services.

This funding will better enable Washtenaw County to provide critical mental health services to uninsured or underinsured residents. Comprehensive health care means more than just physical health; it also requires attention to mental health. This grant will provide resources necessary to increase capacity and allow more people to receive the vital mental health services needed to maintain their health and well-being.

Service delivery will include:

- * Crisis mental health services, including 24 hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- * Screening, assessment and diagnosis, including risk assessment
- * Patient-Centered treatment planning, including risk assessment and crisis planning
- * Outpatient mental health and substance use services
- * Outpatient clinic primary care screening and monitoring of key health indications and health risk
- * Targeted case management
- * Psychiatric rehabilitation services
- * Peer support and counselor services and family support
- * Intensive, community based mental health care for members of the armed forces and veterans

Reports have shown that 1 in 10 Americans with an addiction receive the necessary treatment and only 43 percent of individuals with a serious mental illness receive behavioral health care. CCBHCs main goal is to fill the gap in unmet need and expand access to community-based treatment for these populations.

CMHAM Committee Schedules, Membership, Minutes, And Information

News from Our Corporate Partners:

How Your Organization Could Become the Target of a HIPAA Audit

We often hear from smaller entities they aren't as concerned about being audited because they are small. Although they may be less likely to be selected for a random audit, there are many other ways your organization can become the subject of an audit. Disgruntled employees that may know of a valid HIPAA violation or breach can cause trouble by reporting it. Security experts are constantly monitoring the dark web for patient data and comparing it against known breaches to see if it's related to an unreported breach. Security experts have also found completely unsecured servers open to the public, usually by mistake. If an investigation is opened and it's found that the organization knew about a possible breach and didn't report it, you're very likely to see a much higher penalty. Reach out to the CMHA to get you help!

Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition, we reduce your telecom costs by 29% with no upfront costs or risk. Abilita is an independent consulting company with offices across Michigan and North America! As one of the largest independent Communications Technology consulting firms in America, Abilita has the experience needed to help members by not just identifying, but by managing the implementation of recommendations you approve. For additional information, contact: Dan Aylward, Senior Consultant, Abilita at 888-910-2004 x 2303 or dan.aylward@abilita.com.

State and National Developments and Resources:

Michigan Health Endowment Fund Partners with Altarum to Evaluate Behavioral Health Access for Michigan Residents

Over the past several months, the Michigan Health Endowment Fund (MHEF) has been engaged, with the Altarum consulting firm, in measuring behavioral health access in Michigan. This Association and other statewide healthcare organizations serve as members of the Advisory Committee for this effort.

Because the findings of this study will directly impact our system (hopefully in positive ways), Michigan policy, and those served by our system and that policy, we wanted you to be aware of this effort. As the deliverables are available for review, we will share them with you.

A short summary of this effort is provided below:

Assess the adequacy of access to behavioral health services in Michigan

Mild to moderate mental illness, serious mental illness
Substance use disorder
Outpatient, intensive outpatient, and residential services
State-wide and sub-state

Outside the scope of this project

Persons with intellectual/developmental disabilities

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Inpatient psychiatric services, chronic pain treatment, Medication Assisted Treatment
Supportive services such as housing

Dimensions of access to be measured

Presence of practitioners – supply by care type and geography

Practitioner capacity – availability and willingness to see patients

Proximity/transportation – ability of patients to get to care

Financial access/coverage – ability of patients to afford care

Cultural competency – alignment of language and cultural understanding

Project timeline and deliverables

Period of performance: July 2018 through March 2019

Deliverables due December 31, 2018:

Report on literature review/environmental scan

Final report to Health Fund staff – findings, data, methods

Outline of identified data gaps

Deliverables due March 31, 2019:

Materials to communicate findings to broader audience

Report on public investments needed to improve access

The press release announcing this initiative provides additional detail:

People living with mental illness or addiction die an average of 25 years earlier than the general population, yet many Michigan residents face barriers to critical treatment. The Michigan Health Endowment Fund (Health Fund) has commissioned a study to review and report on access to mental health and substance use disorder treatments for Michigan residents.

The Health Fund has contracted with Altarum to assess available data from every county in Michigan, identify service gaps, and make recommendations for public investment that can help more residents access life-saving treatments. The Health Fund expects the report to be complete by spring of 2019.

The study is evaluating access along several lines, including whether or not a person has insurance coverage or can afford to pay for services; the availability and cultural competency of practitioners; and the proximity or transportation options for physically getting to a service location.

“A service might exist in a county or metropolitan area, but that doesn’t mean everyone in the region has access to it,” explained Senior Program Officer Becky Cienki, who directs the Health Fund’s Behavioral Health Initiative. “If there are language barriers, or the available providers don’t participate in either Medicare or Medicaid, then effectively that patient doesn’t have access to that service. We also know there are many areas of the state with significant behavioral health workforce shortages.”

The study will include individuals with mild, moderate, or serious mental illness, substance use disorders or co-occurring disorders. The study will also specifically analyze access for the

CMHA WEEKLY UPDATE

Health Fund's two priority populations, children and older adults, as subsets of analysis regarding the broader population.

The goal of the study is ultimately to guide policy and investments around Michigan's mental health system. The study will complement ongoing work at the State level around inpatient psychiatric services and medication-assisted treatment to help provide a fuller and more detailed view of how Michigan residents are or are not accessing critical healthcare.

"The Health Fund's support will enable us to produce a comprehensive assessment of access to behavioral health care across the state, and to determine where additional public investment may be needed," says Emily Ehrlich, project lead and deputy director of Altarum's Center for Behavioral Health.

The Health Fund has committed more than \$250,000 to conduct the study and produce a report, and is leaving open the possibility of a "phase 2" to fill in data gaps that emerge during the initial scope of work. As Cienki explained, the Health Fund is "committed to understanding the big picture of behavioral health access as well as granular needs of communities within Michigan."

New Faces of the Complex Care Workforce: Reflecting and Connecting with Patients

The Center for Health Care Strategies (CHCS) recently announced a set of resources exploring the wide range of non-traditional and emerging roles in the workforce whom serve persons with complex mental health and physical healthcare needs. Excerpts from the recent CHCS announcement are provided below.

An exciting trend in complex care is how its workforce has evolved to better address patient needs. Today, organizations increasingly recognize the value of employing individuals who share experiences with the patients they serve, and who can provide a more personal approach to engagement and care coordination. Those experiencing substance use disorder, homelessness, and/or mental illness, for example, may feel stigmatized and alone, and often face numerous obstacles to accessing health care. However, with support from an individual who has "been there," many patients can receive more consistent, coordinated care, and achieve improved health outcomes.

The *New Faces of the Complex Care Workforce* series, developed by the Center for Health Care Strategies, features individuals working at complex care programs across the nation. These profiles explore the role of these "non-traditional health workers," the types of patient populations they have successfully engaged, and the challenges of sustaining these types of programs. Their titles vary — community health worker, care navigator, community paramedic,

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peer specialist — but the core benefit they provide to patients is the same: a knowledgeable care provider, often with lived experience, and an advocate for better health.

The full set of resources can be found at:

https://www.chcs.org/resource/new-faces-of-the-complex-care-workforce-reflecting-and-connecting-with-patients/?utm_source=CHCS+Email+Updates&utm_campaign=5818e4f114-NTWF+Series+Profiles+121918&utm_medium=email&utm_term=0_bbc451bf-5818e4f114-152144421

America's crisis isn't opioids—it's ignorance

Below is a recent editorial, by Ryan Hamilton, originally published in *The Hill*) Ryan Hampton is a person in recovery from heroin addiction and author of "American Fix: Inside the Opioid Addiction Crisis—and How to End It," published by St. Martin's Press. He's a nationally recognized activist and founder of the nonprofit advocacy organization The Voices Project.

I grew up in Florida, within miles of the epicenter of what we now call a national opioid crisis. I got hooked on prescription painkillers in Florida, buying green and blue tablets from the pill mills that spread through Miami. I learned to shoot heroin in Florida. I ate at the homeless shelters there, begged for change at the gas stations, and tried one treatment center after another. I experienced the opioid crisis up close and personal: I lived it.

