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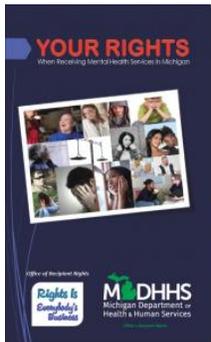
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CMH Association and Member Activities:

Recipient Rights Books and Nationally Recognized Channing Bete Books: Take Advantage of Discounted Rates Offered Through CMHA

RECIPIENT RIGHTS BOOKLETS:



Recipient Rights Booklets

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.

Personalization will be available in late September.

Prices for Booklets: Cost Per Booklet: **50¢ (Plus Flat Rate Shipping)**

Payment & Shipping: 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 Booklets Here!](#)

CHANNING BETE BOOKLETS:



Special Member Ordering Opportunity of Channing Bete Company, Inc., Booklets

Up to a 51% discount off our published price list, increasing the “purchasing power” for the Community Mental Health Association of Michigan. There is complete flexibility concerning the timing of orders and booklet selection.

How the Program Works: All members of CMHA can purchase any Price List “A” & “K” items through this purchasing opportunity. Please refer to the chart on the attached order form for pricing.

Shipping costs are not included. They will be added to your final invoice from CMHA.

All orders must be faxed, mailed or emailed to the attention of:

Dana Ferguson

CMHA WEEKLY UPDATE

CMHA

426 S. Walnut, Lansing, MI 48933

Tel. # 517-374-6848 * Fax. # 517-374-1053

Email: dferguson@cmham.org

[Download the Channing Bete Order Form Here!](#)

Job Bank CMHA Member Benefit Now Available!

CMHA Members may log on to www.cmham.org under Services to access the Job Bank and upload any Job Postings within their organization. Experience the ease and accessibility of being able to post what you want – when you want – and reach the maximum number of people in the State of Michigan!

If you would like to POST a job, please use the following link (REMEMBER... You must be a member in order to enjoy this benefit!): <https://cmham.org/services/job-bank/>

If you would like to VIEW current job postings, please use the following link (you do NOT have to be a member to view postings!): https://cmham.org/job_postings/

2019 PAC Campaign – And the Winner is...

Again, thank you to all the boards and members who participated in the 2019 CMH PAC campaign. This week we drew for the Tiger suite tickets and the winner was Saginaw County CMH. Please do not let the ticket drawing deter you or your agency from continuing your PAC efforts, the need for additional funds does not stop once we draw for the Tiger tickets. The CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Again, please **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

Why Should Your Staff Stay? Invest in Their Success to Ensure Your Own

Thursday, August 8th, 2019

2:00 pm - 3:00 pm EST

Join Relias Product Managers Melissa Lewis-Stoner, M.S.W., LCSW-C and Justin Hess, M.S. for a look at how behavioral health organizations can use assessments and learning in combination to help their employees feel competent and effective in their jobs.

In this webinar, Melissa and Justin will:

Discuss how assessments can be used to evaluate job-related competency and measure soft skills critical for success to identify opportunities for continued growth.

Show how assessment results can be used to inform and develop individual training plans.
Walk through examples of using assessments at behavioral health organizations

[Register for this Relias webinar here](#)

myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

Technology can help. Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

[Request a Demo](#)

State and National Developments and Resources:

Lakeshore debate continues

The leaders of the Lakeshore Regional Entity, the CMH members of Lakeshore, county commissioners and other stakeholders, from across the state, and this association have voiced their opinions and concerns related to the MDHHS proposal to terminate the Medicaid contract of the Lakeshore Regional Entity. The CMH Association view of the MDHHS proposal is provided below along with the recent announcement, by MDHHS, that it is seeking persons to serve as members of the guidance board for the new PIHP that MDHHS intends to form to replace Lakeshore if and when the Lakeshore contract is terminated.
Community Mental Health Association of Michigan

Response to MDHHS proposal to terminate MDHHS contract with the Lakeshore Regional Entity

June 2019

A. SUMMARY OF MDHHS PROPOSAL: MDHHS is proposing (Note that we are using the term "proposing" to underscore that this is not a done deal) that:

- To terminate the state's contract with the Lakeshore Regional Entity. Lakeshore is the public managed care plan (a Prepaid Inpatient Health Plan (PIHP) in federal terms) that manages the Medicaid behavioral health benefit for the counties on the west side of the state.
- To contract directly with Beacon Health Options, a private managed care company currently managing the Medicaid behavioral health benefit in a partnership with Lakeshore.
- To eliminate the Lakeshore Board of Directors and replace it with an advisory board formed by the state
- To have the state hold the contract, directly with Beacon, for FY 2020, with another of the state's public managed care plans or a private behavioral healthcare plan taking on this managed care role, from the state, for FY 2021

MDHHS staff, in a discussions with CMHA, outlined three aims that they hope to accomplish with this proposal:

- Greater involvement, by the state, in the management of the Medicaid benefit in the Lakeshore region
- Changing the make-up of the Lakeshore Board of Directors
- Re-examining the role of Lakeshore staff in their partnership with Beacon, in the management of Medicaid behavioral healthcare benefit

B. CRITIQUE OF MDHHS PROPOSAL:

1. This proposal, by MDHHS, causes a great deal of unnecessary chaos and conflict when far simpler, more rapid, and more concrete options for achieving these aims are available. This wiser path is outlined later in this document.
2. This proposal eliminates local public governance of the public behavioral health system – one of the foundations of Michigan's nationally recognized behavioral health system for the past 50 years – and replaces it with a state-appointed advisory group.
3. The contention that management weakness is the cause of the fiscal distress of Lakeshore is simply untrue, as underscored by the facts.

The fiscal distress that Lakeshore has experienced for the last several years (and those of a number of other Michigan public managed care plans (PIHPs)) is the result of the systemic underfunding of those PIHPs. As underscored by a recent analysis carried out by the Community Mental Health Association of Michigan, those PIHPs, like Lakeshore, facing the most dire fiscal crises, received, over the past four years, either a revenue cut or only a modest increase even when the Healthy Michigan Plan enrollment was growing.

In the case of Lakeshore, if Lakeshore had received the same level of rate increases as those PIHPs not suffering such fiscal distress, Lakeshore's revenues, in FY 2018 would have been \$49 million greater than Lakeshore received in FY 2018. This level of revenues would have prevented the fiscal distress faced by Lakeshore. Such appropriate revenue increases would have prevented the fiscal distress experienced by the other PIHPs as well.

It is key to recognize that the revenue increases received by the appropriately funded PIHPs are not the problem. The revenue increases to the state's PIHPs, even those that are appropriately funded, in fact were

very small, given the dramatic growth in the HMP population over this period. The problem lies in the lack of revenue increases provided to the system as a whole and especially acute for those with the lowest revenue gains over the past four years.

This proposal does not get to the root cause of the fiscal distress of Lakeshore nor of the other public health plans facing such distress – inadequate funding over a sustained period. Without adequate funding, as required by the Michigan Mental Health Code and Michigan’s Medicaid Plan, the Lakeshore system and others who have been underfunded – regardless of the greater involvement of the state in the operation of the local public system - will be unable to pay providers and provide behavioral healthcare services to persons entitled to such services.

For the state to propose the termination of its contract with Lakeshore, eliminating the local publicly governed managed care body for the region’s public mental health system - as a result the state’s underfunding of that regional entity is fiscally, ethically, and politically ironic – an irony not lost on the stakeholders to this system.

C. WISER PATH: All three of these aims can be achieved sooner, simpler, and more directly without eliminating the local public control of the public behavioral healthcare system in this region. This wiser path would include:

- MDHHS joining Lakeshore and Beacon in co-managing the benefit. This could be accomplished via a three-way contract.
- Require, via this three-party partnership, changes in the make-up of the Lakeshore Board of Directors
- Require, via this three-party partnership, changes in the role of Lakeshore staff in their partnership with Beacon

The benefits of this approach, over that proposed by MDHHS, are profound and include:

- Achieves all three aims of MDHHS
- Maintains the momentum achieved by Lakeshore, Beacon, and the CMHs in the Lakeshore region (This momentum has already improved the financial condition of the region’s Medicaid system)
- Maintains the local public governance of the public behavioral health system – one of the foundations of Michigan’s nationally recognized behavioral health system for the past 50 years
- Prevents the unnecessary chaos that the MDHHS proposal would create

Press release from MDHHS seeking persons to sit on Region 3 PIHP guidance board:

MDHHS announces composition of board to oversee Region 3 PIHP; seeks individuals interested in serving

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) today announced the composition of the Prepaid Inpatient Health Plan (PIHP) Region 3 board and is seeking nominations for board members by Aug. 15.

