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## **CMHA WEEKLY UPDATE**

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### **CMH Association and Member Activities:**

#### **Alan Bolter Named One of the Top Association Lobbyists in the State**

The CMH Association’s Associate Director, Alan Bolter, was recognized, this week, as one of the most effective association lobbyists in the state. The Michigan Insider’s Survey, released by MIRS on May 29, found Alan tied for fourth place among all of the state association lobbyists. MIRS, the sponsor of the survey is a Lansing-based report detailing news and activities for the legislative, judicial and executive branches of Michigan’s state government and first began the survey in 2005.

The survey included responses from 520 legislators, lobbyists, staff members and other insiders in and around Lansing.

This recognition is well deserved and underscores the powerful advocacy that Alan has done, for years, and continues to do on behalf of the CMH Association’s members. Congratulations to Alan.

#### **Don’t Forget About the 2019 PAC Campaign**

Earlier this year we announced our 2019 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2019 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

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

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).** Thank you. Please feel free to contact Bob or Alan with any questions.

#### **CMHA Committee Schedules, Membership, Minutes, and Information**

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

### News from Our Preferred Corporate Partners:

#### Relias Highlights Recent Posts for Children's Services Providers

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

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

[https://www.relias.com/blog?utm\\_source=marketo&utm\\_medium=email&utm\\_campaign=eb\\_2019-05-15\\_hhs-blog-roundup\\_childrens-mental-health&mkt\\_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRReSIsInQiOiJqdzJEYWFTY1U3NWVWMkRLNtBHZzFXNTZyMVZuU3IwT29abG5jcGZJeVlVjg1Zm1ZZGdHbnljT3NocmZlNmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRtdFUxUURFSW1Hb0o4cmp6NDR1QjhFeG5Ub20ifQ%3D%3D](https://www.relias.com/blog?utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-05-15_hhs-blog-roundup_childrens-mental-health&mkt_tok=eyJpIjoiTWpkaVpXRTRabVZoWkRReSIsInQiOiJqdzJEYWFTY1U3NWVWMkRLNtBHZzFXNTZyMVZuU3IwT29abG5jcGZJeVlVjg1Zm1ZZGdHbnljT3NocmZlNmdXN0psZzVZM0s5Z3VTQkVDejNPRTF4cFwvck9XcnFGdDdBelgySTRtdFUxUURFSW1Hb0o4cmp6NDR1QjhFeG5Ub20ifQ%3D%3D)

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

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

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

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

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

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

[Click Here to Request a Demo](#)

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

### State and National Developments and Resources:

### **Black Mental Health Focus of Detroit Panel**

Below is an excerpt from a recent news story on a discussion on mental health in the African American community.

Josh Landon said it was time to have a "kitchen table conversation" with a community that keeps suppressing the topic of mental health.

Landon, a Fox 2 News anchor, moderated a panel Saturday in partnership with the Detroit Chapter of the National Association of Black Journalists and Detroit PAL. It was part of the Black Male Media Project, a nationwide initiative to help change the narrative and perceptions presented of black men in the news, media and society.

"It's time for us to have a conversation that's been delayed and long overdue," Landon said. "I want to have a kitchen table conversation on the unaddressed mental health awareness in our community. Let's remove the social stigma and share positive reflections."

According to the National Alliance on Mental Health, 18.6% of African Americans report living with a mental health condition but only 16.9% report using mental health treatment.

The full story can be found at:

<https://www.detroitnews.com/story/news/local/detroit-city/2019/06/01/black-mental-health-focus-detroit-panel/1275952001/>

### **Student Loan Repayment Program Gives Incentive for Medical Providers to Offer Opioid Use Disorder Treatment**

Below is a recent press release from MDHHS on initiation of a loan repayment program to foster the involvement of a greater number of medical providers in the field of opioid treatment.

Medical providers who begin providing or expand opioid addiction treatment are now eligible for student loan repayment through a new Michigan Department of Health and Human Services (MDHHS) program.

