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## CMH Association and Member Activities:

### **New! Gratiot Integrated Health Network announces new CEO**

Below is a recent press release on the appointment of a new CEO at Gratiot Integrated Health Network. Congratulations to Michelle Stillwagon as she takes on this role.

Gratiot Integrated Health Network (GIHN) announces the selection of a new CEO at the recent Board of Directors meeting on Thursday, October 10, 2019. GIHN is the local mental health agency for Gratiot County and has served the community for more than 30 years. The process for selection took place over the past two months and involved staff members in all levels of the agency. The candidates were part of panel discussions and open forums among the staff.

The Board of Directors chairperson, Irene O’Boyle announced Michelle Stillwagon, as the new CEO. Ms. Stillwagon has been with GIHN for the past 10 years as a service provider and administrator. O’Boyle states that the selection of Ms. Stillwagon is on track with the agency’s long term vision to provide care through integration, collaboration, innovative services and community outreach. This includes GIHN’s recently expanded community services to St. Louis with the opening of a community clinic that serves the public three days a week.

Stillwagon and O’Boyle both agree that consumers are the priority and the agency will continue to expand its community presence through increasing GIHN integration and collaborative efforts. GIHN is also a member of the MSHN (Mid-State Health Network) that serves 21 counties in Michigan with community mental health and substance use disorders providers. This team approach gives individuals access to quality care.

### **CMHA Committee Schedules, Membership, Minutes, and Information**

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

## News from Our Preferred Corporate Partners:

**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: the right kind of training can help**

Even the most experienced clinicians can benefit from some additional training when it comes to talking about suicide in their client sessions. But knowing what to do is different from doing it in the moment when face to face with a client.

Relias is thrilled to announce the launch of a new course, In Session: Suicide Assessment and Intervention for Adults, available on the Relias Platform. This course is designed to provide learners with the ability to apply critical thinking, knowledge and skills in simulated clinical sessions and to real-world experiences.

See for yourself...get a sneak preview of the course and experience first-hand how this type of learning goes beyond basic e-learning to bridge the "knowing-doing" gap.

[Preview the Course](#)

## State and National Developments and Resources:

### **New! MDHHS issues autism best practices guidelines**

Below is a recent announcement, by MDHHS, of the Michigan Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines.

In response to the Medicaid Services Workgroup Recommendations Report (FY2019 Appropriations Act – Public Act 207 of 2018) the Behavioral Health and Developmental Disabilities Administration and an Autism Best Practice Guidelines Workgroup have developed the Michigan Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines. These Guidelines are to provide additional guidance and standardization to the services provided to children suspected and/or have ASD.

The Guides do not mandate any new services, however, will assist agencies to increase compliance, consistency and accuracy of evaluations and services throughout the Michigan Medicaid system. The Guidelines are attached for dissemination and can be located at [Michigan.gov/autism](http://Michigan.gov/autism) under Resources.

To support the implementation of the Guidelines, MDHHS is coordinating the following:

- CMHAM Conferences Session – ASD Guidelines: October 21, 2019 at 10:00 – 11:30 a.m. (Dr. Mellos, Dr. Brooklier and Dr. Young)
- MDHHS Webinar - ASD Guidelines: November 6, 2019 at 10:00 – 11:30 a.m. (Dr. Brooklier, Dr. Young, Dr. Luchies, and Lisa)
- MDHHS Waiver Conference - ASD Guidelines: November 20 at 1 p.m. – 2:30 p.m. (Dr. Brooklier, Dr. Witherell, Dr. Luchies, and Lisa)
- MDHHS and Sunfield Center: Scheduling 4-5 ADOS-2 Booster Session throughout MI.
- MDHHS and Dr. Brooklier/Team: Scheduling quarterly webinars and 6 in person trainings (variety of topics supporting evaluators and the Guidelines).

