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CMH Association and Member Activities:

Great Lakes Mental Health Technology Transfer Center Announces Newsletter

As Weekly Update readers may remember, 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 a nationally-renowned Change Leadership Academy for the Association’s members and is working in partnership with the Michigan Departments of Education and Health and Human Services and the Michigan Health Endowment Fund to integrate the newly developing national mental health curriculum into Michigan schools.

Recently, the GLMHTTC announced its newly created newsletter – providing ready access to cutting edge information on a range of evidence based and promising practices. That newsletter can be accessed at: <https://mhttcnetwork.org/centers/great-lakes-mhttc/join-our-email-list?destination=/group/27/nodes>

Northeast Guidance Center Announces Anti-Stigma Forum

Below is the recent announcement, by the Northeast Guidance center, of its upcoming Anti-Stigma Forum. This year’s forum focuses on Suicide prevention.

ANTI-STIGMA FORUM
Promoting Mental Health Awareness Month

TOPIC:
**Suicide Prevention:
A Paradigm Shift in Mental Health**

May 2, 2019 · 5-6:30 pm
The Salvation Army, 3000 Conner Ave., Detroit

KEYNOTE SPEAKER:
Sean Campbell
Award-winning Mental Health Advocate

AFTERNOON WORKSHOP:
2-4 pm at NEGC, 2900 Conner Ave.
CEUs offered

AFTERNOON WORKSHOP SESSIONS AT NEGC
30-minute workshops
SESSIONS:
#1: Loss Survivor Support #2: A Child's Grief #3: Attempt Survivor Support #4: Supporting Someone Who Feels Suicidal

COMMUNITY PARTNERS

RSVP to Sharon Common at 313.308.1416 or scommon@neguidance.org

CMH Association of Michigan Launches New Website

The Community Mental Health Association of Michigan recently launched its new website. The website (the cover page of which is pictured below), is greatly modernized with a fuller range of features – from information and registration for hundreds of professional development and education offerings to access to white papers from the Association’s Center for Healthcare Integration and Innovation (CHI2), from contact information on the Association’s members and staff to access to the Association’s Weekly Update.

The screenshot shows the homepage of the Community Mental Health Association of Michigan (CMHA). At the top left is the CMHA logo. To the right are social media icons for Twitter and Facebook, and a search bar. Below the header is a navigation menu with links: HOME, ABOUT, MEMBERSHIP, SERVICES, EDUCATION & EVENTS, PUBLIC POLICY, COMMITTEES, and RESOURCES. The main content area features a large blue abstract graphic and a text box that reads: "A VISION FOR A WORLD-CLASS PUBLIC MENTAL HEALTH SYSTEM IN MICHIGAN. Click below for advocacy resources. MORE INFORMATION". Below this are two columns: "QUICK LINKS" with links for Conferences, Trainings, & Events; Bookstore Products; Take Advocacy Action; and Become a Member; and "UPCOMING EVENTS" with a "SEE ALL UPCOMING EVENTS" button. The event list includes: 3.1 2019 11th Annual Gambling Symposium: Gambling How Do You See It; 3.5 2019 CAFAS Booster; 3.11 2019 2-Day Basic Skills for Motivational Interviewing; Conversations with Youth and Families: Increasing Readiness to Change; and 3.11 2019 2-Day Motivational Interviewing Basic Training - Ann Arbor.

The new website can be found at: <https://cmham.org/>

CMHAM Committee Schedules, Membership, Minutes, and Information

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

News from Our Corporate Partners:

myStrength: Reducing the Need for Opiates with Scalable Digital Behavioral Health Tools

Exceptional outcomes are associated with medication-assisted treatment (MAT), yet few consumers know about it or understand how to get access. Among opioid recovery treatment options with demonstrated efficacy, MAT rises to the top. [Download the White Paper](#)

Preliminary results from myStrength's Pain Management Randomized Controlled Trial (RCT) demonstrate that over the course of the study, individuals utilizing myStrength's digital behavioral health platform (which complements MAT) experienced:

For more, view the expert Q&A: The Role of Technology in Solving the Opioid Crisis: <https://mystrength.com/news/blog/2019/01/24/technology-and-the-opioid-epidemic-your-questions-answered>

Improved life functioning - Less need for medication and/or problematic opioid use
myStrength's evidence-based, digital self-care tools inform individuals about opioid use disorders and the recovery process, and offer robust, alternative strategies to opioids and other substances, including education about gold-standard MAT.

myStrength also provides psycho-educational materials about chronic versus acute pain, working with care teams, and using behavioral health strategies like mindfulness and cognitive behavioral therapy (CBT) to work toward living life fully.

