



Northeast Michigan Community Mental Health Authority *Board Meetings - January 2020*



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 9 @
3:00 p.m.**



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



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
January 9, 2020 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 – Agency Oversight, Audits..... (Lynne Fredlund)**
- IX. January Monitoring Reports**
 - 1. Emergency Executive Succession 01-006... (See page 6)**
- X. Board Policies Review and Self Evaluation**
 - 1. Emergency Executive Succession 01-006... [Review] (See page 7)**
 - 2. Executive Director Role 03-001 [Review & Self Evaluation]..... (See page 8)**
- XI. Linkage Reports**
 - 1. CMHAM**
 - a. Winter Board Conference [Feb 4 & 5, Kalamazoo] (Verbal)**
 - 2. Northern Michigan Regional Entity**
 - a. December 11th Board Meeting Report..... (Verbal Report)**
- XII. Operations Report(Available at the Meeting)**
- XIII. Chair's Report**
- XIV. Director's Report..... (Verbal)**
 - 1. QICouncil Update (Verbal)**
- XV. Information and/or Comments from the Public**
- XVI. Next Meeting – Thursday, February 13 at 3:00 p.m.**
 - 1. Set February Agenda..... (See page 9)**
 - 2. Meeting Evaluation All**
- XVII. Adjournment**

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

December 12, 2019

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Les Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk

Absent: Judy Jones (excused), Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Connie Cadarette, Mary Crittenden, Lynne Fredlund, Nena Sork, Jen Whyte, Peggy Yachasz

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Roger Frye as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

Board members had no conflicts to acknowledge.

VI. Information and/or Comments from the Public/ Board Member Communication

There was no information or comments presented.

VII. Educational Session – Special Music/Refreshments

Eric Lawson provided some Christmas music for Board members. Christmas cookies were also provided. Merry Christmas to one and all.

VIII. Approval of Minutes

Moved by Gary Nowak, supported by Albert LaFleche, to approve the minutes of the November 14, 2019 meeting as presented. Motion carried.

IX. Workers' Compensation Carrier Change

Nena Sork reported this Agency works with a consultant to review options for benefits which include insurance carriers providing workers' compensation insurance. Each year policy rates are reviewed. Lisa Anderson reported the agent requests three bids from various companies and an analysis is done to determine the best option. Argent provided the best option this year with a cost savings of \$38,000. Had we stayed with the current provider an increase of approximately \$30,000 was proposed. Some of the elements the new company will continue to provide is to provide support during audits such as the CARF review and also aid in the annual site surveys conducted at each of our worksites.

Moved by Roger Frye, supported by Gary Nowak, to approve the change in carrier for the workers' compensation insurance to Argent. Mark Hunter questioned if this sounds too good to be true and are they as good as our previous carrier. Nena Sork reported the agent has done background information to assure the service will be the same. Roll call vote: Ayes:

Lester Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Gary Wnuk; Nays: None; Absent: Judy Jones, Pat Przeslawski

X. **December Monitoring Reports**

1. **Grants or Contracts 01-011**

Steve Dean expressed concerns and requested a clarification on the definition of sexual orientation and whether this includes gender identity as well. The definition was provided. Diane Hayka noted the report still reflects CEO and this should have been revised to Executive Director and will do so in the future.

Moved by Lester Buza to accept December Monitoring Report as presented, but motion was withdrawn as Gary Nowak requested it be corrected to reflect Executive Director.

Moved by Gary Nowak, supported by Mark Hunter, to accept the December monitoring reports with a revision to the presented report to change CEO to Executive Director. Motion carried.

XI. **Board Policy Review and Self Evaluation**

1. **Grants or Contracts 01-011**

The revision to this policy was to change CEO to Executive Director.

2. **Board Member Recognition 02-011**

Mark Hunter questioned what the award for twenty years. Diane Hayka reported this traditionally follows the same and the staff recognitions. In the past it has been an engraved pen and pencil set, a gift certificate to the recipient's choice and most recently, due to tax implications, it is a monetary award and processed through the payroll department. The twenty-year recipient gets \$100 and it increases by \$50 for each additional five years. This policy will be revised to add language for 20+ years to indicate "An appropriated gift as determined by the Executive Director in consultation with the Board Chair."

3. **Board Member Orientation 02-015**

Mark Hunter reported some of the orientation outlined in this policy was not provided to him as a new board member. The timelines of getting this done within 90 days does not occur. Gary Nowak suggested Lynne Fredlund be a resource person in the Governance Model. Nena Sork suggested using the Director or designee in lieu of Executive Director. Discussion ensued about timeframe. Gary Nowak noted it is important to learn about the system as quickly as possible. Board members have options to watch a DVD to obtain credits for BoardWorks or attend modules during Board Conferences. When attending a conference, the BoardWorks are included in the registration fee; when obtaining credits through watching the DVDs, there is a \$75 per module fee. Board members were encouraged to watch the DVDs if they are not able to attend conferences or if they wish to get the training quickly.

The revision to this policy will be the addition of Director or designee to allow for the governance training provided through our QI Coordinator, currently Lynne Fredlund.

Moved by Gary Nowak, supported by Bonnie Cornelius, to revise policies 01-011, 02-011 and 02-015 as discussed. Opposed – Mark Hunter. Motion carried.

XII. **Linkage Reports**

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

There was no new information received to report on for the CMHAM.

2. Northern Michigan Regional Entity (NMRE)

a. Board Meeting December 11, 2019

The NMRE Board meeting was held yesterday. Gary Nowak reported there was good dialogue at the meeting. Gary Nowak noted it was brought up the counties might have some risk if the agency does not stay solvent. Nena Sork noted the 298 pilot was an attempt to take the carve out money and put the money in the private sector. The Governor then vetoed this pilot. There is still an emphasis on the private sector capturing the behavioral health dollars and privatizing the system. Nena Sork reported Michigan has one of the strongest mental health systems and is working pretty well. She notes where Michigan lacks is in serving the mild to moderate population groups. Receiving services is also problematic for individuals enrolled in private insurance. Nena Sork reported "Plan B" is to remove the PIHPs from the current structure. She noted Director Gordon provided his plan to the capitol last week which occurred just after the OPS meeting and the directors listened to his message and began their rebuttal to some of the issues addressed by Director Gordon. There is recognition the rural areas are different from the urban areas. Nena Sork reported this agency has already put in place integrated health services. Nena Sork noted the barriers have been removed to assure individuals are receiving primary care services when needed whether it be financial, transportation, behaviors, etc. Those with high utilization are being tracked. She reports the vital signs are taken routinely and labs are requested. Gary Wnuk questioned if there is a resolution being written to present to the counties. Nena Sork reported if the services are transferred to the private sector then the risk goes to the counties. The NMRE has authorized up to \$25,000 to get a consultant to write a white-paper to submit on how provide the services in our region without the separation of funding. This will be in cooperation with the UP counties as well. Eric Lawson requested the white paper be shared with the Board when complete. The Region is taking a lead role and being proactive to present a workable solution for our region.

3. Consumer Advisory Council

The minutes for this meeting are not available as there was no quorum for this meeting.

XIII. Operational Report

Mary Crittenden reviewed the Operational Report for month ending November 30, 2019. She reported in Case Management section the home based children's services has increased and the intensity of the services have increased, resulting in a decrease in the case management for children. She noted there were no new admissions to the state facility.

XIV. Chair's Report

1. By-Law Review

Eric Lawson made a suggestion to change the "their" in Replacement of an Officer to "his or her." No support of the change was made resulting in the by-laws standing as is.

XV. Director's Report

1. Director's Report

Nena Sork reported after the last Board meeting, the medical staff, director and human resource manager met with a potential psychiatrist who will be graduating in the summer of 2020. If we are able to recruit another psychiatrist this addition would take effect most likely the end of this fiscal year of the beginning of next fiscal year. Mark Hunter questioned the population group this psychiatrist would see. Nena Sork noted this would be all population groups except children.

Nena Sork reported she and Lee Ann Bushey attend the awards banquet for the Monday Night Activities group with approximately 90 in attendance.

Nena Sork reported she attended the Member Services meeting in Lansing and the Spring Board conference will now be held in Traverse City in addition to holding the Fall conference at the same location. She reported she also attended her first COFR dispute hearing. This was a Macomb County resident and our position was upheld and Macomb will be reimbursing this Agency for all the services provided up to that point.

Nena Sork reported the holiday luncheon was held yesterday while she was in Gaylord. She received good feedback from this event.

Nena Sork reported the State awarded the ESDs funds to provide school-based programs which will provide behavioral health services within the schools. Nena Sork reported there may be ESDs that will work with community mental health agencies; however, our local AMA is soliciting to hire their own staff.

XVI. Information and/or Comments from the Public/Board Member Communication

Lynne Fredlund thanked Eric Lawson for the music noting "O Holy Night" is one of her favorites.

Roger Frye reported the tootsie roll drive checks would be issued shortly. In addition, a fishing event which will also provide some funding for a couple of missions is also planned.

Mark Hunter reported he attended two showings of "Suicide: The Ripple Effect." There was low turnout at both showings. He provided observations on those attending both events and some issues associated with sound systems, etc. at the events.

Mark Hunter reported there is an upcoming play at Alpena Civic Theater having two suicides in the play entitled "All My Sons." This play is scheduled for early next year.

XVII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, January 9, 2020 at 3:00 p.m.

1. Set January Agenda

The January agenda items were reviewed. Lynne Fredlund will provide the Board with the oversight this agency undergoes by various entities.

XVIII. Evaluation of Meeting

Roger Frye reported the meeting started almost on time and the music was very good. He noted everyone was involved in conversations pertaining to Board issues and what is going on at the state level.

Nena Sork reported that while we do not have a budgeting monitoring report until the fiscal year final balances are complete, Connie Cadarette did run a preliminary report for the month ending October 31, 2019 and the Agency is \$67,000 to the good. The report shows the Agency is currently underspent in Medicaid, Healthy Michigan and General Funds. From this report, it shows the Agency at 52 days of operating cash. Nena Sork noted these numbers may change when all FY19 expenses and revenues are finalized.

XIX. Adjournment

Moved by Albert LaFleche, supported by Lester Buza, to adjourn the meeting. Motion carried. This meeting adjourned at 4:20 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

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

Executive Limitations
Emergency Executive Succession
Annual: January 2020

POLICY STATEMENT:

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

- **Interpretation**

I interpret the policy to require plans to address two possible scenarios: 1) the temporary assumption of the Executive Director’s responsibilities during, for example, a brief period of illness, and 2) the assumption of these responsibilities if the Executive Director’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, Mary Crittenden (Chief Operations Officer) with assistance of the Leadership Teams [Management and Clinical Leadership] is well qualified to step in as interim director while the Board considered its options. With many long-standing members of the Administrative Team, I am confident the operations would not be adversely impacted, under Ms. Crittenden’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 Executive Director reasonable?