MDHHS will add the Guidelines as an attachment to the PIHP contract. MDHHS will provide PowerPoint slides to individuals who would also like to provide education on the Guidelines. MDHHS will provide the Guidelines to legislators on the House and Senate Appropriations Committees as a deliverable from the March 1, 2019 Autism Legislative Workgroup Report.

If you have any additional questions, please contact Lisa Grost ([grostl@michigan.gov](mailto:grostl@michigan.gov) or 517/241-0678) and Mary Luchies ([luchiesm@michigan.gov](mailto:luchiesm@michigan.gov) or 517/335-2283).

These guidelines can be found at: <https://www.michigan.gov/autism/0,4848,7-294-73929---,00.html>

### **New! Two federal reports highlight success of MDHHS's MI Health Link**

Below is a recent press release announcing the completion of the initial evaluation of the MI Health Link initiative.

Two new reports highlight the success of and satisfaction with the MI Health Link program, a comprehensive health care plan available to individuals enrolled in both Medicare and Medicaid.

MI Health Link is administered by the Michigan Department of Health and Human Services (MDHHS) in partnership with the Centers for Medicare & Medicaid Services (CMS) and seven integrated care organizations. The program offers a full range of health care benefits to dually eligible beneficiaries, including home and community-based services, care coordination, non-emergent medical transportation, dental, vision, physical, and behavioral health care. Beneficiaries

do not have copays for prescription drugs or covered services when delivered by network providers.

MI Health Link is available to Michigan adults, ages 21 or older, who live in Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren or Wayne counties or any county in the Upper Peninsula. Eligible individuals can enroll in MI Health Link at any time and do not need to wait for open enrollment periods to join.

"By providing enrollees access to care through one plan, MI Health Link is helping Michiganders take better care of themselves," said Robert Gordon, MDHHS director. "This in turn has led to a reduction in emergency room visits and inpatient admissions."

CMS contracted with Alan Newman Research to conduct a series of focus groups in June 2019 to better understand the experience of beneficiaries enrolled MI Health Link. Overall, a summary of the focus group findings shows participants reported very high satisfaction with their MI Health Link plan experiences.

Key reasons for participants' high satisfaction include:

- Access to additional benefits and services (dental, vision, behavioral health, transportation, health clubs, home modifications, health club memberships, etc.).
- Access to quality health care providers.
- Care coordinators who help get enrollees' needs met.
- Full coverage for their medical care (no costs, including no copays).
- General peace of mind, reduction of health and financial anxiety.
- Good coverage of prescription drugs.
- Free, over-the-counter medical supplies (bandages, incontinence pads, etc.).

Focus group participants consistently reported receiving assistance during care transitions, follow up after doctors' appointments, locating doctors who accept their plan and general emotional support from their health plan care coordinator. Many also noted an improved quality of life, that they took better care of themselves and that they were encouraged to do so by their plan care coordinator.

One participant stated, "Now I don't have the copay, so I'm more apt to do my preventive care, which makes you feel better in the long run."

CMS also contracted with RTI International to monitor and evaluate the impact on beneficiary experience, quality of care, service utilization and cost of the MI Health Link program. The first evaluation report for Michigan's MI Health Link demonstration shows reductions in both the probability of inpatient admissions as well as preventable emergency room visits.

For more information about the program and to see the RTI International and Alan Newman Research reports, visit [Michigan.gov/MIHealthLink](https://Michigan.gov/MIHealthLink).

### **New! MDHHS to conduct substance abuse disorder treatment needs, provider capacity assessment with \$3.4 million CMS grant**

Below is a recent announcement, from MDHHS, of its receipt of grant funding to initiate a state-wide assessment of substance use disorder capacity.

A \$3.4 million grant from the Centers for Medicare and Medicaid (CMS) will allow the Michigan Department of Health and Human Services (MDHHS) to conduct a needs assessment of substance abuse disorder (SUD) treatment and recovery provider capacity for the state's Medicaid program.