After leaving Florida in 2013 and finding sustained recovery four years ago in California, I'm still experiencing the effects of the epidemic. Now, I see it from the other side. I work in policy, pushing for recovery related reform at the national level. I work hand-in-hand with grassroots groups across the nation to ensure that our voices are heard. This year, I've learned that if recovery is not represented at the decision-making table, it quickly falls by the wayside

I'm able to be such a vocal activist in part because I'm white. I'm the guy in the Warby Parker glasses, the hoodie, and the backpack, trying to force change everywhere I go. I see few advocates of color at the table and at higher levels of leadership — especially when funding is in play. I do my best, but I can't speak for a community I'm not part of. I *can* call out systematic problems that exclude people who are in need. The fact is, in our focus on fixing America's "opioid problem," we've fallen into the same old ignorant patterns. White, suburban, middle-class opioid users are receiving an overwhelming amount of media attention. People who look like me are in the limelight: the addiction crisis is hot right now, but only certain aspects of it actually make it to the mainstream.

We've ignored communities of color, alternate pathways to recovery, harm reduction, and substances other than opioids. As a result, meth is on the rise, as well as benzos such as Xanax. Well-intentioned advocacy from both policy leaders and grassroots groups has actually created more victims because it fails to include *all* people with substance use disorder. The divide between policy and the day-to-day struggle of people in active addiction is widening. Who cares what legal protections we have if they don't actually save lives? What's the point of creating progressive health care systems if those systems aren't accessible to *everyone* who needs them?

Furthermore, the media misrepresents small steps forward as the “finish line” while sensationalizing opioid use in specific regions. Instead of becoming more inclusive, our definition of recovery is narrowing. That squeezes out the most vulnerable members of our communities, while those with more privilege—who fit the mold of the “model addict”—get sympathy and support on their journeys to wellness. That means that, on the same day, a headline about the opioid crisis in Appalachia shares a page with a story about Senate leadership unanimously backing the new opioid bills. It doesn’t make sense. These stories are linked. They are one and the same. The average addict looks nothing like the rural poor of West Virginia—the drug epidemic affects one in three American homes. Yet, just as the media chose to sensationalize the crack epidemic as a “black problem,” addiction is once again becoming “someone else’s problem.” When we see addiction represented as something that happens to *other people*, we don’t deal with the problem that’s in our own backyards, living rooms and classrooms.

Yet, there are examples of people working hard to address the crisis without shame, stigma, or discrimination. Dayton, Ohio recently made headlines for cutting its overdose rate in half by focusing on giving help freely, to anyone who needed it. The city removed barriers to treatment by investing in public health, supporting harm reduction measures like fentanyl test kits and clean syringes, and offering diverse options for recovery support.

Miami-Dade County in Florida—the place where I hit the bottom of my addiction—is making incredible strides too, by making naloxone available literally *everywhere* and putting it in the hands of people who already use opioids. The county is also the home of the state’s first and only syringe exchange program. These two places are reversing the opioid epidemic by treating it like a public health crisis—and not shutting out people in need because they “don’t fit” the way we see addiction in the media or in budgeting meetings. Instead of assuming that a rising tide of recovery will lift all boats, they decided to build a boat that has a seat for everyone.

This year, the drug crisis worsened, even as we made incredible strides forward in leadership, policy, and breaking the stigma of addiction. Clearly, what we’re doing isn’t working broadly, for people of diverse backgrounds and needs. We can’t leave them behind and then pat ourselves on the back. We need to look at movements like AIDS activism and focus on helping people survive. Not just white people, not just straight people, not just wealthy people, not just employed people, not just housed people. *All* people.

I’m as guilty as the next person of losing sight of that goal. I, too, spent a lot of this year focused on opioids, and how they affected only the people I know. In 2019, I want to do better. We have a larger problem than opioids: we have a problem with our perception of addiction, our education about the illness and our response to this crisis. That includes the community of pain patients who are being pushed out of the discussion on opioids and penalized by stricter prescribing guidelines. In fact, we can find common ground between recovery advocates and pain patients, instead of leaving anyone on the sidelines.

This is not a problem that can be solved by separating and specializing it to death. We have the data, the tools, and the evidence that are proven to work. We need to use them and make them accessible by actually meeting people where they are. In 2019, I’m committing to making

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harm reduction and *saving all lives* my focus. You can't help someone if they're dead. All the well-crafted legislation in the world won't bring back the fathers, mothers and children who we've lost to drug-related causes. What we can do is bring help to those in need. We can give them their dignity. We can see them from the other side of the crisis, and meet them wherever they are.

The issue isn't opioids: it's ignorance. What are we actually trying to fix? Are we solving the problem, or simply eliminating the people we don't think deserve help?

I've looked at this epidemic from both sides. I know where I stand. I hope others will stand with me, and lend their voices to a movement that includes everyone and offers real, meaningful solutions. This doesn't have to be complicated. Simple measures like making naloxone widely available, offering 24/7 access to safe injection sites with fentanyl test kits and clean syringes, and connecting people with help the minute they need it ensures that they can get through 2019 alive. Together. In one piece, recovered.

State Legislative Update:

Final 2018 Lame Duck Update

This morning the House and Senate wrapped up their lame duck session. The Senate adjourned around 7:30am and the House adjourned around 8am (session started at 10am Thursday 12/20/18). Below is a run down of what passed and what did not:

Items that PASSED IN LAME DUCK

SB 601 – FY19 Supplemental Budget, Items included in the FY19 Supplemental budget related to Behavioral Health services:

- Michigan CARES Behavioral Health Hotline Includes \$3.0 million GF/GP to develop, operate, and maintain a hotline pilot program to connect individuals experiencing a behavioral health crisis with local behavioral health providers. **Gross (GF/GP) \$3,000,000 (\$3,000,000)**
- Emergent Peer Recovery Coach Services Pilot Project – One-Time Provides \$500,000 GF/GP to Growth Works for an emergent peer recovery coach services pilot project in conjunction with a hospital with at least 5 beds dedicated to stabilizing patients suffering from addiction. Pilot will provide a specialized trauma therapist and peer support specialist to assist with treatment and counseling. **Gross (GF/GP) \$500,000 (\$500,000)**

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- Autism Alliance of Michigan – One-Time Provides \$466,000 GF/GP to the Autism Alliance of Michigan to pilot a fidelity review and secondary approval for children receiving Medicaid who are evaluated for autism services. **Gross (GF/GP) \$466,000 (\$466,000)**
- Direct Care Wage Increase Includes \$16.0 million Gross (\$5.1 million GF/GP) to increase direct care behavioral health worker wages by \$0.25 per hour. Funding supports the wage increase beginning April 1, 2019. **Gross /Federal (GF/GP) \$16,000,000 10,899,500 (\$5,100,500)**
- Lakeshore Regional Entity – One-Time Includes \$3.5 million GF/GP for the Lakeshore Regional Entity PIHP. **Gross (GF/GP) \$3,500,000 (\$3,500,000)**
- Autism Train the Trainer – One-Time Includes \$45,000 GF/GP for the Walled Lake School District for an autism train the trainer certification program to train employees on applied behavior analysis. **Gross (GF/GP) \$45,000 (\$45,000)**

SUD Licensing Rules – the JCAR (Joint Committee on Administrative Rules) committee voted 10-0 to waive the 15-day legislative requirement for the Substance Use Disorder Service Program rules. LARA plans to start drafting a second round of rules in February to address this concern from the field regarding detox services.

HB 4066 & 4067 – The bills would create a new section of the Michigan Public Health Code to enact into law the "Interstate Medical Licensure Compact." The interstate compact will allow physicians to be licensed in many states simultaneously and promptly, after the respective state legislatures enact the 'model language' of the compact into state law.

HB 5152 & 5153 – creates a nonopioid directive form, which would allow patients to opt out of being administered or prescribed an opioid & HB 5153 allows a guardian to execute a nonopioid directive form.

HB 5818 – 5820 – Including guardians to mental health code, related to court order treatment.

HB 5806 – 5808 – Creates legislative framework on juvenile mental health court.

