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CMH Association and Member Activities:

New! Pines Behavioral Health Services Partners to Produce Pulitzer Prize Winning Play

Below is the recent announcement from Pines Behavioral Health Services on its upcoming production of a Pulitzer prize winning play, “Next to Normal”.

Pines is collaborating with our local Tibbits Opera House and ProMedica Coldwater Regional Hospital, with additional support from SWMBH, in bringing the play “Next to Normal” to Coldwater. The Pulitzer prize winning play is a musical about a woman with worsening symptoms of Bipolar Disorder and the effects it has on her and her family. Although a musical, it definitely doesn’t shy away from the dark parts of serious mental illness, and we’re hopeful to stimulate conversation as a result. The play runs for two weekends beginning September 6-8th and 12th - 14th. The Tibbits Opera House is located at 14 South Hanchett Street in Coldwater. The tickets can be purchased online at www.Tibbits.org . All shows begin at 7:30 pm except for the 8th which is a 2:00 pm matinee.

We wish Pines, their partnership, and the actors involved in the play, the best.

New! Leadership Change at Arbor Circle

Below are excerpts from a recent letter from Jack Greenfield, the CEO at Arbor Circle

I am writing to let you know that I have announced my retirement from Arbor Circle this coming September. I am most fortunate to end my career leading Arbor Circle where I have worked for the last 32 years. I am completing my 45th year of working in the mental health system, where I began at Ypsilanti State Hospital’s York Woods Center. Like you, I have seen significant progress throughout the years, even though we have many challenges that lie ahead. I appreciate your commitment and dedication to our public mental health system and thank you for all of your hard work!

.... announcing the appointment of Kristin Gietzen as the new President/CEO of Arbor Circle effective September 13, 2019. The Board and staff are extremely happy to have someone of Kristin’s talent, skill and experience to lead our organization’s culture, beliefs and values into the future.

We wish Jack the best in his future endeavors and Kristin success in her new role.

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

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

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

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

[Request a Demo](#)

Relias Announces Webinar on Staff Retention: Keep Your Staff by Giving Them What They Need

When your staff feels supported and prepared, they are more likely to stay in their roles than leave for another position, whether at a different organization or in a different field altogether.

Last week, two of our product managers, Melissa Lewis-Stoner and Justin Hess, hosted a fantastic webinar to demonstrate how using assessments and learning in combination can help your employees feel more competent and effective in their jobs.

While the live webinar has come and gone, you can still watch it on demand and read the full Q&A that followed.

Enjoy!

[Watch the Webinar](#)

[Read the Q&A](#)

State and National Developments and Resources:

New! MAC Resolution Supports Michigan's County-Based Public Mental Health System

Below is an excerpt from a recent announcement, from the Michigan Association of Counties (MAC) in support of Michigan's county-based public mental health system.

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On Tuesday, during MAC's Annual Business Meeting, about 150 MAC members approved policy platforms developed by MAC's seven policy committees overseeing issue areas ranging from finance to agriculture and tourism.

During the platform discussions, members approved three amendments submitted by commissioners to the draft platforms:

Added language to the Health and Human Services Platform to emphasize the value of local control in community mental health operations

"We say it again and again: MAC is a member-driven organization," said Stephan Currie, executive director. "The Business Meeting was a great example of that principle in action as members discussed, debated and voted on policy positions. It's great to see members show such passion for finding the best ideas, the best practices to make our state an even better place to live."

For more information on MAC's policy process, contact Governmental Affairs Director Deena Bosworth at bosworth@micounties.org.

The amendment in support of the value of local control in community mental health operations is provided below:

Amendment to 2019-20 MAC Health and Human Services Platform

Proposed that the platform include the following:

"MAC supports our public mental health system, which, together with adequate state funding, gives local control and oversight to our counties to ensure quality and accessible services for all residents." Final versions of the amended platforms will be loaded to the MAC website in early September.

New! Health Endowment Announces Behavioral Health Grantees

School-based mental health support, opioid addiction recovery, access to healthy food—the 39 new projects we're funding are taking on the most pressing health challenges in Michigan. See the lists of awards for our 2019 Behavioral Health and 2019 Nutrition & Health Lifestyles grant programs, which include some of the most innovative and exciting health work going on statewide. Together we can work toward a healthier Michigan!