Michigan has been significantly impacted by the nation's opioid epidemic, experiencing an opioid overdose death rate of 21.2 deaths per 100,000 residents, nearly 1.5 times greater than the national rate of 14.9 deaths per 100,000 residents. In addition, serious gaps exist in access to SUD care, including medication-assisted treatment. A recent study found that only 20 percent of Michiganders with an SUD diagnosis received treatment.

The needs assessment will help determine current use of and need for SUD services, where additional SUD services are needed in the state, how many additional providers are required to address the need, and strategies to increase the number of patients current providers can serve. "The ultimate goal of this project is to increase the capacity of Michigan's Medicaid providers to deliver substance use disorder treatment and recovery services to our state's residents," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "This will further our state's proactive response to the opioid crisis that focuses on prevention, treatment and recovery."

Michigan was one of 15 states to receive the CMS grant funding. MDHHS is partnering with the University of Michigan's Institute for Healthcare Policy & Innovation (IHPI) to conduct the needs assessment.

"Our team looks forward to working with the Michigan Department of Health and Human Services to understand the state's current capacity for substance use disorder treatment as well as opportunities to improve access to and quality of care throughout the state," said Dr. Kara Zivin, professor of psychiatry at the University of Michigan and principal investigator for Michigan's grant award under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.

Specific activities that will occur during the 18-month grant period, September 2019 – March 2021, include:

- Determining Medicaid beneficiary demand for SUD/ODU treatment and recovery services in Michigan.
- Creating an inventory of current Medicaid SUD treatment and recovery capacity. This will include payment methodologies, reimbursement rates, administrative requirements and limitations on capacity by region, Medicaid delivery system and specific services and provider types.
- Performing a gap analysis to identify and prioritize opportunities for improvement, including specific Medicaid subpopulations.
- Researching strategies to increase SUD/ODU provider capacity, including those related to payment, administrative issues and programs relative to recruitment and retention.
- Conducting provider surveys to determine provider willingness and barriers to providing SUD treatment and recovery services in addition to assessing the level of coordination between SUD treatment and recovery services and other aspects of healthcare.
- Making policy recommendations to increase SUD treatment and recovery capacity and greater access to these services.

At the end of the 18 months, CMS will select at least five states to implement proposed policy changes reflecting the needs assessment. This will include an increased federal match for Medicaid SUD treatment and recovery services.

### **New! MDHHS, Gov. Whitmer work to educate residents about the effects of domestic violence during October awareness month**

Below is a recent press release on Michigan's work to highlight the impact of domestic violence during Domestic Violence Awareness Month.

The state of Michigan is joining national efforts during October to educate communities about the devastating and lasting trauma domestic violence has on countless individuals and families. Gov. Gretchen Whitmer has signed a proclamation officially declaring October as Domestic Violence Awareness Month in Michigan.

Through its Division of Crime Victim Services, the Michigan Department of Health and Human Services funds 46 domestic violence programs in Michigan that provide immediate temporary emergency housing, 24-hour crisis hotlines, individual/group counseling, advocacy, and supportive services for victims of domestic violence, or dating violence, and their dependent children. Additionally 16 transitional supportive housing programs for domestic violence survivors and their dependent children provide safe and affordable single-family housing coupled with supportive services that assist in maintaining that housing for 24 months.

"As Michiganders, we all need to understand that domestic violence is unfortunately far too common," Whitmer said. "We must do all that we can to prevent domestic violence and offer support to survivors. While public awareness of this societal problem has grown in recent years, there's still more work to be done."

Domestic violence perpetrators intentionally use a pattern of physical, emotional, sexual, psychological, and/or economic coercion and abuse to control their intimate partners, violating their dignity, security and psychological as well as physical well-being. In Michigan an estimated 35,306 adults or adolescents were victims of intimate partner violence crimes in 2018.

"Domestic violence is a widespread and pervasive issue that has lasting, traumatic effects on individuals and families," said Debi Cain, executive director of the Michigan Division of Victim Services. "Michigan is a state that is committed to holding perpetrators accountable while providing survivors and their families crucial support services and resources."

