

Contents:

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as "New!" in the table of contents and in the body of the document.

CMH Association and Member Activities:	2
New! CMHA and Advocacy Partners Editorial: Close MH Access Gap	2
New! Coming Up for Air Movie Premiere.....	4
New! Livingston CMH and partners kick off voter registration initiative	4
Seeking Nominations: Nick Filonow Award of Excellence for 2019	5
CMHA Committee Schedules, Membership, Minutes, and Information	5
News from Our Preferred Corporate Partners:	5
New! myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand	5
New! Relias Announces Suicide Prevention Resources.....	6
State and National Developments and Resources:	6
New! PHI Releases Report: State Programs to Address Direct Care Workforce Issues.....	6
New! MDHHS Offers Next in Series of Webinars to Ensure HMP Enrollees Meet Work Requirements	7
New! Governor and MDHHS Announce Nation’s Largest Single-Day Distributions of Opioid Overdose Reversal Drug Naloxone	8
New! \$5.8 Million Gift Boosts Bipolar Research at University of Michigan	9
New! CMS Announces New Funds for Michigan to Fight Opioid Crisis.....	9
State Legislative Update:	10
New! FY20 Conference Committee Report	10
Federal Update:	13
New! Senate Appropriators Postpone Work on FY20 Health Funding.....	13
Education Opportunities:	13
Save the Date for the 2019 CMHA Fall Conference.....	13
Save the Date for the 2019 Annual Home and Community Based Waiver Conference	13
Calhoun County Hosts Annual Michigan CIT Conference in Battle Creek!	14
New! Project AWARE Michigan Announces School Mental Health Symposium	14
New! Free Webinar: The Nurses' Role in Treating People with Persistent and Severe Mental Illness	16
New! Stigma and Access to Treatment: Harvard University and University of Michigan Summit on the Opioid Crisis	16

CMHA WEEKLY UPDATE

New! Altarum and Health Endowment Fund Offer Webinar on Release of Health Information.....	17
New! NASW Michigan Announces Annual Conference	18
New! Establishing an Ethical Prime Directive: A Proactive and Informed Approach to Navigating Rural Ethical Dilemmas	19
New! Altarum, Livingo, and National Council Offer Health Care Integration Webinar	19
Miscellaneous News and Information:.....	20
New! MDHHS Posts Job Opportunity for Department Specialist	20
CMH Association’s Officers and Staff Contact Information:.....	20
CMHA Officers Contact Information:.....	20
CMHA Staff Contact Information:.....	20

CMH Association and Member Activities:

New! CMHA and Advocacy Partners Editorial: Close MH Access Gap

In follow-up to the study of mental health access, recently issued by the Health Endowment Fund, Bridge magazine published an editorial written by several of the state’s leading advocacy groups and CMHA. That editorial is provided below:

Opinion | Time to close Michigan’s access gap to mental health services

Hundreds of thousands of Medicaid-enrolled Michiganders need mental health support, but only about half receive help. We can do better for family members and neighbors in need.

That’s why we, the leaders of six leading mental and behavioral health organizations in our state, are calling on state legislators and our governor to allocate the needed resources to fill funding gaps amid rising rates of behavioral health-related conditions locally and across the United States.

Society’s inattention to mental and behavioral health needs is the result of misinformation and misunderstanding. Stigma and the inability to pursue treatment continues to hold back the effectiveness of Michigan’s behavioral health structure.

A new study commissioned and funded by the Michigan Health Endowment Fund confirms behavioral health care in Michigan needs more attention. The report recommends the following to improve care in our state:

- Increase retention of behavioral health providers in Michigan;
- Fully leverage all members of the health care team for better coordinated response to behavioral conditions;
- Promote effective use of trained lay providers such as peer support specialists, parent support partners, youth peers and recovery coaches;
- Use telemedicine to extend the reach of the behavioral health workforce;
- Expand school-based behavioral health care;
- Integrate primary care and behavioral health care delivery at the service delivery level.

We strongly support these findings and call for collaborative action, by public and private leaders to raise awareness of these recommendations and remove barriers leading to workforce shortages, prohibiting real utilization of proven approaches such as tele-behavioral health, school-based mental

health services, peer support enhancement and increased para-professional, or lay-person assistance. These challenges are not new, but they remain largely unaddressed.

As this study points out, there are serious unmet mental-health needs in urban, suburban and rural communities across our state, with large mental health service “deserts” spanning rural parts of Michigan. This is especially prominent in northern Michigan and the Upper Peninsula, where few mental health providers are located and where people with limited transportation face travel challenges to even attempt to access specialty care.

As this study indicates, the gap in access to needed mental health care is large across all groups of Michiganders: those with commercial insurance, Medicaid coverage and the uninsured.

