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CMH Association and Member Activities:

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 Launches Digital Nicotine Recovery Tools to Help Individuals Make Healthy Changes

[Request a Demo](#)

Cigarette smoking is the leading cause of preventable morbidity and mortality in the U.S., with a high prevalence among people with behavioral health disorders. Additionally, vaping/e-cigarette use has rapidly increased in recent years, especially among youth. Nearly seven in 10 smokers are interested in quitting, but most aren’t aware of the effective methods. To address this population, myStrength is

pleased to introduce a Nicotine Recovery program to help people make healthy changes personalized to their needs. These digital self-care resources are designed to:

Offer evidence-based motivational and planning tools, personalized based on a person's past experience, lifestyle, triggers, and unique needs

- Inspire action and reduce ambivalence about quitting via positive, non-judgmental and interactive activities, tools, resources, and customized plans
- Instill hope to help individuals surmount the guilt and shame associated with nicotine use

- Share the gold-standard treatment methods, including medication-assisted treatment (comprising a combination of nicotine replacement therapy (NRT) or quit medication and counseling)

Interactive and tailored web-based resources – like myStrength’s digital behavioral health platform – have been shown to increase quitting behavior for adult smokers 40% better than self-help booklets. myStrength has a unique opportunity to positively impact nicotine recovery, as our platform offers integrated support for behavioral health conditions that are often comorbid with nicotine dependence. This support addresses depression, anxiety, insomnia, substance use (opioid, alcohol and drugs), stress, and more – many of which can make the quitting process more complex.

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! Mental Health Funds Hit By 'Perfect Storm,' But New Budget Could Be Better

Below is a recent news story on the white paper issued by CMHA's Center for Healthcare integration and Innovation on the causes behind the systemic funding stress faced by Michigan's public mental health system.

A recent report blames "systemwide fiscal distress" in the state's mental health sector on a number of factors from five years ago, including a \$200 million General Fund (GF) cut to services tied to the start-up of Healthy Michigan.

The Community Mental Health Association (CMHA) of Michigan and its report found a "convergence of factors initiated in 2014 that caused hundreds of millions of dollars in lost funding to Michigan's public mental health system."

However, things could be looking up in the recent budget the Legislature just approved that will be on its way to Gov. Gretchen WHITMER.

CMHA CEO Robert SHEEHAN said today the budget, as it is now, would be "very good for our system," citing increased funding for autism services, opioid services and overall mental health services funded by Medicaid.

The CMHA report flagged two problem areas: Increased demand for substance use disorder services -- especially opioid treatment -- without an increase in money. Also, the lack of expanded autism benefits for people through age 21 without matching revenues.

The pending budget also reduces demand on local dollars to match Medicaid and thus another \$5 million going back to the system, Sheehan said.

But Sheehan also flagged the elimination of specialist disability accommodation (SDA) funding in the budget he said is critical to providing room and board for folks receiving residential treatment for substance use disorders.

And he also pointed out some language in Section 298 that's problematic for him that he said would put "health plan profit ahead of people with mental health challenges" (See "Pay Raises For Health Workers Abound In DHHS Budget," 9/24/19).

CMHA's "The Perfect Storm for Fiscal Distress in Michigan's Mental Health System" cited a \$200 million -- or 60% -- cut in General Fund support from back in 2014.

Sheehan said this was done "to create savings in the state budget that could be linked to the implementation of the Healthy Michigan Plan," adding that, "a net cost reduction to the state . . . was one of the tenets needed to obtain legislative support for Healthy Michigan."

While Sheehan said some GF cuts were appropriate given that some served by the CMH system would instead be borne by Healthy Michigan, Sheehan said, "the amount of GF taken from the CMH system was far beyond the appropriate level, leaving the CMH system with sizeable gaps in funding and services to their communities."

Asked about the GF funding cut tied to Healthy Michigan, Bob WHEATON, spokesperson for the Michigan Department of Health and Human Services (DHHS), said the state, "has leveraged more federal dollars through the Healthy Michigan Plan, which has brought Michigan funds to provide physical health services and general mental health services. This administration will continue to review the best ways to allocate resources to serve all populations."

But on top of the General Fund cut, the CMHA report said state funding for public mental health hasn't kept pace with increased demand and increased costs.

"We simply can't afford for state funding to continue to fail residents as it has for the last five years. While Michiganders' need for public mental health services continues to climb, funding has gone in the opposite direction," Sheehan said in a statement.

The other factors identified, according to the CMHA in a press release, include:

- Traditional Medicaid enrollees who require more services (such as the disabled, aged and blind) have switched to the Healthy Michigan Plan, resulting in an 80% reduction in money available to serve these patients.
- County funds, which were previously allocated to serve local mental health persons, drained by the state to cover Medicaid obligations.
- Failure of the state to fund federally required contributions into the public mental health system's risk reserves, totaling roughly \$700 million lost in the last 20 years.

