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## CMH Association and Member Activities:

### Leadership Change at Northeast CMH

Northeast Michigan Community Mental Health recently announced the retirement of its Director, Cathy S. Meske, effective June 30, 2019. Nena Sork has been appointed to the Director position to succeed Cathy effective July 1, 2019. Nena has been with the Agency since December 2008. She has had a thirty-two year career in the mental health field. Nena has a Bachelors of Arts in Social Work from Anderson College in Anderson Indiana (1986) and a Masters of Social Work from Grand Valley State University in Allendale Michigan (1990).

We wish Cathy the best in the next phase of her life and welcome Nena to her new role.

### 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

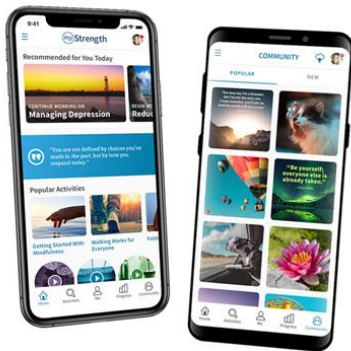
**RELIAS** When new mandates come down around staff training and licensure, do you break into a sweat thinking about maintaining compliance?

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 Announces Delay of Section 298 Pilot Implementation**

Below are excerpts from a recent press release regarding changes in the implementation date for the Section 298 pilots.

The Michigan Department of Health and Human Services (MDHHS) and Section 298 pilot participants are delaying implementation of the Section 298 Initiative until Oct. 1, 2020 in order to complete design of the financial integration pilot model.

The initiative is a statewide effort to improve the integration of physical health services and specialty behavioral health services in Michigan. It is based upon Section 298 in Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 207 of 2018.

As part of the initiative, the Michigan legislature directed MDHHS to implement up to three pilots to test the financial integration of Medicaid-funded physical health and specialty behavioral health services.

Progress has been made on the initiative, including developing a proposed care management workflow; identifying an approach to key public policy needs; and defining key data sharing requirements critical to whole-person care. However, further work is still needed to reach agreements on risk-management and ownership of the specialty behavioral health provider network; utilization management, claims processing and other managed care responsibilities; and rates and payment structures.

Following resolution of these items, time will be needed to secure federal Centers for Medicare & Medicaid Services waiver approval, establish new contracts, finalize technology and reporting changes, establish new payment flows and potentially create new legal structures and undergo accreditation reviews. An Oct. 1, 2019 agreement on outstanding elements and design of the integrated model is being targeted to allow time for these implementation activities.

Due to this decision, the proposed renewal applications for Children's Waiver Program, Habilitation Supports Waiver and Waiver for Children with Serious Emotional Disturbances have been revised to reflect that waiver changes regarding the 298 site implementation initiative will not be submitted to CMS at this time. The revised waivers will be posted on June 14 and public comments will be accepted until July 15.

For more information about the initiative, visit [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_76181---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_76181---,00.html)

#### **MAC news story: Pressure is on Mental Health System; Counties are in Best Position to Lead Reforms**

Below are excerpts from a recent edition of Michigan Counties, the Michigan Association of Counties newsletter, regarding MAC's view of some of the issues facing Michigan's county-based public mental health system

LEGISLATIVEUPDATE: Increasing strains on Michigan's treatment systems for mental illness have led leaders in the Legislature and executive branch to elevate mental health treatment to a priority for state attention. However, reform efforts have collided with Michigan's recent history, in which the entire mental health system was badly underfunded and previous reform efforts have prompted unintended, unwanted and unresolved consequences.

With so many items in need of additional general funds — especially state priorities like roads and schools — it's difficult to see how legislators will pursue any major mental health reforms that rely on state dollars. The question for county leaders at this moment is: Are there opportunities to improve our system and use Medicaid managed care to local advantage?

Counties are best suited to preserve local roles of the community mental health infrastructure, while exploring opportunities where different types of providers may benefit the system and ultimately create a better mental health funding model that ensures the best services for our residents.