The list of behavioral health grantees can be [found here](#).

New! Michigan Organizations Receive Opioid Treatment Funding

Below is a recent announcement from the Michigan Center for Rural Health regarding the receipt of federal HRSA funds by Community Health Centers/Federally Qualified Health Centers to support opioid treatment.

Recently, the U.S. Department of Health and Human Services (HHS) through the Health Resources and Services Administration (HRSA) awarded nearly \$400 million to combat the nation's opioid crisis. Seventeen Michigan organizations were recipients of this funding. The investments will enable HRSA-funded community health centers, rural organizations and academic institutions to establish and expand access to integrated substance use disorder and mental health services.

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"Health centers and behavioral health providers are on the front lines of the fight against the opioid crisis and substance abuse, especially in rural communities," said HHS Secretary Alex Azar. "With our evidence-based strategy, HHS is working to support local communities in fighting back against substance abuse, and our united efforts are yielding results. Together, we can end our country's opioid crisis and lay a foundation for a healthier country where every American can access the mental healthcare they need."

The funding package included more than \$200 million to 1,208 health centers across the nation to increase access to high quality, integrated behavioral health services, including the prevention or treatment of mental health conditions and/or substance use disorders, including opioid use disorder through the Integrated Behavioral Health Services (IBHS) program. MI recipients include:

Alcona Citizens for Health, Inc.
Baldwin Family Health Care
East Jordan Family Health Center
Isabella Community Health Network
Lakeland Immediate Care Center
MidMichigan Health Services, Inc.
Northwest Michigan Health Services
Sterling Area Health Center
Thunder Bay Community Health Service, Inc.
Traverse Health Clinic and Coalition
Upper Great Lakes Family Health Center
[Click here to view a full list of Michigan IBHS award recipients.](#)

In addition to HRSA's investments in community health centers, HRSA's Federal Office of Rural Health Policy awarded more than \$111 million to 96 rural organizations across 37 states as part of its Rural Communities Opioid Response Program (RCORP) initiative. These funds will strengthen rural communities' capacity to provide needed SUD prevention, treatment, and recovery services and build the evidence base for interventions that are effective in rural settings.

The Michigan Center for Rural Health and the Michigan Rural EMS Network were awarded \$1 million each to implement prevention, treatment, and recovery activities. In addition, McKenzie Health System, was awarded \$725,000 to expand Medication-Assisted Treatment (MAT) under the RCORP-MAT Expansion Program.

To learn more about RCORP, and to view the lists of recipients, [click here](#).

HRSA also awarded nearly \$70 million to Opioid Workforce Expansion Programs (OWEP) for Professionals and Paraprofessionals to fund 64 grantees and over \$17 million to Graduate Psychology Education (GPE) Program to fund 49 grantees.

The awards support training across the behavioral health provider spectrum including community health workers, social workers, psychology interns and post-doctoral residents. These workforce investments help clinicians to provide integrated behavioral health care and treatment services in underserved communities.

Wayne State University and Western Michigan University were awarded the Opioid Workforce Expansion Program (OWEP) Professionals funding and the VHS Children's Hospital of Michigan was awarded funding from the Graduate Psychology Education (GPE) Program.

[View list of OWEPP Professionals awardees](#)

[View list of GPE awardees](#)

New! Michigan Announces Public Comment Period for MI Health Link Waiver Renewal

Below is a recent announcement, by MDHHS, regarding the public comment period on the draft MI Health Link (aka "Duals Project") waiver renewal that the Department is submitting

Dear Interested Party:

RE: Section 1915(b)/(c) MI Health Link Waiver Renewals

The Michigan Department of Health and Human Services (MDHHS) is submitting renewal applications to the Centers for Medicare and Medicaid Services (CMS) for the Section 1915(b)/(c) MI Health Link Waivers. The purpose of these renewal applications is to allow continued integration of care for individuals eligible for both Medicare and Medicaid through the MI Health Link Program.

The following changes will be made to the renewal applications:

1. Revision and addition of some performance measures for the Quality Improvement Strategy.
2. Revision to reflect the correct entities (known as Integrated Care Organizations) the state has contracted with to deliver services.

The anticipated effective date of these renewal applications is January 1, 2020.

