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CMH Association and Member Activities:

New! Summit Pointe Receives Full CARF Accreditation

Below is a recent announcement, from Summit Pointe, the CMH serving Calhoun County, of the recent receipt of full three-year accreditation by the national accrediting body, CARF. Congratulations to Summit Pointe.

Summit Pointe is pleased to announce that they were awarded a Three-Year Accreditation from The Commission on Accreditation of Rehabilitation Facilities (CARF) in June. This is the first attempt at CARF accreditation that Summit Pointe has pursued and is the highest level of accreditation that can be awarded.

This recognition applies to all of Summit Pointe’s Case Management Programs, Outpatient Treatment Services, and their Assertive Community Treatment Program. Additionally, all three of their Crisis Intervention programs have been accredited including Mobile Crisis, Intensive Crisis Stabilization, as well as their Recovery Center which has also provided social detox services since opening in March 2017.

The on-site survey occurred in late April of this year and included CARF surveyors interviewing multiple customers, board members and staff and observing the operations at four Summit Pointe locations. In addition, a substantial review was conducted of Summit Pointe’s organizational documents and activities in which the organization has implemented to assure quality services are being provided to the customers of Calhoun County.

The CARF Accreditation Report outlined the many strengths of the organization, including its methods for obtaining input from their stakeholders, the relationships and collaborations with an extensive network of community partners, a unique performance measurement system that drives improvements in operations and service delivery, and well written policies, procedures and plans that provide clear guidance for its staff. These achievements exemplify the organization’s dedication and commitment to improving the quality of care for their customers and looks forward to the ongoing consultation with CARF.

New! Central Michigan CMH Medical Director Named to National Integrated Care Advisory Council

Below is a recent announcement from Community Mental Health of Central Michigan (CMHCMH) regarding the appointment of CMHCM's Medical Director to the National Council's Integrated Care Advisory Council.

CMHCM proudly announces that Angela Pinheiro, M.D., CMHCM Medical Director is invited to participate on the newly convening Integrated Care Advisory Council for the National Council for Behavioral Health. The role of the Advisory Council will be to provide strategic guidance to inform the development of practical tools and resources to support communities, individual practitioners, providers and states advance integrated care. The National Council for Behavioral Health was awarded the Center of Excellence for Integrated Health Solutions by the Substance Abuse and Mental Health Services Administration (SAMHSA). Their aim is to advance the implementation of high quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders.

New! Kalamazoo CMH Changes Its Name

Below is a recent announcement from Kalamazoo Community Mental Health & Substance Abuse Services regarding its new name.

As of Oct. 1, 2019, the agency known as Kalamazoo Community Mental Health & Substance Abuse Services (KCMHSAS) will take on a new name: Integrated Services of Kalamazoo (ISK).

For more than 30 years, KCMHSAS has served youth, families and adults with mental health challenges, intellectual and developmental disabilities and substance use disorders in Kalamazoo County. From Oct. 1, 2017 through Sept. 30, 2018, KCMHSAS served nearly 8,000 individuals, either directly through KCMHSAS service programs or through a network of provider agencies that contract with KCMHSAS. The agency is one of 46 Community Mental Health Services Programs in Michigan.

Jeff Patton, CEO of KCMHSAS, said the new name will better reflect the agency's expanded programming beyond traditional community mental health services. "In recent years, we've extended our services to include comprehensive housing assistance and outreach to homeless persons, crisis response to opioid overdoses, veteran services, stigma-reduction efforts and community training in Mental Health First Aid," Patton explained. "'Integrated Services of Kalamazoo' builds on our agency's current name-recognition and reflects our ongoing collaboration with community partners."

When considering options for a new name, the agency sought input from the people KCMHSAS serves, as well as staff and providers. Without singling out any specific conditions (like mental illness or substance use disorders), the new name conveys wider access to a range of resources, Patton said. In addition, it retires the term "substance abuse," which has been recognized as stigmatizing.

Integrated Services of Kalamazoo is also much shorter, quicker to say and easier to abbreviate, Patton noted. "We've expanded our services but streamlined our name. I think that's a fair trade."