Together with MDHHS, the new board will oversee the activities of West Michigan’s PIHP to ensure sound management and to protect individuals receiving services.

The department developed the new board proposal following the cancellation of the contract with Lakeshore Regional Entity (LRE) after several years of poor performance. In recent months, Beacon Health Options has been operating with LRE to provide managed care support to the Region 3 Community Mental Health Services Programs (CMHSPs). Based on feedback from the CMHSPs about the value of this partnership, MDHHS will seek to establish a contract with Beacon that allows this

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work to continue. The new board will oversee Beacon's work. After listening to public feedback, MDHHS has added fiduciary powers to the Board.

"A board with public representation, diverse stakeholders and critical responsibilities will help achieve the goal all of us share: delivering better services to the residents of West Michigan," said Robert Gordon, MDHHS director. "By operating under FOIA and open meetings laws, the board will also make decision making more transparent and accountable."

The Region 3 PIHP Board will include the following members:

5 representatives from the CMHSPs in the region.

1 representative of county governments in the region.

1 individual or family member of an individual receiving services from the PIHP.

1 member of an advocacy group representing individuals with behavioral health needs or intellectual and developmental disabilities.

3 representatives of MDHHS.

3 individuals with expertise in behavioral health or intellectual developmental disability services and/or administration.

1 representative of the contracted PIHP.

Board members will be appointed to a one-year term that begins Oct. 1, 2019 and ends Sept. 30, 2020. Each CMHSP in the region will appoint one representative, the county boards of commissioners will appoint one representative, and the contracted PIHP will appoint one representative. MDHHS will appoint all other representatives. Additional information is available in the attached Region 3 PIHP Board details document.

Individuals interested in serving on the board should complete an online application by Aug. 15 to nominate themselves.

CMHSPs, the county boards of commissioners and the contracted PIHP shall notify MDHHS of their appointments by Sept. 1. MDHHS will announce board membership in early September

Opioid research efforts by Institute for Healthcare Policy and Research

Below is a recent summary of the research work being done, by the researchers at the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI), on the opioid epidemic.

About 44% of high school seniors who misuse prescription drugs have multiple drug sources

In the first known research to look at adolescent misuse of leftover medications, a pair of new studies uncovers trends in supply sources and risks for other substance use and substance use disorders. Roughly 11% of high school seniors reported prescription drug misuse during the past year, and of those, 44% used multiple supply sources. More than 70% of those with multiple sources had a substance use disorder within the past year. The most common sources for prescription drugs for 12-to-17 year olds were friends and relatives, physician prescriptions for opioids, and buying stimulants and tranquilizers illegally.

The research team concludes that prescribers are encouraged to check prescription drug monitoring programs and screen adolescents for substance use/misuse when prescribing controlled medications. Patients and their families should also be receiving education on how to manage and dispose of controlled medications to avoid diversion into the community. IHPI members Sean Esteban McCabe, PhD, MSW, MA, and Brady West, PhD, MA, were part of the research team.

Access the U-M press release and the two studies in the July issue of the Journal of the American Academy of Child & Adolescent Psychiatry.

Access to primary care clinics in Michigan may be more limited for patients with chronic pain receiving opioids

A new “secret shopper” study of primary care clinics in Michigan reveals that 40% of the clinics contacted would not accept new patients receiving opioid therapy for pain. There was no difference based on insurance type. The findings suggest that access to primary care may be reduced for patients taking prescription opioids, which could lead to unintended consequences such as poor management of other mental and physical comorbidities and possible conversion to illicit substances.