There is no public hearing scheduled for the renewal applications. Input regarding the renewal applications is highly encouraged. The Section 1915(b)/(c) MI Health Link Waiver renewal applications can be found online at <https://www.michigan.gov/mdhhs> >> Doing Business with MDHHS >> Health Care Providers >> MI Health Link.

These documents are drafts and will be updated as needed until they are submitted for approval by September 26, 2019. At that time, the final version of the applications will be posted online. Comments may be submitted to MSAPolicy@michigan.gov or by mail to:

Attention: Medicaid Policy
Michigan Department of Health and Human Services
P.O. Box 30479
Lansing, Michigan 48909-7979

New! Michigan Lawmakers Ask Whitmer to Resume Construction of Psychiatric Hospital

Below are excerpts from recent news story regarding the on-going discussions around the replacement for the states Caro Center.

Michigan lawmakers and Tuscola County officials are asking Gov. Gretchen Whitmer to resume construction of an expanded psychiatric hospital to serve most of the state's northern residents.

The Michigan Department of Health and Human Services recommended downsizing the aging Caro Center instead of continuing construction on a new, larger \$115 million facility. Democratic Gov. Gretchen Whitmer's administration stalled the project in March while awaiting a review of the

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situation from an independent consultant and is expected to weigh in on whether to move forward with a new facility or pursue cheaper options.

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

New! Healthcare Provider Shortage Area Process Open for Input

Below is a recent announcement, from the Health Resources and Services Administration (HRSA) regarding the updates being made to the Healthcare Providers Shortage Area (HPSA) process and the opportunity for interested parties to weigh in on that process. We provide Weekly Update readers with this information, given that the HPSA designation, for regions across Michigan, has been key to obtaining loan forgiveness for clinicians working in public interest mental health provider system, such as the members of CMHA. The table, referenced in the narrative, below, is also provided for Weekly Update readers, at the end of the article.

Dear Auto-HPSA Organizations,

As part of our ongoing effort to keep you informed, please find below last reminders, updates and useful information regarding the National Update of Auto-HPSA designations and how to request rescoring:

National Update: We have a date! The implementation of the national update will take place on **August 30, 2019**. The results will be based on provider data pulled from SDMS (Shortage Designation Management System) on August 16.

The updated scores will be published to the HRSA Data Warehouse on August 30th and organization Points of Contact will be granted access to the Auto-HPSA portal.

Note: If you do not have access to the portal after 08/30 or if you'd like to assign another person in your organization to be responsible for the rescore process, please let us know so we can grant you access.

September 30, 2019: Deadline to guarantee rescore before January 1, 2020 (HPSA Lock). Daily updates of HPSA data on the HRSA website are suspended and HPSA scores are locked during the application cycles for NHSC Loan Repayment and other recruitment and retention programs.

How to request a rescore? : Online Auto-HPSA portal

Immediately following the national update, your organization may submit supplemental data and/or request rescoring via the Auto-HPSA Portal.

There are two ways to request rescoring, please see below:

Selecting Rescore Type	
System Data Rescore	Supplemental Data Rescore
Rescore with system data only, using the latest data available in the system (including recent provider updates)	Rescore with supplemental and system data, updates only the data points affected by the data entered
Does not allow submission of any supplemental user data	Allows users to supplement system data with user-entered data
Can be requested by both, the state office and the organization	Can be requested by both, the state office and the organization
Is automatically approved once submitted, system can take up to 72 hours to complete processing the request. A system data rescore will	Requires review by HRSA Shortage Designation Branch, it can take up to 90 days

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publish to HRSA Data Warehouse in 24-72 hours	
Should be requested when: updates to federal data, UDS data, or provider data have occurred	Should be requested when: updates to fluoridated water data, substance misuse data, alcohol misuse data, facility-specific data, changes to site geo-locations or NSCs have occurred

Supplemental Data: The state office plans to submit **water fluoridation, alcohol misuse, and substance misuse data** on behalf of some eligible organizations to receive additional points for dental and mental health HPSAs.

Dental Health HPSA: To receive a score of 1, must provide data showing that less than 50% of the population has access to fluoridated water.

Mental Health HPSA: To receive a score of 1 (each), must provide data showing alcohol or substance misuse rates are in the worst quartile for the nation, region or state.

Please find attached more details about what type of supplemental data you will be able to submit.