The full article can be found at: <https://micounties.org/wp-content/uploads/June-2019-Michigan-Counties-2.pdf>

### **California Tests a Digital 'Fire Alarm' for Mental Distress**

Below are excerpts from a recent media story on the promise and concerns raised by a "digital mental health fire alarm" system being piloted in several California communities.

The state is teaming up with Silicon Valley to make mental health services more available. Promises abound, and so do potential problems.

Last winter, several dozen people who were struggling with suicidal urges and bouts of intense emotion opened their lives to a company called Mindstrong, in what has become a closely watched experiment in Silicon Valley.

Mindstrong, a venture co-founded by a former director of the National Institute of Mental Health, promised something that no drug or talk therapy can provide: an early-warning system that would flag the user when an emotional crisis seemed imminent — a personal, digital "fire alarm."

For the past year, California state and county mental health officials, along with patient representatives, have met regularly with Mindstrong and another company, 7 Cups, to test smartphone apps for people receiving care through the state's public mental health system. Officials from 13 counties and two cities are involved, and the apps are already available to the public.

The new users, most of whom have a diagnosis of borderline personality disorder, receive treatment through the Los Angeles County mental health network, and were among the first test

The potential for digital technology to transform mental health care is enormous, and some 10,000 apps now crowd the market, each promising to soothe one psychological symptom or another. Smartphones allow near continuous monitoring of people with diagnoses such as depression, anxiety and schizophrenia, disorders for which few new treatments are available. But there has been little research to demonstrate whether such digital supports are effective.

California's collaboration with Silicon Valley is an attempt to change that: in effect, enlisting some of the state's most privileged residents to help some of its least. California has set aside taxpayer money to pull it off, more than \$100 million over five years, which is a portion of Proposition 30, a

tax increase on millionaires approved in 2012. If Big Data can help manage persistent mental distress, the path forward is likely to run through the Golden State.

But if early signs are any indication, the road will be slow and winding, pitted with questions about effectiveness, privacy and user appeal. At least for now, California's effort to jump-start medicine's digital future is running into some of the same issues that have dogged old-fashioned drug trials: recruiting problems, questions about informed consent, and the reality that, no matter the treatment, some people won't "tolerate" it well, and quit.

The full article can be found at: <https://www.nytimes.com/2019/06/17/health/mindstrong-mental-health-app.html?smid=nytcore-ios-share>

### 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 45<sup>th</sup> 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

## **CMHA WEEKLY UPDATE**

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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 45<sup>th</sup> 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:**

### **Senate Passes Bills to Update to Medicaid Work Requirements**

This week the Senate unanimously passed legislation to prevent Medicaid recipients from losing coverage due to any bureaucratic red-tape tangles from the state's new Medicaid work requirement. Senate Bills 362 and 363 sponsored by Sen. Curtis Hertel (D-East Lansing) and Senate Majority Leader Mike Shirkey (R-Clarklake) make it clear that that when it comes to meeting the work requirements, recipients are eligible for Medicaid "unless proven otherwise."

Under the work requirement legislation passed in 2018, most beneficiaries under the Healthy Michigan part of Medicaid alone will have to prove they are working at least 80 hours per month. They can also be in a post-secondary education, high school equivalency or job training program; conducting volunteer or community service; participating in an internship; or undergoing substance abuse treatment.

Exemptions were carved out for those over age 63 or disabled, pregnant women, parents of a dependent child younger than six, full-time students, recipients of unemployment benefits and anyone younger than age 21 who had been in a foster care program.

The bills will enter students or those who are already working into a database so they would not need to call in monthly to verify their eligibility. As more people re-verify their eligibility and are working, more people would migrate over to the database. Other recipients would have the whole month to check in and verify their status from the previous month rather than the 10-day window provided in the current law.

