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CMH Association and Member Activities:

Huron County Suicide Coalition to Host Walk for Awareness

The Huron County Suicide Prevention Walk for Awareness will be held on Saturday, September 14, 2019 at the Huron County Nature Center and Wilderness Arboretum, 3336 Loosemore Rd Port Austin, Michigan 48467.

Registration and breakfast 9 am to 9:30 am.

Walk begins on nature trail following speaker presentation from 10:30 to 11:15 am; followed by closing ceremony and door prize giveaway.

Registration fee is \$20; walkers will receive an event T-shirt, refreshments and the opportunity to win door prizes. Shirts and size availability may be limited on the day of the event. Please register by August 31, 2019 to insure yours will be available.

The community is invited to join us rain or shine as we support our survivors and remember those we've lost to suicide.

9:30 am Presentation by guest speaker Eric Hipple. A suicide survivor himself, former Detroit Lions quarterback and author of "REAL MEN Do Cry", Eric Hipple shares his heartwarming and very inspiring story; this personal journey will inspire and give hope that life can go on when you have severe depression. Eric's book "Real Men Do Cry" will be available for purchase before and after the presentation.

Please contact Shelly at 269-3333 for more information. WALK-INS WELCOMED

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: Our Training Platform Manages and Tracks Regulatory Compliance so You Don't Have To

RELIAS When new mandates come down around staff training and licensure, do you break into a sweat thinking about maintaining compliance?

With more contracts than ever to manage and a high-need population to serve, the last thing you need is to find and implement training to keep your staff compliant with new mandates. Delivering and reporting on necessary training often interferes with time that could be spent with clients or on other tasks, adding yet another layer of complexity.

Relias helps you serve your population by ensuring that our courses are aligned to current regulations – and automating the reporting process so that you can focus on what matters

[Learn More](#)

myStrength Offers In-the-Moment Support for Comorbid Medical-Behavioral Conditions



Behavioral health conditions are disabling on their own, but they also complicate clinical improvement for the large percentage of people experiencing chronic medical conditions alongside comorbid behavioral health symptoms. For example, it is very challenging to stabilize diabetes or hypertension until depression or anxiety symptoms are successfully managed.

myStrength's digital behavioral health platform is available whenever and wherever a consumer needs, with a consistent, personalized user experience across web and mobile devices.

myStrength's mobile app promotes more frequent engagement by consumers, and use of these evidence-based tools (grounded in mindfulness, cognitive behavioral therapy, and more) helps facilitate long-term health benefits.

In addition to various pathways to access myStrength, the platform also offers immediate access to diverse tools for depression, anxiety, stress, meditation and mindfulness, sleep, pregnancy and early parenting, balancing intense emotions, and chronic pain, as well as tools for drug, opioid or alcohol recovery.

myStrength's Mobile App Offers Real-Time Support:

- Instantly unwind with 3 short audio activities presented when app is opened

- Bookmark helpful resources for quick access when real-time support is critical
- Gain personalized, integrated support for multiple conditions
- Favorite or download inspirational images in the Community for instant access

REQUEST A DEMO

State and National Developments and Resources:

MDHHS Seeks Comments on Proposed SUD Crisis Residential Licensing

Below is a recent announcement from MDHHS regarding the proposed issuance of new licensing requirements for substance use disorder crisis residential services. Comments, on these proposed requirements, are sought by MDHHS by July 17, 2019.

Project number: 1915-BHDDA
Comments Due: July 17, 2019
Proposed Effective Date: September 1, 2019

Mail Comments to:
Jeff Wieferich
Bureau of Community-Based Services
Behavioral Health and Developmental Disabilities Administration
Lewis Cass Bldg., 5th Floor
320 S. Walnut Street
Lansing, Michigan 48913

Telephone Number: 517-335-0499 Fax Number: 517-335-5376
E-mail Address: wieferichj@michigan.gov

Policy Subject: New Criteria for Substance Use Disorder Crisis Residential Services
Affected Programs: Healthy Michigan Plan
Distribution: Prepaid Inpatient Health Plans, Community Mental Health Services Programs
Policy Summary: This policy describes the approval needed from the Michigan Department of Health and Human Services (MDHHS) for a program to provide substance use disorder crisis residential setting to comply with a new Adult Foster Care licensing standard.