HB 5810 – revising Kevin's Law, court-appointed outpatient and inpatient care, increasing accessibility. As we mentioned earlier in the week **key language was removed from the bill** that would have required the state pay for any additional costs this bill would require:

SEC. 308A. IF THERE IS AN INCREASE IN THE NUMBER OF PERSONS REQUIRING TREATMENT UNDER SECTION 401 AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION, THE STATE MUST PAY ALL OF THE ADDITIONAL COSTS ASSOCIATED WITH THE INCREASE.

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HB 5505, 5506 & 6400 - clarify when you need to license an adult foster care home. HB 5505 proposes by not requiring licensure for settings of up to 4 adults receiving benefits from a CMH services program. HB 5506 includes transferring the cost of the FBI criminal history checks to AFC licensees beginning July 1, 2020.

HB 5439 – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website.

HB 5828 – Creates the school safety commission.

SB 962 - The bill would allow certain facilities to be dually licensed as adult foster care facilities and substance use disorder programs so that an individual seeking treatment for a substance use disorder and mental health issues could be treated at a single facility, as long as the facility was approved as a co-occurring enhanced crisis residential program.

SB 1171 – Revised version of minimum wage bill passed in September – already signed by the Governor.

SB 1175 – Earned Sick time – Changes the maximum amount of paid sick leave a person can earn to 36 hours a year, as opposed to the 72 hours in the original proposal and exempt businesses with 50 or less employees – already signed by the Governor.

Items that DID NOT PASS in Lame Duck

HB 5625 – allows mediation to start immediately with a rights dispute and not waiting until after the investigation is closed.

HB 6252 – create a Suicide Prevention Commission to work with state departments and nonprofit organizations on researching causes and underlying factors of suicide, and to prepare a report for the legislature with recommendations for reducing risk factors with yearly updates thereafter, and would sunset the Commission at the end of 2026.

SB 641 – The bill would redefine limited licensed psychologists as a “psychological associate”.

Raise the age package (HBs 4607, 4653, 4662, 4664, 4676, 4659, 4650 & 4685) – Michigan is one of only four remaining states in the United States where 17-year-olds are automatically considered

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adults for criminal offenses. To align with standard national practices, Michigan should raise the age of juvenile court jurisdiction to 18.

SB 1243 – Designed to make the new recreational marijuana law look more like the regulation that governs medical marijuana so Michigan does not have two different sets of regulation.

SB 1245-1247 – Bills would give law enforcement officials the ability to access the MAPS (Michigan Automated Prescription System) when they deem it necessary in an investigation. The bills were introduced by the Michigan State Police and being pushed by the Governor's office.

HOUSE CARES TASK FORCE

HB 5085 – dedicates 4% of the unmarked money raised through Michigan's liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than \$17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders.

HB 5460 – require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers.

HB 5461 – Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460.

HB 5524 – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid.

HB 5487 – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan.

HBs 5450-5452 – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes).

HB 6202 – MI CARES hotline would create a statewide 24 hour/7 day a week referral system for individual who are seeking services.

Federal Update:

Court Ruling Creates Uncertainty for ACA

Late last week, Judge Reed O'Connor found the Affordable Care Act (ACA) to be unconstitutional following Congress' repeal of the individual mandate penalty in 2017. Most importantly, the law remains in effect pending what is likely to be a lengthy appeals process. Nonetheless, the ruling will likely have significant impacts on the health care debate in Washington and around the country. The decision is expected to be appealed to the Court of Appeals for the Fifth Circuit, which will likely consider it at some point in 2019, and the case could eventually be heard by the Supreme Court.

DECISION

In February 2018, 20 states with Republican Governors or Attorneys General filed a lawsuit, *Texas vs. Azar*, alleging that the zero-ing out of the individual mandate made the entire ACA unconstitutional. Congress removed the tax penalty for individuals who did not obtain insurance as part of their larger 2017 tax reform package.

In his ruling, Judge O'Connor sided with the plaintiffs on two critical points by finding that:

1. The ACA's individual mandate separate from its tax penalty is unconstitutional, and
2. The other provisions of ACA are inseverable from the individual mandate and thus the entire law is invalid.

O'Connor's decision injects a new round of uncertainty in the health insurance marketplace, and for the health care sector more generally, given the sweeping nature of the December 16th ruling. This uncertainty is driven by ambiguity around the timing for proceeding and ultimately, the outcome of the legal process.

LEGAL OUTLOOK

The Affordable Care Act will remain in effect pending a "final" decision by Judge O'Connor and subsequent appeals in *Texas v. Azar*. Legal experts are overwhelmingly skeptical that Judge O'Connor's ruling will be upheld through the appeals process.

The decision is expected to be appealed to the Court of Appeals for the Fifth Circuit — with jurisdiction over Texas, Louisiana, and Mississippi — which will likely consider it at some point in 2019. While some observers argue that the case is unlikely to make it to the Supreme Court, ACA critics including White House Press Secretary Sarah Huckabee Sanders have said "we expect this ruling will be appealed to the Supreme Court."

Despite the addition of conservative judges to the Supreme Court in recent years, it is worth noting that all five Justices who initially upheld the individual mandate against an earlier legal challenge, *NFIB v. Sebelius*, (Roberts, Ginsberg, Breyer, Sotomayor, and Kagan) remain on the Supreme Court.

POLITICAL OUTLOOK

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With the ACA already top of mind for Democrats, the decision has sharpened their focus on potential “fixes” without meaningfully reducing the appetite for other health care issues on their agenda, such as drug pricing, transparency, and cost containment. The decision also has the potential to put Republicans in an awkward position, dividing the caucus between those who want to fully eliminate the ACA and more middle-of-road members who represent parts of the country where the ACA is relatively popular. This divide is also playing out in the Administration where the President Trump has praised the decision, while key federal agencies have sought to reassure individuals, providers, and the health care industry generally that the health insurance exchanges are open for business and the Centers for Medicare and Medicaid Services (CMS) demonstration programs are proceeding as planned.

During this time of uncertainty, the National Council will remain vigilant about protecting Medicaid and the Affordable Care Act, in particular, its provisions that are most important for individuals with mental health and addiction disorders. Together with our 2,900 members, we will continue our advocacy on Capitol Hill and across the country to defeat proposals that would limit access to care while fighting for new innovations, like Certified Community Behavioral Health Clinics, that promise to help communities meet the unmet need for mental health and addiction treatment in this country.

Education Opportunities:

CMHAM & Michigan Health Endowment Fund Present New Training Series: Managed Care Contracting from a Position of Strength!

Many behavioral health agencies mistakenly believe that they lack leverage with the MCOs to negotiate fair provisions in their participation agreements, overlooking legal protections available under state and federal law. In addition, many behavioral health agencies fail to position themselves to participate under value-based payment arrangements with MCOs, foregoing potential revenue streams. This full-day training will assist behavioral health agencies negotiate favorable participation agreements with MCOs. The training will address the following topics:

- Preparing for contract negotiations by identifying and assessing potential leverage points, such as regulatory leverage, market power, and competing on value;
- Evaluating managing care contracts using a team-based approach, considering an MCO’s operational and financial stability;
- Negotiating strategies and tips to make the most persuasive case; and,
- Understanding common contract terms and what language is most advantageous.

FEATURING: ADAM J. FALCONE, JD, MPH, BA, PARTNER, FELDESMAN TUCKER LEIFER FIDELL, LLP Based in Pittsburgh, PA, Mr. Falcone is a partner in FTLF’s national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. He counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters.

WHO SHOULD ATTEND:

- Nonprofit mental health providers and those mental health providers serving within the public mental health network interested in negotiating contracts with managed care organizations
- Limited attendance: only 2 people per agency may attend

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REGISTRATION: \$100 per person. The fee includes training materials, continental breakfast and lunch.

ADDITIONAL INFO: <https://macmhb.org/education>, cward@cmham.org; or 517-374-6848.

TO REGISTER, CLICK ON YOUR DATE & LOCATION:

[January 15, 2019 - Detroit Marriott, Livonia](#) *(full – registration closed)*

[January 16, 2019 - Holiday Inn & Suites, Mt. Pleasant](#) *(18 spots left)*

[January 23, 2019 - Drury Inn & Suites, Grand Rapids](#) *(1 spot left)*

[January 24, 2019 - West Bay Beach Holiday Inn](#) *(28 spots left)*

CMHAM Annual Winter Conference

The CMHAM Annual Winter Conference, "Together...We All Win!"