Data Test: Is the data provided by the Executive Director 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~~ January 9, 2020

●1 **POLICY:**

In order to protect the board from sudden loss of ~~chief executive~~ Executive Director services, the ~~CEO~~ Executive Director may not have less than one other executive familiar with board and ~~chief executive~~ Executive Director 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 DIRECTOR ROLE

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision to Policy Approved by Board:

January ~~11, 2007~~09, 2020

●1 POLICY:

The ~~CEO~~-Executive Director is accountable to the board acting as a body. The board will instruct the ~~CEO~~-Executive Director 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:

Subject: ~~CHIEF~~-EXECUTIVE DIRECTOR ROLE

03-001

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

Contents:

NOTE: Due to the upcoming holidays, there will not be a Weekly Update edition for the next two weeks. The next edition will come out on January 10, 2020. Best wishes for a happy holiday and wonderful New Year!

Searching for past articles in Weekly Update: Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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CMH Association and Member Activities:

CMHA Committee Schedules, Membership, Minutes, and Information

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

State and National Developments and Resources:

New! MDHHS seeking views on consent to release PHI tool

MDHHS and Altarum, a consultant firm working with MDHHS, are seeking views of stakeholders relative to a draft Protected Health Information (PHI) consent tool.

The PHI Consent Tool and supporting documents have been updated on the MDHHS website and can be found at www.michigan.gov/PHIConsentTool.

The intent of these resources is to break down barriers that stall the flow of information between clinicians, payers, and medical records/administrative staff, particularly with respect to behavioral health information.

All stakeholders and Weekly Update readers are welcome to review and provide comments on this tool by going to the link provided above.

New! Michigan files suit against opioid distributors

Below are excerpts from a recent press release regarding the lawsuit filed, by the State of Michigan, against the major distributors of opioids in Michigan.

Michigan became the first state in the country to sue major opioid distributors as drug dealers when it filed a lawsuit against Cardinal Health Inc., McKesson Corporation, AmerisourceBergen Drug Corporation and Walgreens this morning in Wayne County Circuit Court.

"These companies knowingly and deliberately used their licenses to distribute drugs in our state without controls," said Nessel. "This was not only negligent; it was unlawful, a public nuisance and, as a result, their actions subject these companies to liability under Michigan's Drug Dealer Liability Act."

Governor Gretchen Whitmer and the state's chief medical executive, Dr. Joneigh Khaldun, joined Michigan Attorney General Dana Nessel to announce the historic litigation.

"The opioid crisis is hurting families from Downtown Detroit all the way to the Upper Peninsula, which is why last month, I announced a statewide goal for the State of Michigan to reduce the number of opioid deaths by 50 percent in 5 years," said Governor Whitmer. "The work Attorney General Nessel's office is doing will be crucial in us reaching that goal. I applaud the Attorney General for her leadership and will continue to work closely with her and everyone else who wants to help Michiganders struggling with opioid use disorder and their families."

"In 2018, we lost more than 2,000 Michiganders to opioid overdoses; that's more than five people each day," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "The actions being taken by the Attorney General today will help ensure that those who contributed to the crisis bear responsibility and bring desperately needed resources into the state to save the lives of those caught in the crisis today."

The numbers are startling, according to Nessel. Michigan residents were bombarded by nearly three billion opioid pills that came into the state – more than 1.1 million pills came across the border every day for seven years (2006-2012), according to The Washington Post. And in 2018, of the 2,599 drug overdose deaths in Michigan, 2,036 of those overdoses were opioid-related.

In its lawsuit, the state charges that Cardinal Health, McKesson Corporation, AmerisourceBergen and Walgreens:

- Distributed and sold opioids in ways that facilitated and encouraged their flow into the illegal, secondary market;
- Distributed and sold opioids without maintaining effective controls against the diversion of opioids;
- Chose not to effectively monitor suspicious orders;
- Chose not to investigate suspicious orders;
- Chose not to report suspicious orders;

- Chose not to stop or suspend shipments of suspicious orders; and,
- Distributed and sold opioids prescribed by “pill mills” when these companies knew or should have known the opioids were being prescribed by said “pill mills.”

Because the companies knowingly participated in the illegal distribution of the prescription opioids purchased by Michigan residents, the suit charges they are liable to the state of Michigan under the Drug Dealer Liability Act for damages caused by opioids acquired from their distribution channels. Those damages include but are not limited to the costs that have been or will be borne by the state for:

- Increased law enforcement costs;
- Health care costs;
- Costs to care for, house, rehabilitate and/or foster opioid addicts and opioid-dependent infants and children;
- Costs associated with early childhood intervention;
- Special needs education costs with respect to infants born with Neonatal Abstinence Syndrome because of opioid abuse, who require special education when they attend local schools;
- Prosecution-related costs, including hiring additional prosecutors, investigators and/or staff as well as additional courtroom-related expenses;
- Costs for additional jail space and other costs associated with incarceration;
- Drug treatment program costs; and
- Any other financial loss proximately caused by illegal drug use.

[A copy of the filed complaint is available here.](#)

New! Court voids ACA mandate — but not the whole law

Below are excerpts from a recent news story on the federal appeals court decision striking down segments of the Affordable Care Act (ACA).

A federal appeals court on Wednesday struck down Obamacare’s individual mandate in a decision that immediately thrusts the health care law to the forefront of the 2020 elections.

However, the appeals court ruling largely ducked the central question of whether the rest of the Affordable Care Act remained valid after Congress removed the penalty for not having health insurance. The three-judge panel instead sent the case back to a Texas federal judge, who previously threw out the entire law, to reconsider how much of Obamacare could survive.

The high-stakes ruling keeps the legal threat to Obamacare alive while reducing the likelihood the Supreme Court could render a final verdict on the law before the next elections. Still, the appeals court’s decision could renew pressure on President Donald Trump and Republicans to explain how they will preserve insurance protections for preexisting conditions after failing to agree on an Obamacare replacement for years.

The latest challenge to Obamacare was brought by more than a dozen Republican-led states that argued the law is no longer constitutional after Congress jettisoned the individual mandate penalty in the 2017 Republican tax package. The mandate was originally upheld by the Supreme

Court seven years ago as a legitimate use of congressional taxing power — and without that penalty, the states argued, the entire law should fall.

Democratic-led states heading Obamacare's legal defense said they would challenge the appeals court ruling directly to the Supreme Court, calling for a quicker resolution on the law's fate. "It's time to get rid of the uncertainty," said California Attorney General Xavier Becerra, who's leading the Democratic defense. "In many respects, many of us believe that this is a merry-go-around. The last thing Americans need is to have their security and the health of their kids depend on these circular arguments that are going around."

The 5th Circuit Court of Appeals said its decision to send the case back to District Court Judge Reed O'Connor was largely precipitated by the Trump administration switching legal positions in the case earlier this year. The Justice Department originally argued just the law's individual mandate and main insurance protections should be abolished. The department, under Attorney General William Barr, earlier this year expanded its legal assault on Obamacare to argue the entire law should be found unconstitutional only in the Republican-states challenging the law.

The full article can be found at [this link](#).

New! Health conundrum: how state budgets can find the balance between social versus medical services

Below are excerpts from a recent blog in the prominent health policy journal, Health Affairs, discussing the benefit of states providing a sound balance between healthcare and human services funding.

Can the United States bring down overall health care costs by spending more on education, social services, and the other so-called [social determinants of health](#)? Substantial [research](#) has shown a clear link between social factors and health status, and there is [some evidence](#) that spending on these factors is also linked to improved health. For example, in the United States, Elizabeth H. Bradley and colleagues have shown a strong connection between [state-level spending](#) on social factors and such health outcomes as adult obesity, asthma, heart attacks, and type 2 diabetes.

These and other findings have led several authors to suggest that we can lower health care spending by "[investing in the social safety net](#)." People would be healthier, goes the thinking, and would have less need for medical services.

There are several reasons to doubt this argument, if only because rising prices for medical services are driving national health care expenditures more than rising medical need. In a recent [Health Affairs article](#), Irene Papanicolas and colleagues use international comparisons of spending to throw more cold water on the idea that more social spending will result in lower health care costs. The authors showed that countries with high social spending don't necessarily have lower health care spending. In fact, high health care and high social spending appear to go hand in hand.

While the strategy of increasing social spending to lower health care costs remains unproven, a different issue is of growing practical concern in the United States. States are the principal spenders when it comes to social factors, and without raising taxes, [state and local budgets](#) simply don't have the money to invest more in public welfare. The reason is simple: health care

costs are consuming a larger and larger percentage of state budgets. Thus, while spending more on social factors might or might not reduce health care costs, the tradeoffs on the downside are real and happening right now.

The full blog can be found at [this link](#).

New! Guidance for State Medicaid Agencies on Dually Eligible Beneficiaries Receiving Medicare Opioid Treatment Services Effective January 1, 2020

Recently, the Centers for Medicare and Medicaid Services (CMS) issued an Informational Bulletin to provide guidance to states regarding coverage changes for dually-eligible beneficiaries (those enrolled in both Medicare and Medicaid) receiving opioid treatment services. Starting January 1, 2020, Medicare will begin paying for opioid treatment programs (OTPs) through bundled payments for opioid use disorder (OUD) treatment services, including medication-assisted treatment (MAT) medications, toxicology testing, and counseling as authorized under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).

For dually-eligible beneficiaries who receive OTP services through Medicaid now, starting January 1, 2020, Medicare will become the primary payer for OTP services. In order to be reimbursed by Medicare, OTP providers will need to be enrolled as a Medicare provider. It is possible that not all providers will have completed the Medicare enrollment process and be able to bill Medicare as primary payer by this date. In an effort to prevent any disruption in OTP treatment for dually-eligible beneficiaries, CMS is providing background information on the enrollment of providers for this benefit and clarifying options available for states to consider regarding coordination of benefits/third party liability under Medicaid.

The full guidance document can be found at: [CIB: Guidance for State Medicaid Agencies on Dually Eligible Beneficiaries Receiving Medicare Opioid Treatment Services Effective January 1, 2020](#)

New! 'Lockdown anxiety': How early is too early to train kids on school shootings

Below is a recent news story discussing the concerns that some professionals and parents are expressing regarding the impact of lockdown drills in Michigan schools.

Inside her kindergarten classroom, Matthew Perko's daughter was told to hide. Someone was inside her school who should not be there, the child was told as part of a school safety drill.

It was the day Farmington public school officials set for elementary school students to practice one of three mandated lockdown drills a year, so Perko's daughter and her classmates watched as the classroom door was locked and lights turned off.

The children were then instructed to hide, Perko said. They were told it was just a drill, but Perko worries it could be too much to ask of a 5-year-old.