### **Governor Announces Michigan Opioid Partnership**

On Monday Michigan Governor Gretchen Whitmer announced recipients of grant funding through a newly created Michigan Opioid Partnership in an effort to decrease opioid overdoses and deaths.

"Our goal is to implement medication-assisted treatment programs in hospitals, emergencies rooms and jails to get more people on track to recovery," Whitmer said at an afternoon press conference at Wayne State University.

The partnership will give a combined \$1.3 million in grant funding to Munson Medical Center in northern and lower Michigan and Beaumont Hospital in southeastern Michigan to increase medication-assisted treatments.

Additionally, \$1.5 million has been committed to expanding medication-assisted treatment and enhance identification of substance use disorders at jail intake. Wayne State University, Center for Behavioral Health and Justice will receive a grant to coordinate the effort. County jails will also be selected for funding, to work in partnership with the WSU team to serve inmates with addiction.

Dr. Joneigh Khaldun, chief deputy director for Health and chief medical executive for DHHS, said outpatient treatment for addiction should be no different than treatment for other diseases, such as diabetes. She said the usual treatment for overdoses in the emergency room does not provide sufficient outpatient care.

"We watch them for a few hours, and you know what we do? We send them home," Khaldun said. "We send them home with the usual stack of difficult to understand discharge instructions. No medication, no treatment, no appointment to see someone who can help them."

The Michigan Opioid Partnership includes:

- Michigan Department of Health and Human Services
- Michigan Health Endowment Fund
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of Michigan Foundation
- Ethel and James Flinn Foundation
- The Jewish Fund
- Superior Health Foundation
- The Community Foundation for Southeast Michigan

## **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.***

## CMHA WEEKLY UPDATE

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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](http://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>

### **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](#)

### Co-Occurring College Registration Now Open!

Registration is now open for the 2019 Co-Occurring College! Click [HERE](#) for all the details, CE information and registration link.

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

**Date:** Tuesday, July 30, 2019

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

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

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

#### **Hotel Reservations:**

To make your overnight reservations at the discounted State rate, call 989-891-6000 and mention the Community Mental Health Association of Michigan to receive a \$85/ + tax per night rate. Parking is complimentary. **Deadline for discounted hotel rate: July 8, 2019.**

### **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

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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).

## 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 Wehl, 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 2<sup>nd</sup> 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.

### **National Council offers webinar: Building an Analytic Data Infrastructure Using Integrated Social and Health Service Data**

Below is a recent announcement of an upcoming webinar on the value of integrated health and social services data to inform policy and service delivery decisions.

Join us on Monday, June 24, from 1-2:30 p.m. ET, for the webinar Building an Analytic Data Infrastructure Using Integrated Social and Health Service Data. Dr. David Mancuso, director of the Washington State Department of Social and Health Services’ Research and Data Analysis Division, will explain his experience with interagency data linking, including Medicaid claims and state behavioral health data, and discuss how developing integrated analytic data systems can be used as a highly strategic asset to help inform policy and improve service delivery.

Key topics:

The business case for developing integrated analytic data systems

A legal framework for integration: research data repositories and limited data sets

Highlighted analytic use cases:

Medical cost offsets

“Social determinants”

Adverse childhood experiences

Resource for free software for linking records from multiple data system

Lessons learned in Washington State

REGISTER TODAY at:

[https://register.gotowebinar.com/register/8585784334728783362?mkt\\_tok=eyJpIjoiT1RRd056ZGxNamN4WVdZMCIslInQiOiJyZ0FRSszRBTkpYWk15WGc2N0QraGQzTVN0NUVYZG5TUGw5RGFkS1dCU3VF](https://register.gotowebinar.com/register/8585784334728783362?mkt_tok=eyJpIjoiT1RRd056ZGxNamN4WVdZMCIslInQiOiJyZ0FRSszRBTkpYWk15WGc2N0QraGQzTVN0NUVYZG5TUGw5RGFkS1dCU3VF)



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### **Miscellaneous News and Information:**

### **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](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)  
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Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
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Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)