February 4, 2019: Pre-Conference Institutes

February 5 & 6, 2019: Full Conference

Radisson Plaza Hotel, Kalamazoo

Conference Registration will open next week. Hotel Reservations are open now:

Radisson Plaza Hotel & Suites, 100 W. Michigan Ave., Kalamazoo, MI 49007

2019 Room Rates: \$132 plus taxes (Single/Double)

When making your reservations, you will be charged one-night NON-REFUNDABLE deposit. There will be NO PHONE reservations.

To Make Your Reservations: Visit: www.radissonkz.com

Enter: check in and check out dates (conference dates only)

Click: more search options

Select: promotion code for rate type

Enter: **CMHA19** for code

Click: search and **Complete reservation**

Deadline for Reduced Rate: January 13, 2019

Cancellation Deadline: Guests have until 24 hours prior to arrival to cancel without penalty. If a reservation is canceled prior to the 24 hours the one-night non-refundable charge will still apply but there will not be any additional charges. If a guest cancels within 24 hours prior to arrival, in addition to the one-night non-refundable charge, a one-night stay fee will apply.

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes

June 11 & 12, 2019: Full Conference

Suburban Collection Showplace

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Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Administration for Community Living (ACL) announces HCBS resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.

Dan Berland; Director of Federal Policy; NASDDDS

Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)

For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: <https://www.surveymonkey.com/r/P25Z8TR>. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.

We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:

Click on the link below, or if your email program does not allow linking, copy and past the link into the address field of your Internet Browser.

<https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8>

Once you have been redirected to the Download page, select the "Download" button. When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".

Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.

Please find the link to a copy of Minnesota's "[Provider's Guide to Putting the HCBS Rule Into Practice](#)".

A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

IPSSR announces next in series to focus on opioid abuse and suicide

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Michigan State's University's Institute for Public Policy and Social Research (IPPSR) will host its first 2019 luncheon public policy forum on January 16, 2019 from 11:30 a.m. to 1:30 p.m. in downtown Lansing.

Two leading causes of death in Michigan, highest among males, are opioid overdose and suicide. While the conversation is a difficult one to have, professionals who are working with those who are vulnerable to these tragic endings, and their families, are eager to discuss possible policy changes that are likely to help curb, if not prevent, the trending crises.

Please join us for IPPSR's January forum, **Lending Light to Michigan's Double Crisis – Opioid Use and Suicide**, taking place in the Anderson House Office Building, 124 N. Capitol Ave., directly across from the Michigan Capitol grounds in downtown Lansing. As previously noted, the forum discussion will run from 11:30 a.m. to 1:30 p.m. and is free and open to the public. Pre-registration is strongly encouraged online at <http://bit.ly/IPPSRForum> as open seats and lunch is on a first-come, first-serve basis. January's panel includes:

Jennifer E. Johnson, PhD, C. S. Mott Endowed Professor of Public Health; Professor of OBGYN, Psychiatry and Behavioral Medicine with the College of Human Medicine at Michigan State University

Juli Liebler, Ph.D., Assistant Professor and Director of Outreach with Michigan State University School of Criminal Justice, Former Chief of Police for the City of East Lansing, and FBI National Academy Graduate

In addition to the January 16 forum, IPPSR also will host Public Policy Forums on February 13, March 13, April 17, and May 8. Previous forums may be viewed on the IPPSR website. We hope you will take this opportunity to learn, contribute, and network with others who have interest in forum topics.

Social determinants of health to be focus of MSU Colleges of Medicine and Nursing seminar

SAVE THE DATE

Michigan State university's College of Human Medicine and College of Nursing present:
Social Determinants of Health: A Call to Action
Speaker: Dr. Mona Hanna-Attisha

Conrad Auditorium
Polycom G029 DMC, UC3 208 Macomb, 120 Secchia Grand Rapids
Wednesday, January 16, 5–7:30 p.m.
Dinner 5-6 p.m., Program 6-7:30 p.m.
RSVP to: <https://bit.ly/2Lc7gpQ>

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

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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.

- *Training Full:* January 23 – Lansing [Click Here to Register for January 23](#)
- February 20 – Lansing [Click Here to Register for February 20](#)
- March 13 – Lansing [Click Here to Register for March 13](#)
- April 24 – Troy [Click Here to Register for April 24](#)

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

\$115 CMHAM Members

\$138 Non-Members

Miscellaneous News and Information:

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: \$57,000 to \$73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

- Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or

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another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.

- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: <https://www.mpas.org>.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284

First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219

Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124

Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972

Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact information:

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

Alan Bolter, Associate Director, abolter@cmham.org

Christina Ward, Director of Education and Training, cward@cmham.org

Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org

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Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org

Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org

Dana Owens, Accounting Clerk, dowens@cmham.org

Michelle Dee, Accounting Assistant, acctassistant@cmham.org

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December 14, 2018

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CMH Association and Member Activities:

Association Staffer, Carly Sanford, Earns her GMS

Carly Sanford, Training and Meeting Planner for the Community Mental Health Association of Michigan has earned her Government Meeting Specialist certificate. Government Meeting Specialist is a certificate program that provides the knowledge needed to carry out functions of a meeting professional. Congratulations Carly!

Annette Pepper Earns her MBA

Annette Pepper, Training and Meeting Planner for the Community Mental Health Association of Michigan recently earned her Master's in Business Administration from Michigan State University. Congratulations Annette!

Open house announced for Macomb CMH CEO

John Kinch Retirement Open House
Tuesday, December 18th
3:00 - 5:00 pm
Macomb County CMH Administration Building
22550 Hall Road, Clinton township

Refreshments and snacks will be served.
Any inquiries, please send to lynne.pulliam@mccmh.net

CMHAM Committee Schedules, Membership, Minutes, And Information

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

News from Our Corporate Partners:

Abilita Stresses that Harsher HIPAA Audits are to Come

Below is an update, from Abilita, a longstanding corporate partner of the CMH Association of Michigan.

In years past, the Health and Human Services Office for Civil Rights have used audits as more of a way to educate. The OCR is increasing their enforcement over the last three years and they are now looking to use new tools to "hold bad actors accountable", according to OCR Director Roger Severino. The OCR could use tactics such as organizations being forced to pay victims of a breach, corrective action plans, legal action, and statutory penalties. The OCR HIPAA audit program is self-funded by

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finest they collect, giving them even more reason to increase their efforts. If you know you don't have a proper plan in place or need help, reach out to the CMHA to get you help!

Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition, we reduce your telecom costs by 29% with no upfront costs or risk. Abilita is an independent consulting company with offices across Michigan and North America! As one of the largest independent Communications Technology consulting firms in America, Abilita has the experience needed to help members by not just identifying, but by managing the implementation of recommendations you approve. For additional information, contact: Dan Aylward, Senior Consultant, Abilita at 888-910-2004 x 2303 or dan.aylward@abilita.com

State and National Developments and Resources:

Lt. Gov. Calley: Michigan autism progress includes top 10 ranking for certified behavior analysts

Below is an excerpt from a recent press release regarding the progress that Michigan has made in expanding autism services to children, adolescents, and young adults across the state.

State Plan highlights autism successes since 2012, future needs

Michigan has gone from 33rd to 10th in the nation for the number of certified behavior analysts and has made great strides in supporting autism services since 2012, Lt. Gov. Brian Calley announced today.

"ABA therapy is often life changing for a child with autism, greatly helping them develop the skills and confidence needed to live a self-determined independent life," Calley said. "I'm so proud that we are now 10th in the nation for the number of certified behavior analysts and have 10 universities with behavior analyst degree programs. All of this work is making a difference and I look forward to seeing this progress continue."

There are now 873 behavior analysts certified in Michigan, up from 118 analysts in 2012. The improvements are highlighted in the [Michigan Autism Council's Autism Spectrum Disorder \(ASD\) State Plan 2018 Progress and Recommendations Report](#), issued today by the Michigan Department of Health and Human Services (MDHHS). The report highlights the successes and future needs related to autism in Michigan.