The goal of the program is to increase availability of opioid use disorder treatment across the state, especially in areas where treatment is difficult to access.

MDHHS received a \$500,000 grant from the Michigan Health Endowment Fund to implement the Michigan Opioid Treatment Access Loan Repayment Program to repay medical education loans.

"Michigan needs more health care providers that will treat patients suffering from opioid use disorders," said MDHHS Director Robert Gordon. "This program provides critical educational debt repayments to incentivize providers to treat patients with substance use disorders in communities across the state. This will help strengthen our capacity to respond to this growing epidemic."

The program is available to medical doctors and osteopathic medicine doctors, nurse practitioners, physician assistants and substance use disorder counselors who begin offering opioid treatment or

expand treatment that is already being offered. Providers who work in a variety of health care settings are eligible to apply.

Applications can be filed through June 30, 2019. Applications and other resources can be found on the Michigan Opioid Treatment Assistance website. ( [https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_92784---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_92784---,00.html) ) Health care providers are encouraged to review the materials and submit applications when the cycle begins. They can contact Megan Linton at 517-335-6713 for more information.

Michigan has been significantly affected by the national opioid epidemic. The number of annual opioid-related overdose deaths in the state has more than tripled since 2011, from 622 to 2,053. As part of the state-government-wide plan to address the issue, MDHHS has developed an action plan that is focused on prevention, early intervention and treatment. Find more information at [www.michigan.gov/opioids](http://www.michigan.gov/opioids).

### **Recent Health Policy Forum Proceedings, Featuring MDHHS Leadership, On-line**

The recent Michigan Health Policy Forum (CMHA is a member of the Advisory Council for the Forum) featured the new leadership of MDHHS covering a range of health-related topics. If you could not make the Forum, the recorded proceedings and the slides used during those presentations are available on the Michigan Health Policy Forum website: <https://michiganhpf.msu.edu/index.php/archive/2-uncategorised/52-spring-2019-forum> .

### **Resources Available to Raise Awareness About Suicide Prevention**

Below is a recent announcement, from MDHHS, highlighting the availability of a range of suicide prevention resources.

The Michigan Department of Health and Human Services (MDHHS) urges Michigan residents to know the warning signs and resources available to prevent suicide. In 2017, suicide was the second leading cause of death in Michigan for ages 15-34.

“Learning the warning signs of suicide can help raise awareness about suicide prevention and provide loved ones with the proper help,” said Robert Gordon, MDHHS director. “Talking with family, friends and neighbors about this important topic is essential as we try to get help to those who need it.”

Warning signs for those at risk of suicide include:

- Feelings of hopelessness.
- Threatening to or talking about wanting to hurt oneself.
- Loss of interest in activities.
- Withdrawal from friends and family.
- Change in eating and sleeping habits.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Displaying extreme mood swings.
- Looking for a way to kill oneself.

The recently updated MDHHS Suicide Prevention website has a variety of resources and information for individuals who are having thoughts of suicide or know a loved one who is in crisis. These resources include a communications toolkit, a county map of coalitions and crisis lines, fact sheets, trainings and information about the Suicide Prevention Lifeline.

If you are in a crisis, or know someone who needs help, contact the National Suicide Prevention Lifeline at 800-273-TALK (8255). If you are interested in getting involved in suicide prevention, visit [https://www.michigan.gov/mdhhs/0,5885,7-339-71548\\_54879\\_54882\\_91271---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54879_54882_91271---,00.html) to find out more about local suicide prevention coalitions across the state.

### **State Legislative Update:**

#### **UPDATES TO MEDICAID WORK REQUIREMENTS INTRODUCED**

Updates to the state's Medicaid work requirements passed last year were introduced on Wednesday in the Senate. Senator Curtis Hertel, Jr. (D-East Lansing) and Senate Majority Leader Mike Shirkey (R-Clarklake) sponsored Senate Bills 362 and 363 respectively, outlining increased flexibility for those reporting their compliance and those processing benefits.