"The word 'bad guy, assailant or shooter' wasn't used," Perko said. "I also know my 5-year-old, and I know where her anxiety level lives on a day-to-day basis."

Perko, like many parents, worries about the stress put on children whose innocence is tested during a rehearsal for what could be the worst day of their young lives.

"It's not a matter of hiding everything," he said. "It's how is the message being delivered and is it appropriate? ... What can kids handle at different ages?"

The full article can be found at [this link](#).

New! State Bar of Michigan issues Call for Authors: "Legal Issues Impacting Behavioral Healthcare Providers"

The Health Care Law Section of the State Bar of Michigan is inviting attorneys to contribute to a manual or white paper which would address Michigan's behavioral health laws and best practices for qualified healthcare professionals and entities providing behavioral healthcare services.

Issues to be addressed in the paper may include, but certainly are not limited to, the laws relating to mental health, the powers and duties of certain state and local agencies, admission procedures for individuals with mental illness, substance use disorder, or developmental disability, along with a discussion of penalties and remedies as outlined in Michigan's Mental Health Code.

Interested persons should contact Aaron Sohaski at asohask1@hfhs.org by January 24th, 2020. Time tables and page length are flexible and commensurate with the complexity of the article.

State Legislative Update:

New! Governor and Legislature Combine for Fewest PAs Since 1960

The 2018 session saw 690 public acts (PAs) signed into law, second only to John Engler's last year in office in 2002 (747) as the most since the 1963 Constitution. Assuming Gov. Gretchen Whitmer signs all 34 outstanding bills awaiting action, the 2019 session of the Michigan Legislature will have gotten 180 public acts enacted, the fewest number of PAs since Gov. Soapy Williams' last year in office in 1960.

This collection of PAs is based on numbers collected from the official state of Michigan book of public acts published at the end of each year's session. As of Dec. 12, Whitmer has signed 146 bills into law. She had two on her desk awaiting action, with one of them being the reversal of the deer baiting ban, which was vetoed Thursday. The House Clerk's office has 27 bills to send her and the Secretary of the Senate has another five to process. In all likelihood, Whitmer will sign no more than 179 bills this session.

By comparison, the Legislature sent to former Gov. Rick Snyder 401 bills in lame duck alone, meaning lawmakers passed twice as many bills in the last six weeks of 2018 than all 52 weeks of 2019.

Historically, odd-numbered years produce fewer bills than even-numbered years, as bills started at the beginning of the term wrap up at the term's end. The average number of bills signed into law in odd-numbered years from 1951 to 2017 is 280. The average number of bills signed in even-numbered years from 1952 to 2018 is 443.

Before 1951, the state Legislature tended to only meet in odd-numbered years until May or June. The Governor did call the Legislature into special session in even-numbered years pre-1952, but the workload

was nowhere near the same as the regular odd-numbered-year session.

After 1952, when the Legislature started meeting regularly every year, 1960 is the only other year outside of 2019 in which fewer than 200 bills have been signed into law.

Here's some other notes:

- Of the 179 bills Whitmer is expected to sign, 110 are House bills and 69 are Senate bills.
- Snyder signed 323 bills in his first year in 2011. Gov. Jennifer Granholm signed 322 in her first year with a Republican Legislature in 2003. Gov. John Engler signed 201 in his first year in 1991. Gov. James Blanchard signed 259 in 1983.

Federal Update:

New! CCBHC Update

This week, Congress released draft legislative text of a deal to keep the government funded for the remainder of FY 2020. Packaged with the spending bill were a number of short-term health care program extenders, including an extension of the 8-state CCBHC demonstration for an additional five months, to May 22, 2020. The bill also provides a \$50 million increase to SAMHSA's CCBHC Expansion Grants, bringing the total allocation for CCBHC grants to \$200 million.

Government funding is currently slated to run out on Dec. 20. A vote on the spending bill has not yet occurred, but we expect it will pass this week to avert a shutdown. The latest extension and funding increase are yet another sign of growing Congressional support for CCBHCs, thanks to advocacy from across the nation!

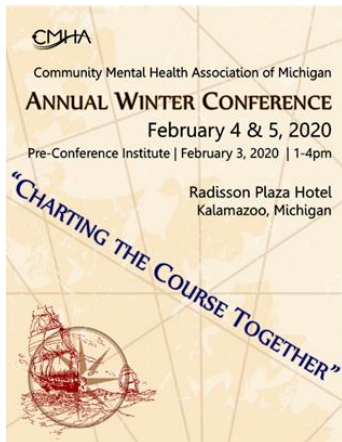
Although we were disappointed to learn that a proposed 2-year extension and 11-state expansion of the program were not included, the latest deal is still an important sign of progress. There remains significant bipartisan support for a longer-term extension and expansion. It has been packaged with other health care program extensions, with the expectation that spending on these policies must be offset by cuts elsewhere. Unfortunately, Congress has not yet reached agreement on the offset, meaning that the whole package of extenders has been pushed to May to give negotiators time to work out a deal. We will stay in touch about additional opportunities for advocacy!

Meanwhile, as CCBHC Expansion Grantees enter into the final year of their grants, we are pleased to see funding for these grants increased. The National Council continues to advocate for current grantees' funding to continue beyond two years so that no CCBHC will experience a funding cliff.

CCBHCs have demonstrated great success so far, and the next five months will give us time to continue to bring data and success stories to the Hill to advance our cause.

Education Opportunities:

New! CMHA 2020 Annual Winter Conference Details



Community Mental Health Association of Michigan

**Annual Winter Conference
"Charting the Course Together"**

**February 4 & 5, 2020
Radisson Plaza Hotel, Kalamazoo, Michigan**

Hotel reservation opens Monday, December 23, 2019 – watch www.cmham.org for reservation information!

Conference registration opens Monday, December 30, 2019

Pre-Conference Institute: Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition

Monday, February 3, 2020

1:00pm – 4:00pm Training (12:30pm Registration)

Registration Fees:

\$60 CMHA Members, \$72 Non-Members

WINTER CONFERENCE KEYNOTE PRESENTATIONS:

National Perspective: Landscape and Opportunities for Community Mental Health

– *Melissa Bailey, MA, Senior Fellow, Center for Health Care Strategies, Inc.*

Real Men Do Cry: A Guide to Mental Fitness

– *Eric Hipple, Mental Health Outreach Specialist, NFL Alumnus, Detroit Lions*

The Importance of Helping Individuals Achieve their Personal Goals - Resources and Tools

– *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

Behavioral Health Transformation Update and Breakout Discussions

– *Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of Health and Human Services*

Hotel reservation opens Monday, December 23, 2019 – watch www.cmham.org for reservation information!

Conference registration opens Monday, December 30, 2019

New! Registration now open for FY20 DBT Trainings

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:

- March 30-31, 2020 – Hilton Garden Inn Lansing West | [CLICK HERE](#) for more information and to register now
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | [CLICK HERE](#) for more information and to register now

Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan*. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:

\$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

5-Day Comprehensive DBT Trainings

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

Dates/Locations:

- May 18-22, 2020 – Holiday Inn Grand Rapids Airport West | [CLICK HERE](#) for more information and to register now
- June 8-12, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan.*

This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:

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

New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

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

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.

This training fulfills the MCBAP approved treatment ethics code education – specific.

This training fulfills the MPA requirements for psychologists.

Trainings offered on the following dates:

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

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

\$115 CMHA Members

\$138 Non-Members

Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

Managing Mental Health Crisis

Program Overview:

This course is designed to provide participants with a better understanding of mental illness as it relates to law enforcement. Managing a Mental Health Crisis (MMHC) is a culmination of knowledge and skills developed by law enforcement and mental health professionals with the intention of promoting effective and high-quality responses to mental health related incidents.

Dates:

February 17–18, 2020 - Pines Behavioral Health

January 22nd – 23rd, 2020 - CNS Healthcare

March 17th – 18th, 2020 - Bay College – Joseph Heirman University Center

April 15th – 16th, 2020 - M-TEC University Center

Autism & Intellectual Developmental Disorders

Program Overview:

This course is designed to provide participants with the knowledge and skills required to provide effective, equitable service to people with intellectual and/or developmental disabilities including autism spectrum disorder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

FOUR 2-Hour Sessions Available:

January 7, 2020

January 14, 2020

January 21, 2020

January 28, 2020

Training Location:

Madison Heights Police Department

For more information and to register, see training flyers [HERE](#).

Miscellaneous News and Information:

News from Our Preferred Corporate Partners:

Abilita provides telecommunication guidance



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

1. Start with the easy stuff

Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good! We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

6. BUT....be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "busy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-

date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward
Managing Consultant
517-853-8130
daylward@abilita.com
[My profile page](#)

myStrength: new digital behavioral health resources empower consumers to move beyond trauma



Click at left for a video overview of the new Moving Beyond Trauma program

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals Move Beyond Trauma. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[**Request a Demo**](#)

Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

Request a Meeting

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org

CMHA WEEKLY UPDATE

Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Janessa Nichols, Accounting Assistant, jnichols@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org



Community Mental Health Association of Michigan

ANNUAL WINTER CONFERENCE

February 4 & 5, 2020

Pre-Conference Institute | February 3, 2020 | 1-4pm

Radisson Plaza Hotel
Kalamazoo, Michigan

“CHARTING THE COURSE TOGETHER”



PRE-CONFERENCE INSTITUTE

Monday, February 3, 2020 | 1:00pm – 4:00pm

Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition

Monday, February 3, 2020
12:30pm Registration
1:00pm – 4:00pm Training

This presentation will use a documentary of a police ambush to discuss the psychological factors and behavioral indicators exhibited by the perpetrators of the crime. Warning signs and indicators of individuals on a pathway toward violence will be presented from the viewpoints of law enforcement and mental health. Participants will be able to: 1. Understand the pathway to violence; 2. Understand human development and its impact on personality; and 3. Identify indicators of the potential for violence.

About the Presenters:

Terri Glisson, JD, LPC, Program and Management Analyst, Office of Partner Engagement Federal Bureau of Investigation

Terri L. Glisson, JD, LPC, joined the FBI in 2009 after completing law school at Cleveland Marshall College of Law in Cleveland, OH. Prior to her present position with the Office of Partner Engagement, Terri worked for the Critical Incident Response Group and the Counterterrorism Division. Currently based at FBI Headquarters in Washington, D.C., she previously served in field offices in Jackson, MS and Detroit, MI. Prior to the FBI, Terri worked in education and mental health. Her particular area of clinical expertise is child and adolescent development and trauma. Past career experiences include Director, Adolescent Unit-Charter Psychiatric Hospital, St. Simons Island, GA; Clinical Director, Golden Isles Children's Advocacy Center, Brunswick, GA; and Clinician with the Georgia Department for Juvenile Justice, Dalton, GA.