What you can do now:

HRSA has [audience-specific trainings](https://bhw.hrsa.gov/sdmp) and webinar recordings on the Auto-HPSA portal for organizations, available at <https://bhw.hrsa.gov/sdmp>.

To learn how to access the portal, submit supplemental data and request rescors, please participate in one of these trainings or webinar recordings.

HRSA is working on FAQs and other materials to support you once the portal is available on the 30th. More to come.

Provider Data: Continue to review your update preview reports and request provider updates. Review the list of providers received with your Update Preview 9 reports, these results rely on provider data as of July 13, 2019.

Please continue to work with our office on your provider data. By completing our [HPSA Physician Questionnaire](#) or letting us know additional provider updates, we can update your provider data before requesting a new rescore.

Only the following physicians are used for the designation process: **General or Family Practice, Internal Medicine, OB/GYN, Pediatrics, Dentists (including # of auxiliaries) and Psychiatrists.**

Note: the provider outpatient hours/week (=direct patient care hours), annual Medicaid claims, and percentage of special populations served (Medicaid patients, sliding fee scale, native American, etc.) are used for the FTE calculations. Providers solely engaged in administration, inpatient care, research or training are excluded; please let us know.

Let us know if the **Nearest Sources of Care (NSCs)** identified are providers that work at your organization. This is a known system error and the state office can change your NSC. Your organization might be eligible to receive additional points for that criteria.

If you plan to submit supplemental data for a rescore, please start collecting the data in advance and note the following:

A low population and high Provider FTEs in your service area represent a lower population to provider ratio, and therefore less are the points received for that criteria and your organization's HPSA score will be LOWER.

Please let me know if you have any questions or concerns. Thank you for your continued support during this process.

Miguelina Carela-Garcia

Primary Care Workforce Analyst

Office of Planning - Workforce and Access to Care Section

Policy and Planning Administration
Michigan Department of Health & Human Services
333 S. Grand Avenue Lansing, MI 48909
Phone: (517) 284-4982||Email: carelagarciam@michigan.gov

Supplemental Data: Following the National Update

RHCs, ITUs and FQHCs and LALs*	FQHCs and LALs	PCOs
<ul style="list-style-type: none">• Zip codes in which 75% of the Auto-HPSA facility's patients reside• The percent of population of patients served with known income at or below 100% FPL• Out of the total unduplicated patient population, the count of individuals younger than 18, or 65 and older, divided by the count of adults age 18-64• Water Fluoridation• Alcohol Misuse Rate• Substance Misuse Rate	<ul style="list-style-type: none">• Water Fluoridation• Alcohol Misuse Rate• Substance Misuse Rate	<ul style="list-style-type: none">• Nearest Source of Care• Water Fluoridation• Alcohol Misuse Rate• Substance Misuse Rate
Facility-specific Data		
<ul style="list-style-type: none">• Reporting period: calendar year<ul style="list-style-type: none">• January 1, 2017-December 31, 2017• January 1, 2018-December 31, 2018 (Preferable)• The fluoridation, alcohol misuse and substance misuse data do not need to mirror the HRSA-created service area.<ul style="list-style-type: none">• However, the information submitted should reflect the service area (i.e., be based on the organization's address and sites) and represent a minimum 12 month reporting period.		



*Only FQHCs and LALs that have not yet reported UDS data.



State Legislative Update:

Governor Whitmer Signs Executive Order Creating the Michigan Opioids Task Force

This week Governor Gretchen Whitmer signed executive order 2019-18 creating the Michigan Opioids Task Force, which will bring together leaders from across state government to tackle the opioid epidemic. Dr. Joneigh Khaldun, chief medical executive for the State of Michigan and chief deputy director for health for the Michigan Department of Health and Human Services, will serve as chair of the task force.

The task force will be charged with identifying the root causes of the opioid epidemic and implementing response actions to help Michiganders struggling with opioid addiction access the recovery services they need. The task force will also work to raise public awareness about the opioid epidemic and the resources available to those impacted by it.

"As governor, my number one priority is protecting our families and our overall public health," said Governor Whitmer. "Right now, Michigan is among the states with the highest levels of opioid prescriptions and overdose deaths, with 2,053 overdoses in 2017 alone. This task force will bring us one step closer to finally ending the opioid epidemic in Michigan and keeping families safe."