Under the updates, students or those who are already working would be automatically entered into a database, so a monthly verification call would not be necessary. The idea is to make the process for migration to the database smoother as more people re-verify their eligibility or employment status. Other Medicaid recipients would have the full month to check in and verify their status from the previous month, rather than the current 10-day window.

The proposed changes were determined as legislators and other officials continued to monitor other states implementing work requirements. Commenting on the importance of the updates, Senator Hertel stated, "If there is going to be a state policy, we don't want there to be unintended consequences."

Mr. Hertel also noted the changes provide flexibility for individuals unable to report within the original time frame and will prevent recipients from "falling through the cracks" despite compliance with the program. Deputy Chief of Staff for Majority Leader Shirkey Alisha Cottrell echoed that sentiment.

The bills were referred to the Senate Health Policy and Human Services Committee, where they are expected to move quickly, as the work requirements go into effect in 2020.

### **Federal Update:**

#### **Bipartisan Bill Introduced to Train More Doctors to Combat Opioid Epidemic**

U.S. Representatives Brad Schneider (D-IL), Susan W. Brooks (R-IN), Annie Kuster (D-NH), and Elise Stefanik (R-NY) introduced bipartisan legislation to train more doctors equipped to combat the opioid epidemic.

H.R. 2439, the Opioid Workforce Act of 2019, would create 1,000 additional residency positions over five years to hospitals with addiction medicine, addiction psychiatry, or pain management programs.

This legislation to expand graduate medical education (GME) aims to alleviate the worsening physician shortage, which is anticipated to be as high as 121,000 physicians by 2032 according to a study by the Association of American of Medical Colleges. This shortage is particularly acute in the field of addiction medicine and substance use disorder (SUD) treatment. This shortfall of doctors threatens to harm our efforts to reverse the opioid epidemic.

“Turning the tide on the opioid crisis requires treating addiction like the disease that it is, and to do that, we need doctors,” said Schneider. “Our medical professionals on the frontlines of this epidemic are already stretched too thin. Our bipartisan legislation aims to educate more physicians equipped with the latest training in addiction medicine and psychiatry to help the estimated 20 million Americans who need substance use treatment get much needed care.”

“In order to combat the devastating opioid, heroin and fentanyl epidemic that continues to plague communities across our country, a critically important piece of the puzzle is to ensure we have more trained professionals, particularly physicians, who can prevent and treat addiction and substance abuse disorder,” said Brooks. “This bipartisan bill will help provide more residency positions to hospitals that have programs focused on addiction medicine, addiction psychiatry or pain management. The opioid crisis will not stop taking innocent lives overnight, but without more trained doctors ready to help people who are struggling because of substance abuse, drug and opioid related overdose deaths will continue to claim more lives in Indiana and beyond.”

“The opioid epidemic is impacting communities across New Hampshire and the country,” said Kuster. “We know that to address this crisis we must bolster the capacity to treat individuals with substance use disorder and our bill will increase the number of physicians who can take on this challenge. The opioid epidemic requires an all-hands-on-deck response and our legislation will help to step up efforts on the frontlines to get individuals the help they need.”

“Every single person knows of a family that has been devastated by the opioid crisis, and deaths related to overdoses have outpaced car accidents as the number one killer of young people,” said Stefanik. “The number of health care professionals focused on the treatment and prevention of opioid abuse directly translates to the number of people who can be saved. In my district, so many families are suffering due to the wide-spread impact of this public health crisis, which is why I’m co-leading this bipartisan and life-saving bill.”

The Opioid Workforce Act is endorsed by the Association of American Medical Colleges, the Greater New York Hospital Association, the American Hospital Association, American Society of Addiction Medicine, American College of Academic Addiction Medicine, and Indiana University.