Domestic Violence Awareness Month provides an important opportunity to learn more about domestic violence and to demonstrate support for the numerous organizations and individuals who provide advocacy efforts, services and assistance to survivors. It also serves as a distinct opportunity to recognize the strength and courage of those currently surviving abuse as well as honor those who were murdered at the hands of their current or former partners.

To learn more about direct support services in your area, visit the state of Michigan's domestic violence safety page.

To view the governor's proclamation, visit [Michigan.gov/Whitmer](https://www.michigan.gov/Whitmer).

If you or someone you know is experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of a relationship, trained advocates are available 24/7/365 to talk confidentially. Call the U.S. National Domestic Violence Hotline at 1-800-799-7233 or visit <https://www.thehotline.org/>.

### **New! Slotkin, Kelly Introduce Bipartisan Bill to Increase Access to Savings Accounts for Individuals with Disabilities, Families Caring for Them**

Below is a recent press release on the bi-partisan introduction of a federal bill to support the development of savings for persons with disabilities and their families.

STABLE Act is Slotkin's second bipartisan bill introduced in coordination with 8th district autism and disability advocacy community

U.S. Rep. Elissa Slotkin (MI-08) and U.S. Rep. Mike Kelly (PA-16) today introduced the STABLE (Saving To Achieve a Better Life Experience) Act, a bill that would allow employers to make matching contributions to an employee's ABLE savings account, making it easier for individuals with disabilities and caregivers to save for future care.

ABLE accounts are tax-exempt savings accounts that allow eligible individuals with disabilities to accrue savings without affecting Medicaid or Supplemental Security Income (SSI) benefits. Current data shows that less than 3 percent of families take advantage of ABLE accounts, and many lack the resources or tax incentives to contribute to these accounts. By allowing employers to match employee contributions to ABLE accounts, much like 401(k) savings accounts, the STABLE Act will increase families' access to these accounts, and help bolster caregivers' and individuals' savings for disability-related expenses.

"I'm so proud to introduce the bipartisan STABLE Act today with Representative Kelly," Rep. Slotkin said. What I'm most proud of is that this bill came directly from parents in our district who reached out to me and asked for help saving for the long-term care of their adult children with disabilities. After meeting together to talk through legislation, we crafted a bill that allows employers to match ABLE account contributions — much like a 401(k) matching program — so that individuals with disabilities can build savings and independence, and caregivers can better support their loved ones."

Last month, Slotkin introduced a bipartisan bill in coordination with the 8th district autism advocacy community to update the outdated SSI program.

"Providing Americans with the tools to prepare for their healthcare future must be among our top priorities, which is why I am a proud sponsor of the ABLE Act," Rep. Kelly said. "ABLE accounts are a great way for Americans with disabilities and their caregivers to save their hard-earned dollars, and we must change the tax code to expand their use. Thank you to Representative Slotkin for working with me on this empowering legislation."

"We applaud Representative Slotkin for introducing this important bill, which will bring families and caregivers an important financial savings option for their child with disabilities," said Colleen Allen, President and CEO of Autism Alliance of Michigan. "The incentive to open and contribute to ABLE accounts through employer matching is a brilliant strategy to encourage more participants."

The STABLE Act will:

- Allow employers to match employee contributions to an ABLE account up to \$7,500 without affecting an employee's taxable income.
- Ensure that employers can contribute to both employees' 401(k) accounts and ABLE accounts, allowing employees to benefit from both benefit programs simultaneously.

### **New! Families fight insurers for life-saving care for loved ones with mental health conditions**

"[CBS This Morning](#)" dedicated most of its broadcast Wednesday, October 23 to a live special focusing on mental health. Called "[Stop the Stigma: A Conversation About Mental Health](#)," it aims to promote the

removal of shame and blame from the discussion around mental illness diagnoses. Below is an excerpt from that broadcast

Every year, an estimated 1 in 5 American adults experiences mental illness. When it comes to insurance coverage, the law is clear. The federal Mental Health Parity legislation passed in 2008 requires health insurers to provide at least equal coverage for mental health conditions, as they do for medical and surgical care. But as CBS News' Dr. Jon LaPook found out, some families still have to fight to get the life-saving care their loved ones need.