John Blue, MPA, MA, EDLE, Senior Deputy Police Chief Portage Department of Public Safety

Senior Deputy Chief John Blue has been in law enforcement for over 32 years. He has extensive experience in all operational and administrative areas of law enforcement. These areas include: Patrol, SWAT Operator/Supervisor, Instructor, Community Policing Officer, Training Division Supervisor, Accreditation Manager and State Accreditation Assessor, Detective Bureau Supervisor, Patrol Sergeant, Operations Lieutenant and Senior Deputy Chief of Operations. In 2018-2019, John completed a 6-month Executive Fellowship with the FBI (Washington) and was assigned to the Active Shooter Initiative/Task Force. John has presented and instructed throughout the U.S. and at the FBI National Academy on topics including: Officer Response Tactics, Assailant Predication, Behavioral and Mental Health Response, and Threat Assessment.

Pre-Conference Institute Registration Fee:

\$60 CMHA Members
\$72 Non-Members

Registration fee includes training materials and refreshments.

Registration Opens on Monday, December 30, 2019!

KEYNOTE SESSIONS



National Perspective: Landscape and Opportunities for Community Mental Health

Melissa Bailey, MA, Senior Fellow, Center for Health Care Strategies, Inc.

Melissa Bailey, MA, is the former Commissioner of the VT Department of Mental Health, having previously served as the Deputy Commissioner, and has worked in a variety of roles at the department and for the VT Agency of Human Services. She has led integration, service delivery and payment reform work and the development of new programs with a focus on quality improvement and positive outcomes for people seeking and engaging in services. Ms. Bailey has also worked for Vermont's community mental health centers' network development and trade association organization as the quality director, as the clinical director of a large state-wide private mental health practice, and as a school-based clinician for a community mental health center. Ms. Bailey earned a master's degree in mental health counseling from Northern Vermont University and is a licensed clinical mental health counselor in Pennsylvania. She is currently a Senior Fellow at the Center for Health Care Strategies (CHCS). In this role, she primarily provides technical assistance and strategic consultation on a variety of topics including child and adult mental health, trauma, adolescent substance use, and integrating care for complex populations. Her focus has always included the voice of individuals, family and youth in the system of care and implementing health promotion and prevention strategies which includes early intervention and high-end treatment of complex populations, addressing toxic stress and the impacts of social determinants of health.



Real Men Do Cry: A Guide to Mental Fitness

Eric Hipple, Mental Health Outreach Specialist, NFL Alumnus, Detroit Lions

We are all too familiar with the stresses in life and the damage it can do to the biology and the psyche of a person. Resilience, solution-oriented thinking, positive attitude and decision-making with a strong dose of purpose is the foundation for mental fitness. That doesn't mean that things won't go wrong, they often do in life, but just surviving is not enough, it is also about thriving. Mental health is a continuum; by definition it is a sense of wellbeing where one can reach their full potential and be productive, be part of his or her community, have healthy relationships and handle the normal stresses of life. Mental fitness is a key component in managing our mental health. It gives us the ability to care for ourselves and make sure we're physically and emotionally able to do so.



The Importance of Helping Individuals Achieve their Personal Goals – Resources and Tools

Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services

Helping clients achieve their personal goals using person-centered planning and support in the least restrictive environments are important aspects of CMH services. The importance of people being served in the right place and right time for their needs is a priority. As such, policies like Careflow help the State of Michigan link state hospital services with community mental health to better support clients together. At the same time, the legal regulations of mental health practice require providers to have an awareness of the latest aspects of the mental health code. This talk will review updates on behavioral health, the importance of Careflow as well as the roles of voluntary services and the roles and parameters of assisted outpatient treatments to better support clients with mental health and other challenges.



Behavioral Health Transformation Update and Breakout Discussions

Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of Health and Human Services

In December, MDHHS announced plans to transform Michigan's behavioral health system. The state is proposing a move towards a dedicated statewide crisis and safety net system through the CMHs, with multiple Specialty Integrated Plans to provide comprehensive physical and behavioral health care to individuals with Medicaid – including a statewide public-led plan. MDHHS will provide a brief update about the proposal plans and stakeholder engagement process, then break out into smaller group discussions to receive targeted feedback from attendees.

EDUCATIONAL SESSIONS

- Advocacy 101 – How to be a Successful Advocate
- Children’s Special Health Care Services and Mental Health: Working Together to Serve Children and Families with Complex Medical Needs
- Supported Decision Making in Michigan
- “Conflict-Free” Services: Why the Big Push for This in Michigan and Nationally
- Followership: Because Worthy Leaders are Great Followers
- Michigan Healthy Transitions Project: Improving Services for Transition Age Youth and Young Adults
- Michigan’s Infant and Early Childhood Consultation
- Treatment Planning with ASAM Levels of Care in a Treatment Setting
- The Time is Now: A Comprehensive Approach to Address High Utilization of Emergency Services and Hospitalization
- Elder Abuse and Financial Exploitation
- Increasing and Improving Multi-Cultural Competence Among Behavioral Healthcare Professionals and Key Decision Makers
- Whatchu Talmhout, Willis?: Communication Barriers Between Providers and African American Consumers in Urban Communities"
- Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions
- Proven Recovery Solutions for Those with Cognitive Challenges
- Understanding Moral Injury
- Breaking the Stigma of Addiction
- Developing Michigan’s First Recovery High School
- MAT in Michigan’s Prisons: Assisting Incarcerated Individuals in their Recovery
- Strength-Based, Recovery-Oriented Plans
- Crisis Intervention Teams: The Importance and Benefits of Community Collaboration
- Implementing Integrated Population Health Management through an Integrated Health Dashboard
- Subpoenas and Release of Confidential Information
- Can You Tell Anyone? Provider Reporting Obligations Under the Child Protection Law, Mental Health Code, and Social Welfare Act
- Boardworks 2.0: Current and Future Funding for CMHSPs and PIHPs (Previously Budgets)
- Boardworks 2.0: Foundations – Ensuring a Consumer Focus
- Boardworks 2.0: Foundations – Intended Beneficiary Command
- Boardworks 2.0: Leadership – Legal

HOTEL DETAILS & RESERVATIONS

HOTEL RESERVATIONS FOR ALL ATTENDEES:

On Monday, December 23, hotel reservations will be open for ALL attendees to make as many room reservations as they would like.

HOTEL DETAILS:

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

2020 Room Rates: \$133 plus taxes (Single/Double)

When making your reservations, you will be charged one-night NON-REFUNDABLE deposit.

There will be NO PHONE reservations.

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.

Parking: Discounted rate for self-parking of \$5 per night/car for *overnight hotel guests*. Parking for *non-hotel guests* will be discounted at \$10.00 per day/car.

Hotel Check In: 4:00pm **Hotel Check Out:** 12:00pm

TO MAKE YOUR RESERVATIONS:

Visit: www.radissonkz.com

Check in & check out dates: enter conference dates only

Occupancy: enter number of rooms and adults

Special Rates: Scroll down and select **Promotional Code**

Enter: **Code with be available on Monday, December 23, 2019**

Click the Red Button "Check Availability"

Make your selection and Complete your Reservation

Deadline for Reduced Rate: January 12, 2020

CONFERENCE REGISTRATION FEES

REGISTRATION FEE (per person)

Full conference registration fee provides you with a program packet, admission to all keynote sessions, all workshops, 2 breakfasts, 2 lunches and all breaks.

	Member Early Bird	Member After 1/17/20	Non-Member Early Bird	Non-Member After 1/17/20
Full Conference	\$417	\$457	\$499	\$548
One Day	\$322	\$362	\$386	\$434

SCHOLARSHIPS AVAILABLE

*A limited number of scholarships are available to individuals who receive services and their families. Scholarships will cover conference registration fees only. Consumers who serve as CMH board members are not eligible. Deadline to request scholarship: **JANUARY 17, 2020.** To request a scholarship form, contact Chris Ward at cward@cmham.org or 517-374-6848.*

EARLY BIRD DEADLINE: JANUARY 17, 2020

- **Payment will be required prior to attendance.**
- Payment methods available in advance and onsite: credit card, check or exact cash.
- If payment has not been received, fees will be collected at registration the day of the event unless alternate arrangements are pre-approved by CMHAM.
- **Purchase Orders are not considered payment.**
- All No Shows will be billed the full amount.

Check: Make payable to CMHA and mail to 426 S. Walnut Street, Lansing, MI 48933

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing at least **10 business days** prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given.

Evaluation: There will be an opportunity for each participant to complete an evaluation of the course and the instructor. If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation of the conference or you may contact CMHA at 517-374-6848 or through our website at www.cmham.org for resolution.

Severe Weather Policy: Trainings will take place as scheduled and we will not be able to refund training fees. In the event of severe weather, please check the www.cmham.org website for scheduling delays and event updates.

QUESTIONS? Call CMHA at 517-374-6848

Conference Registration Opens:
Monday, December 30, 2019!

Visit www.cmham.org for the latest conference information.

Contents:

Searching for past articles in Weekly Update: Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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New! Hiawatha Behavioral Health Receives Three Year CARF Accreditation

The following is an excerpt from a recent press release announcing Hiawatha Behavioral Health’s receipt of Three Year CARF Accreditation:

Hiawatha Behavioral Health is pleased to announce the agency has been awarded national accreditation from CARF in all programs for a three-year period. The accreditation will extend through November 2022. CARF (the Commission for the Accreditation of Rehabilitation Facilities), an international, not-for-profit accreditation body, recently sent an on-site team to review Hiawatha Behavioral Health programs, services, administrative structure and performance against more than 1,700 nationally recognized industry standards.

This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to the CARF standards. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process. It has demonstrated to a team of surveyors during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of the highest quality. Hiawatha Behavioral Health has maintained this level of accreditation since the creation of the agency in 1997.

CARF President/CEO, Brian J. Boon states, “This achievement is an indication of Hiawatha Behavioral Health’s dedication and commitment to improving the quality of the lives of the

persons served. Services, personnel and documentation clearly indicate an established pattern of conformance to standards.”

Hiawatha Behavioral Health is dedicated to serving the citizens of Chippewa, Mackinac and Schoolcraft Counties. A copy of the survey report is available at our website www.hbhcmh.org. If you would like information about Hiawatha Behavioral Health please call (906) 632-5539 or 1-800-839-9443 or visit our website at www.hbhcmh.org.

New! Rose Hill Center names new CEO

Rose Hill Center, a longtime CMHA member, has named Rochelle Rothwell as its new president and CEO, following the retirement of its longtime CEO.

She succeeds Ben Robinson, 69, who retired from the Holly psychiatric treatment and rehabilitation center in late July.

Rothwell, who was chosen following a national search, brings strong leadership skills, deep knowledge of the center's mission and keen experience in fiscal oversight, said chairman and co-founder Dan Kelly in a news release.