[The text of H.R. 2439 is available online.](#)

### **Sen. Warren, Rep. Kennedy Reintroduce Bill to Strengthen Parity**

Earlier this week, Senator Elizabeth Warren (D-MA) and Representative Joe Kennedy III (D-MA) reintroduced the Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) with the aim of strengthening Americans’ access to mental health and substance use disorder (SUD) treatment. Specifically, the bill would increase oversight and enforcement of the federal parity law, which requires that insurance coverage of mental health and SUD services be equal to the coverage of medical and surgical health services.

#### **BACKGROUND**

The Mental Health Parity and Addiction Equity Act of 2008 established parity between the coverage of behavioral health and medical/surgical benefits. While the law has led to gains in behavioral health coverage, many individuals and families continue to report being denied or charged more for necessary mental health and SUD treatments by their health care plan. A [survey by the National Alliance on Mental Illness \(NAMI\)](#) found that respondents experienced a rate of denials for mental health care that was nearly twice the rate of denials for general medical care. The bill’s reintroduction also comes on the heels of a [federal judge’s ruling](#)



that found that the nation's largest insurer, UnitedHealth, unlawfully denied beneficiaries access to mental health and SUD treatment in an effort to cut costs.

### BILL SUMMARY

The Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) would require insurance providers to disclose the analysis they utilize in making parity determinations as well as the rates and reasons for mental health/SUD claims denials versus medical/surgical denials. It also would require the Department of Health & Human Services, the Department of Labor and the Department of Treasury to undertake a minimum of 12 random audits of health plans per year to discourage noncompliance with existing parity laws. The results of the audits would be made public. Finally, it would establish a Consumer Parity Unit, giving individuals a centralized online clearinghouse to get information about their rights and to submit complaints with assurance of timely responses.

"Patients with behavioral health concerns deserve the same access to care as patients with physical health conditions, but for far too long, insurance companies have unfairly denied behavioral health care services to cut costs," said Senator Warren in a statement. "Our bill would put a stop to these discriminatory practices and make sure patients get the treatment they need."

### REACTION FROM THE FIELD

The bill has received widespread support from mental health and addiction advocacy organizations, including the National Council for Behavioral Health and Massachusetts behavioral health provider association, the Association for Behavioral Healthcare (ABH). Vic DiGravio, President and CEO of ABH explained why his organization supports the legislation saying, "As providers of behavioral health services, our members see first-hand the difficulty their clients face in accessing timely treatment because of insurance barriers. Our members frequently note that these barriers are in sharp contrast to when their clients are seeking physical health care. Senator Warren and Congressman Kennedy are right to fight to strengthen parity laws. Behavioral health care must be made as accessible as physical health care."

The National Council echoed support for the bill as part of the Mental Health Liaison Group (MHLG), a nonpartisan, nationwide coalition of mental health and addiction advocacy organizations, in this letter sent to bill sponsors.

## 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.

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

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



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

\$115 CMHA Members

\$138 Non-Members

## CMHA Annual Spring Conference

**Don't miss your chance to earn up to 12 Social Work and 14 SUD CE's at the Spring Pre-Conference Institute/Full Spring Conference!**

**Hear from National and Michigan experts on evidence-based practices and the current trends!**

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

### Hotel for Conference Attendees Overnights:

Hampton Inn & Suites

49025 Alpha Drive, Wixom, MI 48393

*2.7 miles from Suburban Collection Showplace*

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

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

Mention Code: MHS for discounted rate.

Country Inn & Suites

21625 Haggerty Rd, Novi, MI 48375

25.5 miles from Suburban Collection Showplace

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

Reservations can be made by calling 248-596-9800

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

CMHA will provide transportation between hotels and Conference Facility.

### Spring Pre-Conference & Conference Registration:

Online registration is now closed, however on-site registration will be available!