These resources are an integrated part of myStrength's platform, which also addresses depression, anxiety, insomnia, substance use, stress, borderline personality disorder, and more – many of which present as comorbid conditions.

Relias Announces Maternal Opioid Use Webinar

Are You Preparing to Participate in the Maternal Opioid Misuse (MOM) Model and Funding?

You should be. The MOM model is the next step in the Center for Medicare and Medicaid Innovation's multi-pronged strategy to combat the nation's opioid crisis. The model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.

Join our expert presenters, Dr. Joe Parks and Dr. Carol Clayton, for an informative webinar: Combating Maternal Opioid Misuse (MOM) Model: The Role of Innovation and Technology

This webinar will cover:

Information about the MOM model and funding

Statement of the problem relative to maternal and child health immediate and long-term risks

Challenges associated with linkages across the needed continuum of care

Evidence-based solutions for strengthening the linkages with actual case study outcomes



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How Relias can help state agencies and provider systems get better at addressing this concern

Register today: http://go.reliaslearning.com/WBN2019-03-12CombatingMaternalOpioidMisuseMOMModel_Registration.html?utm_source=marketo&utm_medium=email&utm_campaign=wnb_2019-03-12_combating-maternal-opioid-misuse-model_opioids&mkt_tok=eyJpIjoiTmptZM1ptVmpaakJpWVRsbSlzInQiOiJ4NWlZYZk1aFwvY3cyTWhsaUdxSkRSbzJUSFI6eDhPelZIRzFxa1ZxMllmSHZIZUtFc3dKKzJwM1pZcERHZE5jTjV3Nm5aSm8wc3BkNkRVaVd4dEpRZTBicWhuM3I0WnprWVVEenRuOXczVlduQjVQejd0U3NnbjQ5Vk96VG9xdituVjZqVmU1V052NGM4T2JldTNTbzF3NkxaUFwwUHdjVnR1Q05BdXFXUFdzYz0ifQ%3D%3D

If you can't attend the live event, we will send you the recording and slides!

State and National Developments and Resources:

Dr. Joneigh Khaldun to Serve as MDHHS Chief Medical Executive & Chief Deputy for Health

Below are excerpts from a recent press release on the appointment of Dr. Joneigh Khaldun as the as Chief Deputy Director for Health and Chief Medical Executive (CME) for MDHHS.



Gov. Gretchen Whitmer and Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon today announced the appointment of Dr. Joneigh Khaldun as Chief Deputy Director for Health and Chief Medical Executive (CME) for the department. Khaldun currently serves as Director and Health Officer for the Detroit Health Department and is a practicing emergency physician at Henry Ford Hospital. In this new role, Khaldun will oversee the MDHHS' Population Health, Medical Services, and Behavioral Health and Developmental Disabilities administrations as well as the Aging and Adult Services Agency. As CME she will serve Michigan citizens by providing professional medical leadership, expertise and coordination in addressing public health issues, workforce issues, and health policy development to the MDHHS.

"Dr. Khaldun will bring strong expertise, diverse experience, and deep passion to state government," said Governor Gretchen Whitmer. "She will become a critical part of our team as we work to improve health across our state."

According to Executive Order 2016-19, the Chief Medical Executive shall be a physician appointed by the Governor who shall serve at the pleasure of the Governor. The new Chief Medical Executive shall serve as a member of the Governor's Cabinet.