Pooja Lagisetty, MD, MSc, an internal medicine physician and assistant professor at U-M, was the lead researcher. The team hopes to study the factors responsible for this phenomenon further and determine how much is related to recent guidelines and policies, how much is stigma against patients on opioid therapy, and how much is provider fear of legal repercussions.

Access the U-M press release and the study in JAMA Network Open.

Opioids study shows high-risk counties across the country

A new study of more than 3,000 counties in the US found that counties in the South Atlantic, Mountain, and East North Central divisions had twice the odds of being at high risk for opioid overdose mortality and lacking the capacity to deliver medications for opioid use disorder. In all, 13% of counties across the US were classified as ‘high-risk’ – having both high overdose mortality and low treatment capacity. Nationwide, 46% of counties lacked a provider of opioid use disorder medication that’s identifiable through public listings (71% of rural counties).

The availability of medications for opioid use disorder treatment has been slow to expand and is still unavailable in many cases. This study provides new information to assist in identifying opioid high-risk counties and developing strategies to target resources. Strategies are needed to augment and increase the primary care provider workforce providing opioid use disorder treatment, targeting high-risk counties. The study was led by Rebecca Haffajee, JD, PhD, MPH, assistant professor of Health Management and Policy at the U-M School of Public Health.

Access the U-M press release and map of high risk counties, and the study in JAMA Network Open.

ICYMI: Opioids: Policy to Practice Summit materials now available

U-M and Harvard University co-hosted an Opioid Summit in May 2019. The event focused on sharing results from research and community initiatives, bringing together policymakers, health professionals, community organizations and law enforcement to focus on one of the most urgent public health issues in the US. Materials from the day, including brief written summaries, videos and visual abstracts, are now available on the Opioid Summit website. Harvard will host a second summit on October 10, 2019, focused on stigma and access to treatment.

Visit <https://opioids.umich.edu/> for more information about the broad range of U-M research to address the opioid epidemic.

Concerns arise over CMS recent release of Section 1332 Waiver tools

Below is a recently issued discussion of the Section 1332 waiver tools that have been released by the federal Centers for Medicare and Medicaid Services (CMS).

CMS has offered States detailed information about how they could better go about writing and submitting Medicaid Section 1332 waiver applications. In the guise of recommendations about reducing premium costs, the guidance shows states how they can request waivers that essentially enable them to include insurance options circumvent ACA's requirements about essential benefits, pre-existing condition coverage, parity, and other key parts of the program. Specifically, the guidance addresses how states can request waivers to enable the use of short-term "junk" health insurance policies, health savings accounts and revisions to the ACA's premium tax credits.

All of these waivers, and others already sought by some states, weaken the ACA and potentially drive costs up for those with the most significant healthcare needs, among them, the people we serve. [Read the guidance.](#)

Rural Michigan needs doctors. Paying their debts may be an answer

Below is an excerpt from a recent Bridge Magazine story about the use of medical student debt repayment as a key tool in recruiting physicians to work in rural Michigan communities.

Student loans opened the door to his career in medicine, but Brett Stacer's \$700 monthly bill to repay them landed him in a town he'd never heard of: Grant, Michigan. Population: fewer than 1,000 residents.

The 29-year-old physician assistant had assumed he'd work in a large facility in Grand Rapids after graduating in December 2016 from Grand Valley State University. Saddled with a \$100,000 debt, though, his Google search on "student loan repayment" sent him to tour the little town along a rural stretch of west Michigan.

Stacer said he recognized the diversity of patient needs that would require more than the "cookie-cutter medicine" of a more specialized practice -- and signed up for a state program that repays student debt of doctors and other clinicians who agree to work in Michigan's underserved communities.

Now, a new bill in the state Legislature hopes to wipe out even more student debt to shore up a critical lack of doctors in parts of rural and urban Michigan. The [legislation](#) from Sen. Curt VanderWall, R-Ludington, would bump the ceiling in the [Michigan State Loan Repayment Program](#) to \$250,000 from \$200,000 for professionals who agree to work 10 years in underserved areas.

The bill comes as the policymakers in Michigan and nationwide scramble for solutions to a clinician shortage in some areas. Nationally, the Association of American Medical Colleges [predicts a physician shortfall](#) of up to 55,200 primary care physicians and up to 65,800 non-primary care physicians and specialists by 2032.