By convening the expertise of numerous state departments, the task force will bring all possible tools to bear and work across systems to meet individuals struggling with addiction where they are. Focuses include increasing access to medication assisted treatment, harm reduction, and specialized populations like pregnant women and returning citizens.

In particular, helping Michigan's returning citizens access the treatment they need will be a key priority for the task force. Individuals exiting emergency rooms after an overdose and jails after an arrest are at extremely high risk when they are released. The task force will work to build coordinated care between

substance use disorder treatment provided across the system and warm handoffs to community-based services.

“Too many families have been devastated by the opioid epidemic in Michigan,” said Dr. Khaldun. “If we’re going to keep Michiganders safe and healthy, we must get to work addressing this crisis. The team at MDHHS is ready to work with all of our partners in state government to help Michiganders get on the road to recovery and prevent opioid addiction in the first place.”

The Michigan Opioids Task Force will consist of Dr. Khaldun, Chief Justice Bridget McCormack or the chief justice’s designee, and the directors or the directors’ designees from the Departments of Health and Human Services, Attorney General; Licensing and Regulatory Affairs; Michigan State Police; Corrections; Environment, Great Lakes, and Energy; Insurance and Financial Services; Military and Veterans Affairs; Labor and Economic Opportunity; and Education.

Earlier this year, Governor Whitmer announced a \$10 million partnership with Bloomberg Philanthropies to help address the state’s rising opioid overdose death rate. Additionally, in June, Governor Whitmer and the Michigan Opioid Partnership announced \$5 million in grants to Beaumont Hospital in Southeast Michigan, Munson Medical Center in Northern Lower Michigan, and Wayne State University Center for Behavioral Health and Justice to help people who need treatment for opioid addiction get on a path to successful recovery.

To view the full executive order, click the link below:

[EO 2019-18 Opioids Task Force.pdf](#)

Federal Update:

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

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

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

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

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

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

Tuesday, September 17, 2019: Public Policy Institute

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

Wednesday, September 18, 2019: Capitol Hill Visits

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

SAMHSA Proposes Changes to Part 2 SUD Privacy Rules

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a proposed rule that would change the way substance use disorder (SUD) treatment records are shared under 42 CFR Part 2. Although the Trump administration does not have the authority to fully align 42 CFR Part 2 with the Health Information Portability and Accountability Act (HIPAA), the administration stated that its proposal aims to "facilitate better coordination of care for substance use disorders, which will also enhance care for opioid use disorder," according to an [official fact sheet](#) on the proposal. Meanwhile, critics expressed concern that the changes to the rule would undermine patient confidentiality and willingness to seek treatment. SAMHSA is accepting public comments on these proposed changes until October 24, 2019.

42 CFR Part 2 currently prohibits the sharing of SUD treatment records between health care providers without a patient's explicit consent and includes protections for patient records in criminal and civil legal proceedings. According to SAMHSA, the proposed rule will not change the restrictions on using SUD patient records in criminal prosecutions and will continue to restrict the disclosure of these records without patient consent. The changes included in the proposal are:

- **Consent Requirements:** A patient may consent to disclosure of their SUD treatment records to an entity (e.g., the Social Security Administration), without naming a specific person as the recipient for the disclosure.
- **Applicability and Re-Disclosure:** Treatment records created by non-SUD treatment providers based on their own patient encounters will not be covered by part 2, unless any SUD records previously received from a part 2 program are incorporated into such records. Part 2 patient records can be separated out to ensure that new records created by non-part 2 providers will not become subject to part 2.
- **Medical Emergencies:** Declared emergencies resulting from natural disasters that disrupt treatment facilities and services will meet the definition for a "bona fide medical emergency," for the purpose of disclosing SUD records without patient consent under part 2.
- **Confidential Communications:** The standard for court ordered disclosures of SUD records for the purpose of investigating "an extremely serious crime" will be revised, by dropping the phrase "allegedly committed by the patient." This is meant to serve as a correction to a technical error from 2017 rule-making in which this phrase was inadvertently added without notice or public comment.
- **Disposition of Records:** When a patient sends an incidental message to the personal device of an employee of a part 2 program, the employee will be able to fulfill the part 2 requirement for "sanitizing" the device by deleting that message.
- **Disclosures Permitted with Written Consent:** Disclosures for the purpose of "payment and health care operations" are permitted with written consent, in connection with an illustrative list of 17 non-exhaustive example activities listed on page 31 of [the proposal](#), which include instances such as billing, claims management, collections activities, credentialing activities and more.