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

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

### Keynote Presentations:

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

### Educational Workshops:

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

### **Free Webinar: Tobacco Free Policies and Interventions in Behavioral Health Care Settings**

The [Smoking Cessation Leadership Center](#) (SCLC) invites you to join us for this webinar, "**Tobacco Free Policies and Interventions in Behavioral Health Care Settings**" on **Tuesday, June 18, 2019, at 2:00 pm EDT** (90 minutes). We are honored to have the following speakers presenting on this important and timely topic:

- **Chad D Morris, PhD**, Professor of Psychiatry, University of Colorado
- **Timothy Stacey, LPC-S**, Integrated Care Systems Program Manager, Integral Care

#### Webinar Objectives:

- Identify proven steps toward bringing your agency tobacco free
- Discuss how to effectively enforce a tobacco free grounds policy

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- Describe how to implement tobacco cessation interventions into clinical practice.
- Identify and overcome common barriers experienced during tobacco free policy implementation

**REGISTER HERE:** <https://cc.readytalk.com/r/aahucxsi8hjk&eom>

### **11<sup>th</sup> Annual Anti-Stigma Event Day – July 25, 2019 at LCC Downtown**

The 11th Annual Anti-Stigma Event Day will be held Thursday, July 25, 2019 at the Lansing Community College - Downtown Lansing Campus in the Gannon Building. The event will be held from 9:00am to 4:00pm. Do you have anti-stigma initiatives at your CMHSP? Please contact Colleen Jasper [jasperc@michigan.gov](mailto:jasperc@michigan.gov) or 517-373-1255 to present your anti-stigma program. Or just come, and we will have time for CMHSPs initiative updates that very day. Registration is open online at <https://cmham.org/events/?EventId=5302>

### **Dialectical Behavior Therapy (DBT) Trainings for 2018/2019**

#### **5-Day Comprehensive DBT Trainings**

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

#### Training Fee:

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

#### Dates/Locations:

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.

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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:

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

### **Co-Occurring College Save-the-Date & Hotel Information!**

The 2019 Co-Occurring College will be held Tuesday, July 30<sup>th</sup> at the DoubleTree by Hilton Hotel Bay City – Riverfront (1 Wenonah Park Place, Bay City, MI 48708). To make your hotel overnight reservations call 989-891-6000 and mention the Community Mental Health Association of Michigan to receive the discounted room rate of \$85 per night by the **deadline of July 8<sup>th</sup>**. More information including conference agenda & registration links coming soon!

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

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

Visit [www.cmham.org](http://www.cmham.org) for more information.

### **20<sup>th</sup> Annual Substance Use Disorder and Co-Occurring Disorder Conference Save-the-Date!**

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

### **45th Annual National Association for Rural Mental Health Conference**

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

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

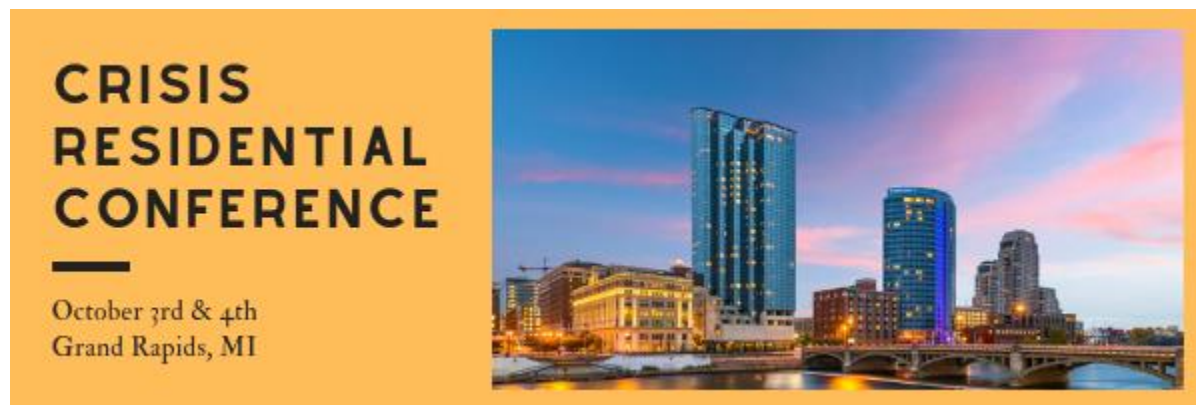
**Our Conference Theme:** The 2019 NARMH Annual Conference theme is "From Surviving to Thriving: Embracing Connections". NARMH "rode the winds of change" in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities 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](http://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](http://www.narmh.org), please contact Brenton Rice, NARMH Event Planner, by email at [brenton@togevents.com](mailto:brenton@togevents.com) or by phone at 651.242.6589.

