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CMH Association and Member Activities:

Longtime Leader at Huron Behavioral Health Saying Farewell

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

Don't Forget About the 2019 PAC Campaign

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

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

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

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

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

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

Relias Highlights Recent Posts for Children's Services Providers

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

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

https://www.relias.com/blog?utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-05-15_hhs-blog-roundup_childrens-mental-health&mkt_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRReSlInQjOiJqdzJEYWFTY1U3NWVWMkRLNTBHZzFXNTZyMVZuU3IWT29abG5jcGZJeVlVjg1Zm1ZZGdHbnljT3NocmZlNmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRtdFUxUURFSW1Hb0o4cnp6NDR1QjhFeG5Ub20ifQ%3D%3D

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

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

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

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

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

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

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

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

State and National Developments and Resources:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The full article can be found at:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHRT Issues Michigan Physician Survey

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

This report can be found at:

https://www.chrt.org/publication/michigan-physician-survey-primary-care-physicians-in-michigan/?utm_source=Physician+survey+PC&utm_campaign=Physician+survey+PC&utm_medium=email

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

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

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

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

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

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

The full story can be found at:

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

Michiganders Alerted of Resources During Better Hearing and Speech Month

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

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

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

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

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

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

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

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

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

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

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

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

CMHA WEEKLY UPDATE

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

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

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

The tool can be found at:

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

State Legislative Update:

FY20 House Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

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

FY20 House Budget Decisions:

CMHA WEEKLY UPDATE

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

House Boilerplate Sections Included:

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

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

Slowing Economy Flattens Projected State Revenues

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

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

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

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

Below are links to documents providing more detail:

http://www.house.mi.gov/hfa/PDF/Revenue_Forecast/Consensus_Revenue_Agreement_Exec_Summary_May19.pdf

http://www.house.mi.gov/hfa/PDF/Revenue_Forecast/Economic_Outlook_and_Revenue_Estimates_May19.pdf

Federal Update:

Finalized Rule from CMS Preserves Medicare's Six Protected Classes

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

THE PROPOSED RULE

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

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

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

PROTECTED CLASSES REMAIN INTACT

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

Education Opportunities:

NIATx Change Leader Academy – TRAINING FULL!

Wednesday, May 22, 2019

9:00am – 3:30pm (8:30am Registration)

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

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

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

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

4.5 CEs for Substance Abuse Professionals

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

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

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

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

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

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

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

Trainings offered on the following date.

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

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

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

\$115 CMHA Members

\$138 Non-Members

21st Annual Wraparound Conference

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

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

CMHA Annual Spring Conference Registration Open!

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

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

Hotel for Conference Attendees Overnights:

Hampton Inn & Suites

49025 Alpha Drive, Wixom, MI 48393

2.7 miles from Suburban Collection Showplace

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

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

Mention Code: MHS for discounted rate.

Country Inn & Suites

21625 Haggerty Rd, Novi, MI 48375

25.5 miles from Suburban Collection Showplace

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

Reservations can be made by calling 248-596-9800

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

Additional hotels will be added as necessary. Watch www.cmham.org for additional details.

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CMHA will provide transportation between hotels and Conference Facility.

Spring Pre-Conference & Conference Registration:

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

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

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

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

Keynote Presentations:

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

Educational Workshops:

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

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

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

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

Training Fee:

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

Dates/Locations:

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

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

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

Course Description:

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

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

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

Training Fee:

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

Dates/Locations:

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

Motivational Interviewing College Trainings for 2018/2019

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

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

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

Remaining Dates/Locations:

June – Holiday Inn Marquette

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

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

Supervisory: Monday, June 10, 2019

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

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

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

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

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

Co-Occurring College Save-the-Date!

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

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

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

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Visit www.cmham.org for more information.

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

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

Understanding Benefit Programs



Understanding Benefit Programs

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

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

\$69 for MARO Members

\$99 for Non-members

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

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

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

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

20th Annual Substance Use Disorder and Co-Occurring Disorder Conference Save-the-Date!

“Innovative Strategies for Today’s Challenges”

Pre-Conference Workshops: September 15, 2019

Full Conference: September 16-17, 2019

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

45th Annual National Association for Rural Mental Health Conference

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

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

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

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

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

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

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

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide. As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an

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emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

Job Opportunity: Executive Director of Network 180

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

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

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

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

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
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org

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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

Robert Sheehan, CEO, rsheehan@cmham.org