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- Disclosures to Central Registries and Prescription Drug Monitoring Programs (PDMPs): Non-opioid treatment program (OTP) providers will become eligible to query a central registry, in order to determine whether their patients are already receiving opioid treatment through a member program. OTPs will be permitted to enroll in a state prescription drug monitoring program and permitted to report data into the PDMP when prescribing or dispensing medications on Schedules II to V, consistent with applicable state law.
- Research: Disclosures for research under part 2 will be permitted by a HIPAA covered entity or business associate to individuals and organizations who are neither HIPAA covered entities, nor subject to regulations surrounding research on human subjects.
- Audit and Evaluation: Part 2 will be revised to clarify that some specific situations fall within the scope of permitted disclosures for audits and/or program evaluation.
- Undercover Agents and Informants: Court-ordered placement of an undercover agent or informant within a part 2 program will be extended to a period of 12 months, and courts will be authorized to further extend the period of placement through a new court order.

Supporters of the rule change believe that making SUD treatment records easier to share will enhance the coordination of patients' care across settings. "This is a good step forward in breaking down barriers for people with substance use disorders to receive effective integrated care," said Dr. Saul Levin, CEO and medical director for the American Psychiatric Association. "We will continue to work with the Administration and Congress to address the remaining barriers."

On the other hand, critics argue that allowing more easily shareable records will be detrimental to individuals who might avoid seeking care for fear of facing stigma or discrimination or potential legal consequences. "With over 90% of people with substance use disorders not currently accessing treatment, weakening the current protections for patient privacy contained in Part 2 will not fix what is broken," said Dr. H. Westley Clark, who served as director of the SAMHSA Center for Substance Abuse Treatment from 1998-2014. "Instead, it will drive even more people away from substance use disorder treatment and penalize the over 20 million people in recovery from substance use disorders."

Secretary of Health and Human Services, Alex Azar called on Congress to continue their work to fully align 42 CFR Part 2 with HIPAA, via legislation such as the Overdose Prevention and Patient Safety Act (H.R. 2062) and its companion bill in the Senate, the Protecting Jessica Grubb's Legacy Act (S. 1012).

Education Opportunities:

Save the Date for the 2019 CMHA Fall Conference

The CMHAM Annual Fall Conference will be held on:

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

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

Annual Recipient Rights Conference

Join us for the 26th Annual Recipient Rights Conference which will be held on September 24-27, 2019 at the McCamly Plaza Hotel in Battle Creek, Michigan.

Pre-Conference on September 24, 2019 from 9am-4pm: Scientific Content Analysis featuring Avinoam Sapir

Full Conference from September 25-27, 2019 will feature General Sessions on Human Trafficking and How Policy Makers Work and How Advocates can Influence change with Senator Rebekah Warren as well as 24 workshops.

Conference Registration information: [Click here to register!](#)

Overnight Accommodations:

The McCamly Hotel is **currently sold out**. You may request to be put on a waiting list.

Standard Rooms \$119.00 + 11% sales and accommodation tax

Reservations: e-mail mccamlyreservations@trushospitality.com or 269-268-5021.

Room block name: 2019 Recipient Rights Conference

Cutoff date to secure hotel accommodations is August 23, 2019

Overflow Hotel Information:

Holiday Inn at 12812 Harper Village Drive, Battle Creek

For Reservations, call: 269-979-0500 refer to Block Code RRC

\$119 single/double plus taxes

Cutoff date to secure hotel accommodations is **September 6, 2019**

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

20th Annual Substance Use and Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

Pre-Conference Workshops: September 15, 2019

Full Conference: September 16-17, 2019

Cobo Center, Detroit, MI

Full Conference - [Click Here to Register!](#)

Pre-Conference Workshop: Prevention - [Click Here to Register!](#)

Pre-Conference Workshop: Treatment - [Click Here to Register!](#)

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



Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center
55 South Harrison Road
East Lansing 48823

Conference Objective: This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, CMH administrative or clinical staff, providers, HCBS or waiver coordinators, individuals receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: \$85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

Special Rate: A special \$20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare. Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at awilson@cmham.org or 517-374-6848.