### CRA Announces 2<sup>nd</sup> Annual Crisis Residential Conference Registration



Registration is now open for the 2<sup>nd</sup> **Annual Crisis Residential Conference**, October 3<sup>rd</sup> & 4<sup>th</sup> in Grand Rapids, MI!

Hosted by the Crisis Residential Association, this conference is open to providers, payers, and advocates for residential alternatives to psychiatric hospitalization for youth and adults.

Plenary Speakers include:

**Dr. Debra Pinals, MD,**

Medical Director of Behavioral Health and Forensic Programs  
Michigan Department of Health & Human Services

**Marilyn Kresky-Wolff, MSW, MPH**

Executive Director (Retired)  
Open Arms Housing, Inc., Washington, D.C.

**Dr. William Beecroft, MD**

Medical Director of Behavioral Health  
Blue Cross Blue Shield of Michigan

- Register at <https://www.crisisresidentialnetwork.com/2019-cra-conference.html>. Discounts available for CRA members.
- Our Call for Presentations has been extended! Interested presenters can submit their workshop proposals <https://tinyurl.com/CrisisResConCFP>.
- Sponsorship opportunities are also available! Visit the CRA website to learn more.

*About CRA*

The Crisis Residential Association exists to support the operational and clinical functions of Crisis Residential programs around the world. Founded in 2018 and rooted in the values of empathy, recovery, and continuous improvement, the association seeks to connect providers with the best ideas in behavioral health treatment to transform the way people receive mental health care. Learn more at [www.crisisresidentialnetwork.com](http://www.crisisresidentialnetwork.com).



## CMH Association of Michigan and the National Council Announce Michigan Practice Transformation Academy: Request for Applications

Background: While the term “value-based payment” is ubiquitous in today’s health care industry, it leaves many of us wondering: What is it, and what does this mean for the public behavioral health system? Value-based payment (VBP) arrangements are those that move from fee-for-service arrangements to those that foster client/patient and population health outcomes. These VBP arrangements use a range of payment approaches, including pay-for-performance, case-rates, and capitated payments, with varying degrees of risk, from no-risk to up and downside risk. We know this is the wave of the future, and fragmented systems will soon become obsolete. Payers and providers need to know: What steps should we take - in our communities - to get ready?

The CMH Association and the National Council for Behavioral Health are proud to announce a Michigan-specific Practice Transformation Academy (PTA) for interested CMHA members and Associate members. This Academy runs from August 2019 through July 2020. All of the dates are listed later in this Request for Applications (RFA). Applications are due June 28, 2019. Application instructions are provided below.

The Practice Transformation Academy will train and coach teams of payers and providers to develop the competencies needed to deliver value-based care and prepare for alternative payment arrangements. As the PTA progresses, teams will be developing their own strategies for transitioning to value-based payment and will emerge from the Academy with a concrete, realistic plan for how to get there.

With a faculty of national and local experts in health care finance and contracting, quality improvement, and both payer and provider value-based payment methodologies, the Practice Transformation Academy aims to provide organizations with the tools they need to bring population health management into their organization and prepare for payments and services more closely associated with health care outcomes. The curriculum provides simultaneous attention to quality and cost, allowing organizations to respond to system changes associated with value-based payment arrangements or quality-based contracts with managed care organizations.