The full story can be found at:

<https://www.cbsnews.com/news/mental-health-insurance-coverage-families-fight-for-life-saving-care/>

### **New! Advancing Virtual Communication Solutions for Behavioral Healthcare**

Below is a recently published editorial by Ron Manderscheid, CEO of NACBHDD (of which this association and its members are long time members) on the value of virtual communications in mental health care.

For all of its shortcomings, virtual communication does play a vital role in democratizing interactions and relationships. This has been accomplished through different modalities: e-mail, social media, live chat, FaceTime, and others. In behavioral healthcare, this democratization has facilitated the movement toward self-direction of care and self-determination of life activities, both of which are key elements of personal recovery.

Here, I would like to explore several evolving applications of virtual communication in behavioral healthcare. The purpose is to show the possibilities, as well as the ways these new communication modalities can address some of our current problems in the field.

Read more at: <https://www.psychcongress.com/article/advancing-virtual-communication-solutions-behavioral-healthcare>

### **New! The Inclusive Talent Pool: Employing People with Disabilities**

Recently, the Institute for Corporate Productivity published a groundbreaking report, "The Inclusive Talent Pool: Employing People with Disabilities". Information on that report and access to the report are found below.

One in five people of working age in the U.S. has a disability, yet despite massive talent shortages the national unemployment rate for people with a disability is nearly twice that of the broader population.

For people with intellectual and developmental disabilities (IDD) the unemployment rate is 81%.

We are proud to publish our follow-up to the groundbreaking and acclaimed 2014 study produced in partnership with Best Buddies International, Employing People with Intellectual and Developmental Disabilities.

The report explores:

- The benefits of employing people with disabilities



- How the roles in which people with IDD are employing are evolving
- What inclusive workplaces look like in leading organizations such as UPS, Boeing, and BNY Mellon

The full report can be found at:

<https://go.i4cp.com/inclusivetalent>

### **State Legislative Update:**

#### **New! MDHHS announces Section 298 pilots have come to an end**

This week, the Michigan Department of Health and Human Services (MDHHS) announced the end of the Section 298 pilots following the governor's veto and the pilot participants' inability to reach an agreement on a path forward.

"These pilots were supposed to be built on agreement among all participants," said Robert Gordon, MDHHS director. "After years of work to reach consensus, it has become clear that agreement will not be reached. We remain committed to making our behavioral health system work better for all Michiganders, and it is time to look for new ways to achieve this goal."

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

As part of the initiative, the Michigan legislature directed MDHHS to implement up to three pilots to test the financial integration of Medicaid-funded physical health and specialty behavioral health services. The pilots were announced in March 2018 and were to be implemented by Oct. 1, 2019. Implementation was delayed to Oct. 1, 2020 to allow more time to complete design of a financial integration model.

However, the parties ultimately could not agree on two fundamental issues, the automatic statewide scaling of the model and startup costs. Despite the cancellation, Gordon said much has been learned from the Section 298 pilot design development process that will inform future redesign efforts.

"In the coming weeks, I will be sharing the department's vision for a stronger behavioral health system," he said. "Designing a system that works for all Michiganders will take careful planning and extensive collaboration with legislators, families and individuals served by the system and stakeholders. Through this process, we can chart a commonsense path that improves Michiganders' lives."

#### **Senate Quickly Passes LPC Bill**

On Thursday, HB 4325 was unanimously passed by the Michigan Senate. The bill, which would codify the current rules for LPCs, was referred straight to the Senate floor bypassing the Health Policy Committee. This week's action came after the House quickly moved the bill through their chamber last week. The bill now goes back to the House for concurrence then onto Governor Whitmer for her approval.