She brings nearly 20 years of executive leadership at senior living communities. She joins Rose Hill from Canterbury-on-the-Lake, an independent and assisted living community in Waterford, where she was executive director and CEO for more than seven years. Before that, Rothwell, 50, was executive director/regional director of operations for Tennessee-based Brookdale Senior Living from 2002-2012.

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute “Your Rights When Receiving Mental Health Services in Michigan” booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 43¢ per booklet. Orders must be received by November 22, 2019 to qualify for the discount. Any booklets ordered after November 22, will be charged 55¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an additional charge of \$100 per order. Personalization is only offered during the fall – deadline is November 22, 2019.** The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:

Cost Per Booklet if Ordered by **November 22: 43¢ (Plus Shipping)**

Cost Per Booklet if Ordered After **November 22, 2019: 55¢ (Plus Shipping)**

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

Abilita provides telecommunication guidance



Finding a good Telecom Consultant is difficult



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

1. Start with the easy stuff

Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good! We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a

CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

6. BUT....be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "busy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward
Managing Consultant
517-853-8130
daylward@abilita.com
My profile page

myStrength: new digital behavioral health resources empower consumers to move beyond trauma



Click at left for a video overview of the new Moving Beyond Trauma program

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals Move Beyond Trauma. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

[Request a Meeting](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

State and National Developments and Resources:

New! Michigan State Loan Repayment Program 2020 Application Period Update

The Michigan State Loan Repayment Program (MSLRP) assists employers in the recruitment and retention of medical, dental, and mental health primary care providers who continue to demonstrate their commitment to building long-term primary care practices in underserved communities designated as Health Professional Shortage Areas (HPSAs). MSLRP will assist those selected by providing up to \$200,000 in tax-free funds to repay their educational debt over a period of up to eight years. Participants compete for consecutive two-year MSLRP agreements requiring them to remain employed for a minimum of 40 hours per week for no less than 45 weeks per year at eligible nonprofit practice sites providing primary healthcare services to ambulatory populations. Providers must remain with the employers who sponsor

them during their two-year agreements, and employers must continue to employ the providers they sponsor during their two-year service obligations.

The MSLRP application process is very competitive. Providers and employers serious about successfully competing for a loan repayment agreement will need to carefully read the [MSLRP Application Period Update](#), the entire [MSLRP website](#), as it is updated for the current application period, including the Participant Information and Requirements sections, as well as the instructions on all required application forms.

Please see the [MSLP Program Opportunity Update](#) for more information on the following:

1. 2020 Application Period: February 3 through February 7, 2020 Postmarks Only
2. HPSA-Find Address and County Documentation Required for All Practice Sites
3. Rural Health Clinics Not Approved as NHSC Practice Sites Must Submit NHSC-Compliant Sliding Fee Schedule and Policy
4. Top Priority Applicants for 2020 Application Period
 - o Inpatient Pediatric Psychiatrists
 - o Genesee County Applicants
 - Please Note: Genesee county applicants remain a top priority, but employers will now be required to make contributions equal to 20 percent of their providers' loan repayment agreements
 - o Northern Obstetric Service Providers:
 - Please Note: For providers other than OB/GYN physicians and certified nurse midwives (CNMs) to be considered a top priority, employers must include a signed letter with their Practice Site Applications (See below.)
5. Important Reminders
 - o Non-priority Practice Sites with HPSA Scores of 8 or Higher Treated as Priority
 - o Updated MSLRP Review Process
 - o Workdays Away Form Must be Submitted with Final Work Verification Form
 - o Participants Must Complete Service Obligations with Original Employers
 - o Employers Must Employ Participants Throughout Service Obligations

If, after reading the MSLRP Update, website, and application forms you have questions about the program, please contact Ken Miller at (517) 241-9946 or Millerk3@michigan.gov or Brittany Brookshire at (517) 284-4986 or BrookshireB1@michigan.gov .

New! MDHHS conducting Health Information Exchange survey

The Michigan Department of Health and Human Services (MDHHS) is seeking to gather information from Michigan's stakeholders regarding the connection to and application of Health Information Exchange (HIE) within the diverse settings that serve Michiganders across the continuum of care. MDHHS has designed a survey to better understand various aspects of connectivity including how the use of Health Information Technology systems such as Electronic Medical Records or patient registries may impact the connection to Michigan's Health Information Exchanges and how information transferred via HIE may be integrated into internal operations to support the delivery of care to patients. MDHHS recognizes that the perceptions and opinions of the use and application of information from HIE may vary across roles within the organization, therefore each responding organization is encouraged to submit multiple surveys that capture the perspective of direct service delivery providers, administrative and

information technology personnel. If you have any questions regarding this survey, please contact the MDHHS State Innovation Model (SIM) Team at MDHHS-SIM@michigan.gov.

The survey is available through the following link:

https://healthmanagement.qualtrics.com/jfe/form/SV_b12xlqPALNyGNj7

Responses are requested by 5:00pm on January 17, 2020.

New! 2020 Midwest Suicide Prevention & Mental Health Summit Call for Proposals

Midwest Suicide Prevention & Mental Health Summit
May 14 & 15, 2020 Columbus, OH

The Ohio Suicide Prevention Foundation (OSPF), in partnership with The Ohio Department of Mental Health and Addiction Services, NAMI Ohio, and Pegs Foundation are hosting the 2020 Midwest Suicide Prevention and Mental Health Summit on May 14-15, 2020. This two-day summit will focus on providers of suicide prevention across the Midwest, from coalitions and organizations dedicated to preventing suicide and promoting mental health wellness, prevention professionals, healthcare professionals, veteran-serving organizations, state and community leaders, and others dedicated to community solutions to address the public health problem of suicide.

OSPF is requesting presentations touching any one or more categories below. These presentations should have an emphasis on **practical implementation, prevention success stories, and collaboration with community partners across disciplines.**

We also request presentations focusing on **effectively working with special at-risk populations and cultural competency.** If you would like to present on a population that is NOT represented below, we still encourage you to submit a proposal.

Aging Population Agriculture Amish Black/African American First Responders
LGBTQ+ Refugees Rural Communities Tribal Communities
Urban Communities Veterans Youth Aftercare/Caring Contacts
Collecting and using data to inform prevention efforts Collective Impact
Effective Advocacy Means access Mental health promotion Postvention
Safety Planning Screening and Assessment Strategic planning and implementation
Suicide Prevention Working with local and state systems (ex: schools, healthcare, foster care, etc.)

Deadline: January 17, 2020

One presenter for each selected presentation will receive free registration to the summit. Additional presenters will be required to register for the summit at an early bird rate of \$150 (ending March 31, 2020) or \$200 regular registration. All presenters are responsible for their own travel, hotel, and per diem expenses.

[Click here](#) to submit your proposal.

Ohio Suicide Prevention Foundation recommends writing that proposals be in a word document, then pasting the Word text into the survey monkey form. Questions: please contact the Ohio Suicide Prevention Foundation's Director of Community Engagement, Michelle Price michelle.price@ohiospf.org or call 614-429-1528 ext. 239.

New! The Centers for Medicare & Medicaid Services (CMS) seeks members for two Technical Expert Panels (TEPs)

CMS has contracted with The Lewin Group (Lewin) to work on a variety of measure development activities through a large project entitled Home and Community-Based Services Measure Development, Endorsement, Maintenance, and Alignment Contract. As part of its measure development process, Lewin will convene groups of stakeholders and experts for two distinct, unrelated TEPs that contribute direction and input during the development and maintenance lifecycle of measures covered under this scope of work. One TEP is focused on HCBS measurement development and the other TEP is focused on addressing gaps in the Medicaid and CHIP Scorecard across a variety of topics.

Each TEP will seat approximately 15 individuals, including HCBS providers, individuals or family members, representatives from stakeholder groups impacted by the measure(s), clinicians, state Medicaid and CHIP administrators, researchers, health information technology (IT) experts, and others with differing perspectives and areas of subject matter expertise.

Subject matter expertise valuable to the HCBS Measures TEP includes: HCBS delivery and functional assessment items/data collection instruments used in HCBS settings (e.g., familiarity with the Functional Assessment and Standardized Items (FASI) or similar instruments, familiarity with eligibility determinations and reassessments); HCBS programs, person-centered planning, long-term services and supports (LTSS), systems, best-practice models, and assessment methods/tools, as well as knowledge of cross-walking efforts related to current health care assessment instruments; Experience of care within HCBS (e.g., familiarity with the Consumer Assessment of Healthcare Providers and Systems [CAHPS®] Home and Community Based Services Survey [HCBS CAHPS®] and similar instruments); Individual, family member, and caregiver perspective; Health IT and interoperability experience; Managed Long Term Services and Supports (MLTSS); Outcome measurement; and Quality improvement.

Subject matter expertise valuable to the Medicaid and CHIP Scorecard Measures Gap Development TEP includes: Medicaid and/or CHIP quality and data reporting; Medicaid and/or CHIP adult healthcare quality issues; Individual beneficiary/family member (caregiver) perspective; Behavioral health; HCBS care and delivery; Outcome measurement; and Quality improvement

Both TEP nomination periods open on Thursday, December 12, 2019 and close on Thursday, January 16, 2020. Please submit all nomination materials by close of business (8:00 pm EST) on the closing date. [Additional information about the TEP and nomination requirements.](#)

State Legislative Update:

New! Budget Deal Heads to the Governor

This week the legislature sent to the Governor a budget supplemental agreement containing boilerplate language that would enable a legislative response to undo State Administrative Board transfers for the

remainder of this fiscal year, require that budgets be completed by July 1 each fiscal year and provide more Auditor General oversight of Executive Branch office records.

As passed, the supplementals would restore some of the \$947 million in line-item vetoes executed by the governor. The deal resolves the disagreement between Governor Whitmer, who did not want to diminish executive branch power for her successors, and Senate Majority Leader Mike Shirkey (R-Clarklake), who wanted a statutory change preventing the governor from making budget transfers on the scale that was done following budget passage.

Some of the restored funding include: \$38 million in private college scholarships, \$35 million for charter schools, \$27.4 million for local governments in lieu of taxes (PILT payments), \$16.6 million for rural healthcare, \$15 million for IT upgrades, \$14.8 million for county jails, \$13.1 million for secondary road patrol, \$10.5 million to hire new corrections officers, \$10.7 million for pediatric psychiatrist raises, \$10.5 million for early literacy coaches, \$10 million for school security upgrades, \$5.1 million for 37 "critical access" hospitals, \$4.5 million for lead paint abatement, \$4 million in veterans grants \$1.25 million for autism navigators and \$350,000 for autism intervention.

More spending may be added next year in additional supplementals, but these bills are the only ones lawmakers will consider this year.

Gov Says Pausing Medicaid Work Requirements Saves State \$40M

Governor Whitmer urged the Legislature to pass legislation pausing the implementation of the Medicaid work requirements in Michigan until the federal courts hash out whether they are legal or not.