The Office of the Chief Medical Executive in the Department of Health and Human Services will help to protect and promote public health in Michigan by advising the Governor and the Department on public health issues, assessing the state of public health in Michigan and communicating health information to the public.

"I am delighted that Dr. Khaldun is joining us, said Gordon. "Her varied experience in public health, her strong record of spearheading clinical initiatives at all levels of government, and her committed leadership will enable us to deliver better health for more Michiganders."

Dr. Khaldun has led several coordinated public health responses, including Detroit's response to the largest Hepatitis A outbreak in Michigan history, vaccinating over 8,500 residents and establishing vaccination procedures in hospitals, clinics and social service agencies. She led Baltimore's nationally recognized response to the opioid epidemic, expanding access to naloxone and treatment.

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"Dr. Khaldun has done great work for the city, rebuilding the health department and tackling challenging problems like the opioid epidemic, teen pregnancy and infant mortality," said Detroit Mayor Mike Duggan. "We wish her the best in her new role and know she will continue to do great work for Detroit and all of Michigan."

Dr. Khaldun has served as Director and Health Officer at the Detroit Health Department since 2017 and previously served as its Medical Director. She joined the Detroit Health Department from her position as Chief Medical Officer and Assistant Commissioner for Clinical Services at the Baltimore City Health Department.

In 2018, Dr. Khaldun was selected for the 40 Under 40 Leaders in Minority Health Award by the National Minority Quality Forum and was named a Kresge Foundation Emerging Leaders in Public Health Fellow. Khaldun has a Bachelor of Science (B.S.) degree in Biology from the University of Michigan, a Medical Doctorate (M.D.) degree from Perelman School of Medicine at University of Pennsylvania and a Master of Public Health (M.P.H.) degree in health policy from the George Washington University School of Public Health and Health Services.

Khaldun joins Elizabeth Hertel as chief deputy for administration and Erin Frisch as chief deputy for opportunity. These three chief deputy directors are responsible for integrating efforts across the Michigan Department of Health and Human Services.

As **Chief Deputy for Administration**, Hertel oversees services including External Affairs and Communications, Finance and Administration, and Legislative Services. Hertel served as Director of Michigan Advocacy for Trinity Health and previously served as senior deputy director for Policy, Planning and Legislative Services at MDHHS. She has a BA from Grand Valley State University and an MBA from Michigan State University.

As **Chief Deputy for Opportunity**, Frisch oversees the Field Operations Administration and the Children's Services Agency. She is also responsible for developing DHHS's opportunity agenda and for integrating services across multiple operating divisions. Frisch has served as the Title IV-D Director for Michigan and Director of the Office of Child Support. She serves as President of the National Council of Child Support Directors, and on the Board of Directors for the National Child Support Association. Erin graduated from James Madison College at Michigan State University.

Dr. Khaldun is expected to begin her position on April 15, 2019.

CHCS: It's Not Just Risk: Why the Shift to Value-Based Payment is also about Provider Flexibility

Below are excerpts from a recent post, by the Center for Health Care Strategies (CHCS) on one benefit from the move to value based payment systems of health care financing.

The movement to adopt value-based payment (VBP) in the U.S. health care system tends to focus on getting providers to assume financial risk. Recently, for example, the Centers for Medicare & Medicaid Services (CMS) finalized its plans to facilitate the transition to financial risk for providers participating in the Medicare Shared Savings Program. Under risk-based VBP models, providers are held financially responsible for some, if not all, health care costs if they exceed a predefined budget or a prospectively paid pot of money. In most VBP-related work — including efforts across commercial, Medicare, and Medicaid payers — there is an underlying goal of moving providers toward risk-based payment models in order to help accomplish the Triple Aim of better care, lower costs, and healthier people.