If all of Michigan could achieve the rates of care seen in the best access areas of our state, we could serve 57,000 more people with mental health needs and 27,000 more people with substance use disorders. This is a goal that is possible and within reach – if our state prioritizes the needed funding and addresses barriers.

To the study’s recommendations, we would add two more.

There is also a need to increase public and private dollars for mental health and drug addiction. This past spring, the Community Mental Health Association of Michigan released an analysis finding a \$150 million gap between the cost of care and funding provided to Michigan’s public mental health system. The financing gap is not limited to publicly-funded care.

Fifty-three percent of those with mental health needs and 39 percent of those with substance use disorder needs, with insurance coverage, cannot afford the cost of treatment or have enough health insurance coverage to fully recover. A system that is too expensive for the population who needs it most is a disservice to our people.

Similar increases seen in the mental health benefits of commercial/private insurance plans must be provided by employers wishing to ensure a sound and stable Michigan workforce long term.

Michigan should also adopt a law similar to laws on the books in more than 40 other states, specifying how our state government is to monitor, report on, and enforce federal behavioral health parity (equality) law. Without it, many privately insured Michiganders will continue experiencing discrimination in their behavioral health care services, compared to the care they receive from other medical conditions.

Together, we can and must increase access to behavioral health services for Michiganders and support populations with the highest need. That’s why we are calling on the leadership of Gov. Gretchen Whitmer, the Michigan Department of Health and Human Services, the state legislature, and commercial health insurance companies to address these challenges with us as allies.

This commentary is jointly written by Mark Reinstein, CEO of the Mental Health Association in Michigan; Kevin Fischer, CEO of NAMI-Michigan; Jane Shank, CEO of the Association of Children's Mental Health; Greg Toutant, CEO of Great Lakes Recovery; Sam Price, CEO of Ten16 Recovery Network; and Robert Sheehan, CEO of Community Mental Health Association of Michigan.

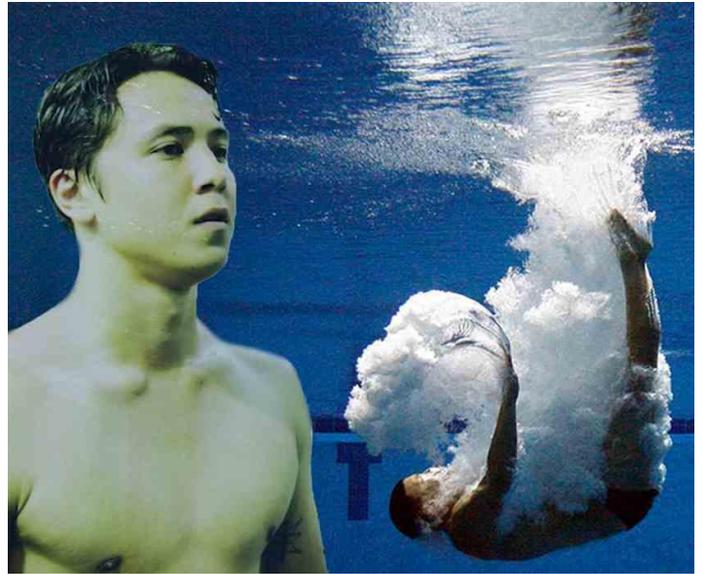
New! Coming Up for Air Movie Premiere

Stan is an A-grade, diving champ – looking at an Olympic spot in the men’s 10m dive team.

Anna, his mom, is raising him on her own. But has the pressure to succeed got to him? Can he handle the stress of high-stakes athletic competition as well as his academic grades?

Suddenly, his grades and his dives start to fall off and he withdraws into himself with potentially tragic consequences.

Coming Up for Air is a breathtaking family drama which takes audiences on an all-too-common journey, highlighting the importance of mental health care, sensible gun safety laws and the pressures that are put upon teenagers to succeed.



The film “Coming Up for Air” offers insight on the key role caregivers play helping people with mental health challenges. The film is locally recognized for being produced and filmed in Michigan.

The film is playing daily Sept. 20-26 at Celebration Cinema Lansing four to six times a day. Also, at 25 other theaters across the midwest and in Florida. Details at comingupforairmovie.com/events-1

The updated trailer is at <https://vimeo.com/356881427> See information below regarding an event in Lansing with NAMI, CMH and other community partners.

ACCESSIBLE VOTING FOR ALL

ALL VOTES MATTER! KNOW YOUR RIGHTS!



ARE YOU A REGISTERED VOTER?
ARE YOU READY TO VOTE ON NOVEMBER 5th?