The Governor used her first [special message](#) to note that pushing ahead will cost the state an estimated \$40 million in Fiscal Year (FY) 2020 to notify Medicaid recipients and monitor whether roughly 270,000 recipients are working 80 hours a month or going through job training starting Jan. 1.

But Senate Majority Leader Mike Shirkey (R-Clarklake) told reporters today that his response to Whitmer's request is a straight-forward: "Nope, not necessary."

"I believe the taxpayers of the state of Michigan deserve it," Shirkey said. "The one mistake we made was calling it a work requirement. We should have called it a workplace engagement requirement. We don't have to have a job to qualify. You can be pursuing a job. You can be getting an education. You can be doing volunteer work. There's a long list of things that cause you to not qualify for coverage."

In the end, it could all be for naught since the courts are knee-deep in deciding their legality. Four Michigan residents filed a lawsuit Nov. 22 in the U.S. District Court in D.C. against the U.S. Department of Health and Human Services for accepting Michigan's waiver request to run the work requirements.

Meanwhile, that \$40 million could be used to help 14,000 more children enroll in a childcare program.

The suit is similar to those filed in Arkansas, Kentucky and New Hampshire, where federal judges halted the work requirements. During an Oct. 11 oral argument in front of the U.S. Court of Appeals, one judge appointed by Ronald Reagan apparently expressed skepticism about the legality of the work requirements.

In a joint statement on the subject, House Speaker Lee Chatfield (R-Levering) and Senate Majority Leader Mike Shirkey (R-Clarklake) wrote that able-bodied adults who want cash assistance and subsidized healthcare coverage should "obviously" be expected to work part-time or at least prepare for a career in exchange for the benefits.

Federal Update:

New! CCBHC extension, including Michigan, looks promising

Recently, bipartisan leaders of the Senate Finance Committee reached an agreement on a 2-year extension and more than doubling the current program by adding 11 additional states (including Michigan) to the Certified Community Behavioral Health Clinic (CCBHC) Medicaid program. This agreement was announced by Senators Chuck Grassley (R-IA) and Ron Wyden (D-OR), lead negotiators on the year-end package of health care bills.

Over the program's two years, CCBHCs have dramatically improved access to care, strengthened the response to the opioid crisis, and significantly reduced appointment wait times. Through CCBHCs, access to Medication Assisted Treatment (MAT) and emergency psychiatric services have saved lives and reduced hospital emergency department utilization. Patients have received highly effective community-based treatment instead of incarceration in county jails, placement in homeless shelters, and crisis psychiatric services.

While this agreement on CCBHCs is an exciting development, it is still very early in its progress toward being enacted into law. The package must still be voted on by both the House and Senate before going to President Trump for his signature.

In a statement, the National Council's President and CEO, Chuck Ingoglia, highlighted the importance of extending and expanding the CCBHC program:

"We applaud the members of Congress who worked so hard on this agreement to fund and expand our nation's CCBHCs. Extending and expanding this successful program is vitally important to people who rely on the mental health and addiction services provided by CCBHCs...

We want to applaud the leadership of those responsible for championing the CCBHC program – Chairman Charles Grassley (R-IA), Ranking Member Ron Wyden (D-OR), Senator Debbie Stabenow (D-MI), Senator Roy Blunt (R-MO), Representatives Doris Matsui (D-CA), Markwayne Mullin (R-OK), Greg Walden (R-OR) and Frank Pallone (D-NJ)."

Also included in this package are extensions of Money Follows the Person, funding for the Puerto Rico Medicaid program, and Temporary Assistance for Needy Families (TANF), as well as a delay of disproportionate-share hospital (DSH) payment cuts, among others.

Education Opportunities:

CALL FOR PRESENTATIONS: CMHA 2020 Annual Winter Conference

Share your expertise, research or showcase a successful program with over 400 attendees during our Annual Winter Conference!

[CLICK HERE FOR THE PRESENTATION FORM](#)

Deadline TODAY, December 13, 2019

Community Mental Health Association of Michigan
2020 Annual Winter Conference
February 3, 2020 ~ Pre-Conference Institute
February 4 & 5, 2020 ~ Full Conference
Radisson Plaza Hotel, Kalamazoo, Michigan

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

New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

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

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.

This training fulfills the MCBAP approved treatment ethics code education – specific.

This training fulfills the MPA requirements for psychologists.

Trainings offered on the following dates:

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

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

\$115 CMHA Members

\$138 Non-Members

Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should

expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

New! MDHHS announces series of autism webinars

Upcoming Webinars on a range of clinical dimensions of autism spectrum disorder services are listed below. All run from 12:00 noon to 1:00 p.m.:

January 8, 2020 - Not ASD: Management of Diagnosis and Recommendations For Children Who Do Not Meet ASD Criteria. [link for January](#)

March 11, 2020 - Making ASD Re-evaluations Helpful For The Family. [link for March](#)

June 10, 2020 - When The ADOS-2 Cannot Be Scored: ASD Evaluation With Sensory and Motoric Impairment. [link for June](#)

August 12, 2020 - Common Errors in ASD Evaluation: Lessons Learned From Second Opinion Evaluations. [link for August](#)

New! Managing Mental Health Crisis trainings and ASDIDD trainings announced

Managing Mental Health Crisis

Program Overview:

This course is designed to provide participants with a better understanding of mental illness as it relates to law enforcement. Managing a Mental Health Crisis (MMHC) is a culmination of knowledge and skills developed by law enforcement and mental health professionals with the intention of promoting effective and high-quality responses to mental health related incidents.

Dates:

February 17–18, 2020 - Pines Behavioral Health

January 22nd – 23rd, 2020 - CNS Healthcare

March 17th – 18th, 2020 - Bay College – Joseph Heirman University Center

April 15th – 16th, 2020 - M-TEC University Center

Autism & Intellectual Developmental Disorders

Program Overview:

This course is designed to provide participants with the knowledge and skills required to provide effective, equitable service to people with intellectual and/or developmental disabilities including autism spectrum disorder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

FOUR 2-Hour Sessions Available:

January 7, 2020

January 14, 2020

January 21, 2020

January 28, 2020

Training Location:

Madison Heights Police Department

For more information and to register, see training flyers [HERE](#).

Miscellaneous News and Information:

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

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

Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

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

Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670

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

CMHA Staff Contact Information:

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

CMHA WEEKLY UPDATE

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Contents:

Searching for past articles in Weekly Update: Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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New! Saginaw CMH Awarded Three-Year CARF Accreditation

Below are excerpts from a recent press announcement on the receipt, by Saginaw County Community Mental Health Authority of its receipt of a full 3-year accreditation from CARF. Congratulations to Saginaw CMH.

Saginaw County Community Mental Health Authority (SCCMHA) received notice that they were awarded another Three-Year Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) after their site visit on September 25-27. This is the sixth 3-year accreditation that the international accrediting body has awarded to SCCMHA.

This accreditation outcome represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to the standards established by CARF. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process. It has demonstrated to a team of surveyors during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of the highest quality.

"We are very pleased with the results of the accreditation process," says SCCMHA CEO Sandra Lindsey. "The real winners here are the consumers and families we serve. This accreditation means that consumers can be confident that SCCMHA has made, and will continue to make, a commitment to enhancing the quality of our services and programs."

As quoted on the CARF Survey Report "A belief in potential, a right to dream, and an opportunity to achieve represents the SCCMHA vision for those served. This person-centered philosophy is woven through the organization and embraced by each employee and consumer. The organization continues to inspire excellence in its operations and is a community leader, promoting collaborative care and community engagement."

CMHA publishes HMP work requirement tool kit

Healthy Michigan Plan requirements will be changing beginning January 1, 2020 to incorporate the new work requirements. The Community Mental Health Association of Michigan (CMHA) at the request of the Michigan Medicaid Director, Kate Massey, has collaborated with the Medicaid office and other segments of MDHHS to develop and share information, flyers, toolkits, and other documentation to ensure that providers, clients, and the public are aware of these changes.

In an effort to disseminate information in a timely matter, CMH developed a tool kit of Michigan Department of Health and Human Services promotional tools to post around your local agencies. These posters, table tents, and rack cards, will help ensure that clients and providers are aware of the upcoming changes to the Healthy Michigan Plan.

CMHA's Healthy Michigan Plan Resource Guide has been updated with new this information and the resources have been posted to the CMHA website where they can be accessed anytime.

You can find both the Resource Guide and the Promotional Materials on the CMHA website by clicking [here](#).

If you have any questions, comments, or concerns, please contact Kaylee Nellett, Policy Analyst at CMHA (publicpolicy@cmham.org).

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute "Your Rights When Receiving Mental Health Services in Michigan" booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 43¢ per booklet. Orders must be received by November 22, 2019 to qualify for the discount. Any booklets ordered after November 22, will be charged 55¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an additional charge of \$100 per order. Personalization is only offered during the fall – deadline is November 22, 2019.** The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:

Cost Per Booklet if Ordered by **November 22: 43¢ (Plus Shipping)**

Cost Per Booklet if Ordered After **November 22, 2019: 55¢ (Plus Shipping)**

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

CMHA Committee Schedules, Membership, Minutes, and Information

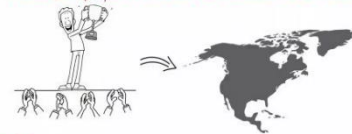
Visit our website at <https://www.cmham.org/committees>

News from Our Preferred Corporate Partners:

New! Abilita provides telecommunication guidance



Finding a good Telecom Consultant is difficult



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

1. Start with the easy stuff

Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good!

We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

6. BUT....be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "buy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward
Managing Consultant
517-853-8130
daylward@abilita.com
My profile page

myStrength: new digital behavioral health resources empower consumers to move beyond trauma



Click at left for a video overview of the new Moving Beyond Trauma program

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals Move Beyond Trauma. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources:

Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

[Request a Meeting](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, *The Substance Use Professional of the 2020s*, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

State and National Developments and Resources:

New! MDHHS proposes new design for Michigan public mental health system

On December 4, Robert Gordon, MDHHS Director, discussed the MDHHS proposal for the design of Michigan's public mental health system at a joint Senate-House appropriations subcommittee.

MDHHS proposal is a combination of the views of a diverse set of stakeholders: Over the last several months, Mr. Gordon and his staff talked about potential system refinement with a large number of parties with interests in Michigan's public mental health system and any refinements that may be made to that system. Given the diversity of those views, the proposal that Mr. Gordon outlined reflected a similar diversity – reflecting the views of: many of you – PIHPs, CMHs, providers - who met with Mr. Gordon; members of the advocacy community; the health plan association; the hospital association; staff within MDHHS; state legislators; and our association. The full set of views of no one interested party are reflected in the MDHHS proposal.