National goals for payment reform outlined under the Department of Health and Human Services' Health Care Payment Learning & Action Network (LAN) (<https://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/>) shift the U.S. toward risk-based payment models

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including savings/shared risk, bundled payments, and population-based payments (see Categories 3 and 4 in Exhibit 1). In Medicaid, there are a range of state efforts to “up the ante” on VBP models. For example, six states received approval to have their Medicaid payment arrangements qualify as Advanced Alternative Payment Models under CMS’ Quality Payment Program in 2019, which requires a certain level of downside risk. Other states are leveraging initiatives such as Medicaid’s Innovation Accelerator Program for Value-Based Payment & Financial Simulations and Advancing Primary Care Innovation in Medicaid Managed Care to design, implement, and/or refine existing VBP models.

The full post can be found at:

https://www.chcs.org/its-not-just-risk-why-the-shift-to-value-based-payment-is-also-about-provider-flexibility/?utm_source=CHCS+Email+Updates&utm_campaign=64de6fe17e-VBP+Flexibility+Blog+03%2F21%2F2019&utm_medium=email&utm_term=0_bbc451bf-64de6fe17e-152144421

Open Up: Michigan Launches “Inclusion” Campaign During Developmental Disabilities Awareness Month

Below is a recent announcement of the inclusion campaign developed by Michigan Developmental Disabilities Council, including the development of a number of powerful public service announcements.

The Michigan Developmental Disabilities Council (DD Council) is advocating for the inclusion of individuals with intellectual and developmental disabilities (I/DD) with a multi-year campaign aimed at creating fully inclusive communities, educational environments and employment opportunities.

“Individuals with intellectual and developmental disabilities have the right to be full and active members in their community, and to be valued as equals to all residents,” said Vendella Collins, executive director of the DD Council. “This new Inclusion campaign shows that every person has a role in creating a fully inclusive society – it starts with opening your mind and inviting individuals to participate.”

The initial campaign focuses on building inclusive communities through employment opportunities. People with disabilities are a large, untapped pool of loyal, hardworking and highly motivated workers. As of 2017, only 19 percent of people with I/DD are employed in the state.

Including people with disabilities in the community requires intentional practices and policies that identify and remove physical, communication and attitudinal barriers.

To be more inclusive, communities should be welcoming and engage all members of the community. It is important to see people as a friend, a neighbor, and as a contributing member to the community. An inclusive community treats all of its members equitably and recognizes their value.

The DD Council is an advocacy organization that helps people with developmental and intellectual disabilities have the opportunities and support to achieve their full potential and life dreams. The DD Council is housed within the Michigan Department of Health and Human Services.

Learn more by visiting the DD Council website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897---,00.html

To view the videos that are central to the campaign, visit the MDHHS YouTube page: https://www.youtube.com/playlist?list=PL7n_k_3drTU-t15krLI1kuHCfxj9lwWT

MDHHS Issues Request for Information for federal Integrated Care for Kids Model Designed to Improved Children's Health

The Michigan Department of Health and Human Services (MDHHS) Medical Services Administration has issued a Request for Information (RFI) from local organizations interested in developing and implementing a payment and local service delivery model that supports innovations to improve the health of children.

The Centers for Medicare & Medicaid Services (CMS), through its Center for Medicare and Medicaid Innovation, is implementing a new Medicaid and Children's Health Insurance Program (CHIP) state payment and local service delivery model. [The Integrated Care for Kids](#) (InCK) Model will test whether combining a local service delivery model coordinating integrated child health services and a state-specific alternative payment model (APM) to support coordination of those integrated services reduces health care expenditures and improves the quality of care for pediatric Medicaid and CHIP beneficiaries.

The program is focused on addressing priority health concerns for children including behavioral health issues, substance abuse and the effects of opioid use on families. The InCK model has three objectives:

- Improve performance on priority measures of child health.
- Reduce avoidable inpatient hospitalization and out-of-home placements.
- Create sustainable APMs that ensure provider accountability and quality outcomes.

The InCK program will provide funding for seven years. MDHHS intends to select up to five qualified organizations through the RFI. The department will then work collaboratively with these organizations to develop applications which the organizations may submit to CMS for consideration for funding.

Applicants must be a HIPAA Covered Entity and an eligible participant as defined in the [Notice of Funding Opportunity for Integrated Care for Kids](#). Applications may not include Section 298 pilot counties.