COME TRY OUT THE VOTER ASSIST TERMINAL

SEPTEMBER 30, 2019
12:00 Noon TO 4:00 PM

LIVINGSTON EDUCATIONAL SERVICE AGENCY
1425 W. Grand River, Howell, MI 48843

- Practice Using the Voter Assist Terminal
- Explanation of the Voting Process
- Sample Ballots
- Assistance With Online Voter Registration
 - ✓ Bring Your Photo Identification Card
- Refreshments

Sponsored by the Abilities Alliance,
a workgroup of the
Livingston County Human Services Collaborative Body,
in collaboration with the Office of the Livingston County Clerk.

New! Livingston CMH and partners kick off voter registration initiative

At left is a flyer outlining the voter registration effort being carried out by Livingston CMH and a number of other community partners.

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:

New! 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](#)

New! Relias Announces Suicide Prevention Resources

Ensure Your Staff Knows What to Look for and What to Do

According to the Suicide Prevention Resource Center, comprehensive suicide prevention plans should include the following:

- Rules for screening, assessment, intervention and referral
- Training for all staff in care practices and policies
- Rules for ensuring continuity of care

Relias provides training on suicide care, including the use of screening tools and risk assessments, prevention and treatment. We also make it easy to maintain and communicate organizational policies and procedures on the care and monitoring of individuals identified as at risk for suicide.

How prepared is your organization? Request a meeting to discuss how Relias can support your suicide prevention efforts.

[Request a Meeting](#)

P.S. Join us for a webinar, Suicide Prevention: Science and Trends, on October 10, featuring Dr. Christine Moutier, Chief Medical Officer at the American Foundation for Suicide Prevention.

State and National Developments and Resources:

New! PHI Releases Report: State Programs to Address Direct Care Workforce Issues

States seeking to implement social insurance solutions to improve long-term services and supports (LTSS) affordability, accessibility, and sustainability need to address the issue of strengthening the direct care workforce. States can accomplish this by incentivizing improvements in direct care job quality and stimulating job growth in the workforce.

These suggestions were drawn from “Workforce Matters The Direct Care Workforce and State-Based LTSS Social Insurance Programs,” published by PHI and Caring Across Generations. The report focused on how a state-based social insurance program can bolster the direct care workforce in order to expand access to LTSS for those who need it. Currently, only Washington State has implemented such a program.

The researchers at PHI estimated that between 2016 and 2026, the direct care workforce will grow more than any single occupation in the country, and more than 7.8 million direct care job openings will need to be filled. Unfortunately, because these jobs are often poor in quality—as evidenced by low compensation, insufficient training, and limited advancement opportunities, among other indicators—turnover in this sector remains unsustainably high. Across the country, states report workforce shortages, leaving LTSS employers without enough staff. This workforce shortage negatively impacts the ability of consumers to access the care they need.

To strengthen the direct care workforce through state-based LTSS social insurance programs, the report makes the following recommendations to state leaders:

- Increase compensation for direct care workers by establishing a wage floor for this sector—with benefits and financial security safeguards
- Enhance training requirements and strengthen the in-person and online training infrastructure for direct care workers
- Develop advanced roles for direct care workers that allow them to progress in their careers and offer a higher level of support
- Institute supervision training programs and requirements to successfully develop direct care supervisors
- Establish an innovation fund and state-level advocate to improve recruitment and retention among the direct care workforce
- Build a robust data collection system and produce new research to analyze the direct care workforce at the state and local levels
- Create a long-term, state sanctioned workgroup and leadership program to strengthen the contributions of direct care workers
- Launch demonstration projects and a policy workgroup to maximize the relationship between family caregivers and home care workers
- Construct a matching service registry that connects home care consumers and workers within the state

The researchers believe that for state-level long-term care insurance programs to be truly accessible to consumers, the direct care workforce must also be transformed and financed. They suggest that once these recommendations have been applied, a proposed model called the “universal family care” (UFC) approach, may make LTSS more accessible and affordable to all consumers. The UFC model combines LTSS, child care, and paid family and medical leave. The goal would be to help state residents cover a variety of care needs.

The full text of “Workforce Matters: The Direct Care Workforce and State-Based LTSS Social Insurance Programs” was published July 30, 2019, by PHI National. A free abstract is available online at <https://phinational.org/resource/workforce-matters/> (accessed August 19).

New! MDHHS Offers Next in Series of Webinars to Ensure HMP Enrollees Meet Work Requirements

Below is a recent notice, from MDHHS, of the next in its series of provider-focused webinars on the steps needed to ensure that Michigan’s HMP enrollees retain the HMP eligibility while complying with the state’s HMP-related work requirements.

CMH, PIHP, and provider staff are urged to work with their HMP enrollee clients on this front.