A number of the principles put forth by our association are reflected in the MDHHS proposal: the centrality of public mental health system; integrated care, at the client/patient/clinical level, is where integration starts with financial integration done only to foster clinical integration; public nature of any structure involved in managing Medicaid mental health care; common good/safety net role of the public system in addition to care provision and care management.

However, while we wish otherwise, **a number of our association's other views are not reflected** in the proposal. In fact, **a number of the components of the proposals are diametrically opposed to the principles and views of our association and our members.** That same reaction is being felt by all of the other parties with an interest in the system – no one party sees all of their views and desires in MDHHS's proposal.

Summary of proposal: CMHA will be putting together an analysis of the MDHHS proposal for use by CMHA member organizations. CMHA, however, urges all Weekly Update readers to review the source documents related to this effort (they are linked at the end of this e-mail) and not rely upon our association's interpretation, nor that of any other group, of the proposal.

Next steps: Over the next few weeks and months, CMHA will be working, as it has for the past several years, to impact the MDHHS design proposal to more closely mirror the views of our association and its members. That advocacy will apply the advocacy tools that we have outlined to you in the past (grass-roots advocacy, direct legislative and executive branch advocacy, media relations, alliances with advocates and other stakeholders, and policy analysis via pro-active and responsive approaches).

The association's efforts have been and will continue to be based on a set of principles documents adopted by the Association's Executive Board over the past several years: the set of principles adopted by the Executive Board in August 2016, the [association-adopted vision for the system](#), and the [association's recommendations around addressing the underfunding our system](#). The synthesis of the principles contained in these documents formed a set of principles that were approved, unanimously, by the CMHA Executive Board, on Friday, December 6. These principles will be sent to the CMHA membership during the week of December 9.

Materials outlining MDHHS system design proposal: While Alan Bolter sent these resources to you, yesterday, soon after Mr. Gordon's presentation, we have provided again (to ensure their ready accessibility to you), below, the links to the MDHHS website that provides access to: Robert Gordon's Powerpoint presentation, a link to a Fact Sheet on the system design proposal, the MDHHS press release, and information about upcoming forums on the proposed system design, and the method for providing public comments on the proposed plan.

Link to website on the MDHHS Future of Behavioral Health (which includes Director Gordon's editorial, MDHHS press release):

https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_96724---,00.html

link to Director Gordon's PowerPoint slides:

https://www.michigan.gov/documents/mdhhs/Future_of_Behavioral_Health_Presentation_to_Joint_HHS_Committee_672948_7.pdf

link to FAQ sheet:

https://www.michigan.gov/documents/mdhhs/Future_of_Behavioral_Health_Fact_Sheet_and_FAQs_672946_7.pdf

New! Michigan Center for Rural Health calls for presenters at 2020 conference

The Michigan Center for Rural Health (MCRH) is beginning to plan the 2020 Michigan Rural Health Conference. This year's theme is "Taking Rural Health to New Heights." The conference will be held Wednesday, May 13, 2020 to Thursday, May 14, 2020 at Amway Grand Plaza Hotel in Grand Rapids, MI.

If you are interested, we invite you to submit one or more abstracts to present at this year's conference. [Enclosed here is the link](#) for instructions and the appropriate form. Please note the deadline for the Call for Presenters is now Friday, January 10, 2020.

On behalf of the MCRH and the conference committee, thank you for your contributions to the 2020 Michigan Rural Health Conference; we look forward to having the opportunity to showcase your information to conference participants.

If you have any question please contact the MCRH office: Victoria Tyra; Education & Communications Manager; 909 Wilson Road; B-218 West Fee Hall; East Lansing, MI 48824; 517-355-8250

New! Michigan Medicaid issues draft Healthy Michigan work requirements bulletin

Below are excerpts from a recently issued Michigan Medicaid bulletin outlining the work requirements that apply to all Healthy Michigan Plan enrollees.

Programs Affected: Healthy Michigan Plan

The Michigan Department of Health and Human Services (MDHHS) will implement new work requirements beginning on January 1, 2020 for Medicaid beneficiaries who have Healthy Michigan Plan (HMP) health care coverage. The purpose of this bulletin is to provide information regarding changes to the HMP program. MDHHS is implementing these requirements in compliance with Public Act 208 of 2018 and the Special Terms and Conditions of the Section 1115 Demonstration Waiver Amendment that was approved by the Centers for Medicare & Medicaid Services (CMS) on December 21, 2018. HMP beneficiaries who are at least 19 but younger than 62 and do not meet exemption criteria will be subject to the new work requirements as a condition of eligibility.

The bulletin also provides updated information on the policy and operational processes for the administration of key elements of the HMP program:

The full bulletin can be found at [this link](#).

New! Michigan eliminates prior authorization for medications used to treat opioid use disorders

Below are excerpts from a recent press release announcing the elimination of prior authorization for the prescribing of all medication assisted treatment (MAT) for the treatment of opioid use disorders.

The Michigan Department of Health and Human Services (MDHHS) Medical Services Administration has removed prior authorization requirements for medications used to treat opioid use disorder, including buprenorphine.

“The removal of prior authorization for these medications in the Medicaid program will help increase access to treatment for people with opioid use disorders,” said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. “By eliminating this requirement, medical providers will be empowered to help people begin treatment when they are ready and increase their chances of a successful recovery.”

Prior authorization is a requirement that physicians must obtain approval from a patient’s health care insurer before prescribing a specific medication or to perform a particular operation.

After an in-depth analysis of the prior authorization program, existing literature and lessons learned in other states, MDHHS believes that prior authorization creates substantially more barriers to accessing care for opioid use disorders than protections from misuse of substances.

Medication-assisted treatment, combined with counseling or behavioral therapy, is the gold standard for treating individuals with opioid use disorder, leading to significantly better outcomes. Prior authorization has been removed in 21 states with no data indicating an increased rate of drug diversion.

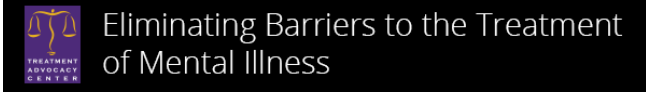
MDHHS will conduct an evaluation and complete quarterly monitoring of drug utilization claims to assess changes in how the medications are used to treat patients and ensure that the change does not result in any negative impacts.

More information is available in a Frequently Asked Questions document.

For more information on the opioid epidemic and efforts being made by the state to address this issue, visit Michigan.gov/Opioids.

New! SAMHSA announces RFP for AOT services

Below is a recent reminder, provided by the Treatment Advocacy Center, of the announcement, by SAMHSA, of a request for proposals (RFP) for funding to support assisted outpatient treatment (AOT) – provided to Weekly Update readers who may be interested in applying for these dollars.

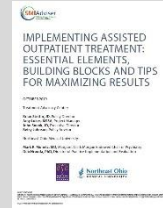


Yesterday, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the next round of Assisted Outpatient Treatment (AOT) [federal grant funding](#).

SAMHSA anticipates making approximately 14 awards, each up to \$1 million per year for a period of 4 years, starting in July 2020.

We will have more to tell you about this in the weeks to come, but here are the key points for now:

Last month, SMI Adviser released a "white paper," created by the Treatment Advocacy Center and Northeast Ohio Medical University (NEOMED), to serve as an informational starting point for anyone interested in establishing or improving an assisted outpatient treatment (AOT) program.



[READ MORE](#)

There is an extremely tight timeline communities to for apply! Applications are due January 24, 2020.

Several restrictions associated with the prior round of SAMHSA AOT funding (minimum number of individuals to serve, grant caps based on population, budget limitations by category, et al) have been eliminated this time.

The requirement that AOT programs be "new" is retained. The grant is for jurisdictions not currently practicing AOT, but within a state with an AOT law on the books. (This disqualifies current SAMHSA grantees from re-applying.)

Cost sharing or a state match is not required.

The Treatment Advocacy Center's implementation team stands ready to assist communities with their grant applications and to answer any questions on the use of AOT you might have. Visit our [website](#) or [contact us](#) to learn more.

We especially encourage attendees of our AOT symposiums to apply.

These grants represent the second round of SAMHSA's funding of new AOT programs. In 2016, SAMHSA awarded 17 grants to a wide variety of jurisdictions in every region of the country. Most of those grantees are now in the final year of federal funding. Based on their demonstrated success in improving outcomes and reducing treatment costs for individuals

with severe mental illness who struggle with treatment engagement, they are preparing to maintain their programs without federal support.

Is your community ready to implement this life-saving essential program? If so, apply for a SAMHSA grant and join our quest to make AOT a routine “tool in the toolkit” of every local mental health system in the nation!

New! UM issues toolkit for safer opioid prescribing practices

MDHHS has partnered with the University of Michigan Injury Prevention Center to develop a toolkit for medical providers on safer opioid prescribing practices. These comprehensive resources will help medical professionals make evidence-based decisions when prescribing opioids to decrease the risk of opioid misuse.

The toolkit is available at <http://michmed.org/optoolkit>.

New! Temple University Collaborative issues number of new community inclusion resources issued

The Temple University Collaborative Center on Community Inclusion for Persons with Psychiatric Disabilities has recently issued several well received resources on community inclusion. These resources are listed below.

Welcoming Places in the Community: Perspectives from Individuals with Serious Mental Illnesses

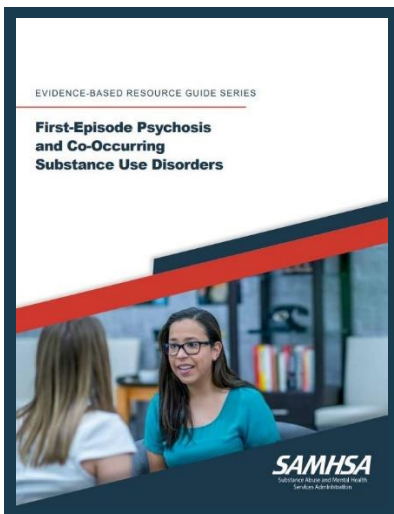
Rebecca Neergaard, Kyra H. Baker,
& Gretchen Snethen



Welcoming Faces in the Community: This document provides first-person accounts from people with lived experience of mental illness regarding what characteristics turn a community space into a meaningful place, and steps we can take to make all places in our communities more welcoming! Are you curious to learn about what you find welcoming? There is a series of worksheets at the end of this document that will help you do just that! Identifying welcoming features can lead to increased community participation for people with serious mental illnesses, as well as everyone else. Read it here !

Podcast

In episode 5 of Collab Chats, we had Dr. Gretchen Snethen back to tell us about one of her recent studies, Welcoming Spaces. Podcast host Kyra Baker sat down with Gretchen to talk about creating the study, what types of places participants identified as welcoming, and the importance of fostering places that are welcoming for all. Listen here!