The Michigan Practice Transformation Academy curriculum and delivery model is tailored to payer-provider teams. [Please note: For the purpose of this Academy, “payers” are defined as PIHPs and CMHSPs, given they have payment responsibilities. “Providers” are CMHSPs, and public and private organizations that directly provide services within a PIHP/CMHSP network]. Taking into consideration the unique needs of their communities, these teams will develop and work on goals together throughout the course of the Academy, developing a shared understanding of how to bring a value-based approach into their organizations.

**Team-based learning:** With a team **assembled by the participating organizations in advance of the Academy**, The Practice Transformation Academy is designed for two types of teams:  
Two-organization teams



## **CMHA WEEKLY UPDATE**

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Two-organization teams are made up of the staff from a payer<sup>1</sup> and a provider<sup>2</sup> from the same community (up to 10 team members, typically 5 provider and 5 payer team members). **This team is assembled by the payer and provider partners prior to the Academy.**

Value of Academy for two-organization teams: The two-organization teams will develop a concrete workable value-based payment initiative that they will be able to implement as a result of the Academy. This concrete plan will be built with the guidance of the Academy faculty.

One-organization teams

One-organization teams made up of the staff from a single organization (payer\* or provider\*) (up to 5 team members)

Value of Academy for one-organization teams: The one-organization teams will also find the Academy worthwhile as they develop the competencies needed to deliver value-based care and move toward value-based payment arrangements in their home communities.

Team members

Team members would consist of clinical and administrative leadership from each of the participating organizations and typically include: Chief Executive Officer, Chief Clinical/Program Officer, Chief Operating Officer, Chief Financial Officer, Chief Quality Officer, Chief Information Officer, and administrative leadership (e.g. vice presidents, middle management, human resources, etc.).

### **Learning Objectives**

Through a combination of in-person meetings, coaching calls, and webinars, the Practice Transformation Academy fosters the fundamental principles organizations need to demonstrate change across departments. The Academy will foster a mutual understanding of what providers and payers hope to gain from VBP and the **development of a joint value proposition and a joint work plan for the implementation of a VBP initiative** around a specific set of service and support modalities. Participating teams will create:

### **Stretch project example:**

The payer-provider team chooses a population or sub-population and develops an outcome-based model to be piloted. **This Stretch Project is developed by your team (whether a one-organization or two-organization team) and included in the application for participation in the Practice Transformation Academy.** This could involve:

- Defining the population or group
- Identifying the outcomes to be measured
- Developing baseline and target for outcomes
- Determining the data points to measure outcomes and how that information will be shared between provider and payer
- Determine the funding model to best support achieving outcomes
- Building the reasonable rate and risk limitations
- Identifying if/what infrastructure (i.e. accounts, dashboards) need to be changed or developed to implement the project
- Communication plan and buy-in from stakeholders

**Academy Structure:** The structure of the Michigan Practice Transformation Academy curriculum is flexible to meet the needs of participating organizations and will evolve over the course of the Academy as participant needs and priorities change.

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<sup>1</sup> "Payers" are defined as PIHPs and CMHSPs, given their payment responsibilities.

<sup>2</sup> "Providers" are CMHs and private and public organizations that directly provide services within a PIHP/CMHSP network.

(Note that CMHs could participate as either a payer or provider or **both** a payer and a provider)

# CMHA WEEKLY UPDATE

The following represents the basic structure of the Michigan Practice Transformation Academy delivery:

Orientation Webinar: A virtual meeting of all the participants to meet the other participants and National Council faculty and to review participation commitments and technical assistance events.

Kick-off Meeting: A one-day, **in-person** workshop held in Michigan (**all members of the provider-payer team must participate**)

Stretch Project Implementation: Design and implementation of a Stretch Project with a brief report out on the final webinar at the end of the project term.

### Five (5) Webinars

Bimonthly, virtual, interactive seminars. Topics are still being finalized but will likely include:

- (1): Communicating the “Why” of VBP:
- (2): Risk Stratification; Predict, Prioritize, Prevent: The 3 P’s of Risk Stratification
- (3): Strategies for Developing Care Pathways:
- (4): Building Capacity for Quality Improvement:
- (5): Crafting Your Value Proposition

### Five (5) Coaching Calls for Stretch Project Implementation:

Bimonthly, one-hour, one-on-one coaching calls. Coaching calls can also be conducted in groups or offered based on team progress.