The Michigan Department of Health and Human Services (MDHHS) has received requests from a large number of Medicaid providers for information on the Healthy Michigan Plan (HMP) Work Requirements. In preparation for the upcoming changes to eligibility for HMP, MDHHS is committed to keeping providers informed of the changes, and MDHHS has developed a webinar schedule to help prepare you for assisting Medicaid beneficiaries in meeting the new requirements. MDHHS has announced the following webinars for providers for the month of September:

Tuesday, September 24, 2019, from 10:30 to 11:30 AM EDT

**Please note audio for the webinars will be available through your computer speakers.

To register for one of the webinars, click the following link: [Registration Link](#)

If you have any questions, please email ProviderOutreach@Michigan.gov

New! Governor and MDHHS Announce Nation's Largest Single-Day Distributions of Opioid Overdose Reversal Drug Naloxone

Below is a recent press release on the naloxone distribution program recently announced by MDHHS and Governor Whitmer.

Gov. Whitmer and MDHHS conduct one of the nation's largest single-day distributions of life-saving overdose reversal drug naloxone

Michigan will offer 50,000+ free naloxone kits at pharmacies statewide

Gov. Gretchen Whitmer and the Michigan Department of Health and Human Services (MDHHS) are partnering with the Michigan Celebrate Recovery Walk and Rally and pharmacies statewide on Saturday, Sept. 14, to save lives.

MDHHS is providing more than 50,000 free naloxone kits to anyone who needs the life-saving drug that reverses the effects of an opioid overdose. Residents can pick up a kit at one of over 1,000 participating pharmacies, at no cost, with no need for a prescription, insurance, or identification.

Saturday is expected to be the largest single-day distribution of naloxone in Michigan as well as among the largest in the nation. Michigan is one of the few states to host a Naloxone Distribution Day offering free and anonymous access to thousands of kits.

MDHHS purchased 55,008 kits of NARCAN® Nasal Spray, which is the brand of naloxone being provided.

Nearly 52,000 kits are being shipped to pharmacies statewide (see map) for distribution this Saturday. MDHHS will distribute the remaining 3,000 kits at the Michigan Celebrate Recovery Walk and Rally, which begins with registration at 10:30 a.m. Saturday on Belle Isle in Detroit.

"This is a great day for people across the state who need access to a safe recovery," Gov. Whitmer said. "It's on all of us to ensure every Michigander struggling with addiction has the treatment they need to lead safe, healthy lives. I'm excited for this partnership and ready to work with everyone who wants to help us continue to build a stronger Michigan."

Saturday's event builds on the Governor's Aug. 21 Executive Order announcing the new Michigan Opioids Task Force, which will bring together resources from across state government to coordinate and enhance the response to the opioid epidemic. A pillar of the state's strategy is making naloxone more accessible to residents who suffer from opioid use disorder and to their loved ones who have the potential to save a life. Mounting evidence illustrates that getting naloxone into the hands of the people closest to those at risk of an overdose saves lives.

"Naloxone is safe to use and can save the life of someone experiencing an opioid overdose," said Dr. Joneigh Khaldun, MDHHS chief medical executive and chief deputy for health, who is leading the Opioid Task Force. "We want all friends and family members of those who may struggle with an opioid use disorder to get naloxone and be equipped to save a life."

The opioid epidemic continues to devastate Michigan families, with 2,053 opioid overdose deaths in the state in 2017.

The over 1,000 pharmacies participating in naloxone distribution include several major chains as well as local, independent pharmacies.

At the Michigan Celebrate Recovery Walk and Rally, former NFL player Randy Grimes will share his experience, strength and hope as a person in long-term recovery. The rally is to celebrate recovery from addiction to alcohol and other drugs.

For more information on Michigan's efforts to combat the opioid epidemic, visit Michigan.gov/opioids.

New! \$5.8 Million Gift Boosts Bipolar Research at University of Michigan

University of Michigan says a \$5.8 million donation aims to boost the precision of care for people with bipolar disorder.

The gift is from the Richard Tam Foundation, bringing the foundation's total giving for related research efforts to \$10 million, the Ann Arbor-based school said Monday. The new donation includes \$500,000 for the university's Precision Health effort, which offers researchers access to genetic and clinical data.

The goal is to help doctors determine the right medicine for a patient more quickly and provide more treatment options, Foundation President Judith Tam said in a release.

The foundation has backed bipolar research efforts at the school since 2014. The school's Heinz C. Prechter Bipolar Research Program has been collecting genetic samples and other data for about 13 years.

New! CMS Announces New Funds for Michigan to Fight Opioid Crisis

Below are excerpts from a recent press announcement, from the federal Centers for Medicare and Medicaid Services (CMS) about the provision of federal funds to a number of states, including Michigan, to combat the opioid crisis.

...the Trump Administration announced planning grant awards to 15 state Medicaid



agencies to increase the treatment capacity of providers to furnish substance use disorder (SUD) treatment and recovery services. Fighting

the opioid epidemic is one of CMS's top priorities, and the planning grants are an important step in that effort.