The new name officially takes effect on Tuesday, Oct. 1, at the beginning of the agency's new fiscal year. Patton emphasized that all services, locations and staff will remain the same, and individuals who receive services will not notice any change other than the name. Much of the agency's signage will be changed right away, while some materials may retain the former name until current stock is depleted, for cost savings.

New! Detroit-Wayne MHA Undergoes Name Change

Below is a recent announcement, from Detroit-Wayne Mental Health Authority, of its name change.

The Detroit Wayne Mental Health Authority is changing its name to the Detroit Wayne Integrated Health Network in an effort to more accurately reflect the direction of the organization, which is taking a more holistic approach to the care it provides to the 75,000 children and adults it serves in Wayne County.

"We are moving more toward the intersection of behavioral and physical health to provide a fully integrated system of care to the people we serve and we wanted our name to reflect the change as well," said President and CEO Willie E. Brooks, Jr. "We want people to know we provide services and supports to a wide range of populations including children with serious emotional disturbance, those with intellectual and developmental disabilities and individuals with substance use disorder and mental illness."

Changing the name of the organization will not affect the citizens or the services that DWMHA offers. They will continue receiving services by their Providers, in the locations they are accustomed to and they will still be able to contact any staff at the Authority, as their contact information will remain the same.

The DWIHN Board of Directors approved the name change several months ago and believes it will fully encompass all of the services and supports offered by its provider network which include ensuring quality of care, treatment and consistency to the people we serve. In addition, the organization will continue to focus on establishing itself as a national leader that improves the behavioral and overall health of the communities it serves.

"The timing is right for this change as we are in the midst of a system transformation where we are changing the way we do business by working directly with our Service Providers and offering a more holistic approach to care," said Brooks. "We are also beginning a pilot project, so we can provide the best possible services and supports to people."

The name change is effective October 1, 2019. Please follow the link to a short video.

<https://youtu.be/lKWRbo7v6h8>

New! CHI2 Releases Analysis of Causes of Public Mental Health System Fiscal Distress

The Center for Healthcare Integration and Innovation (CHI2), the CMH Association's policy analysis arm, has recently issued a study on the causes of the fiscal distress faced by Michigan's public mental health system. This study "The perfect storm for fiscal distress in Michigan's public mental health system" aggregates a number of the analyses carried out by CMHA over the past several years. That press release announcing its completion is attached. This study and the related media relations effort are part of the Association's efforts to highlight the real causes of the fiscal distress experienced by the members of CMHA – the backbone of the state's public mental health system and safety net.

Below are excerpts from the paper:

The Center for Healthcare Integration and Innovation (CHI2) examined financial and service delivery records of Michigan's public mental health system – its Community Mental Health Centers (CMHs), Prepaid Inpatient Health Plans (PIHPs), and provider network - to determine the causes of the fiscal distress experienced by this system from Fiscal Year 2014 through FY 2019.

That study found that the convergence of a number of factors, starting in 2014 led to the sustained, system-wide revenue shortages and even deeper fiscal distress in a number of regions throughout the state.

The causes of system-wide fiscal distress, all tied to the changes initiated in 2014, were identified as:

1. State funding to public mental health system not keeping pace with increased demand and health care cost increases, from FY 2014 to the present (the gap averaged \$100 million for each of the last three years)
2. Deep cut of \$200 million (representing a 60% cut) in General Fund support eliminated a key part of CMH fiscal infrastructure
3. Increased demand for substance use disorder services, especially opioid treatment
4. Dramatically expanding autism benefit without matching revenues
5. Revenue loss (an 80% cut in per enrollee revenues) due to high cost traditional Medicaid enrollees moving to low revenue Healthy Michigan Plan
6. Failure of the state to fund federally required contributions to public mental health system's risk reserves
7. Inappropriate state demand that county funds be used to close Medicaid funding gap

Causes of uneven impact of fiscal distress across the state - 2014 to the present

1. Widely disparate impact of FY 2016 and FY 2018 Medicaid ratesetting
2. Dramatic differences in demand for services not matched by funding
3. Uneven distribution of high-value Habilitative Support Waiver dollars

New! Seeking Nominations: Nick Filonow Award of Excellence for 2019

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups:

- CMHSP
- CMHA Affiliate Member Agency
- CMHA Executive Board
- PIHP
- CMHA Standing Committee

DEADLINE FOR NOMINATIONS IS OCTOBER 1ST, 2019 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

The nomination application can be found on the CMHA event page [HERE](#) under the 'documents' section. To be considered, nominations must be emailed to Chris Ward at cward@cmham.org.