SAMHSA guide

Temple University Collaborative member Liz Thomas helped develop a research guide for the Substance Abuse and Mental Health Services Administration. This is part of SAMHSA's Evidence-Based Resource Guide Series and is designed to support early psychosis treatment providers in identifying and working with young people and families to address challenges related to substance use. Read it here!

State Legislative Update:

New! Governor & Legislature Strike Budget Deal and Admin Board Changes

On Wednesday, Governor Whitmer and legislative leaders finalized a deal to iron out the last 65 days of budget cuts, money transfers, and executive authority consternation. Most of the details won't be finished until next week. However, parts of the deal started moving this week.

The Senate unanimously passed a combined \$573.5 million in restored funding (\$261 million General Fund, \$70 million School Aid Fund). The House and Senate passed a shell bill that will make some changes in state Administrative Board powers and a new July 1 budget deadline for lawmakers.

Some of the restored funding include: \$38 million in private college scholarships, \$35 million for charter schools, \$27.4 million for local governments in lieu of taxes (PILT payments), \$16.6 million for rural healthcare, \$15 million for IT upgrades, \$14.8 million for county jails, \$13.1 million for secondary road patrol, \$10.5 million to hire new corrections officers, \$10.7 million for pediatric psychiatrist raises, \$10.5

million for early literacy coaches, \$10 million for school security upgrades, \$5.1 million for 37 "critical access" hospitals, \$4.5 million for lead paint abatement, \$4 million in veterans grants \$1.25 million for autism navigators and \$350,000 for autism intervention.

The \$13 million in individual bridge projects Whitmer vetoed is now going into the larger Transportation budget for general road and bridge repair.

The supplements, SB 376 & 377 do not include the vetoed money for Pure Michigan nor the \$175 million the Governor wanted for her Reconnect Michigan program. She did get the funding she wanted for the Department of Corrections so the tethers can be replaced and prisoner programming can continue. Whitmer also got the \$10 million for the 2020 Census and \$2 million for the implementation of Proposal 2. The \$37.26 million for the Going Pro skilled trades training program didn't make it into the bills.

More spending may be added next year in additional supplementals, but these bills are the only ones lawmakers will consider this year.

"While this does not restore all of the Governor's vetoes and transfers, it is a good first step in the right direction," said Senate Appropriations Committee Chair Jim Stamas (R-Midland).

The other measures that make up the deal that passed today included:

- HB 5176 & SB 616 which will ultimately lay out some changes to the state Administrative Board, passed on party-line votes in their respective chambers.
- HB 5177 & SB 618 which mandates that the Legislature provide the Governor with the next year's spending bill by July 1 passed unanimously in the bills' respective chamber.

New! Gov Says Pausing Medicaid Work Requirements Saves State \$40M

Governor Whitmer urged the Legislature to pass legislation pausing the implementation of the Medicaid work requirements in Michigan until the federal courts hash out whether they are legal or not.

The Governor used her first [special message](#) to note that pushing ahead will cost the state an estimated \$40 million in Fiscal Year (FY) 2020 to notify Medicaid recipients and monitor whether roughly 270,000 recipients are working 80 hours a month or going through job training starting Jan. 1.

But Senate Majority Leader Mike Shirkey (R-Clarklake) told reporters today that his response to Whitmer's request is a straight-forward: "Nope, not necessary."

"I believe the taxpayers of the state of Michigan deserve it," Shirkey said. "The one mistake we made was calling it a work requirement. We should have called it a workplace engagement requirement. We don't have to have a job to qualify. You can be pursuing a job. You can be getting an education. You can be doing volunteer work. There's a long list of things that cause you to not qualify for coverage."

In the end, it could all be for naught since the courts are knee-deep in deciding their legality. Four Michigan residents filed a lawsuit Nov. 22 in the U.S. District Court in D.C. against the U.S. Department of Health and Human Services for accepting Michigan's waiver request to run the work requirements.

Meanwhile, that \$40 million could be used to help 14,000 more children enroll in a childcare program.

The suit is similar to those filed in Arkansas, Kentucky and New Hampshire, where federal judges halted the work requirements. During an Oct. 11 oral argument in front of the U.S. Court of Appeals, one judge appointed by Ronald Reagan apparently expressed skepticism about the legality of the work requirements.

In a joint statement on the subject, House Speaker Lee Chatfield (R-Levering) and Senate Majority Leader Mike Shirkey (R-Clarklake) wrote that able-bodied adults who want cash assistance and subsidized healthcare coverage should "obviously" be expected to work part-time or at least prepare for a career in exchange for the benefits.

Federal Update:

New! FCC Announces Next Steps to Update National Suicide Prevention Lifeline

This week, the National Council hosted Federal Communications Commission (FCC) Chairman Ajit Pai, along with leaders from Congress, federal agencies and community groups, to discuss a proposal to establish "9-8-8" as the new national suicide prevention and mental health crisis hotline number. This announcement closely mirrors Congress's work on the issue via the [National Suicide Hotline Designation Act of 2019](#) (H.R. 4194/S. 2661), which would also designate "9-8-8" as the new suicide prevention hotline number, with a direct line to the Veterans' Crisis Line.

Suicide is the 10th leading cause of death in the United States, with 47,173 people having died by suicide in 2017 alone. As Chairman Pai noted during the press conference, "this simple [dialing] number could be the lifeline that makes all the difference... Working together we can make this happen. We can and we will save lives."

Chairman Pai was joined by Senator Cory Gardner (R-CO), who introduced S. 2661, Olivia Hussey from H.R. 4194 sponsor Representative Seth Moulton's (D-MA) office, Dr. David Carroll, Department of Veterans' Affairs, Dr. Elinore McCance-Katz, Substance Abuse and Mental Health Services Administration (SAMHSA), Reyna Taylor, National Council for Behavioral Health, David Guth, Centerstone, and Sam Brinton, The Trevor Project.

NEXT STEPS

On December 12, 2019, the FCC will hold a vote to establish the new three-digit hotline number. Following the Commission's approval of the hotline, the new regulation will go through a period of public comment before the final rule is established and implemented. The National Council applauds this significant step forward in addressing the suicide crisis and will follow this story through the vote and regulation process with the FCC.

Education Opportunities:

CALL FOR PRESENTATIONS: CMHA 2020 Annual Winter Conference

Share your expertise, research or showcase a successful program with over 400 attendees during our Annual Winter Conference!

[CLICK HERE FOR THE PRESENTATION FORM](#)

Deadline Friday, December 13, 2019

Community Mental Health Association of Michigan
2020 Annual Winter Conference
February 3, 2020 ~ Pre-Conference Institute
February 4 & 5, 2020 ~ Full Conference
Radisson Plaza Hotel, Kalamazoo, Michigan

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

New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

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

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.

This training fulfills the MCBAP approved treatment ethics code education – specific.

This training fulfills the MPA requirements for psychologists.

Trainings offered on the following dates:

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

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

\$115 CMHA Members

\$138 Non-Members

Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register
April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members
\$47 Non-Members

Michigan Partners in Crisis (PIC) announce annual winter conference

Michigan Partners in Crisis recently announced their upcoming winter conference:

Dec. 13, 2019, 8:30 a.m. to Noon
Community Mental Health Association
426 S. Walnut, Lansing
Registration: 8:30 a.m. to 9:15 a.m. | Program: 9:15 a.m. to Noon

Agenda

- I. Progress on PIC's 2019 Initiatives
Presenter: Mark Reinstein, PIC Advisory Board Member
- II. A Mother's Struggles Dealing with Michigan's Mental Health System
Presenter: Jenny Thomas, Lansing
- III. Findings of Recent ALTARUM Study on Behavioral Disorder Prevalence & Unmet Need in Michigan
Presenters from ALTARUM: Emily Ehrlich, Center for Behavioral Health, & Ani Turner, Center for Value in Health Care

To register for this event contact Greg Boyd at ghb1@acd.net

Miscellaneous News and Information:

New! ACMH looking to create Statewide Parent Advisory Committee

The Association for Children's Mental Health (ACMH) is looking to create a Statewide Parent Advisory Committee. Have you worked with parents that are passionate about mental health and would be interested in using their voice to make a difference? The only qualifications are that applicants be a

parent/primary caregiver with lived experience raising a child (children) with mental health, emotional, and/or behavioral challenges and currently residing in Michigan.

Applications will be made available now through December 31st, 2019. Please encourage parents to apply! We are looking to create a diverse, dynamic and impactful committee. This is the opportunity we have all been waiting for – providing guidance and leadership, focusing our passions about mental health to affect change, and making a difference!

Application for a seat on the ACMH Parent Advisory Committee is open to all parents/primary caregivers with experience raising a child with a mental health, emotional and/or behavioral challenges. Involvement is NOT limited to parents with experience in any particular system, such as public mental health, foster care, juvenile justice or special education. All parents/primary caregivers who are passionate about mental health issues and have personal experience raising a child with mental health challenges will be considered. Up to 15 parents will be selected to serve on the committee. Once selected, members will be asked to serve for a minimum of one year. Committee calls will be held once monthly via technology. Face to face meetings and events will be scheduled 2 to 4 times a year. Members will be expected to attend and fully participate in committee calls, meetings and events; if unable to attend a call, meeting or event, the ACMH Parent Advisory Committee Coordinator should be notified in advance if possible.

To be sent a full committee overview document and application, or if you have questions, please contact: Laura Marshall, ACMH Parent Advisory Committee Coordinator
Phone: 517-420-2193
Email: lmmarshall@acmh-mi.org

New! Vital Strategies seeking Michigan MAT program officer

Vital Strategies is seeking qualified candidates for the position of Program Officer – Medication for Addiction Treatment (MAT) Access in Prisons, seconded to the Michigan Department of Corrections (MDOC) located in Lansing, Michigan.

The MDOC serves over 38,000 incarcerated individuals, many of whom have struggled with opioid use disorder (OUD). Evidence has shown that many among this population can benefit from medications for opioid use disorder (MOUD), but the ability to administer these medications requires complex regulatory and practitioner navigation as well as education to individuals with OUD and the staff that support them. It is also critical that incarcerated individuals connect to treatment and supportive services upon release from incarceration to reduce their risk of death and injury from overdose.

The MDOC has developed a strategic plan that aims to implement a full offering of MOUD, as well as any needed behavioral health counseling supports. This includes a partnership with the Michigan Department of Health and Human Services (MDHHS) to tackle policy barriers to accessing proper care upon entry and release for the individuals served. Vital Strategies will provide seconded staff to MDOC to assist with various functions related to implementing MOUD within MDOC facilities and improving linkages to community services, working in collaboration with MDHHS. This will include research on policies and practices, coordinating meetings, developing data, helping support educational and training initiatives, and bridging between state and contracted and other stakeholders.

The posting can be found at [this link](#).

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Janessa Nichols, Accounting Assistant, jnichols@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org