The planning grants are intended to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through: an ongoing assessment of the SUD treatment needs of the State; recruitment, training, and technical assistance for Medicaid providers that offer SUD treatment or recovery services; and improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers. CMS awarded approximately \$48.5 million to the following state Medicaid agencies: Alabama, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Michigan, Nevada, New Mexico, Rhode Island, Virginia, Washington, West Virginia.

The planning grants awards are the next step in CMS's implementation of section 1003 of the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (P.L. 115-271) and associated funding represents

a key aspect of our efforts to increase access to evidence-based treatment for Opioid Use Disorder.

More information on [Medicaid.gov](https://www.Medicaid.gov).

State Legislative Update:

New! FY20 Conference Committee Report

Specific Mental Health/Substance Abuse Services Line items

	<u>FY'19 (final)</u>	<u>FY'20 (Governor)</u>	<u>FY'20 (Conference)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,386,669,800	\$2,478,086,100	\$2,487,345,800
-Medicaid Substance Abuse services	\$67,640,500	\$66,200,100	\$68,281,100
-State disability assistance program	\$2,018,800	\$2,018,800	\$0
-Community substance abuse (Prevention, education, and treatment programs)	\$76,956,200	\$107,754,700	\$108,754,700
-Children's Waiver Home Care Program	\$20,241,100	\$20,241,100	\$18,330,800
-Autism services	\$192,890,700	\$221,718,600	\$230,679,600
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$346,548,100	\$371,843,300

FY20 Conference Report Decisions:

- Increases in FY20 Medicaid Mental Health, Autism services, and Health MI Plan lines include a combination of caseload adjustments, provider tax dollars, money for direct care worker passthrough (.25 cents) and actuarial soundness increases. **Medicaid behavioral health and HMP received a 2.75% actuarial rate increase & Medicaid autism received a 5.75% increase.**
- Direct Care Wage Increase Annualization – Conference report includes \$16.0 million Gross (\$5.3 million GF/GP) to annualize the \$0.25 direct care behavioral health worker hourly wage increase included in 2018 PA 618. Sec. 1009 is related boilerplate.
- Conference report concurs with the House budget to reduce from 12 FTEs to 7.0 forensic evaluators and not the 5.0 support and administrative staff. (\$1 million GF savings). The executive recommended \$2.2 million for the Center for Forensic Psychiatry (general fund) to meet the growing demand for forensic evaluations and restoration treatment for adults deemed incompetent to stand trial and reduce current wait lists for these services.
- Conference adds \$1.0 million GF/GP and authorizes 15.0 FTE positions to Kalamazoo Psychiatric Hospital to reduce the amount of mandatory overtime for direct care staff.

CMHA WEEKLY UPDATE

- Conference includes \$11.2 million Gross (\$5.0 million GF/GP) to expand assertive community treatment, forensic assertive community treatment, and residential programs with the purpose of reducing wait lists at the state-operated psychiatric hospitals and centers.
- Conference increases \$5.1 million GF/GP to offset a like amount of local funding used as Medicaid mental health match funding. Amount reflects the first year cost of a legislative intent to phase out these local funds over a 5-year period. Sec. 928 is related boilerplate.
- Conference includes and requires \$600,000 be allocated to a Recovery High School and \$600,000 be allocated to recovery community organizations from the new state opioid response grant.
- Conference report concurs with the House and eliminates \$2.0 million GF/GP allocated to PIHPs for per diem room and board payments for eligible individuals who reside in substance use disorder residential facilities.
- Conference report concurs with the House budget and reduces funding for MI CARES hotline to \$2 million (\$1 million GF reduction)
- Conference report concurs with the House budget and reduces \$4,450,000 million GF/GP funding based on historic lapse trends for the following: Behavioral Health Administration (\$600,000 GF/GP), Office of Recipient Rights (\$200,000 GF/GP), Children with Serious Emotional Disturbance Waiver (\$1.4 million GF/GP)

Conference Report Boilerplate Sections Included:

- **Section 298** – Conference concurs with Senate language and also 1) revises to allow Medicaid health plans to also contract directly with other behavioral health service providers; 2) revises the report on statewide integration trigger back to January 2022 and an implementation of October 2023, and 3) revises to create a risk corridor, assurance that rates to Medicaid health plans are actuarially sound, and that implementation costs are accounted for before savings are reinvested in the pilot site.
- **Section 294** – Adds a new Care Coordination Pilot. (1) Allows the department to work with PIHPs and CMHSPs to create a service level integration pilot. (2) Contracts under this pilot shall require the use of the department's Care Connect 360 platform to achieve shared care coordination between PIHPs and Medicaid HMOs.
- **Section 928 – Local Match Draw down** – Retains local match draw down requirement and **ADDS section 3 that expresses legislative intent to phase out local match draw down requirements with a state GF offset equaled to the current amount over 5 years. ADDS section 4 requiring no more than current levels of funds allocated.**
- **Section 924 – Autism Services Fee Schedule** - Requires DHHS to establish a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also reduces behavioral technician fee schedule. Conference revises to maintain the established fee schedule and includes requirement for behavioral technician fee to be not be more than \$55.00 per hour.
- **Section 963 – Court Ordered Treatment** – From the funds appropriated in part 1 for behavioral health program administration, up to \$1,000,000.00 shall be allocated to address the implementation of court-ordered assisted outpatient treatment as provided under chapter 4 of the mental health