Achievements also include:

- Ten Michigan universities now have behavior analyst degree programs

- Behavior analyst licensure legislation passed in Michigan (Dec. 2016)

- ABA services for Medicaid beneficiaries expanded to cover birth through 20 years old (Jan. 2016)

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ABA services for Medicaid beneficiaries covered for 18 months through five years old (April 2013)

Passage of autism insurance reform (April 2012)

Creation of the Autism Council (July 2012)

“While impressive changes have occurred in the past several years, Michigan is diverse in its geography and population, and improvements in state systems and services need to be made more consistent throughout the state,” said Amy Matthews, Vice-Chairperson of the Michigan Autism Council. “The Autism Council is eager to continue the progress that has been made so far to improve the lives of Michigan families and this report provides a wonderful blueprint for doing so in the years to come.”

Recommendations in the progress report are provided across six areas:

Family engagement and involvement

Early identification and early intervention services

Educational supports and services

Adult services and supports

Physical, mental, and behavioral health

Infrastructure to meet focus area goals and recommendations.

“The State of Michigan is fortunate to have the support of the Michigan Autism Council in leading the way forward on this important issue,” said Lisa Grost, Manager of the Autism Section within MDHHS. “Michigan families have greatly benefited from the commitment and dedication of the Michigan Autism Council and this report is another vital step in keeping that momentum going.”

The Michigan ASD State Plan 2018 Progress Review and Recommendations can be viewed in its entirety at www.michigan.gov/autism.

MDHHS announces uses for federal State Opioid Response funds

Below is the recently distributed list of the projects that the State of Michigan is supporting with the federal State Opioid Response (SOR) dollars.

Total Annual Award: \$27,914,639

<i>Program</i>	<i>Grantee/ Contracting Body</i>	<i>Requested Allocation: Year 1</i>	<i>Description</i>	<i>Direct Service Requiring GPRA?</i>
<i>Administration</i>				
Administration, Evaluation, and Data Collection.	OROSC, WSU, MPHI	\$1,464,653	SOR permits up to 5% of the grant award to be spent on “infrastructure development” at the SSA level. This includes adopting or enhancing	No

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			<p>computer systems, training/workforce development, policy development, and project evaluation. This also covers staffing costs for the SSA. SOR permits up to 2% of the grant award to be spent on "data collection and performance measurement" to meet the standards of the GPRA Modernization Act of 2010.</p>	
Prevention				
<p>PIHP Administrative Needs</p>	<p>PIHPs</p>	<p>\$881,502.00</p>	<p>Mandate that each PIHP hire an SOR Coordinator for the duration of the grant to coordinate SOR activities and prevent overlapping efforts with STR. Half the position (0.5 FTE) will be funded with prevention funds and half (0.5 FTE) will be funded with treatment funds.</p>	<p>No</p>
<p>Youth/Family Oriented Prevention EBPs</p>	<p>PIHPs</p>	<p>\$977,000.00</p>	<p>Provide up to 4 youth/family-oriented Evidence-Based or Promising Practice programs; each PIHP will be able to choose 2 programs to fund during grant year 1. Programs include: Guiding Good Choice, Project Towards No Drugs, Botvins</p>	<p>No</p>

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			Life skills, and Prime For Life.	
OEND with Harm Reduction	PIHPs	\$986,313.00	As the PIHPs will each have funding for OEND from the STR grant, this award will require PIHPs to demonstrate additional naloxone purchasing and training opportunities to receive additional funding. PIHPs will also be able to fund other harm reduction activities, such as purchasing fentanyl strips.	No
Statewide Trainings for Prevention EBPs	CMHAM	\$420,674	Trainings will include: Guiding Good Choices, Botvins Lifeskills, Project Toward No Drugs, Prime for Life, and the Grief and Loss Support Curriculum	No
Media Campaign	OROSC/Department of Communications	\$ 1,000,000	Develop a statewide media campaign to increase awareness of treatment options. Rebranding of OROSC.	No
Michigan CARES	Dr. Cara Poland – MSU/Spectrum Health	\$783,895	Create a curriculum to train physicians to attain accreditation in Addiction Medicine (AM) via the practice pathway during the transitional phase as the American Board of Preventive Medicine creates an AM subspecialty. Also	No

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			begin development of a curriculum for medical students on addiction medicine.	
Medicaid Drug Utilization Review	MDHHS Office of Medical Affairs (OMA)	\$1,540,200	This program will educate prescribers who are writing scripts for dangerously high levels of opioids for chronic pain. MDHHS (through the Office of Medical Affairs) would prescreen providers' prescribing habits and identify outlier patients and prescribers. MPRO and Columbia Healthcare Analytics will design outreach specifically for those providers by incorporating another prescriber from the provider's field and 2 additional physicians. Project ECHO and other resources will be utilized as needed for additional support for prescribers.	No
Older Adult Prevention EBPs	MSU Extension	\$301,044	MSU Extension would offer programming for older adults across the state through the Wellness Initiative for Senior Education, Chronic Pain and Chronic Disease Self-Management	No

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			Programs, and "Stress Less with Mindfulness".	
Pain Management Procedural Care	MI-OPEN (University of Michigan)	\$1,907,422	This project will make further advances in opioid prescribing practices after surgery and dentistry by developing perioperative care pathways, refining and implementing prescribing recommendations through Collaborative Quality Initiatives, educating dentists by creating a new CDE curriculum, and coordinating an interprofessional network focused on improving opioid stewardship and coordinated care.	No
<i>Prevention Total: \$8,798,050.00</i>				
Treatment				
GPRO Incentives	PIHPs	\$188,335.00	Incentives to encourage providers to complete required GPRO data collection.	No
Statewide Trainings for Treatment	CMHAM	\$220,674	Contracted training with CMHAM for EBPs.	No
Peers in FQHCs, Urgent Care, and other out-patient settings for SBIRT	PIHPs	\$805,050.00	This project would serve to implement Peer Recovery Coaching services in outpatient settings such as FQHC's or Urgent Care.	No
Mobile Care Units	PIHPs	\$920,000.00	These units would bring counseling/therapy and physical health	Yes

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			<p>services to OUD patients. The units would be retrofitted vans/buses with at least one private room for counseling. There would also be an area for intake/scheduling. There is the potential to have a bathroom incorporated for urine screening. Harm reduction activities could be incorporated with the mobile care units such as fentanyl strips and naloxone. The units could also have a telehealth component.</p>	
<p>OUD Treatment Costs</p>	<p>PIHPs</p>	<p>\$522,500.00</p>	<p>This would be funding awarded specifically to cover the costs of uninsured/under-insured patients for OUD treatment services. Patients receiving these services must have data collected relevant to the GPRA Act. Treatments will need to be defined and reported on.</p>	<p>Yes</p>
<p>Opioid Health Homes Expansion</p>	<p>PIHP – Region 1 only</p>	<p>\$4,000,000</p>	<p>Expand the OHH program currently set to start in Region 2 to Region 1.</p>	<p>Yes</p>
<p>Jail-Based MAT Expansion</p>	<p>PIHPs</p>	<p>\$924,967.00</p>	<p>Expand the development of jail-based MAT programs, possibly modeled on programs</p>	<p>Yes</p>

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			developed in Regions 4, 5, 8, or others. PIHPs would need to demonstrate that expansion of jail-based MAT programs through SOR are distinct from those under STR.	
Telehealth to Support Medication-Assisted Therapies in Rural Michigan	Michigan Opioid Collaborative – Dr. Amy Bohnert (University of Michigan)	\$1,006,809	MOC will conduct a needs assessment, establish nurse care-manager led care coordination, offer telehealth-based psychotherapy, and create a dissemination toolkit.	Potentially
MISSION MI-REP Expansion	Wayne State University, UMass, MDOC, PIHPs	\$1,906,392	Expand the MISSION MI-REP program to Kent and Monroe County. Expand to both jails and prisons.	Yes
Direct Provider Support for Medication Assisted Treatment (MAT)	Opioid Funders Collaborative	\$1,000,000	Allows the Opioid Funders Collaborative to create a grant-making program for MAT providers.	Potentially
DBT Training and Patient Follow Up	CMHAM	\$125,000	Provide training on DBT and request follow up on utilization and patient outcomes.	Potentially
Acudetox Training	CMHAM	\$120,000	Provide training on acudetox and request follow up on utilization and patient outcomes.	Potentially
Mindfulness Training	CMHAM	\$75,000	Provide training on mindfulness and request follow up on utilization and patient outcomes.	Potentially