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! Requirements Relaxed to Ensure Strong Supply of ABA Clinicians

The Medicaid Qualified Behavioral Health Professional (QBHP) policy, allowing for a wider range of clinicians to provide supervision of persons providing Applied Behavioral Analysis (ABA) has been extended through September 30, 2025. Additionally, effective January 1, 2020 the policy indicates these professionals are eligible up to two years after completing their ABA graduate coursework to be QBHPs. Previously there was not a limit on the number of years a QBHP could practice after completing coursework. Below is the policy bulletin with additional details.

Bulletin Number: MSA 19-21

Issued: August 30, 2019

Subject: Update of Coverage of Autism Services for Children Under 21 Years of Age

Effective: January 1, 2020

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

Behavioral health treatment (BHT) services are highly specialized services that require specific qualified providers who are available within Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) provider networks and have extensive experience providing specialty mental health and behavioral health services. BHT services must be provided under the direction of a Board Certified Behavior Analyst (BCBA), a qualified Licensed Psychologist (LP) or Limited License Psychologist (LLP), or a master's prepared Qualified Behavioral Health Professional (QBHP).

The Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) recently completed a statewide applied behavior analysis provider capacity survey of the PIHP/CMHSP system and is forecasting a provider network shortage that will negatively affect access, quality, and compliance of autism spectrum disorder benefit services. Current policy indicates BHT supervisors, including LPs, LLPs, and QBHPs, must be certified as a BCBA by September 30, 2020. This policy deadline is being extended to September 30, 2025 to ensure there is adequate access to a network of providers of BHT services. In addition, the QBHP must be certified as a BCBA within two years of successfully completing their applied behavior analysis (ABA) graduate coursework.

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

New! MDHHS Announces Efforts to Prepare HMP Enrollees for Work Requirements

Below is an announcement from MDHHS regarding its work to equip Healthy Michigan Plan enrollees to meet the new work requirements

MDHHS takes new preemptive steps to prepare Healthy Michigan Plan beneficiaries for work requirements, begins 'how to' notifications on continuing coverage

The Michigan Department of Health and Human Services (MDHHS) is taking another step in its efforts to preserve coverage for Healthy Michigan Plan beneficiaries by mailing new informational letters to program enrollees. Beneficiaries who will be affected by new work requirements beginning in January will receive mailed notifications starting this month in MDHHS's most significant step yet to inform enrollees and help preserve their health insurance coverage.

MDHHS began sending notification letters on Tuesday to more than 270,000 Healthy Michigan Plan beneficiaries who currently are not exempt from the work requirements based on department records. To retain coverage, these individuals must comply with the new requirements beginning in January.

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“These letters are an important step in MDHHS’s multifaceted plan to give Healthy Michigan Plan beneficiaries clear information about what they need to do to continue their coverage,” said MDHHS Director Robert Gordon.

“We are doing everything in our power so that individuals can comply with this complex and demanding statute. Clear communication is key.”

The letter notifies beneficiaries that beginning Jan. 1, 2020, they will be required to report to MDHHS each month 80 hours of work or other eligible activities, such as job training. It lets them know that if they do not report, they could lose their health care coverage. Beneficiaries are also advised that they will receive more information in December about how to inform MDHHS about their work activities.

A form is included for beneficiaries to fill out if they meet one of the exemptions from the work requirements – such as being medically frail or a full-time student.

Michigan enacted its highly successful Healthy Michigan Plan effective April 1, 2014, after bipartisan approval of legislation that expanded Medicaid to more than 650,000 additional people with incomes at or below 133 percent of the federal poverty level.

According to research from the University of Michigan, the Healthy Michigan Plan has more than doubled primary care usage, reduced enrollees’ reliance on the emergency room by 58 percent, cut uncompensated care by nearly 50 percent, and added \$2.3 billion to the state’s economy.

In 2018, the Legislature voted to implement work requirements for Healthy Michigan Plan beneficiaries upon approval from the federal government, which occurred in December.