CMHA WEEKLY UPDATE

code, 1974 PA 258, MCL 330.1400 to 330.1490. **(Conference concurs with House and reduces from \$2 million to \$1 million)**

- **Section 964** – Adds new language that requires the department to develop and implement a Medicaid behavioral health fee schedule by January 1 and create network adequacy standards to be used in all contracts.
- **Section 970 – Skill Building Assistance Services** – Conference require DHHS to maintain skill building assistance services policies in effect on October 1, 2018, and requires DHHS to continue to seek federal matching funds for skill building assistance services.
- **Section 972 – MI CARES Hotline** – Directs the department to allocate \$2,000,000.00 GF to contract for the development, operation, and maintenance of a Michigan Community, Access, Resources, Education, and Safety (CARES) hotline consistent with the requirements in section 165 of the mental health code, 1974 pa 258, mcl 330.1165. It is the intent of the legislature that this hotline would be available to all residents of this state, including those residing in rural communities.
- **Section 973 – Medication Assisted Treatment** – Required DHHS to issue a report by May 1 on best practices of administering a monthly extended release injectable medication assisted treatment for substance use disorder. The report shall include; (a) outcomes of different types of comprehensive management programs utilized with a monthly extended release injectable medication assisted treatment. (b) outcomes of different types of step-down protocols for a monthly extended-release injectable medication-assisted treatment, (c) whether the department recommends changes in how the department administers, whether directly or through the PIHPs, monthly extended-release injectable medication-assisted treatment protocols
- **Section 974 – Intellectual or Developmental Disability Service Delivery** – Requires DHHS and PIHPs to allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to choose to instead receive supports and services from another provider if the individual can show he or she is qualified and eligible to receive services from the other provider. States that other providers can include MI Choice and PACE providers.
- **Section 977** – Directs the department to use \$600,000.00 of federal state response to the opioid crisis grant revenue for a high school specifically designated for students recovering from a substance use disorder to support the costs of counselors, with a priority placed on the cost of substance use disorder counselors.
- **Section 978** – Directs the department to use \$600,000.00 of federal state response to the opioid crisis grant revenue to create a competitive grant for recovery community organizations to offer or expand recovery support center services or recovery community center services to individuals seeking long-term recovery from substance use disorders. An organization may not receive a grant in excess of \$150,000.00.
- **Section 1513 Medicaid Inpatient Psychiatric Hospital Workgroup** – Requires DHHS to create a workgroup to determine an equitable and adequate reimbursement methodology for Medicaid inpatient psychiatric hospital care, lists participating workgroup members, requires a report from the workgroup.
- **Section 1696 – Traditional Medicaid to HMP Migration Restriction** – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year

CMHA WEEKLY UPDATE

through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

NOT INCLUDED

- **Section 908** – Adds new language that requires the department to work with an actuarial firm to reexamine the behavioral health Medicaid rates to ensure that the rates reflect the actual and projected growth in demand and costs of providing services.

Federal Update:

New! Senate Appropriators Postpone Work on FY20 Health Funding

The Senate Appropriations Committee was scheduled to debate and vote on Fiscal Year 2020 spending bills this week, including funding for the Department of Health and Human Services. However, the vote was postponed after partisan disagreements over specific “poison pill” amendments, which are measures that greatly reduce a bill’s chance for passage. The House and Senate must act quickly to pass an appropriations package to stave off a government shutdown before the end of FY 2019 on September 30.

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

Please check the event page on the CMHA website [HERE](#) for hotel and conference information.

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).



CMHA WEEKLY UPDATE

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

Calhoun County Hosts Annual Michigan CIT Conference in Battle Creek!

Please join us for the 2nd annual Michigan Crisis Intervention (CIT) Conference. Hear from over 24 presenters on how to start a CIT program, strategies to maintain an existing program and the positive impact CIT has had on their community. Also, hear from the 2019 CIT-International Chief of the Year, Jim Blocker and CIT-International's President, Tom von Hemert as the featured keynote speaker. We invite representatives from law enforcement, mental health and advocacy groups to come together at this conference to identify strategies to improve collaborative relationships and improve crisis responses. This conference has 24 sessions devoted to learning more about CIT and the impact this program has on your community. The link below outlines the schedule for this conference and allows you to register also! Please plan to join us!!