Purpose: The behavioral health benefit in the Healthy Michigan Plan allows for crisis residential services to be provided for someone with only a substance use disorder (SUD). The intent was to allow a provider of mental health crisis residential services to be able to provide the SUD service in the same location. Due to Adult Foster Care licensing rules, the programs providing mental health crisis residential services were not able to provide SUD treatment due to this service being prohibited as part of licensure. PA 388 of 2018 removed that prohibition in situations where MDHHS designated the program as a "co-occurring enhanced crisis residential program."

Distribution: Prepaid Inpatient Health Plans, Community Mental Health Services Programs
Issued: August 1, 2019 (Proposed)
Subject: New Criteria for Substance Use Disorder Crisis Residential Services
Effective: September 1, 2019 (Proposed)

Programs Affected: Healthy Michigan Plan

As a result of the passage of PA 388 of 2018, crisis residential programs that provide mental health services under the behavioral health benefit of the Healthy Michigan Plan will now be able to provide this service to individuals with substance use disorders when the crisis residential program is:

- Licensed as a substance use disorder program; and
- Approved as a Co-occurring Enhanced Crisis Residential Program which means a program approved by the Michigan Department of Health and Human Services (MDHHS) for providing short-term intensive mental health and substance use disorder services. Approved programs can address the mental health needs, substance use disorder needs, or both, of an individual through enhanced programming and staffing patterns that are reviewed and approved by MDHHS.

These programs will continue to require prior approval as currently outlined in the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Medicaid Provider Manual. The Medicaid Provider Manual is available on the MDHHS website at:

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87572--00.html

New Report Shows Employment Rate Increased for Individuals with Serious Mental Illness in 2018

Below are excerpts from a recent news release underscoring the progress, in the labor market, that Michiganders with mental illness have made over the past several years.

The Michigan Department of Health and Human Services (MDHHS) 2018 Individual Placement & Support (IPS) report shows a 30 percent competitive, integrated employment rate was achieved by individuals with serious mental illness who were supported by evidence-based IPS services, an increase from 26 percent in 2017.

This is more than double the 10.4 percent employment rate reported in 2016, when only general supported employment services were provided. In 2018, 1,465 individuals received IPS supports in 18 Michigan counties. This is an increase of 148 individuals from 2017.

IPS is a model of supported employment for people with serious mental illness. IPS-supported employment helps people living with behavioral health conditions work at individual, competitive and integrated jobs of their choosing. Employment specialists help clients obtain part- and full-time competitive jobs that pay at least minimum wage in community settings alongside others without disabilities. Mainstream education and technical training are included as ways to advance career paths.

“Through the years, IPS has had a profound impact on many individuals across Michigan, making a significant difference in not only their lives but the lives of their families,” said Robert Gordon, MDHHS director. “This program has helped these individuals by increasing their confidence, self-worth, pride and perhaps most importantly, hope.”

Michigan began implementing the Evidence-Based Practice Supported Employment – IPS model in 2004. Twenty-one IPS programs currently serve Michigan residents through local Community Mental Health Services Programs (CMHSPs) or contracted providers. Employment services are closely integrated with mental health treatment and benefits counseling.

Participants averaged 26.89 hours a week and earned an average of \$10.40 per hour as people gained greater financial independence.

CMHSPs or providers interested in being an IPS site or seeking to register should visit [:https://www.improvingmipractices.org/](https://www.improvingmipractices.org/) and select the Practice Areas tab, then the Individual Placement & Support tab (<https://www.improvingmipractices.org/practice-areas/individual-placement-and-support>)

Suicide, Depression on Rise in Rural Michigan, but Psychiatrists are Scarce

Below is an excerpt from a recent news story on the lack of psychiatric providers in rural Michigan.

For Upper Peninsula mother Katie Sinclair, the memories are still painful.

Her then 10-year-old son, Jacob, had struggled for years with mental health issues that stretched back to kindergarten. Diagnosed with depression, he suffered panic attacks. He had outbursts at school. He would stab himself with knives, and when they were removed from the house, with pencils or paperclips.

In late 2017, he told a psychologist he wanted to cut his throat. He referred Jacob to UP Health System-Marquette, where doctors ordered inpatient psychiatric care. But there's no in-patient psychiatric beds for children anywhere in the U.P. So Katie and her husband, Jacob, drove him nearly 250 miles from their home north of Escanaba to a hospital in Milwaukee, Wisc.

He was discharged after five days, with instructions for follow-up care. But it would be nearly two weeks before the Sinclairs could get an appointment with a psychologist for Jacob.