Link to the Senate passed version of the bill:

<http://www.legislature.mi.gov/documents/2019-2020/billengrossed/House/pdf/2019-HEBS-4325.pdf>

# CMHA WEEKLY UPDATE

## House DHHS Subcommittee to Hold a Series of Mental Health Hearings

Chair of the House DHHS Appropriations Subcommittee, Rep. Mary 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, 3<sup>rd</sup> Floor Capitol. Below are the following dates and topics:

- Wednesday, October 30 – Public Input
- Wednesday, November 6 – Public Input

## Federal Update:

### Arizona Puts Medicaid Work Requirements on Hold

In January, the Centers for Medicare and Medicaid Services (CMS) approved Arizona's proposal to require roughly 120,000 Medicaid enrollees to report 80 hours per month of work or other approved activities to continue receiving health benefits. However, the state announced last week that it will be indefinitely postponing implementation of the program, citing pending legal challenges to other states' Medicaid work requirements. The rule was originally slated to take effect starting January 1, 2020.

### Senate Bill Would Create Three-Digit National Suicide Hotline

On Tuesday, Senators Cory Gardner (R-CO), Tammy Baldwin (D-WI), Jerry Moran (R-KS) and Jack Reed (D-RI) introduced the National Suicide Hotline Designation Act (H.R. 4194/S. 2661). The bill, a companion to the House version introduced back in August, would designate "9-8-8" as the universal dialing code for the national mental health crisis hotline, including the Veterans Crisis Line. The National Council supports this legislation and thanks the Senators for their leadership on this issue.

## Education Opportunities:

### Registration is Now Open 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 at the Kellogg Hotel & Conference Center located at 55 South Harrison Road, East Lansing 48823.

Click Here Registration: <https://cmham.org/events/?EventId=5464>

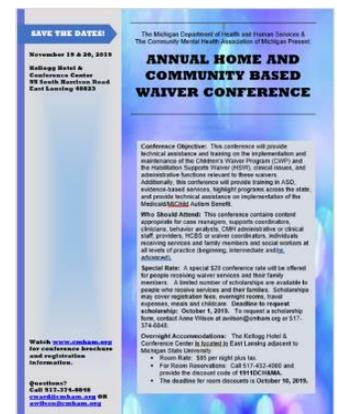
**Full Conference Rate: \$185**

**One Day Rate: \$110**

**Family Members Receiving Services: \$20**

**A draft of the tentative brochure content is online at the link shown.**

**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. The discounted room block of \$85 per night plus tax has been filled. The overflow hotels are the Springhill Suites in East Lansing and the Candlewood Suites. Springhill Suites East Lansing University Area is located at 1100 Trowbridge Road in East Lansing, MI 48823. Phone: (517) 763-2033. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: 2019 C-Waiver Conference. The other overflow hotel is the Candlewood Suites located at 3545 Forest Road in Lansing, MI 48910. Phone: (517) 351-8181. Rooms are available for \$85 plus tax on night of Nov 18 and Nov 19. Please ask for our group room block: CMHA – C-Waiver Conference Overflow

**Special Rate:** A special \$20 conference rate will be offered for people receiving waiver services and their family members.

Questions? Call 517-374-6848 OR email [awilson@cmham.org](mailto:awilson@cmham.org)

### **New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

Community Mental Health Association of Michigan is pleased to offer Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.***

***This training fulfills the MCBAP approved treatment ethics code education – specific.***

***This training fulfills the MPA requirements for psychologists.***

Trainings offered on the following dates:

November 13, 2019 – Lansing | [CLICK HERE](#) for more information and to register now

March 18, 2020 – Lansing | [CLICK HERE](#) for more information and to register now

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

Training Fees: (fee includes training material, coffee, lunch and refreshments)

\$115 CMHA Members

\$138 Non-Members

### **Pain Management and Mindfulness Trainings**

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

## **CMHA WEEKLY UPDATE**

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*Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.*