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Hope Not Handcuffs Expansion	Families Against Narcotics, MSP	\$2,877,378	Support the expansion of Hope Not Handcuffs to 8 new counties.	No
<i>Treatment Total: \$14,692,105.00</i>				
Recovery				
Recovery Housing	PIHPs	\$1,111,000.00	Cover the recovery housing costs of individuals. Assist recovery houses with bringing outpatient services to the location as needed.	Yes
Individualized Placement and Support (IPS) 18-25	PIHPs (Regions 6, 7, 9, and 10)	\$210,000.00	Support training and employment placement for 18-25 year old clients with OUD.	Yes
24 Hour Peer Line	PIHPs	\$500,000	Cover staffing and start-up costs for a 24hr statewide Peer Line. This phone-based service would allow people with OUD or at risk of OUD to call at any time and receive support for maintaining recovery, crisis support, and potentially referrals to other resources.	Yes
OUD Recovery Services Costs	PIHPs	\$467,900.00	This would be funding awarded specifically to cover the costs of uninsured/under-insured patients for OUD recovery services. Recovery services will need to be defined and reported on.	Yes
ITC Peer Recovery Support	Inter-Tribal Council	\$670,931	Implement a culturally tailored evidence-based model that integrates peer recovery support services with culturally responsive, trauma informed, co-occurring mental health and substance abuse treatment.	Yes
<i>Recovery Total: \$2,959,831</i>				
Total Requested Grant Year 1: \$27,914,639				

Why don't consumers have more access to supported employment?

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Below are excerpts from a recent analysis conducted by Open Minds (a nationally renowned mental health consulting group and publisher), on supported employment access.

Accessing supported employment services can be a challenge for consumers with serious mental illness (SMI). Only about 2.1% of consumers with SMI who received mental health services through their state mental health agency had access to supported employment (SE) in 2016—with accessing ranging across states from nearly 28% in Vermont to 0% in 11 states (see *2% Of People With SMI Receiving Public Mental Health Services Receive Supported Employment Services*).

There are two primary funding streams for supported employment. The Department of Education's Vocational Rehabilitation Program, which provides funding to state vocational rehabilitation agencies for supported employment services through Title IV-B or Supported Employment for Individuals With the Most Significant Disabilities grants, provided total funding of around \$27 million in 2017 (see *Supported Employment State Grants: Funding Status*). State Medicaid programs provide funding for supported employment as an optional service - states can choose to provide the service, but are not required to (see *How Are Supported Employment Services Funded & Delivered?*). The question we wanted to answer is: Why are there so few consumers with SMI receiving supported employment services? I turned to our team at OPEN MINDS. They offered several possible explanations.

First, historically the focus on SE has been on the intellectual/developmental disabilities (I/DD) population, not the SMI population. This means that provider organizations serving SMI consumers may not have the awareness or training needed to provide SE. This lack of awareness may lead to provider organizations looking to other supports and service for consumers. Second, in spite of funding, resources are limited. SE may not be a priority in every organization's portfolio of services—and Medicaid and grant funding for SE needs to be supplemented by the provider organization to cover non-reimbursable components of SE programs. Fear and resistance to employment from consumers and their families, coupled with stigma about the mental health community from employers, also created barriers.

OPEN MINDS senior associate George Braunstein was surprised at the low percentage, considering the importance of the service, and he questioned whether SE was the primary way most provider organizations seek employment for consumers. He noted that there are several ways of getting employment for consumers—such as vocational rehab and job training—that can be more affordable ways for consumer to get access to vocational training. This is especially true through peer run organizations.

I also reached out to *OPEN MINDS* senior associate Bob Dunbar, who has extensive experience as the chief executive officer of an organization that he described as "a comprehensive community mental health center that provided award winning supported employment services to people with serious mental illness." His organization received a SAMHSA grant to financially support the development and operation of supported employment, in partnership with Dartmouth, to train staff in the model. He noted:

I think there are many factors that contribute to the scarcity of supported employment (SE) services for people with SMI. First, although it's a SAMHSA-identified and evidence-based practice, vocational services have historically been available in the I/DD

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system but not in mental health system (see Supported Employment Evidence-Based Practices (EBP) KIT). Mental health staff are generally not trained in the SE model, and they typically don't view vocational services such as SE as a critical component of their business model or continuum of services. In many respects I view the lack of training and failure to identify SE as an essential service as the primary factor impacting the availability of SE in mental health services.

Then there are financial issues. Most mental health providers organizations will encounter financial barriers to the provision of SE services. Medicaid may reimburse for certain components of SE, but many critical elements of SE including job search, job placement, and on-site coaching are often not reimbursable. Also, many state mental health authorities do not identify SE as an essential mental health service eligible for public mental health authority funding. In some states the public mental health authority and/or publicly-funded mental health providers have collaborated with state vocational rehabilitation agencies to access services in support of SE, but this is not common.

And, there are consumer and caregiver perceptions to deal with. People with serious mental illness and/or their family member care givers may resist SE because they fear that paid employment will jeopardize receipt of disability, Medicaid, and other benefits. SE providers must engage SMI consumers and caregivers in an assessment of the impact of paid employment on continued receipt of benefits.

Finally, there is stigma—more broadly and within the health care community. Job-finding and placement is a key component of all SE programs. The ability of a SE provider to successfully place a person with SMI in a paid position is impacted by "stigma" as well as the "job market." While stigma and the job market will impact SE placements, effective SE programs are able to locate and partner with select organizations committed to making opportunities available to disadvantaged populations, who will also add value to the employer. There certainly are mental health organizations that don't believe that people with SMI have the capacity for paid employment. However, organizations with a history of prioritizing services to people with serious mental illness realize that with proper training and support employment is a realistic and worthwhile goal.

Employment is an important part of recovery for consumers with SMI. As we move towards a more value-based market that is focused on "whole person" outcomes and consumer-directed care, meeting both the health care and social support needs of consumers will become essential. Supported employment is an evidence-based, a reimbursable program that is currently being under-utilized in mental health care. This is one path that executive teams of specialty provider organizations can utilize as part of their comprehensive care strategy.

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2018 Lame Duck Legislation

The third week of lame duck session is complete, one more week is scheduled. This was a very busy week, below is a brief update regarding the legislative items of interest to the public mental health system (highlighted is the action that took place this week):

SUD Licensing Rules – On Tuesday, the JCAR (Joint Committee on Administrative Rules) committee voted 10-0 to waive the 15-day legislative requirement for the Substance Use Disorder Service Program rules. LARA plans to start drafting a second round of rules in February to address this concern from the field regarding detox services.

HB 4066 & 4067 – The bills would create a new section of the Michigan Public Health Code to enact into law the "Interstate Medical Licensure Compact." The interstate compact will allow physicians to be licensed in many states simultaneously and promptly, after the respective state legislatures enact the 'model language' of the compact into state law. – **Passed the full Senate on Thursday and sent back to the House for concurrence.**

HB 5152 & 5153 – creates a nonopioid directive form, which would allow patients to opt out of being administered or prescribed an opioid & HB 5153 allows a guardian to execute a nonopioid directive form. – **Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

HB 5625 – allows mediation to start immediately with a rights dispute and not waiting until after the investigation is closed. – **Referred to Senate Health Policy Committee, but no further action.**

HB 5818 – 5820 – Including guardians to mental health code, related to court order treatment. – **Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

HB 5828 – Creates the school safety commission – **NO ACTION this week.**

HB 5806 – 5808 – Creates legislative framework on juvenile mental health court – **Passed out of the Senate Judiciary Committee, waiting action by full Senate.**

HB 6252 – create a Suicide Prevention Commission to work with state departments and nonprofit organizations on researching causes and underlying factors of suicide, and to prepare a report for the legislature with recommendations for reducing risk factors with yearly updates thereafter, and would sunset the Commission at the end of 2026 – **Passed the full House on Wednesday and referred to the Senate Health Policy Committee.**