New! Michigan Medicaid Issues Revised Bulletin on Prescriber Requirements

Below is a revised MDHHS bulletin, with the corrected phone numbers.

Phone number corrected - 9-23-2019

Bulletin Number: MSA 19-20
Distribution: All Providers
Issued: August 2, 2019
Subject: Enrollment Requirement for Prescribers
Effective: October 1, 2019

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this bulletin is to enforce federal Medicaid enrollment requirements that apply to providers who prescribe drugs to Medicaid beneficiaries. These requirements are outlined in Section 6401 of the Patient Protection and Affordable Care Act and Section 5005(b)(2) of the 21st Century Cures Act. The purpose of these requirements is to protect Medicaid beneficiaries by strengthening program integrity and care quality.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) – the state's online Medicaid enrollment system. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

For Prescribers:

Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied. This applies to all providers who prescribe drugs, including medical residents. In order to avoid interruptions in beneficiary drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit www.michigan.gov/MedicaidProviders >> Provider Enrollment. Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at 800-292-2550.

For Pharmacies:

Since July 1, 2018, Medicaid Fee-for-Service (FFS) and Medicaid Health Plans have posted the following informational edit on pharmacy claims for drugs written by a prescriber who is not enrolled in CHAMPS:

NCPDP Code 889: PRESCRIBER NOT ENROLLED IN STATE MEDICAID PROGRAM

Starting October 1, 2019, subsequent claims with this edit will be denied.

There may be certain emergency circumstances where a beneficiary must receive their prescription medication. In those instances, the pharmacy may override the edit using either of the following Submission Clarification Codes in NCPDP field 420-DK when applicable:

- 13 – Payer-Recognized Emergency/Disaster Assistance Request
- 55 – Prescriber Enrollment in State Medicaid Program has been validated

When the above codes are not applicable, a pharmacy or prescriber may initiate an override request by contacting the healthcare payer's Pharmacy Help Desk. For overrides on Medicaid FFS claims, call 877-624-5204. For Medicaid Health Plan contact information, visit www.michigan.gov/MCOPharmacy.

Manual Maintenance:

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions: 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! Judge: Lawsuit Against MDHHS Can Move Forward

A federal judge is allowing a lawsuit to proceed alleging the state's Department of Health and Human Services (DHHS), its psychiatrists and contractors kept people deemed not guilty by reason of insanity (NGRI) institutionalized rather than provide treatment.

U.S. District Court Judge Paul D. BORMAN's 76-page decision denied several DHHS requests to dismiss the lawsuit filed by four residents and the Michigan Protection & Advocacy Services (MPAS). He held the plaintiffs "sufficiently alleged, and defendants have not denied," that a state committee failed to allow for an appeal after it revoked the patients leave and kept them in the hospitals.

However, Borman dismissed claims against Dr. Lisa MEDOFF, director of Walter P. Reuther Psychiatric Hospital; hospital psychiatrist Dr. Aruna BAVINENI and MDHHS Hospital Management defendants. The three-count complaint alleges violation of four plaintiffs' -- Darryl PELICHET, Bonn WASHINGTON, Joshua RAGLAND and Darius BICKERSTAFF -- Fourth, Eighth and Fourteenth amendments rights, as

well as violations of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

The claims center on a DHHS administrative directive that mandated "all recommendations to the probate court for release from hospitalization . . . under the legal status of 'not guilty by reason of insanity' . . . be reviewed by the NGRI Committee prior to filing or court appearance." The plaintiffs allege that directive is not reasonable or appropriate.

Borman noted that in the context of claims raised under the ADA, while the state's treatment professionals may claim hospitalization is appropriate, it "of course does not provide them with a free pass to violate patients' constitutional and statutory rights."

New! Federal Legislation Introduced to Support Direct Care Workers

Below is a recently published news story on the introduction of a bill, in both houses of Congress, aimed at supporting direct care workers.

The legislation helps address the demand for direct care workers by strengthening support for workers.

House Representative Bobby Scott and Senator Tim Kaine introduced legislation on Thursday to invest in and support direct care workers.

The Direct Creation, Advancement, and Retention of Employment (CARE) Opportunity Act (H.R. 4397) invests in training and employment advancement opportunities for America's direct care workers.

The Bureau of Labor Statistics claims over a million direct care workers will be needed by 2024. The legislation helps address the demand by strengthening support for workers who provide daily living assistance to older Americans, people with disabilities, and others with chronic care needs.