MDHHS partnered with the firm MAXIMUS to use what’s called human-centered design in developing the informational letters. The idea is to make the letters easy to read and understand by using simple, vivid language, large fonts, bright colors and clear asks. Research from the field of behavioral science has shown that changes of this kind have a meaningful impact on response rates.

In addition to this month’s notification letters, MDHHS has put in place a communication plan to get the word out about the upcoming work requirements. The department has hosted webinars for community partners and providers and will build upon these efforts throughout the fall with paid advertising, media outreach, social media posts and additional outreach to community partners and stakeholders who work with people who may be affected.

In October, notifications will also go out to Healthy Michigan Plan beneficiaries who are exempt from the work requirements, including people who will be age 62 and older.

Learn more about the Healthy Michigan Plan at HealthyMichiganPlan.org and about the work requirements and other changes on the Changes Coming in 2020 tab.

New! MDHHS Announces Suicide Prevention Resources for Suicide Prevention Week

As part of National Suicide Prevention Week, September 8 through 14, below is a recent announcement from MDHHS regarding a set of suicide prevention resources.

Suicide is a hard topic to discuss and report on, and a complex public health issue. In advance of National Suicide Prevention Week, Sept. 8 – 14, the Michigan Department of Health and Human Services (MDHHS) is reaching out to our media and public health partners to share current Suicide Prevention Media Resources with you.

Media and online coverage of suicide should be informed by using best practices. When crafting your messages about suicide prevention and reporting on a death by suicide, we urge you to make sure they align with safe and effective messaging recommendations.

Worldwide studies have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. Word choice matters, and media coverage can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking. Below are resources that can assist in reporting on this complex and difficult topic.

Media Resources for Suicide Prevention Reporting Toolbox: The American Association of Suicidology toolkit:

- **Media as Partners in Suicide Prevention:** This toolkit was generated by extensive consultation with journalists and those with lived experience of suicide attempts and thoughts. It contains critical information for all media professionals looking to effectively report on suicide as a topic.
- **Recommendations for Reporting on Suicide** is a two-page document that was developed with worldwide suicide prevention agencies. It offers specific reporting strategies that could help prevent another suicide or encourage someone to seek help.
- The National Action Alliance for Suicide Prevention offers several resources on its media messaging page. These include: Real Stories, a collaborative approach for news and entertainment; Talking About Teens, Technology; and current articles focused on Reporting on Suicide.

There are also Michigan-based coalitions, crisis lines, fact sheets, trainings and events listed on the MDHHS website at Michigan.gov/suicideprevention.

New! Expansion Coming for Program that Helps Seriously Mentally Ill in Northern Michigan

Below is a recent news story, featuring the CEO of Northern Lakes CMH, regarding the receipt of a Health Endowment Fund grant, by a number of CMHs in northern Michigan, to expand their health home initiatives. The MDHHS press release on this grant is provided after the news story.

The Michigan Department of Health and Human Services is making a \$500,000 grant to expand two pilot projects in northern Michigan.

The program is called the "Behavioral Health Home" initiative. It offers wrap-around services with a team approach to treat both mental and physical health care needs for Medicaid patients with serious mental illness or serious emotional disturbance.

"Basically, it's putting everything together, their physical health, their behavioral health, all in one service provider group," says Lynn Sutfin, spokeswoman for MDHHS. "Everybody's working together - making sure that everything's being addressed for this individual."

Karl Kovacs is CEO of Northern Lakes Community Mental Health Authority, which runs one of the pilots. He says the program has been very successful, and has resulted in some dramatic stories, such as doctors discovering cancer in a seriously mentally ill man who hadn't seen a primary care physician in a very long time. The man was successfully treated for the cancer.

"People with serious mental illness have, for a variety of reasons, not always been able to have sustained primary care," says Kovacs. "They're not always the easiest people to work with and treat, so it takes extra effort and time to determine, is he following through on his appointments, is he

following through on his diabetes, his seizures? Is his medication from the psychiatrist being well coordinated with his physical health care providers?"

The \$500,000 grant could boost the number of people served from about 160, to several thousand. The expansion will be in northern Michigan counties, where access to both primary and mental health care can be more difficult.