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SB 745 - clarify when you need to license an adult foster care home... We want to make sure home that are currently unlicensed (if you own or rent your own home) remain unlicensed. – **Not going to move, HB 5505 is moving and has the same language to resolve the AFC licensing issue as SB 745 proposes by not requiring licensure for settings of up to 4 adults receiving benefits from a CMH services program, BUT HB 5506 is also moving and it 5506 includes transferring the cost of the FBI criminal history checks to AFC licensees beginning January 1, 2020. This cost transfer is proposed under HB 5506 – HB 5505 & 5506 Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

SB 962 - The bill would allow certain facilities to be dually licensed as adult foster care facilities and substance use disorder programs so that an individual seeking treatment for a substance use disorder and mental health issues could be treated at a single facility, as long as the facility was approved as a co-occurring enhanced crisis residential program. **Passed the full House on Tuesday and headed to the Governor.**

SB 641 – The bill would redefine limited licensed psychologists as a “psychological associate”. **NO ACTION this week.**

Raise the age package (HBs 4607, 4653, 4662, 4664, 4676, 4659, 4650 & 4685) – Michigan is one of only four remaining states in the United States where 17-year-olds are automatically considered adults for criminal offenses. To align with standard national practices, Michigan should raise the age of juvenile court jurisdiction to 18 – **NO ACTION this week and officially dead in lame duck.**

SB 1171 – Revised version of minimum wage bill passed in September – **Passed both Chambers and sent to the Governor.**

SB 1175 – Earned Sick time – **Passed both Chambers and sent to the Governor. Changes the maximum amount of paid sick leave a person can earn to 36 hours a year, as opposed to the 72 hours in the original proposal and exempt businesses with 50 or less employees – Passed both Chambers and sent to the Governor.**

SB 1243 – Designed to make the new recreational marijuana law look more like the regulation that governs medical marijuana so Michigan does not have two different sets of regulation – **NO ACTION this week and officially dead in lame duck.**

SB 1245-1247 – Bills would give law enforcement officials the ability to access the MAPS (Michigan Automated Prescription System) when they deem it necessary in an investigation. The bills were introduced by the Michigan State Police and being pushed by the Governor’s office – **Passed out of the House Health Policy Committee and waiting for action on the House floor.**

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FY19 Supplemental Budget – NO ACTION, this will move next week.

HOUSE CARES TASK FORCE

HB 5085 – dedicates 4% of the unmarked money raised through Michigan’s liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than \$17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders. **NO ACTION**

HB 5439 – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website. **NO ACTION**

HB 5460 – require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers. **NO ACTION**

HB 5461 – Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460. **NO ACTION**

HB 5524 – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid. **NO ACTION**

HB 5487 – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan. **NO ACTION**

HBs 5450-5452 – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes) . **NO ACTION**

HB 5810 – revising Kevin’s Law, court-appointed outpatient and inpatient care, increasing accessibility. **Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

HB 6202 – MI CARES hotline would create a statewide 24 hour/7 day a week referral system for individual who are seeking services. **NO ACTION**

Federal Update:

New Federal Analysis of Behavioral Health Care Workforce Released

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The Health Resources & Services Administration (HRSA) recently released national-level behavioral health workforce estimates for 2016 through 2030. The analysis, which was mandated by the 21st Century Cures Act, highlights how workforce shortages and an unequal distribution of providers have intensified access to care challenges for patients. HRSA reiterated that continued analysis on the behavioral health care workforce was essential to combatting the ongoing opioid crisis and noted that these findings aim to provide information on trends within the mental health and substance use disorder provider workforce.

OVERVIEW

In the report, HRSA explains that the magnitude of provider shortages can vary greatly, as certain areas of the country have few or no behavioral health providers available, according to HRSA analysis. Further, the shortage of a qualified behavioral health workforce is exacerbated by high turnover rates, a lack of professionals, aging workers and low compensation.

Among the key details of the report, HRSA calls to align efforts to build the behavioral health workforce with other work to address social determinants of health and improve delivery of mental health and substance use disorder treatments services. Greater integration of behavioral health services with other health services was stressed, and the health agency reported that the extent to which primary care providers are preventing, screening, or referring for mental health and substance use disorder services is an area still under active study.

HRSA explained that the following factors could help increase access to behavioral health services: (1) the use of health information technology; (2) elevation of prevention and recovery-oriented systems; (3) strengthening the quality of care and services delivered; (4) easing administrative burdens for physicians; (5) facilitating shifts in health care delivery models towards team-based care; (6) fully embracing telemedicine modalities; and (7) focusing attention on the value of using peers and paraprofessionals in behavioral health care delivery.

On Capitol Hill, the National Council and its members have worked to create policies to better help community-based mental health and addiction treatment providers attract and retain a well-trained workforce. In the recently-enacted Opioid package (H.R. 6), the National Council secured a provision to create a new federal student loan forgiveness program for individuals working in addiction treatment and recovery support. Additionally, the National Council has supported legislation to create a similar program for mental health professionals. The National Council has also been a longtime advocate of the Mental Health Access Improvement Act (S. 1879/ H.R. 3032), which would allow licensed professional counselors and marriage and family therapists to bill Medicare for their services.

DETAILED ANALYSIS

HRSA produced the following occupation-specific analyses on the behavioral health care workforce:

- Addiction Counselors — At the national level, the supply of addiction counselors is projected to increase 6 percent between 2016 and 2030. Demand for addiction counselors may increase anywhere between 21 to 38 percent by 2030, resulting in a deficit of addiction counselors. (Fact Sheet)

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- Marriage and Family Therapists — At the national level, the supply of marriage and family therapists is expected to increase by 41 percent between 2016 and 2030. Demand for marriage and family therapists may increase by 14 percent by 2030, suggesting the U.S. will have a sufficient supply to meet projected demand. ([Fact Sheet](#))
- Mental Health and School Counselors — At the national level, the supply of mental health counselors is projected to increase by 13 percent between 2016 and 2030, with demand increasing by 18 to 20 percent over the same time period. This would result in a deficit of mental health counselors by 2030. The supply of school counselors is projected to increase by 101 percent between 2016 and 2030 and increase in demand by one to three percent. This would allow for a modest surplus of school counselors by 2030. ([Fact Sheet](#))
- Psychiatric Technicians and Psychiatric Aides — HRSA did not predict changes in supply, due to unique challenges in determining future competitiveness of wages, benefits, and workplace characteristics in the model used. Demand for psychiatric technicians is expected to increase anywhere from 13 to 16 percent, whereas demand for psychiatric aides may increase by 16 percent. ([Fact Sheet](#))
- Psychiatric Nurse Practitioners (NPs) and Psychiatric Physician Assistants (PAs) — Between the years 2016 and 2030, the national supply of psychiatric NPs and PAs is projected to grow by 67 percent. Demand for psychiatric NPs and PAs is expected to increase by 17 percent, resulting in a sufficient supply of NP and PA services by 2030. ([Fact Sheet](#))
- Psychiatrists — At the national level, approximately 39,180 psychiatrists were active in the U.S. workforce in 2016, but by 2030, the supply of psychiatrists is expected to decrease by approximately 27 percent given the number of psychiatrists entering, leaving, and changing work hours. Demand for psychiatrists is expected to increase by six percent, resulting in a shortage of psychiatrists by 2030. ([Fact Sheet](#))
- Psychologists — At the national level, approximately 92,990 psychologists were active in the U.S. workforce in 2016, but by 2030, the supply of psychologists is expected to increase by approximately 13 percent. Demand for psychologists is expected to increase by seven percent, resulting in a shortage of psychologists by 2030. ([Fact Sheet](#))
- Social Workers — Between 2016 and 2030, the national supply of social workers with a graduate degree is projected to grow from 232,900 FTEs to 520,450, or 123 percent. Demand is expected to increase by 15 percent, resulting in a sufficient supply of graduate degree-prepared social workers to meet projected demand growth in 2030. ([Fact Sheet](#))

Additionally, HRSA conducted [analysis](#) on state-level projections of supply and demand for behavioral health occupations from 2016 to 2030. The health agency also [estimated](#) of the number of new entrants into the behavioral health workforce between 2016 and 2021, and predicts an additional 276,400 behavioral health workers by 2021.