Questions? Call 517-374-6848 OR email cward@cmham.org OR awilson@cmham.org

NEW! Writing Quality and Comprehensive Behavior Support Plans

This training will introduce attendees to two new tools that will be systematically implemented across the state to develop sound behavior support plans for individuals being served through community mental health. This includes a rubric developed by Western Michigan University BCBA program that is intended to help guide clinicians who have responsibility for writing and reviewing plans. The training will provide attendees with models and practice opportunities using the tools with various case examples.

Training in Oakland County – September 20
Training in Marquette – September 27
For more information, email awilson@cmham.org



MDHHS Offers Webinar for Medicaid Prescribers

Below is a recent announcement, from MDHHS, on a webinar designed to provide Medicaid prescribers with information on the recent and upcoming changes to the Michigan Medicaid requirements around prescribing practices and requirements.

All Providers,

You are invited to join the Michigan Department of Health and Human Services (MDHHS) webinar Tuesday, September 17, 2019, 10:00-11:30 AM EST. This webinar will discuss enrollment requirements that will apply to providers who prescribe drugs to Medicaid beneficiaries as outlined in MSA policy bulletin 19-20.

To register for the webinar please visit: www.Michigan.gov/MedicaidProviders, click on training, click Medicaid Training Dates, under Webinar Training Dates and Times locate, "Click here to Register".

**Please note audio for this webinar will be available through your computer speakers

New! MSU and Capital Area Health Alliance Announce Opioid and Pain Conference



Save the Date: Feb. 4, 2020

OPIOIDS

Engaging Our Community
in the New Reality

OPENING KEYNOTE TOPIC:

Changing the Narrative
Background and Current Reality; Importance
of Changing the Narrative

Linda S. Vall, MD, Health Officer
Ingham County Health Department

CONFERENCE TOPICS OVERVIEW:

- Current Reality: How Did We Get Here, Health Inequities
- Current Health Issues and Services Related to Pain: Opioid Prescribing & Alternatives; Behavioral Health Issues & Services; Health Plan Coverage/Authorization
- Best Practices: Prevention, Treatment, & Recovery Programs
- Solutions: Legal; Healthcare; Behavioral Health
- Partnering Opportunities
- Call to Action: The New Reality



Early Registration for this event begins Monday, August 19, 2019 at <https://2020capc.eventbrite.com>

Late registration pricing begins on Monday, January 6, 2020

For Registration questions, please email aguila25@msu.edu

Miscellaneous News and Information:

New! CHRT Announces Health Care Integration Project Manager Position

Based on a longstanding partnership between this association and the University of Michigan's Center for Health and Research Transformation (CHRT) and the work that is carried out by a position that has recently become vacant, at CHRT, we are carrying the following job posting.

Project Manager with CHRT

Who We Are: The Center for Health and Research Transformation (CHRT) promotes the delivery of evidence-based healthcare, the improvement of population health, and the expansion of access to care. For further information about CHRT, refer to: www.chrt.org.

Responsibilities: The Project Manager will be responsible, under general supervision, for management of the day-to-day responsibilities of the funded program. It will include, but not be limited to management of all project activities and communication, functioning as a key point of contact between CHRT, local partners, the state of Michigan stakeholders, and federal funders. Duties will include, but not limited to, maintaining the project work plan to ensure all deadlines are met; managing and facilitating all meetings and calls for the project, including scheduling, agenda setting, note taking and reporting; building and managing key relationships to ensure clear and timely communication; monitoring multiple reporting deadlines; submitting deliverables and reports to state and federal partners; identifying partner needs and developing strategies to address those needs; maintaining regular communication with internal team and external partners; and, coordinating and collaborating closely with CHRT evaluation staff assigned to the project.

This individual must be comfortable working in a team environment and able to work with a diverse group of colleagues, clients, subject matter experts and project staff on an on-going basis. Project management skills and the ability to adhere to tight deadlines are a must.

The position description can be [found here](#).

CMH Association's Officers and Staff Contact Information:

CMHA Officers Contact Information:

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

CMHA WEEKLY UPDATE

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
Janessa Nichols, 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
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Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org