The money for the grant comes from the Michigan Health Endowment Fund. The fund was created through Public Act 4 of 2013, which authorized certain changes on how Blue Cross Blue Shield of Michigan (BCBSM) operates. The law requires BCBSM to contribute up to \$1.56 billion over 18 years to a health endowment fund that benefits

The article is found [here](#) ; the news release about this effort is found below:

The Michigan Department of Health and Human Services (MDHHS) recently received \$500,000 from the Michigan Health Endowment Fund to expand a program that integrates physical and behavioral health care services for Medicaid beneficiaries with serious mental illness or serious emotional disturbance.

Currently, Behavioral Health Home (BHH) is offered in Grand Traverse and Manistee counties. The additional funds will be used to modernize and expand BHH operations into several more counties to provide access to integrated services for an estimated 3,000 - 4,000 more Michiganders.

"Integrated and coordinated care is essential to improving outcomes for the most severely ill living in our state," said Dr. George Mellos, senior deputy director of the MDHHS Behavioral Health and Developmental Disabilities Administration. "This funding will increase capacity for essential services, which will help mitigate the growing number of Michiganders with mental illness and the alarming trend in deaths by suicide."

Reports about Michigan's current program show that the BHH increases patient engagement of care, follow-up visits after hospitalization, preventative screenings and reduces inpatient hospital length of stay. Additionally, an independent evaluation demonstrated significant cost-efficiencies through reductions in avoidable costs. Specific benefits of the BHH include the following:

- A single point of contact for navigating a patient's health and social needs.
- Access to an interdisciplinary team of physical and behavioral health providers.
- Engagement in a person-centered health action plan.
- Social and emotional support from peer support specialists/community health workers.
- Personalized care and support to positively affect a patient's life.
- Providers of the BHH receive enhanced reimbursement and outcome-based performance incentives for delivering Health Home services. This program is one of many strategic initiatives focused on improving the continuum of public behavioral health services in Michigan.

MDHHS has three overarching goals for the BHH:

- Improve care management of beneficiaries with serious mental illness or serious emotional disturbance.
- Improve care coordination between physical and behavioral health care services.
- Improve care transitions between primary, specialty and inpatient settings of care.

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

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 improvingmipractices.org and select the Practice Areas tab, then the Individual Placement & Support tab.

New! Resources to Fight Rural Drug Addiction Announced

Fighting the crisis of drug addiction is a key priority for the Trump Administration. Under the leadership of Director Jim Carroll, the White House Office of National Drug Control Policy is focusing on the needs of rural communities in this epidemic. Below are links to connect local leaders to more information about resources which may be available to help.

- (1) National Drug Control Policy Strategy: Establishes the Administration’s priorities for addressing the challenge of drug trafficking and use. <https://www.whitehouse.gov/wp-content/uploads/2019/01/NDCS-Final.pdf>
- (2) Federal Rural Resources Guide: A listing of Federal programs that can be used to address substance use disorder and opioid misuse in rural communities. Designed to be a one-stop-shop for rural leaders looking for Federal funding and partnership opportunities. <https://www.rd.usda.gov/files/RuralResourceGuide.pdf>.
- (3) Community Assessment Tool: Provides a snapshot of user-friendly, county-by-county data about drug overdose deaths and socio-economic conditions in a county to help leaders build grassroots solutions for prevention, treatment and recovery. <https://opioidmisusetool.norc.org>
- (4) USDA resources: <https://www.usda.gov/topics/opioids>

(5) School Resource Guide: A comprehensive guide for teachers, administrators and staff about resources available to help educate and protect students from substance misuse. <https://www.whitehouse.gov/ondcp/additional-links-resources/resource-guide-for-school-staff/>

New! NYT Essay Addresses Early Intervention to Address Psychosis

Below is a recent New York Times essay on the importance of early intervention efforts to address psychosis.

Interventions to Prevent Psychosis: An impending psychotic break can be identified and prevented if it is recognized early and appropriate steps are taken to head it off.

Tiffany Martinez was a 17-year-old college freshman when she began hearing voices, seeing shadowy figures and experiencing troubling, intrusive thoughts. Her friends at the University of Southern Maine, where she was majoring in psychology, noticed that she was acting strangely and urged her to get help.