"We need to do what we can to support their important work – including recruiting and retaining care workers but also providing opportunities for their advancement. Our bill will help ensure their work is valued as highly as it should be and that they have the resources needed to effectively do their jobs," said Senator Kaine

The Direct CARE Opportunity Act addresses the need for a well-trained direct care workforce by:
Providing funding to fifteen entities to invest in strategies to recruit, retain and advance the direct care workforce pipeline;

Implementing models and strategies to make the field of direct care more attractive, such as training, providing career pathways, mentoring, and allowing for local and regional innovation to address workforce shortages in a high-demand field;

Encouraging retention and career advancement in the growing field of direct care; and

Responding to the needs of a growing aging population and allowing older Americans, people with disabilities, and others who require direct care services to remain in their communities, when possible.

"Direct care workers provide critical services to our nation's seniors and individuals with disabilities," said Chairman Bobby Scott, Committee on Education and Labor. "As one of the fastest growing occupational sectors in the country, we must make meaningful investments to ensure that this field attracts talented professionals and provides advancement opportunities for those dedicated to the

profession. The Direct CARE Opportunity Act will achieve this by funding and promoting innovative strategies to recruit, retain, and support our nation's direct care workers. This bill will also ensure that seniors and individuals with disabilities have access to the care they need to age in place with dignity."

New! Families Struggle as Psych Beds Disappear from Hospitals

Below are excerpts from one article in a series, currently being published by Mlive, around the lack of access to inpatient psychiatric care in Michigan.

Six times in the past year, 8-year-old Isaiah Robinson has been taken to a Kalamazoo emergency department in the midst of a psychiatric crisis.

In each case, Natasha Robinson was afraid her son - who has autism, anxiety and attention deficient hyperactivity disorder - was so agitated that he might hurt her or himself.

In each case, hospital workers simply sedated Isaiah and sent him home, despite Robinson's concerns.

In one instance, Isaiah's threat of suicide made Natasha afraid to go home, so the two stayed at a hotel until locks were installed on their second-floor windows and knives and other sharp objects were locked away.

Meanwhile, Natasha's real goal in going to the emergency department - obtaining an in-patient treatment for Isaiah - remained elusive until late last week, when Isaiah was admitted to Hawthorn Center, Michigan's only state-run psychiatric hospital for children. The admission took months of effort because there are so few psychiatric beds for an 8-year-old with aggressive behavior.

"I don't want to send my baby away," says Natasha, a single mother who lives in suburban Kalamazoo. But she desperately wants clinicians to observe Isaiah's behavior so they can adjust his medication and help come up with a long-term treatment plan.

Robinson's story is emblematic of how the state's severe shortage of in-patient psychiatric beds means patients in crisis sometimes can't get help when they need it.

The full article can be found at [this link](#).

New! Walmart's Mental Health Clinics Could Be a Game Changer

Below are excerpts from an article exploring the impact of Walmart's recent opening of mental health clinics.

If it's successful, the retailer could make therapy more accessible and affordable for rural Americans

Amid the clatter of shopping carts outside the Dallas, Georgia, Walmart, Erica Rowell crinkled her nose as she glanced toward the other end of the store. There, past a Subway restaurant, a nail salon, a veterinary center, and an ocean of checkout lanes, stood Walmart Health, a clinic offering primary care, dentistry, and mental health services — the first and only one in the United States.

Rowell had heard of the clinic's grand opening the prior week. Would she consider seeing a therapist there?

"No," she said, "not at a Walmart."

CMHA WEEKLY UPDATE

Like Rowell, some consumers may have early doubts about the quality of mental health services obtained from the same source as family packs of toilet paper. While deep discounts might not cloud trust in the quality of ordinary household goods, some may note a jarring incongruity in entrusting their fragile inner selves to a brand closely associated with a price-slashing smiley face.

Still, Walmart's dominance as a retailer could make it a major player in the mental health space. While the clinic offerings are still in early testing stages, if the services are spread to more stores it could mean more accessible and affordable mental health care for rural Americans — and potentially normalize it in places where seeking care is often a source of shame.

In rural regions of the United States, the consequences of untreated mental illness are dire: A recent analysis published in JAMA Network Open revealed that suicide rates are higher, and rising more quickly, in rural than urban counties, and people living in rural areas are hospitalized for mental health issues at higher rates than residents of metro areas.

The full article can be found at [this link](#).

State Legislative Update:

New! ACTION ALERT – URGE GOVERNOR TO VETO SECTION 298 and Demand a Rewrite

Today, the Clerk of the House and the Secretary of the Senate reported that all 16 budgets that make up the legislature's spending plan for Fiscal Year (FY) 2020 have been delivered to Gov. Gretchen Whitmer.

The Governor has, theoretically, until 11:59 p.m. Monday to sign, veto or line-item veto the budgets before the next fiscal year begins on Tuesday, Oct. 1 in order to keep state government operating without interruption.