Trainings offered on the following dates:

November 12, 2019, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) for more information & to register

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

### **Psychiatric Pharmacogenomics: A Practical Guide to Gene-Drug Interactions and Tests (Mon, 10/28/19 - Mon, 11/11/19)**

Interested in how to use pharmacogenomic testing to select psychiatric meds? The University of Michigan Department of Psychiatry and College of Pharmacy are offering a live videoconference CME course on psychiatric pharmacogenomics. Pharmacogenomics (PGx) is the practice of using information about an individual's genome to select medications that are likely to be most effective and result in the fewest number of side effects. Upon conclusion of the course, clinicians will be able to: 1) describe basic PGx concepts; 2) distinguish which gene-drug relationships have the most evidence supporting their implementation in the clinic; 3) identify which PGx tests to order; and 4) confidently formulate medication plans using PGx test results. The course meets online for 3 weekly sessions on Monday evenings, with each session 1.5 hours (6:00-7:30pm). Sessions are a combination of interactive lectures and case-based discussion. The course is approved to offer 4.5 AMA PRA Category 1 Credits.

For more information and to register, visit: <https://ummentalhealth.info/?r=epsych>

### **New! CHCS webinar: what matters most in driving cross-sector partnerships for complex populations**

Below is a description of a recently announced webinar from the Center for Health Care Strategies on collaborative approaches to serving persons with complex needs. '

It is widely recognized that good outcomes for patients with complex care needs are achievable when health care providers work locally and in tandem with community, government, and other partners. Interprofessional, cross-sector, and cross-agency collaboration between organizations that share responsibility for serving a group of individuals living in a community or particular geography is an effective way to stabilize health, decrease unnecessary utilization, improve care delivery, and reduce avoidable costs.

Why then, is it so challenging to build these collaborative partnerships and what does it take to establish partnerships that work for patients, providers, and health care organizations?

This 60-minute webinar, brought to you by the Better Care Playbook and the Camden Coalition's National Center for Complex Health and Social Needs, will feature a discussion on how to establish cross-sector partnerships, using the work of Adventist Health's Project Restoration and the Camden Coalition as case studies. Participants will learn how to: (1) establish cross-sector collaboratives to address the needs of community members; (2) identify key components for a successful cross-sector community collaborative; (3) develop strategies for mapping need and data sharing; and (4) design key process improvements to address social determinants



### Miscellaneous News and Information:

#### **New! NAMI Michigan announces Annual Eating for a Cause**

Below is a recent announcement of the upcoming Annual Eating for a Cause event, sponsored by NAMI Michigan.

Please join us Sunday, November 24th for the 9th Annual Eating for a Cause at Texas de Brazil Detroit. This year's event is scheduled for 12:30 - 3:30pm. The \$55.00 per person cost includes dinner, non-alcoholic beverages, dessert, tax and gratuity. This is a private event and will conclude promptly at 3:30pm so the staff can prepare to open to the public at 4pm. Please arrive early enough to enjoy food, friends and fellowship. Reservations for this event can only be made via our foundation at [http://www.thenique.com/payments\\_options](http://www.thenique.com/payments_options). Reservations cannot be made at Texas de Brazil.

What: 9th Annual DFMF Eating for a Cause @ Texas de Brazil Detroit

When: Sunday, November 24, 2019

Time: 12:30pm - 3:30pm

Where: 1000 Woodward Ave. Detroit, MI

Cost: \$55.00 per person (includes dinner, non-alcoholic beverages, dessert, tax & gratuity)

All funds raised support our scholarships at Detroit Catholic Central High School and the mission driven work of NAMI Michigan. NAMI, the National Alliance on Mental Illness is the nation's largest grassroots mental health organization, dedicated to improving the lives of the millions of Americans affected by mental illness. We look forward to seeing new and old friends. Thank you in advance for your continued support.

### 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:

## **CMHA WEEKLY UPDATE**

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President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
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Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### **CMHA Staff Contact Information:**

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

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