They most likely saved her from a crippling mental health crisis, prevented the derailment of her education and ultimately enabled her to become a psychiatric nurse practitioner who can help other young people avert a psychiatric crisis.

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

New! Trump Administration Grants Michigan \$28M to 'Smash the Grip' of Opioid Crisis

Below are excerpts from a recent news story on the receipt, by the State of Michigan, of federal dollars targeted to fighting the opioid crisis.

Michigan will receive a \$27.9 million federal grant to help communities respond to the epidemic of opioid addiction.

The U.S. Department of Health and Human Services announced \$1.8 billion in federal funds will help states increase access to medication, treatment and mental health resources. President Donald Trump said Wednesday the funds will be delivered to communities where the help is most needed, with the hope of "building a drug-free future."

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

State Legislative Update:

New! House, Senate Pushing Ahead with Budgets

House and Senate Republican leadership gave their appropriations subcommittee chairs their final targeted spending amounts yesterday and instructed them to begin pushing out conference committee budgets next week.

This week's legislative quadrant meeting with Gov. Whitmer over the FY20 budget and additional road dollars yielded little to no progress. The lack of movement spurred Senate Majority Leader Shirkey and House Speaker Chatfield to set Thursday deadlines for at least some of the department budgets.

Many of the differences between the House's \$58.9 billion spending plan for FY 2020 and the Senate's \$59.35 billion budget were worked out by June and subcommittee chairs have been waiting for word from leadership to push forward. Now, negotiations between the Democratic governor and Republican legislative leaders have stalled out. The Governor's doesn't support the immediate amortization of the Michigan Public Schools Employees Retirement System (MPERS) to free up roughly \$600 million and Republicans' don't want to raise the \$2.5 billion in revenue Whitmer insists is needed to fix the roads long term.

Republicans have offered some additional revenue options that haven't included Whitmer's proposed 45-cents-a-gallon gas tax increase. One option was increasing the sales tax on services to include ride-sharing services and delivery services, but preliminary estimates show a basic proposal bringing in roughly \$30 million, a far cry from the \$2.5 billion in new revenue Whitmer wants brought in.

The likelihood a budget deal will be reached in the near future is becoming less likely.

New! Governor Orders All Flavored Vaping Products Off Shelves

The week Gov. Whitmer offered three emergency rules banning all flavored vaping products from Michigan shelves amid what Chief Medical Executive Dr. Joneigh Khaldun believes is a youth vaping "public health emergency." "This is a health crisis and in a health crisis, I have the ability to take action and we're taking it," Whitmer said. "There are 13-year-olds who are vaping fruit loops right now. They are doing life-long damage and have no idea they are engaging in a substance that they're going to be addicted to maybe for the rest of their lives," she said.

The Governor said she is the nation's first chief executive to move against the vaping industry, which she described as "an industry notorious for deceiving the public and for putting their bottom line before the public health."

Her three-step ban includes taking all flavored e-cigarettes and vaporizing products off the shelves, including such flavors as bubble gum and apple sauce. She is going after the marketing strategies that she argues "are focusing on our kids and they are targeting and making money off of them and they're hurting them." She reported products are sold next to candy on the store shelves.

The Governor's unprecedented action comes after she signed legislation earlier this year that bans the sale of vaping products to teenagers under 17. Whitmer said the extra steps are needed "because (the law) is not being enforced and they (the products) are widely available. That's the problem." She will eventually ask lawmakers to codify her temporary emergency action.

The Governor's actions impact both minors and adults, who will still apparently have access to so-called tobacco vaping devices.

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.

New! 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.
- 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

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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:

New! Free Training: Environmental Contamination Response Training for Behavioral Health Practitioners

Brought to you by the Michigan Department of Health and Human Services with assistance from the Community Mental Health Association of Michigan.

2 DATES TO SELECT FROM:

September 11, 2019

8:30am Registration
9:00am – 4:00pm Training
Fetzer Center
2251 Business Ct., Kalamazoo, MI

- OR -

September 25, 2019

8:30am Registration
9:00am – 4:00pm Training
University Center Gaylord
80 Livingston Blvd
Gaylord, MI 49735

Fee:

- This workshop is free; however, registration is required as space is limited.
- Continental breakfast and lunch will be provided.
- Registration closes September 6, 2019!