"We struggled mightily finding follow-up care in our area," Katie Sinclair said. "I was frustrated. I was worried. I was crazy."

The full article can be found at:

<https://www.bridgemi.com/michigan-health-watch/suicide-depression-rise-rural-michigan-psychiatrists-are-scarce>

Flint Water Prosecution Team Expands Investigation Based on New Evidence, Dismisses Cases Brought by Former Special Counsel

Below is a recent press release on the work of the Flint Water Crisis prosecution team.

The Department of Attorney General (AG) through the Flint Water Crisis prosecution team has dismissed without prejudice all pending criminal cases brought by the former Office of Special Counsel (OSC) in order to conduct a full and complete investigation. The OSC was appointed by former Attorney General Bill Schuette. The affected cases are listed below.

There will be no response to any media inquiries until after Solicitor General Fadwa Hammoud and Wayne County Prosecutor Kym L. Worthy have had an opportunity to speak directly to the people of Flint. A community conversation in Flint has been scheduled for Friday, June 28. Further details will be announced in the coming days.

Solicitor General Fadwa Hammoud and Wayne County Prosecutor Kym L. Worthy issued the following statement:

"Legitimate criminal prosecutions require complete investigations. Upon assuming responsibility of this case, our team of career prosecutors and investigators had immediate and grave concerns about the investigative approach and legal theories embraced by the OSC, particularly regarding the

pursuit of evidence. After a complete evaluation, our concerns were validated. Contrary to accepted standards of criminal investigation and prosecution, all available evidence was not pursued. Instead, the OSC entered into agreements that gave private law firms—representing Michigan Department of Health and Human Services, Michigan Department of Environmental Quality, the Department of Treasury, and the Executive Office of former Governor Rick Snyder—a role in deciding what information would be turned over to law enforcement.

“From the outset, our team seriously considered dismissal of all pending cases initiated by the OSC. However, we believed the people of Flint deserved expeditious action, despite the shortcomings of the OSC, and we worked to salvage whatever progress had been made. We were also mindful of the massive expenditure of public resources up to that point and sought to use taxpayer money as efficiently as possible. Nonetheless, we cannot provide the citizens of Flint the investigation they rightly deserve by continuing to build on a flawed foundation. Dismissing these cases allows us to move forward according to the non-negotiable requirements of a thorough, methodical and ethical investigation.

“Our career prosecutors and investigators have worked around the clock to conduct the kind of criminal investigation to which all citizens are entitled, regardless of their zip code. That begins with a commitment to obtain and review all evidence. By executing a series of search warrants, our investigators aggressively pursued an extraordinary amount of potential evidence not previously examined by law enforcement. This week, we completed the transfer into our possession millions of documents and hundreds of new electronic devices, significantly expanding the scope of our investigation. Our team’s efforts have produced the most comprehensive body of evidence to date related to the Flint Water Crisis. We are now in the best possible position to find the answers the citizens of Flint deserve and hold all responsible parties accountable.

“Our team has already identified additional individuals of interest and new information relevant to the Flint Water Crisis. These investigative leads will be aggressively pursued. Additionally, we will evaluate criminal culpability for all Legionnaires deaths that occurred after the switch to the Flint River, which was never done by the OSC.

“It is important to note that this voluntary dismissal by our team is not a determination of any defendant’s criminal responsibility. We are not precluded from refiling charges against the defendants listed below or adding new charges and additional defendants.

“We understand this decision will not bring immediate remedy or relief to the citizens of Flint, who remain victims of one of the worst man-made environmental disasters in United States history. However, we recognize the only acceptable remedy is the vigorous pursuit of justice, which demands an uncompromising investigation of the Flint Water Crisis and professional prosecution of all those criminally culpable.

Accordingly, our team will move forward unrestrained by political motivations, prior tactics, or opportunities for financial gain.”

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People v. Gerald Ambrose, 18-042559-FH

People v. Patrick Cook, 16TC1685

People v. Howard Croft, 16TC2850

People v. Darnell Earley, 16TB2850

People v. Nicolas Lyon, 18-043836-FH

People v. Nancy Peeler, 16TD1685

People v. Robert Scott, 16TE1685

People v. Eden Wells, 18-044241-FH

Anthem to Buy Beacon Health Options

Below is an excerpt from a recent news story on the recent/upcoming purchase of Beacon Health Options (a specialty behavioral health managed care firm that operates in a number of states, including Michigan) by Anthem/Blue Cross/Amerigroup (a national health plan/health insurance company).