Register here: <https://www.summitpointe.org/asp-products/michigan-cit-conference-oct-3-4/>

Registration deadline, **TODAY**, 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! Project AWARE Michigan Announces School Mental Health Symposium

Our young people in Michigan need us. Their mental health matters.

How do we identify and implement effective strategies with school districts to improve school mental health systems and supports for prevention, early intervention and connection of children, youth and families to mental health services?

Join us for an incredible symposium to learn from Project AWARE local and state-level leadership as they share their lessons learned and celebrations from five years of school mental health championship.

The initiative might be ending, but the need and our commitment to championing school mental health isn't. Will you join us?

Morning Event:

The Vision for School Mental Health Championship in Michigan: What Works, What Doesn't, and Where We Can Go Together

CMHA WEEKLY UPDATE

- **Date: September 23rd**
- **Time: 9 am – 12 pm**
- **Location: Radisson Hotel (Capital Ballroom), 111 N. Grand Ave, Lansing, MI 48933**

Symposium Outcomes:

- Gain concrete strategies that meet student and youth mental health needs, including how to develop a systematic approach to school mental health, and how to implement comprehensive school mental health frameworks for equity
- Identify mechanisms and opportunities for creating, expanding, and sustaining multi-sectoral leadership teams, including how to foster school and behavioral health partnerships
- Hear about which professional development and staffing approaches were game changers in increasing the capacity for school mental health leadership
- Commit to transforming our cultures and climates in becoming mentally healthy for the whole child, whole educator, whole school and whole system
- Network and build intersectoral partnerships and relationships to grow and sustain this work.

Intended Participants: School site, district, and ISD leadership; community based organizations, behavioral and mental health agencies who have or want to partner with schools, state agencies (health and human services) Department of Education leadership; Department of Health and Human Services leadership; local and statewide funders invested in education, child welfare and community health; mental health advocates, agency leaders and managers; policy makers; invested community members.

Afternoon Event:

Where Do We Begin? Trauma Informed and Resilience Oriented Schools

- **Date: September 23rd**
- **Time: 1 pm – 4 pm**
- **Location: Radisson Hotel (Capital Ballroom), 111 N. Grand Ave, Lansing, MI 48933**

How does a trauma-informed and resilience-oriented approach synchronize with socio-emotional learning, PBIS, interconnected systems framework, and restorative justice? How might we plan and lead with alignment and cohesion?

Join us for a three-hour workshop to investigate, explore, and develop school and whole child wellness initiative integration. Together, we'll workshop our existing school, district or ISD level plans and get resourced to make this work feel cohesive for the educators who implement it and the students who experience it.

Intended Outcomes:

- Deepen educators' understanding of the context of trauma in schools and classrooms and the context of current professional development trainings that exist in the field
- Create an awareness of the intersections between multiple initiatives in schools and school districts
- Understand how trauma-informed care fits into simultaneous programs, practices, and initiatives (including those related to curriculum and instruction); build trauma informed and resilience-oriented approaches (data collection, assessments, professional development strategies) to currently existing initiatives.

Intended Participants: School site, district, ISD and state leadership involved in initiatives related to school mental health, integrated student supports, or anyone interested.

[Register Now!](#)

New! Free Webinar: The Nurses' Role in Treating People with Persistent and Severe Mental Illness

The Nurses' Role in Treating People with Persistent and Severe Mental Illness

Free webinar

October 1, 2019

12:00pm ET, 11:00am CT, 10AM MT, 9AM PT

Severe and persistent mental illness touches every part of a person's life. It impacts overall health, relationships, activities of daily living and overall quality of life. The mental health treatment community is learning more about evidence-based practices that result in increased quality of life and improved recovery trajectories.

The foundation of mental health treatment is a multidisciplinary treatment team. The more we all know about one another's professions, the better we can serve the people who live with mental illnesses. We will discuss nursing roles within mental health treatment and novel approaches to treatment with a multidisciplinary team.

Meet the Trainer:

Gina Bryan is a Clinical Professor at the University of Wisconsin-Madison in the Schools of Nursing and Pharmacy. Dr. Bryan maintains an active clinical practice as a psychiatric Advanced Practice Registered Nurse at Rock County Human Services. Dr. Bryan's scholarship has focused on assessment and treatment of substance use disorders and access for all to mental health treatment. She was appointed by the Governor to serve on the Wisconsin Opiate Task Force and was an author on a report that outlines delivery models for addiction treatment and implementation considerations

[Register](#)

Questions?

For more information about the Great Lakes MHTTC, contact [Great Lakes MHTTC](#) Co-Director Lou Kurtz: kurtzjr@wisc.edu

New! Stigma and Access to Treatment: Harvard University and University of Michigan Summit on the Opioid Crisis

October 10 | 9:00 am - 4:30 pm

Joseph B. Martin Conference Center, Boston, MA

Register now for "Stigma and Access to Treatment," the second of two Harvard University/University of Michigan summits to address the opioid crisis. The event will take place on October 10, 2019 in Boston. The summit is free and open to the public, but registration is required.