Education Opportunities:

CMHA WEEKLY UPDATE

CMHAM & Michigan Health Endowment Fund Present New Training Series: Managed Care Contracting from a Position of Strength!

Many behavioral health agencies mistakenly believe that they lack leverage with the MCOs to negotiate fair provisions in their participation agreements, overlooking legal protections available under state and federal law. In addition, many behavioral health agencies fail to position themselves to participate under value-based payment arrangements with MCOs, foregoing potential revenue streams. This full-day training will assist behavioral health agencies negotiate favorable participation agreements with MCOs. The training will address the following topics:

- Preparing for contract negotiations by identifying and assessing potential leverage points, such as regulatory leverage, market power, and competing on value;
- Evaluating managed care contracts using a team-based approach, considering an MCO's operational and financial stability;
- Negotiating strategies and tips to make the most persuasive case; and,
- Understanding common contract terms and what language is most advantageous.

FEATURING: ADAM J. FALCONE, JD, MPH, BA, PARTNER, FELDESMAN TUCKER LEIFER FIDELL, LLP Based in Pittsburgh, PA, Mr. Falcone is a partner in FTLF's national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. He counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters.

WHO SHOULD ATTEND:

- Nonprofit mental health providers and those mental health providers serving within the public mental health network interested in negotiating contracts with managed care organizations
- Limited attendance: only 2 people per agency may attend

REGISTRATION: \$100 per person. The fee includes training materials, continental breakfast and lunch.

ADDITIONAL INFO: <https://macmhb.org/education>, cward@cmham.org; or 517-374-6848.

TO REGISTER, CLICK ON YOUR DATE & LOCATION:

[January 15, 2019 - Detroit Marriott, Livonia](#) *(full – registration closed)*

[January 16, 2019 - Holiday Inn & Suites, Mt. Pleasant](#) *(27 spots left)*

[January 23, 2019 - Drury Inn & Suites, Grand Rapids](#) *(7 spots left)*

[January 24, 2019 - West Bay Beach Holiday Inn](#) *(28 spots left)*

CMHAM Annual Winter Conference

The CMHAM Annual Winter Conference, "Together...We All Win!"

February 4, 2019: Pre-Conference Institutes

February 5 & 6, 2019: Full Conference

Radisson Plaza Hotel, Kalamazoo

Hotel Reservations and Conference Registration will open on Wednesday, December 19, 2018.

CMHA WEEKLY UPDATE

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

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

Note: Hotel reservation and Conference registration are not available at this time.

Administration for Community Living (ACL) announces HCBS resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.

Dan Berland; Director of Federal Policy; NASDDDS

Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)

For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: <https://www.surveymonkey.com/r/P25Z8TR>. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.

We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:

Click on the link below, or if your email program does not allow linking, copy and past the link into the address field of your Internet Browser.

<https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8>

Once you have been redirected to the Download page, select the "Download" button. When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".

Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.

CMHA WEEKLY UPDATE

Please find the link to a copy of Minnesota's "[Provider's Guide to Putting the HCBS Rule Into Practice](#)".

A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

Upcoming Webinars in the HCBS TA Fall 2018 Series:

As a friendly reminder, ACL is hosting a third webinar this Thursday, December 13th from 2:00-3:30 p.m. ET on "HCBS Systems Change after STP Final Approval". Speakers include Patti Killingsworth with State of Tennessee's TennCare, and Dr. Lisa Mills (a consultant to several states in advancing progressive reimbursement methodologies to incentivize increased community integration among Medicaid HCBS beneficiaries). You can still register at the following link:

https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings&Conference_ID=8297364&passcode=3425402.

This will be our third and final webinar for the HCBS TA Fall 2018 Series, but stay tuned for more information on our 2019 HCBS Virtual Technical Assistance Series, which will launch in January 2019.

IPSSR announces next in series to focus on opioid abuse and suicide

Michigan State's University's Institute for Public Policy and Social Research (IPSSR) will host its first 2019 luncheon public policy forum on January 16, 2019 from 11:30 a.m. to 1:30 p.m. in downtown Lansing.

Two leading causes of death in Michigan, highest among males, are opioid overdose and suicide. While the conversation is a difficult one to have, professionals who are working with those who are vulnerable to these tragic endings, and their families, are eager to discuss possible policy changes that are likely to help curb, if not prevent, the trending crises.

Please join us for IPSSR's January forum, **Lending Light to Michigan's Double Crisis – Opioid Use and Suicide**, taking place in the Anderson House Office Building, 124 N. Capitol Ave., directly across from the Michigan Capitol grounds in downtown Lansing. As previously noted, the forum discussion will run from 11:30 a.m. to 1:30 p.m. and is free and open to the public. Pre-registration is strongly encouraged online at <http://bit.ly/IPSSRForum> as open seats and lunch is on a first-come, first-serve basis. January's panel includes:

Jennifer E. Johnson, PhD, C. S. Mott Endowed Professor of Public Health; Professor of OBGYN, Psychiatry and Behavioral Medicine with the College of Human Medicine at Michigan State University

Juli Liebler, Ph.D., Assistant Professor and Director of Outreach with Michigan State University School of Criminal Justice, Former Chief of Police for the City of East Lansing, and FBI National Academy Graduate

CMHA WEEKLY UPDATE

In addition to the January 16 forum, IPPSR also will host Public Policy Forums on February 13, March 13, April 17, and May 8. Previous forums may be viewed on the IPPSR website. We hope you will take this opportunity to learn, contribute, and network with others who have interest in forum topics.

Social determinants of health to be focus of MSU Colleges of Medicine and Nursing seminar

College of Human Medicine and College of Nursing

SAVE THE DATE

Social Determinants of Health: A Call to Action

Speaker: Dr. Mona Hanna-Attisha

Conrad Auditorium

Polycom G029 DMC, UC3 208 Macomb, 120 Secchia Grand Rapids

Wednesday, January 16, 5–7:30 p.m.

Dinner 5-6 p.m., Program 6-7:30 p.m.

RSVP to: <https://bit.ly/2Lc7gpQ>

SAMHSA announces sequential intercept mapping workshops

Sequential Intercept Mapping Workshops Focusing on Improving and Expanding Diversion Opportunities at Intercepts 2 and 3

Sequential Intercept Mapping (SIM) Workshops are designed to allow local, multidisciplinary teams of people from jurisdictions to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice, mental health, and substance use systems can be reduced and to begin development of integrated local strategic action plans. This year's SIM Workshops will be focused on improving and expanding diversion opportunities at Intercept 2 and 3 of the Sequential Intercept Model, with particular emphasis on specialty/treatment courts (e.g., drug/recovery courts, DUI/DWI courts, mental health courts, veterans treatment drug courts, family treatment drug courts, tribal healing to wellness courts) and improving coordination and collaboration among judges, prosecutors, defense attorneys, treatment court coordinators and case managers, community corrections, behavioral health treatment provider agencies and organizations, and other community-based services and supports. The GAINS Center will offer the SIM Workshops free of charge to selected communities between March and August 2019.

To apply for a SIM workshop, please download the solicitation and submit a completed application form no later than December 21, 2018

[Download the SIM Workshop Solicitation](#)

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

CMHA WEEKLY UPDATE

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.

- *Training Full:* January 23 – Lansing [Click Here to Register for January 23](#)
- February 20 – Lansing [Click Here to Register for February 20](#)
- March 13 – Lansing [Click Here to Register for March 13](#)
- April 24 – Troy [Click Here to Register for April 24](#)

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

\$115 CMHAM Members

\$138 Non-Members

Miscellaneous News and Information:

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: \$57,000 to \$73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

- Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.

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- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: <https://www.mpas.org>.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284

First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219

Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124

Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972

Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact information:

Alan Bolter, Associate Director, abolter@cmham.org

Christina Ward, Director of Education and Training, cward@cmham.org

Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org

Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org

Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org

Dana Owens, Accounting Clerk, dowens@cmham.org

Michelle Dee, Accounting Assistant, acctassistant@cmham.org

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Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org

Carly Sanford, Training and Meeting Planner, csanford@cmham.org

Annette Pepper, Training and Meeting Planner, apepper@cmham.org

Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org

Anne Wilson, Training and Meeting Planner, awilson@cmham.org

Robert Sheehan, CEO, rsheehan@cmham.org