Anthem said it will buy Beacon Health Options, adding a national network of behavioral health services as the health insurer looks to manage care of the “whole person.”

Anthem didn't disclose a price it is paying Bain Capital Private Equity and Diamond Castle Holdings for Beacon Health, which is privately held. The acquisition is expected to close in the fourth quarter of this year.

Beacon manages mental health, substance abuse and other behavioral health services to more than 36 million people across the U.S., “including nearly 3 million individuals under comprehensive risk-based behavioral programs.” Anthem, which owns Blue Cross and Blue Shield plans in 14 states, already has more than 40 million members in its health plans.

The deal is significant because it's further acknowledgement by health insurers that managing medical care isn't enough to make sure patients are getting the right care, in the right place and at the right time. Insurers increasingly are working to address social determinants of their customers outside of traditional medical care and an estimated one in five American adults suffers from mental illness, according to the National Institute of Mental Health.

“As Anthem works to improve lives, simplify healthcare and serve as an innovative and valuable partner, we're focused on providing solutions that address the needs of the whole person,” Anthem president and chief executive Gail Boudreaux said.

“With an extensive track record in behavioral health, Beacon fits well with our strategy to better manage the needs of populations with chronic and complex conditions, and deliver integrated whole health solutions,” Boudreaux said. “Together with Beacon, we will enhance our capabilities to serve state partners, health plans and employer groups as they seek to address consumer behavioral health needs.”

My Stutter Made Me a Better Writer

Below is an excerpt from the most recent installment, written by Darcey Steinke, in the New York Times' series featuring the voices of persons with disabilities.

At times it caused suffering, but it also gave me a passion for words and language.

The J in “juice” was the first letter-sound, according to my mother, that I repeated in staccato, going off like a skipping record. This was when I was 3, before my stutter was stigmatized as shameful. In those earliest years my relationship to language was uncomplicated: I assumed my voice was more like a bird's or a squirrel's than my playmates'. This seemed exciting. I imagined, unlike fluent children, I might be able to converse with wild creatures, I'd learn their secrets, tell them mine and forge friendships based on interspecies intimacy.

School put an end to this fantasy. Throughout elementary school I stuttered every time a teacher called on me and whenever I was asked to read out loud. In the third grade the humiliation of being

forced to read a few paragraphs about stewardesses in the Weekly Reader still burns. The ST is hard for stutterers. What would have taken a fluent child five minutes took me an excruciating 25.

<https://www.nytimes.com/2019/06/06/opinion/reading-writing-stuttering.html>

National Association for Rural Mental Health Announces Conference and Range of Resources

Below are excerpts of a recent announcement from David Weden, the President-Elect of the National Association for Rural Mental Health (NARMH)

I wanted to be sure that you were aware that registration for the 45th Annual NARMH Conference will be held in Santa Fe, New Mexico, August 26 through 29 is open and that the reduced rate for conference registration is good through July 29. Additional details regarding the conference may be found at <http://www.togpartners.com/narmh/2019/default.aspx> Hope to see you in Santa Fe. You are a vital link in our success in promoting the voice of rural mental health.

In addition, following is an update of some of the NARMH activities and efforts.

NARMH is a membership organization focused on raising awareness of and responding to a variety of rural mental health and social service concerns. Through your NARMH membership, your voice is linked with others to promote rural mental health issues at the federal, state and county levels. For more information on membership levels, please visit <http://narmh.org/membership.html>

ADVOCACY: Within the past year, NARMH has participated in and helped sponsor Congressional Briefings on topics such as:

- Is Treating Depression the Answer to Solving the Opioid Crisis?
- Preventing Suicide in Older Adults

Medicaid, the Affordable Care Act and Impact of Repeal Efforts on Individuals with Intellectual and Developmental Disabilities

In addition, NARMH is a member of the Mental Health Liaison Group- a coalition of more than 60 national organizations representing consumers, family members, mental health and addiction providers, advocates, payers, and other stakeholders committed to strengthening Americans' access to mental health and addiction care.