Questions about the RFI are due by March 22 and should be sent to Lance Kingsbury at

Kingsburyl@michigan.gov. Responses will be posted under the RFI number 190000000014 at

[Michigan.gov/SIGMAVSS](https://michigan.gov/SIGMAVSS) on March 29. A bidder conference will be held on March 29 at the Michigan Library and Historical Center Forum, in the Auditorium at 1 p.m. The RFI is due by April 19 and should be submitted to [Michigan.gov/SIGMAVSS](https://michigan.gov/SIGMAVSS).

Nessel, Bipartisan Lawmakers Launch Changes to Bail System

Below is an excerpt from recent media coverage on efforts to reform Michigan's bail system – a system that has kept many Michiganders with mental health conditions incarcerated due to their lack of financial resources and not due to their public safety risks.

Bipartisan lawmakers from both the House and Senate were joined by Attorney General Dana Nessel on Wednesday to announce legislation taking aim at the cash bond mechanism in the criminal justice system and the discrepancies people face depending on their wealth.

The 10-bill package that was introduced in the House on Wednesday and is set to be introduced in the Senate on Thursday works to ensure those jailed before trial are kept only when they pose a threat to society or are a flight risk, and not simply because they cannot afford bail.

Rep. David LaGrand (D-Grand Rapids) said he has educated his colleagues on the issue through "elevator speeches" during the last few years to tell them about the issues he sees in the system and how the state can fix it.

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"We want a justice system that works for everyone, and not simply for people who have more money than others. Our cash bond system, the way it works now, we don't always accomplish that goal," he said. "We don't always treat people the same regardless of their income level. So our package is a reflection of our attempt to bring forward legislation that is going to focus on safety. It's going to focus on saving taxpayer money. But it is not going to give us a divided justice system in Michigan."

The problem as Mr. LaGrand, Ms. Nessel, other lawmakers and stakeholders see it is someone might be given a relatively low bond to get out of jail for minor offenses but cannot pay them. Those people are then kept in jail, lose their jobs, lose their housing and could see their children taken away.

"I had many clients who committed minor offenses and were given \$500 bond," Ms. Nessel said. "But that was too much for people who were too poor to pay it. So, you had people who were needlessly sitting in jail."

Rep. Tommy Brann (R-Wyoming), one of the bill sponsors, spoke about a cook at a restaurant he owns who was in jail for not being able to pay 25 percent of what he owed in child support. Mr. Brann said his employee wanted to pay the child support, but he can't when he is in jail and not working. In addition, people have to pay daily fees when they are in jail which increase what they owe even more.

If people are sitting in jail for low-level offenses they could potentially not even be convicted of, they can also suffer psychological effects. Rep. Tenisha Yancey (D-Detroit) told a story of a 17-year-old who was getting a ride home with a group of boys who had stolen a car. She said the 17-year-old had nothing to do with it but was arrested with the group when the car was pulled over.

Since he couldn't pay a bond, he stayed in jail for several days and was sexually assaulted. She said he later hung himself.

The bills (HB 4351, HB 4352, HB 4353, HB 4354, HB 4355, HB 4356, HB 4357, HB 4358, HB 4359 and HB 4360) were sent to the House Judiciary Committee.

Under the bills, a personal recognizance bond would be the norm, judges would be required to take into account a person's ability to pay when a cash bond is necessary, courts would be required to provide financial disclosure forms (with penalties for those who misrepresent their financial status), judges could set a bond at their discretion instead of the 25 percent of back due payments for child support and quarterly reports would be required from circuit and district courts to the State Court Administrative Office.

A 2015 Department of Justice report said 41 percent of jail inmates in Michigan were awaiting trial, which costs approximately \$500,000 a day and \$180 million a year.

Mr. LaGrand said the proposal has broad support from the American Civil Liberties Union of Michigan, the Mackinac Center for Public Policy, prosecutors and judges.

"If we make this happen, we are going to be a leader in this conversation," he said. "We need to be a leader in the national conversation about risk and flight risk being the determinants for who stays in jail, and not wealth."