The full article can be found [here](#).

State Legislative Update:

Status Report on the State of Current Budget Negotiations

It is very simple, according to the Whitmer Administration's budget director, there are no negotiations. Republican leaders have met amongst themselves during the summer break, but not with the administration.

However, Budget Director Chris Kolb has said that he has had numerous conversations and meetings with Senate Appropriations Chair Jim Stamas (R-Midland) and Rep. Shane Hernandez (R-Port Huron), but the trio

has not made any critical budget decisions. He also indicated that their respective staffers have been in contact with each other, as well.

Kolb reported that all FY20 budget decisions remain on hold "until the road package is finished" and that date has not been etched in stone.

Gov. Gretchen Whitmer has taken to Twitter to make regular jabs at the Legislature to get moving on negotiations. Last Thursday she posted a GIF of a wagon with the message, "On average, it took the early settlers 126 days to cross the Oregon Trail. We don't need to cross a river in a wagon, but we do need to pass a budget that sets our communities up for success."

Kolb is expressing confidence that a resolution will be reached before the start of the FY20 budget year, Oct. 1. He remains upbeat about a resolution, but the budget countdown clock is on in Kolb's office.

It's under 75 days and ticking.

Federal Update:

CCBHC Update from Capitol Hill

Negotiations to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program stalled this week over ideological concerns related to the role of the Medicaid program. The Senate fast-tracking process (known as unanimous consent), through which the CCBHC extension must pass, can be halted by the objection of a single Senator. Congress will reconvene on Monday to continue deliberations in hopes of finding unanimous support and passing an extension of the program through to the end of September 2019.

Registration is Now Open for Hill Day 2019 – Behavioral Health's Largest Advocacy Event of the Year.

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

Education Opportunities:

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

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

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

Trainings offered on the following date.

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

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

\$115 CMHA Members

\$138 Non-Members

Still Time to Register: Employment First Conference: "When Everyone Who Wants A Job, Has A Job!"

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

Dates: July 31 & August 1, 2019

Location: Suburban Collection Showplace, Novi

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

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

Registration Fee: \$50 (registration open soon)

[Click here for more information and to register!](#)

Sponsored by the Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

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 (excluding book by Dr. Linehan), continental breakfast and lunch for 5 days.

Dates/Location:

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

Still Time to Register for the 2019 Co-Occurring College!

If you have not already done so, don't forget to register for the 2019 Co-Occurring College! Click [HERE](#) for all the details, CE information and registration link.

The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide conference focusing on people who have substance use disorders as well as mental health disorders. These individuals are diagnosed as having co-occurring disorders, or dual disorders. This is also sometimes called a dual diagnosis. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

Date: Tuesday, July 30, 2019

Times: Registration check-in begins at 8:00am | Education will run from 9:00am-4:15pm

Location: DoubleTree by Hilton Hotel Bay City - Riverfront (1 Wenonah Park Place, Bay City, MI 48708)

Training Fee: \$125 per person. The fee includes training materials, breakfast and lunch.

Continuing Education: Full participation in the COD College qualifies for up to 6 social work CEs as well as 6 specific SUD credits. See brochure, linked on our website, for more information.

Free ½-Day Training: Trauma-Informed Systems Leadership: Strategies, Structures, and Approaches

The CMH Association of Michigan is the Michigan partner to the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (GLMHTTC). Through this partnership, the CMH Association will be sponsoring and highlighting a variety of training opportunities. This event is sponsored by the Great Lakes Mental Health Technology Transfer Center, School-based Mental Health Supplement.

Trauma-Informed Systems Leadership: Strategies, Structures, and Approaches

Training Description: Join us for this interactive and dynamic session that explores what trauma is and how services, systems, and policies can become trauma-informed to best provide individuals the care they need. We begin with the basic theory and research to provide us with a framework for trauma-informed practices, and then examine what these practices look like across different systems, and dig into organizational level considerations for local providers, directors and managers of agencies, and mental health and education leaders. Participants receive guidance on how to create and enhance organizational practices that support healing and resilience.