Second Academy In-Person Convening: An all-day, **in-person** workshop in Michigan (*Practice Transformation Leads only*).

### Steering Committee Conference Calls/Webinars:

Two one-hour calls with the steering committees from all participating teams held by subject matter experts.

### Optional Affinity Groups:

Group calls focused on specific topic areas facilitated by the Practice Transformation Academy faculty.

**How to Apply and Expectations of Applicants:** Interested organizations will need to complete a team application in order to participate in the Academy.

The application can be found at: <https://cmham.org/resources/important-information/>

- ✓ At the “Important Information” page on the CMHA website, select “Practice Transformation Academy Application”
- ✓ Select “Save”
- ✓ Complete the application
- ✓ Save the application, on your system or computer, with the name of your organization added to the end of the title of the document (for example “PTA-Application-5.29.19 – Smith County CMH”)
- ✓ **Send, by June 28, 2019**, the completed application, as an attachment to an e-mail, to Chris Ward at [cward@cmham.org](mailto:cward@cmham.org)

Applicants who intend to be part of a payer-provider team must seek and identify members of their provider-payer team. **These payer-provider teams can consist of a maximum of two organizations.**

Each organization represented on a team will appoint a Practice Transformation Lead. The team as a whole will identify one person as the contact for that team. Both provider and payer organizations must send team members to in-person sessions as well as webinars. Stretch projects will be jointly developed and submitted. Teams will be required to complete and submit a Practice Assessment Tool during the course of the Academy. It is expected that teams will meet in-between sessions to keep working on their projects. We encourage interested applicants to begin searching for/establishing their team as soon as possible. While preference will be given to provider-payer teams, we will consider accepting a solo provider or payer applicant if there are sufficient open slots.

### **Timetable**

|                  |               |
|------------------|---------------|
| Applications due | June 28, 2019 |
|------------------|---------------|

## CMHA WEEKLY UPDATE

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| Notification of acceptance status          | Mid July 2019                          |
| Orientation webinar                        | August 22, 2019 – 1:00p – 2:00p EST    |
| Face to face Kick-off meeting<br>Location: | September 17, 2019 – 8:00a – 4:30p EST |
| Webinar 1                                  | October 16, 2019 – 1:00p – 2:00p EST   |
| Webinar 2                                  | November 18, 2019 – 1:00p – 2:00p EST  |
| Webinar 3                                  | January 15, 2020 – 1:00p – 2:00p EST   |
| Webinar 4                                  | February 26, 2020 – 1:00p – 2:00p EST  |
| Second Face to face Academy<br>Convening   | March 11, 2020 – 8:00a – 4:30p EST     |
| Steering Committee Call                    | May 20, 2020 – 1:00p – 2:00p EST       |
| Steering Committee Call #2                 | June 24, 2020 – 1:00p – 2:00p EST      |
| Wrap-Up Webinar                            | July 22, 2020 - 1:00p – 2:30p EST      |

### Cost

The cost of this 8-month Academy, per organization (for a 5-member team), is \$4,000. The fee is the same for those organizations who are part of a two-organization team or a one-organization team. As a point of reference, this equates to \$800 per staff member (on a 5 person team from your organization) for this 8-month learning community.

The take-away work product for all teams participating will be a concrete work plan for joint implementation of VBP.

### Questions

Any questions regarding the Michigan Practice Transformation Academy should be directed to Chris Ward at CWard@cmham.org or (517) 374-6848.

## Miscellaneous News and Information:

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

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

## CMH Association’s Officers and Staff Contact Information:

### CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association’s leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association’s Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor

## **CMHA WEEKLY UPDATE**

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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](mailto:Stonejoe09@gmail.com); (989) 390-2284  
Second Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto: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](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)