MDHHS Director Robert Gordon, in Federal Court, Outlines Plan to Improve Outcomes for Children and Families

Below are excerpts from a recent press release on the work of MDHHS to improve the state's child welfare system.

CMHA WEEKLY UPDATE

Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon today outlined his agenda to improve outcomes for children and families involved in the state's child welfare system.

Gordon's comments came as he and other MDHHS officials appeared in U.S. District Court for the Eastern District of Michigan to update Judge Nancy G. Edmunds on state efforts to reform its child welfare system.

"We can do better. We must do better. And we will do better," Gordon said. "Our staff are deeply dedicated to serving children and families in crisis. They need the tools and the systems to succeed. That's what we must offer them."

Today's federal court appearance was the first since Gordon became MDHHS director in January. The court is monitoring the state's child welfare system under the Implementation, Sustainability and Exit Plan approved in court in February 2016. Federal monitors today discussed their report on the department's progress for January to December 2017.

That plan took the place of the Modified Settlement Agreement approved in 2011 that came after a lawsuit filed by the advocacy group Children's Rights in 2006.

The court also received an independent report that detailed continuing issues with the Michigan Statewide Automated Child Welfare Information System (MiSACWIS), which MDHHS uses to collect, store, process and produce data related to its federal court commitments. The report from Kurt Heisler Consulting was made public in court.

Gordon outlined several principles for the state's actions. "We will not defend what we cannot defend," he said, referring to findings about increased numbers of children who experienced maltreatment while in foster care in 2017. "We will focus on results. We will lead with urgency. And we will use real-time data to improve our practice."

Despite the limitations of MiSACWIS, Gordon said, the department can begin making better use of data to identify trends and act on the challenges identified in the data. He described work with external experts to improve the use of data.

Jennifer Wrayno, acting executive director of the MDHHS Children's Services Agency, in court outlined specific measures being undertaken by the department to address challenges facing the state's child welfare system. They include:

- Providing financial incentives for relatives to become licensed foster parents.
- Additional review at local MDHHS child welfare offices of maltreatment that occurs while children are in foster care.
- Additional oversight of child abuse/neglect complaints that are screened out because they do not meet the criteria for investigation under the Michigan Child Protection Law.

"Child welfare staff from MDHHS and the department's private partner agencies are doing tremendous work on behalf of children who have been the victims of abuse and neglect and their families," Wrayno said. "We need to better equip them to address child safety and well-being and find children permanent homes more quickly through reunification with their families or adoption."

Judge Edmunds stated that while she was concerned about the lack of progress during the reporting period, it is time to move forward.

"It definitely is heartening to hear the jumpstart that the Whitmer administration - in particular Ms. Wrayno and Director Gordon - have undertaken to move forward in these important areas," she said.

She scheduled a status conference hearing for June 27 to receive an update on progress.

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The court monitor report released today showed that Michigan had met requirements for movement of six performance standards in the Implementation, Sustainability and Exit Plan. In two instances, MDHHS met standards for at least two consecutive reporting periods, making those standards eligible for exiting further court oversight. Those standards were related to children in foster care receiving an appropriate education and maintaining continuity in education by keeping the children in a familiar or current school or neighborhood.

In four other instances, MDHHS's performance sustained progress for at least two consecutive reporting periods. Those standards were related to licensing work qualifications and training, the number of treatment foster home beds, the diagnosis process for administering psychotropic medications to children in foster care and proper oversight of psychotropic medication.

Gordon said he prioritized improving outcomes for children and families over exiting from judicial oversight. "We will not talk about exit today," he said. "And we will not talk about it in the future unless and until we can demonstrate we are doing better by the children we serve on the things that matter most."

To view the latest federal court monitor report, the full Implementation, Sustainability and Exit Plan, earlier reports and the original Modified Settlement Agreement, visit www.michigan.gov/ChildWelfareAgreement

State Legislative Update:

House Upcoming Budget Hearings

1. House Health and Human Services subcommittee of the Standing Committee on Appropriations Rep. Mary Whiteford, Chair

DATE: Monday, April 8, 2019

TIME: 1:00 PM

PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

AGENDA: **Public Testimony on the FY 2019-20 Executive Budget Recommendation for the Department of Health and Human Services**

OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

2. House Health and Human Services subcommittee of the Standing Committee on Appropriations, Rep. Mary Whiteford, Chair

DATE: Thursday, April 11, 2019

TIME: 1:30 PM or after committees are given leave by the House to meet, whichever time is later.

PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

AGENDA: **Department of Health and Human Services Presentations: -FY 2019-20 Executive Budget Recommendation for Behavioral Health and State Hospitals, and Information Technology and Public Testimony on the DHHS FY 2019-20 Budget Recommendation**

OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE

Federal Update:

HHS Releases Additional \$487 Million to States, Territories to Expand Access to Effective Opioid Treatment; 2019 SOR Grants Will Total \$1.4 Billion

Today, the U.S. Department of Health and Human Services (HHS) released an additional \$487 million to supplement first-year funding through its State Opioid Response (SOR) grant program. The awards to states and territories are part of [HHS's Five-Point Opioid Strategy](#) and the Trump administration's tireless drive to combat the opioid crisis.

Together with the \$933 million in second-year, continuation awards to be provided under this program later this year, the total amount of SOR grants to states and territories this year will total more than \$1.4 billion.

This funding will expand access to treatment that works, especially to medication-assisted treatment (MAT) with appropriate social supports.

"One year ago this week, President Trump launched his national opioid initiative, which called for expanding access to compassionate, evidence-based treatment, including MAT. This week's funding awards to states were possible because of legislation Congress passed and President Trump signed since then," said HHS Secretary Alex Azar. "Our strategy is beginning to produce results, thanks to so many Americans working on the ground, in their own communities, to turn the tide on this crisis."

The State Opioid Response grants administered by HHS's Substance Abuse and Mental Health Services Administration (SAMHSA) aim to address the opioid crisis by increasing access to MAT using the three Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.

"Strategies such as employing psychosocial supports, community recovery services and MAT using medicines approved by the FDA constitute the gold standard of treatment for opioid use disorders," said Dr. Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Use.

Last summer, SAMHSA announced the first year of SOR funding. States and territories received funding based on a formula, with a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths.

Other funding, including \$50 million for tribal communities under the [Tribal Opioid Response](#) (TOR) grant program, has been awarded separately. These programs are built from the foundations laid in the \$1 billion provided to states and territories through SAMHSA's Opioid State Targeted Response (STR) program. SAMHSA has complemented the work of the STR program with a national center of excellence that provides technical assistance and training to leverage local subject matter experts at the community level to sharpen treatment access and delivery.

Grantee	Supplement Amounts
Michigan	\$14,571,442

Education Opportunities:

Practicing Effective Management: A Two-Day Training for Improving Relationships and Results



TBD Solutions is hosting its next Practicing Effective Management Training May 8th & 9th at the Grand Rapids Chamber of Commerce. This training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained over 250 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, maintaining a 98% satisfaction rate.

Cost for this two-day training is \$500, and lunch is provided. Group discounts are also available. To learn more or register for the training, visit www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505. For questions about the training, email training@TBDSolutions.com.

Wearing the HIPAA Hat Webinar

CMHAM is pleased to offer this webinar partnership with Abilita to help free staff's time and reduce operating expenses for CMH, PIHP and Providers:

Friday, March 29, 2019
11:00am – 12:00pm

REGISTRATION:

There is no charge for attending this webinar – Sign In Information Below!

Please join my meeting from your computer, tablet or smartphone. <https://global.gotomeeting.com/join/446597885>

You can also dial in using your phone. (For supported devices, tap a one-touch number below to join instantly.)

United States: +1 (571) 317-3122

- One-touch: [tel:+15713173122,446597885#](tel:+15713173122,446597885)

Access Code: 446-597-885

WEBINAR DESCRIPTION:

Have you had the HIPAA Compliance Officer role added to your duties or is your organization considering you for this role? If so, this training is for you!