[Click here for event information](#)

Livestream registration details available in early October.

Videos, summary articles, and visual abstracts from the first summit, "Opioids: Policy to Practice," held on May 10, 2019 in Ypsilanti, Michigan, are available [online](#).

New! Altarum and Health Endowment Fund Offer Webinar on Release of Health Information

Below is a recent announcement from Altarum and the Health Endowment Fund regarding a recently developed approach to understanding what are often complex requirements around the release of protected health information.



Would you benefit from better understanding the regulations around appropriate release and exchange of health information?

The Michigan Department of Health and Human Services invites you to join a new learning series by Altarum to navigate the complexity of consent and confidentiality regulations around the exchange of physical health information and, most importantly, Behavioral Health information (including Substance Use Disorder information).

What: Webinar – Breaking Down Barriers to the Sharing of PHI and Behavioral Health Information – an introduction to the new Protected Health Information (PHI) Consent Tool

When: Wednesday, October 2, Noon-1 pm (ET), Register Now!

Who: All are welcome. Clinicians, payers, and medical records/front line administrative staff are encouraged to attend

Why: Better understanding of regulations surrounding the release of Behavioral Health PHI will improve the continuity and safety of care as well as reduce costs across Michigan.

In the forthcoming months, Altarum will also be offering training videos to introduce you to the brand-new PHI Consent Tool, which utilizes the most up-to-date legislation to guide you in deciding whether consent is necessary to share Behavioral Health information.

[REGISTER for the October 2 webinar TODAY!](#)

To stay up to date with the latest information, resources, and tools for navigating behavioral health consent and confidentiality regulations in Michigan, please fill out this short form.

New! NASW Michigan Announces Annual Conference

Below is a flyer announcing the upcoming annual conference of the National Association of Social Workers – Michigan.

You can register at [this link](#).

September 27-28, 2019
with a preconference event 9/26

**NASW-
MICHIGAN
ANNUAL
CONFERENCE**

*VA Medical Center
Battle Creek, MI*

Choose from over 40 workshops,
network with hundreds of social work
colleagues, and get inspired by two
nationally renowned keynote speakers.

Featured topics: social justice, clinical
social work, veterans and military
families, policy advocacy, substance
use disorders, macro practice.

16 CEs available (including ethics, MCBAP,
and pain management)

Register at www.nasw-michigan.org

 **NASW** MICHIGAN CHAPTER
National Association of Social Workers



New! Establishing an Ethical Prime Directive: A Proactive and Informed Approach to Navigating Rural Ethical Dilemmas

Presenter: Jeffrey Leichter, PhD, LP

Date: Friday, September 27th, 2019 at or after this date via webcast

Location: Available through webcast only, registration and info available at

<https://www.mnpsych.org/rural-conference>

Cost: \$20 for 1.5 hours of CE

New! Altarum, Livingo, and National Council Offer Health Care Integration Webinar



Join this expert panel discussion on integrated care and its impact on population health, featuring speakers from Atrium Health, the National Council for Behavioral Health, and Livongo on October 2 from 1-2 p.m. ET. The expert panel will share their experiences and perspectives related to the importance of integrating behavioral and primary healthcare into individual treatment plans. This engaging conversation will go beyond theoretical benefits of digital, evidence-based applications to focus on real-world results and impacts. Attendees will explore:

- An overview of the current state of integrated medical-behavioral healthcare, including industry trends and dynamics
- How an integrated approach helps people more effectively address their physical health conditions once they learn how to reduce the pervasive impact of behavioral health conditions in their lives
- A case study from Atrium Health on how they've incorporated digital behavioral health tools within their diabetes care management program and primary care practices

Livongo's mission to "Silence Noisy Healthcare" through whole-person solutions for individuals struggling with diabetes, hypertension, obesity, and behavioral health

[Register Today](#)

Miscellaneous News and Information:

New! MDHHS Posts Job Opportunity for Department Specialist

Departmental Specialist 13

Job Description

This position has sole statewide authority and responsibility for management and coordination of activities related to the children's section of the Federal Mental Health Block Grant (FMHBG.) The position solely coordinates, for children with serious emotional disturbance (SED), the submission of applications, re-applications, monitors performance outcomes and develops reports as required to receive FMHBG funds. The position provides contract development and management activities for FMHBG funds contracted to the public mental health system for services to children with SED and provides program and policy technical assistance to department staff, external advisory councils and committees, and community based providers of behavioral health service to children with SED statewide.

For more information and to apply, please [CLICK 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:

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

CMHA WEEKLY UPDATE

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