Who Should Attend: This workshop is appropriate for systems, agency, and organizational leadership for the following (but not limited to) fields: education (schools and systems), faith-based, community based, mental health, behavioral health, violence prevention, youth serving, and more.

Date: Thursday, August 8, 2019

Time: 9 AM–12 PM

Where: Lansing Community College West, 5708 Cornerstone Dr., Lansing, MI 48917

Cost: Free

Registration: [Click Here to Register for August 8 Trauma-Informed Systems Leadership Training](#)

For more information, contact Sarah McMinn, School-based Mental Health Project Manager:
sarah.mcminn@wisc.edu

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

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

Visit www.cmham.org for more information.

20th Annual Substance Use Disorder and Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

Pre-Conference Workshops: September 15, 2019 *(registration coming soon)*

Full Conference: September 16-17, 2019 *(registration now open!)*

Cobo Center, Detroit, MI

[Click here for more information about attending or exhibiting at the conference.](#)

Who Should Attend: This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

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:

Michigan Health Endowment Fund Announces Behavioral Health Position Opening

We have a job opening! We're searching for a program manager to support our behavioral health team in Lansing, which is focused on improving access to mental health and substance use disorder services.

The Health Fund is full of energetic, compassionate, and welcoming people. Apply as soon as you can—we're reviewing applications on a rolling basis. And please share with your networks!

The job description is below, as well as on our website for more information.

Program Manager, Behavioral Health

The program manager will collaborate with the Health Fund's behavioral health team to support grant activity including proposal review; grant management; research and policy; education and technical assistance; communications; and other programmatic support.

The position will be based in Lansing, Michigan.

RESPONSIBILITIES

PROGRAMMATIC SUPPORT

- Help develop RFPs and supplemental materials such as webinars, one-pagers, etc.
- Assist with proposal review process and draft recommendations for the grantmaking committee and board of directors
- Review, analyze, and take action on grant reports to monitor progress, challenges, and emerging trends among funded projects
- Assist with grantee convenings, trainings, and other events
- Participate in cross-program meetings and activities, including Community Health Impact program
- Serve as first point of contact for programmatic inquiries

TECHNICAL ASSISTANCE

- Proactively solve problems and overcome obstacles to help grantees succeed
- Identify grantees in need of evaluation assistance and work with program and evaluation teams to manage the process
- Help plan cross-grantee technical assistance around common challenges
- Work with evaluation team to assess grantee results and identify insights
- Help solicit, retain, and manage contractors

PROGRAM COMMUNICATIONS

- Work with communications team to develop and implement program-specific communications strategies, messaging, and timelines
- Identify newsworthy or noteworthy stories and articulate links across grantees; work with evaluation and communications teams to share success stories with key audiences
- Serve as subject matter expert, help draft and edit program-specific content for various publications and channels

PROGRAM COMMUNICATIONS

- Research current trends and best practices in program areas and potential new models of care
- Identify gaps or areas in need of reform within the current systems, and work with the program, evaluation, and policy teams to develop a strategy to address those gaps and/or issues
- Research current state policies and how they impact behavioral health services, which may include researching other states' policies or contracting with outside experts
- Work with policy and communication teams to disseminate findings to target audiences

QUALIFICATIONS

- Bachelor's degree required
- Minimum of three years of program experience in healthcare, nonprofit, or philanthropy
- Knowledge of behavioral health landscape, including strategies to implement integrated care
- Excellent administrative and organizational skills with a strong attention to detail
- Excellent writing skills, both technical and for a general audience
- Strong critical thinking skills
- Ability to manage multiple priorities, projects, and timelines
- Excellent research skills, including the ability to form research questions, investigate a variety of sources, and synthesize findings
- Self-motivated problem-solving abilities

- Demonstrated ability to work well individually and as part of a team

TO APPLY

Please send your resume and a one paragraph written narrative describing why you are interested in the position to Julie Skubik at info@mihealthfund.org.

The Health Fund encourages everyone to apply. We do not discriminate based on race, religion, color, national origin, sex, sexual orientation, gender identity, age, status as a protected veteran, status as an individual with a disability or other applicable legally protected characteristics.

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
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
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Robert Sheehan, CEO, rsheehan@cmham.org