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In this webinar, we'll discuss what needs to be done throughout the year and annually to maintain compliance. The webinar will cover ways to efficiently manage your time needed for this role by scheduling tasks and delegating duties to other departments.

We'll also dive deeper into how to identify what data needs to be protected, who needs to sign a BAA, end user HIPAA training, and the breach notification process.

By the end of this webinar, you'll be more competent with your HIPAA Compliance Officer role.

SKILL LEVEL: Beginner – Intermediate

PRESENTER: Sean C. Rhudy, Abilita

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** *This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.*

April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

Location:

Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)

\$39 CMHAM Members

\$47 Non-Members

To Register:

[Click Here to Register for the April 25 from 9-11 Training!](#)

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.

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Dates/Locations:

May 20-24, 2019 | Detroit Marriott Livonia | [REGISTER HERE](#)

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 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:

April 26, 2019 | Hotel Indigo, Traverse City | [REGISTER HERE](#)

June 19, 2019 | Okemos Conference Center | [REGISTER HERE](#)

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.

Dates/Locations:

April – Shoreline Inn Muskegon – **Many spots still available! Register ASAP to take advantage of trainings held in the West Michigan region!**

Basic: Monday & Tuesday, April 8-9, 2019

Advanced: Monday & Tuesday, April 8-9, 2019

Supervisory: Tuesday, April 9, 2019

TNT: Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette

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

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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.

Save the Date for Fetal Alcohol Spectrum Disorder Trainings

Save the Date for three Fetal Alcohol Spectrum Disorder Trainings with presenter Dan Dubovsky, MSW – a National FASD Specialist. Please email awilson@cmham.org for more information.

May 6 – Mackinaw City

May 8 – Ann Arbor

May 9 – Kalamazoo

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- 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

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

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

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

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

Trainings offered on the following date.

- April 24 – Troy [Click Here to Register for April 24](#)

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

\$115 CMHAM Members

\$138 Non-Members

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Writing Quality and Comprehensive Behavioral Support Plans

The Writing Quality and Comprehensive Behavioral Support Plans training will be held April 12, 2019 at the Holiday Inn Express & Suites, Gaylord. This training is intended for practitioners who are responsible for writing behavior support plans through a functional analysis, as well as members of behavior support committees who are responsible for reviewing plans. Registration fee is \$45 per person. Must be pre-approved to attend. [Click here to get application form and information.](#)

CALL FOR PRESENTATION: CMHAM Annual Spring Conference

We're looking for the Best of the Best! Submit your workshop ideas by April 4, 2019.

The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes

June 11 & 12, 2019: Full Conference

Suburban Collection Showplace, Novi, Michigan

[Click Here to Download Presentation Submission Form!](#)

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

Workshop: Finding Possibility in a Sea of Challenges: Building a Quality Direct Support Workforce

Finding possibility in a sea of challenges: building a quality direct support workforce

Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development

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- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is \$30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098

Click here to register: <https://maro.org/events/dsp-training-ochn/>

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here

to register: <https://maro.org/events/dsp-training-lansing/>

35th Annual Developmental Disabilities Conference

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.

For more information, please contact Courtney Puffer. Courtney.Puffer@med.wmich.edu // (269) 337-4305

Date & Location

Tuesday, April 16, 2019, 7:30 AM - Wednesday, April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

Objectives

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at: wmed.cloud-cme.com/2019DDConference

REGISTRATION FEES

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When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

Early Bird Discounts, postmarked before March 1

\$185, Tuesday Only

\$185, Wednesday Only

\$245, Two Days, entire conference

Regular Registration, postmarked March 1-31

\$205, Tuesday Only

\$205, Wednesday Only

\$260, Two Days, entire conference

Late Registration, postmarked after April 1 or onsite

\$230, Tuesday Only

\$230, Wednesday Only

\$280, Two Days, entire conference

By registering, you agree to the terms of our photo release policy listed under Conference Info.

By registering, you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact ce@med.wmich.edu for assistance

All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to ce@med.wmich.edu.

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 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>.

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CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

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

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

CMHAM Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
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@cmham.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