ACT NOW – make sure you contact Governor Whitmer urging her to VETO the Legislature's 298 language and demand they rewrite it. CMHA sent out an action alert earlier in the week, click the link below to log in and send your message:

https://www.votervoice.net/BroadcastLinks/eKfleH0oZfRUZ-pnnDYr_w

The FY20 DHHS budget passed by the legislature contains 298 language that would permit health plans to circumvent the existing public mental health system and contract for services outside of the existing network. This draconian move would allow health plans to make cost the primary focus, rather than placing the care of patients across Michigan first. Further, the plan put forth in the conference committee's recommendation goes against nearly every core premise of the pilots called for in last year's approved budget. It destroys the idea of a pilot and moves to a full state carve into a privatized system - long before the pilots are completed and fully evaluated.

This recommendation also allows health plans to retain all savings until they make up for costs that they are allowed to determine. This move will virtually prohibit any savings generated by the pilots from moving to the state's public mental health system – which was the intent of the behavioral health pilot programs.

The FY20 DHHS budget section 298 language put forth by the state Legislature and for-profit health plans would irreparably damage the state's existing public mental health system, putting hundreds of thousands of individuals at-risk.

REQUEST FOR URGENT ACTION: We are asking that you contact the Governor expressing your concerns related to the 298 language contained in the FY20 DHHS budget and ask that she VETO the

CMHA WEEKLY UPDATE

entire 298 section and demand the legislature rewrite the section in a FY20 supplemental budget that better reflects the previous agreements between DHHS, Health Plans and CMHs in the pilot. Timing is critical, the Governor must sign the budget before Tuesday, October 1 to avoid a government shutdown.

New! House DHHS Subcommittee to Hold a Series of Mental Health Hearings

Chair of the House DHHS Appropriations Subcommittee, Rep. Mark Whiteford has announced a series of behavioral health hearings October 2 – November 6. All hearings will be from 10:30am – noon in room 352, House Approps Room, 3rd Floor Capitol. Below are the following dates and topics:

- Wednesday, October 2 – History and Overview of public behavioral health financing in Michigan
 - Jeff Patton – Kalamazoo CMH
 - Jim Haveman – Former DHHS Director

- Wednesday, October 16 – CMH Perspective: Benefits and Challenges of the CMH, PIHP system including House Fiscal analysis of Michigan’s behavioral health carve out
 - Alan Bolter & Robert Sheehan – CMHA
 - House Fiscal Agency

- Wednesday, October 23 – The case for behavioral health integration from the former Medicaid Director of Arizona
 - Thomas Betlach – former Arizona Medicaid Director

- Wednesday, October 30 – Public Input

- Wednesday, November 6 – Public Input

Federal Update:

New! CCBHC Demonstration Extended to Nov. 21 Under Terms of Continuing Resolution

The Certified Community Behavioral Health Clinic (CCBHC) demonstration, currently transforming behavioral health systems in eight states across the country, has received its fourth funding extension this year as part of the [continuing resolution](#) passed this week. The National Council thanks you for your continued dedication, advocacy, and passion which have fostered deep bipartisan support for this important program. With funding for CCBHCs now aligned with several other health care programs that must be extended before the end of the continuing resolution on November 21, Congress has likely paved the way for a longer-term extension in the near future.

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).

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

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](mailto:kurtzjr@wisc.edu) Co-Director Lou Kurtz: kurtzjr@wisc.edu

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](#).

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! Catalyzing Medicaid-Public Health Collaboration to Achieve Mutual Prevention Goals: Lessons from CDC's 6|18 Initiative

Funder: Robert Wood Johnson Foundation
October 17, 2019 | Webinar



Date/Time: October 17, 2019, 2:00–3:00 PM ET

Medicaid agencies and public health departments are increasingly partnering to advance shared population health goals. The Centers for Disease Control and Prevention's (CDC) 6|18 Initiative offers a practical

framework to guide Medicaid-public health collaboration: a set of concrete, evidence-based prevention interventions that improve health and control costs. Over the past three years, 34 Medicaid and public health departments have jointly implemented 6|18 interventions focused on six high-burden, high-cost health conditions. Through these collaborations, states have enhanced the coverage, utilization, and quality of cost-effective prevention practices.

This webinar, made possible by the Robert Wood Johnson Foundation, will describe CDC's 6|18 Initiative and highlight recent accomplishments from participating Medicaid-public health teams. Medicaid and public health representatives from Kentucky and New Hampshire will describe their collaborative efforts and successes in improving diabetes care and reducing tobacco use within the 6|18 Initiative. The webinar will also announce a new opportunity for Medicaid-public health teams to receive technical assistance under the 6|18 Initiative to advance prevention in their states.

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

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
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CMHA WEEKLY UPDATE

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