PUBLICATIONS: The *Journal of Rural Mental Health* is the official journal of NARMH. It publishes peer-reviewed articles on rural mental health research, practice, and policy within the United States and internationally. Focused on issues of special interest to those living and working in rural areas, the journal welcomes research on such topics as barriers to improving or accessing care in rural environments, issues faced by underserved populations, and disparities in mental health care. Discussion of policy implications, community-level issues, and multidisciplinary considerations is encouraged as is exploration of evidence-based practices, cultural factors, and ethical and regulatory considerations. Paid members of NARMH receive free access to the online version of the *Journal of Rural Mental Health* which is published by the Journals Program of the American Psychological Association. If you are interested in submitting an article for the journal, please visit the General Call for Papers at <https://www.apa.org/pubs/journals/rmh/call-for-papers-general>

In addition, members also receive the monthly newsletter from NARMH and the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) as well as a monthly *Under the*

Microscope, which provides a policy analysis of a current issue, and *Headline DC*, which provides updates on major developments in the Nation's Capital.

ANNUAL CONFERENCE: One of the highlights for NARMH each year is the National Conference. The 45th Annual NARMH Conference, *From Surviving to Thriving: Embracing Connections*, will be held from August 26 to 29 in Santa Fe, New Mexico at the La Fonda on the Plaza. The conference includes over 60 break-out sessions and four plenary sessions. Registration is now open at <http://www.togpartners.com/narmh/2019/2019registration.aspx>.

In addition to other benefits, individuals with a current membership receive a discount on conference registration. Make plans now to come and make connections with others interested in rural mental health, and embrace the connections to help advance our system from surviving to thriving.

Let your voice be linked with others in promoting rural mental health. Renew your NARMH membership and make plans to attend the annual conference. Joining together we brighten the spotlight on the importance of rural mental health and the resources that are needed.

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

CMHA WEEKLY UPDATE

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

Employment First Conference: “When Everyone Who Wants A Job, Has A Job!”

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

Dates: July 31 & August 1, 2019

Location: Suburban Collection Showplace, Novi

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

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

Registration Fee: \$50 (registration open soon)

Watch www.cmham.org for conference details and registration! Sponsored by the Michigan Developmental Disabilities Council with support from Michigan’s Employment First Partnership.

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
- 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>

11th 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 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](#)

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

The 2019 Co-Occurring College will be held Tuesday, July 30th 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 8th**. 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 for more information.

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

“Innovative Strategies for Today’s Challenges”

Pre-Conference Workshops: September 15, 2019

Full Conference: September 16-17, 2019

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

45th Annual National Association for Rural Mental Health Conference

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

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

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

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

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

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

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

CRA Announces 2nd Annual Crisis Residential Conference Registration



Registration is now open for the 2nd **Annual Crisis Residential Conference**, October 3rd & 4th 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.

Arc Michigan announces Disability Policy Seminar

Sponsored by Arc Michigan
June 28 9:00 am – 3:30 pm
Heritage Room
University Club of MSU
3435 Forest Road
Lansing, MI. 48910

Speakers: Sherri Boyd, Executive Director, The Arc Michigan; Betsy Weihl, Partner, RWC Advocacy; Sarah Esty, Senior Deputy Director for Policy and Planning – Michigan Department of Health and Human Services; Hillary Hatch, Area Work Incentive Coordinator, Social Security Administration; Brian Calley, President, Small Business Association of Michigan; Nicole Jorwic, Director, Rights Policy, The Arc of the United States

Register at: <https://arcmi.org/event/dps/>



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 later in this RFA.***

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, “providers” are public and private organizations that directly provide services within a PIHP/CMHSP network. “Payers” are defined as PIHPs and CMHSPs who contract with providers along any of segments of spectrum of service and support modalities.] 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.

The Michigan Practice Transformation Academy Request for Applications (RFA) and application can be found on the Community Mental Health Association’s website at:

Michigan Practice Transformation Academy Request for Applications (RFA): <https://cmham.org/wp-content/uploads/2019/06/Michigan-Practice-Transformation-Academy-RFA-V4.pdf>

Michigan Practice Transformation Academy Application: <https://cmham.org/resources/important-information/> Go to the 2nd listed document entitled “Michigan Practice Transformation Academy Application” to open the application as a Word Document. Click on this document and select “Open” from the choices given. If required to “Allow” access to the document, select “Allow”. This will allow you to complete the application as outlined in the Request for Applications.

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
To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

CMH Association’s Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

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

CMHA WEEKLY UPDATE

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

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org

Christina Ward, Director of Education and Training, cward@cmham.org

Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org

Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org

Dana Ferguson, Accounting Clerk, dferguson@cmham.org

Michelle Dee, Accounting Assistant, acctassistant@cmham.org

Anne Wilson, Training and Meeting Planner, awilson@mham.org

Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org

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