[Click Here to Register for SEPTEMBER 11 - KALAMAZOO](#)

[Click Here to Register for SEPTEMBER 25, 2019 - GAYLORD](#)

Workshop Objectives:

- Gain an understanding of environmental contaminants including PFAS (Per- and Polyfluoroalkyl Substances).
- Recognize that psychological stress is a normal reaction to an abnormal situation.
- Identify early community interventions to address emotional and behavioral impacts.
- Be aware of Michigan’s response to PFAS and resources available to the public.

Continuing Education Credits:

Social Workers: This course qualifies for a maximum of **4 Continuing Education hours**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

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

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

New! Michigan CIT Conference Announced

2nd Annual Michigan CIT Conference Oct. 3-4th at Fire Keepers Casino Hotel!

Michigan Crisis Intervention Team presents 2019 CIT Conference "Bringing It All Together" to be held on October 3-4th at Fire Keepers Casino Hotel in Battle Creek Michigan. The Keynote Speaker is Lt. Michael S. Woody (Ret.), former CIT International President and author of "The Art of Verbal De-Escalation".

For more information and to register to go: <https://www.summitpointe.org/asp-products/michigan-cit-conference-oct-3-4/>. Please see the conference flyer for schedule information. CEUs are pending for many of the sessions.

Registration deadline September 20th

Hotel Accommodations: Reservations can be made by calling 877-352-8777 (Reference Michigan CIT Conference) or online at <http://firekeeperscasino.com/stay/>. For online reservations, click "Book Now" at the top of the webpage and enter code **1022019CIT** in the "Group Attendee" drop-down box to receive the discounted group rate of 102.00 + tax. Please note, reservations must be made by 5:00pm on September 17th, 2019 to receive the discounted rate.

New! Michigan League for Public Policy Forum on Racial Equity Announced

Below is an announcement, by the Michigan League for Public Policy (MLPP) of its 2019 Public Policy Forum

Registration is now open for our 2019 Public Policy Forum!

This year's forum, titled Reframe and Reclaim: Addressing racial equity through asset framing, features keynote speaker Trabian Shorters.

Mr. Shorters is the leading authority on an award-winning approach to diversity, equity and inclusion called Asset Framing, which calls for defining people by their aspirations and contributions, not by the negative circumstances they may face.

Asset framing shifts narratives away from crisis and deficit and focuses on potential and worth. By reframing narratives, we take steps toward removing harmful stigmas and negative associations. Asset framing leads to positive definition, and it's crucial in the pursuit of racial equity.

After the keynote, you will have the opportunity to choose one of three breakout sessions to participate in, discussing what was learned and how to utilize asset framing in your life and career.

We're thrilled about this year's forum and look forward to learning, sharing and evolving with you as we work towards racial equity.

We hope you can join us for this event on Tuesday, November 12. The forum will be held from 1:00-4:15 p.m. at the Radisson Hotel in Lansing.

CLICK HERE to register today and secure your space at this event!

We will have a few spaces available for on-site registration, but would prefer that everyone register in advance so we can get an accurate count.

New! Great Lakes Health Connect Announces Summit

Below is a recent announcement of the upcoming Great Lakes Health Connect summits.

On behalf of Great Lakes Health Connect (GLHC), I would like to invite you to attend the 2019 Summit Series. The 2019 Summit Series gathers healthcare professionals and staff from across Michigan to learn about how health information exchange and interoperability can transform the healthcare system.

There are three regional events, each with different dynamic keynote speakers and breakout sessions. The overall theme will focus on how the power of technology and relationships can break down the barriers that prevent organizations and providers from optimally delivering, coordinating, and tracking patient care.

Metro Detroit Summit – Friday, September 27 – Troy
Capital Area Summit – Wednesday, October 23 – Lansing
West Michigan Summit – Thursday, November 14 – Grand Rapids

You and other staff/members from the Community Mental Health Association of Michigan are welcome at any/all of the Summit Series events. These events are free and open to all, lunch is included. Learn more and register on the Great Lakes Health Connect website, www.gl-hc.org/2019-summit-series.

Stay up-to-date with GLHC and health information exchange news from across the state by subscribing to the monthly newsletter!

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; (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

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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

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

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