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New Feature - Searching for past articles in Weekly Update: Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

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.

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CMH Association and Member Activities:

New! North Country Community Mental Health Awarded Fifth Successive Three-Year CARF Accreditation

Petoskey, MICHIGAN – CARF (formerly known as Commission on Accreditation of Rehabilitation Facilities) announced North Country Community Mental Health Authority has been accredited for a period of three years (through 2021) for eight programs.

This is the fifth three-year accreditation that the international accrediting commission has awarded to North Country Community Mental Health. The first survey was in 2007.

“North Country staff do high quality, difficult work every day and it is rewarding to have their efforts validated in this way,” said Christine Gebhard, North Country CEO. “This accomplishment reflects our focus

on clients, our consistency in operations as one organization serving six counties, our relationships with our valued community partners, and our strong staff foundation.”

North Country Community Mental Health provides services to residents of Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego Counties experiencing a serious mental illness, severe emotional problem, or intellectual/developmental disability, including individuals with co-occurring substance use disorder.

Gebhard indicated the accrediting body was on site for several days in October and did a comprehensive review of service programs, policies and procedures, and operations, including conducting interviews with staff, board members, community partners and persons served by North Country.

According to the formal CARF report, in addition to its “committed, respectful and caring staff,” several strengths were noted, including the almost perfect score the Recipient Rights Office received in its recent state audit, the innovative and cost effective Emergency Services Program and its use of teleconferencing technology, its rapid upgrade and expansion of the use of technology throughout the organization, its excellent community partnerships and extremely positive image and reputation in the community.

The organization’s development and implementation of the LEAN Process Improvement System for human services delivery was cited as exemplary and having an impressive impact on the efficiency and effectiveness of services.

New! Clubhouse is just a special place: Lapeer Harmony Hall receives accreditation

Below are excerpts from a recent article recognizing the receipt of international accreditation by Harmony Hall, the Psychosocial Rehabilitation Program (aka Clubhouse) in Lapeer County. Congratulations to the members of Harmony Hall.

Accreditation recognizes impact of Harmony Hall, a CMH program

Hundreds if not thousands of cars pass along Saginaw Street in Lapeer every day, pausing outside Harmony Hall to wait for trains to pass by. Drivers smile at the little sayings that are posted on the sign out front, but many wonder what happens inside.

Harmony Hall, according to clubhouse director Brian Schmitt, is an evidence-based psychosocial rehabilitation program.

“We assist our members in developing skills to live life to the fullest,” he said.

Harmony Hall is a Lapeer County Community Mental Health (CMH) program, and its members are referred by CMH and accepted by the other members. At Harmony Hall, they build relationships and develop skills that can be applied outside of the clubhouse.

“One of the things we do really well at the clubhouse is get people back to work,” said Schmitt.

“The only way you can put choice back into people’s lives is to put money in their pockets.

Working also gives people purpose, he said, and “how we define ourselves is by what we do every day.”



Andrew Helzer (left) served up bowls of chili for lunch on Thursday.

There are 70 active Harmony Hall members, and around 30 are at the clubhouse on any given day. It's open Monday through Friday, as well as one Saturday a month, one evening a week, and every holiday. It is a Medicaid-billable service and Schmitt said the concept has proven very successful.

"There are more clubhouses in Michigan than anywhere in the world, and the state has bought into the model," he said. The reason for that, he said, is people are actively engaged in their own treatment and the level of self-satisfaction is high. In addition, this type of service cuts down on people going in and out of the hospital, and saves money in the end, while offering greater results.

On Thursday, Schmitt and other staff as well as some Harmony Hall clubhouse members came to the Lapeer County Commission meeting for recognition of their achievement of accreditation through Clubhouse International.

"Accreditation with a three year return review is awarded to clubhouses that substantially adhere to each of the categories of the standards: Membership, relationships, space, work-ordered day, employment, education, functions of the house and funding governance and administration," reads a letter from Clubhouse International Executive Director Joel D. Corcoran. "These clubhouses operate in a truly effective manner providing excellent opportunities for clubhouse members."

The work-ordered day at Harmony Hall involves the kitchen unit, where meals are cooked, the clerical unit, which tackles duties such as billing Medicaid for services, recording videos and creating newsletters in the media lab, handling funds through the clubhouse bank, and making sure wages earned by the members are reported to Social Security and monitored so entitlements aren't severely impacted.

Clubhouse members, Schmitt said, work at a variety of places in the community, earning at least minimum wage. Some may work only a few hours, while others are working regular part-time hours. They are always looking for employers, and there is a bulletin board at the clubhouse upon which job opportunities are posted.

New! CMHA publishes HMP work requirement tool kit

Healthy Michigan Plan requirements will be changing beginning January 1, 2020 to incorporate the new work requirements. The Community Mental Health Association of Michigan (CMHA) at the request of the Michigan Medicaid Director, Kate Massey, has collaborated with the Medicaid office and other segments of MDHHS to develop and share information, flyers, toolkits, and other documentation to ensure that providers, clients, and the public are aware of these changes.

In an effort to disseminate information in a timely matter, CMH developed a tool kit of Michigan Department of Health and Human Services promotional tools to post around your local agencies. These

posters, table tents, and rack cards, will help ensure that clients and providers are aware of the upcoming changes to the Healthy Michigan Plan.

CMHA's Healthy Michigan Plan Resource Guide has been updated with new this information and the resources have been posted to the CMHA website where they can be accessed anytime.

You can find both the Resource Guide and the Promotional Materials on the CMHA website by clicking [here](#).

If you have any questions, comments, or concerns, please contact Kaylee Nellett, Policy Analyst at CMHA (publicpolicy@cmham.org).

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute "Your Rights When Receiving Mental Health Services in Michigan" booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 43¢ per booklet. Orders must be received by November 22, 2019 to qualify for the discount. Any booklets ordered after November 22, will be charged 55¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an additional charge of \$100 per order. Personalization is only offered during the fall – deadline is November 22, 2019.** The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:

Cost Per Booklet if Ordered by **November 22: 43¢ (Plus Shipping)**

Cost Per Booklet if Ordered After **November 22, 2019: 55¢ (Plus Shipping)**

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

myStrength: new digital behavioral health resources empower consumers to move beyond trauma



Click at left for a video overview of the new Moving Beyond Trauma program

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals Move Beyond Trauma. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources: Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events

Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms

Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others

Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more

[Request a Demo](#)

Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. Request a meeting to discuss how we can help your staff provide better care to those in recovery.

Request a Meeting

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

State and National Developments and Resources:

New! Lawsuit to halt HMP work requirements filed

Saying Michigan was unlawfully allowed to impose work requirements on its some 650,000 Medicaid Healthy Michigan recipients, a poverty rights group has filed a lawsuit against federal officials challenging the work requirements scheduled to take effect on January 1.

The action now creates a question of whether the requirements will in fact begin with the start of the new year. Department of Health and Human Services officials have spent months preparing for the requirements and going around the state to inform recipients of what exactly those requirements are and how they can be met.

The lawsuit, *Young v. Azar*, was filed in the U.S. District Court in Washington, D.C. The four defendants – U.S. Secretary of Health and Human Services Alex Azar, Centers for Medicare and Medicaid Services Director Seema Verma, as well as U.S. DHHS and CMS – are all federal officials and agencies. The state itself was not sued.

The case argues federal Medicaid law requires any waivers granted must advance the law's basic purpose of expanding health care and the waiver granted Michigan to impose work requirements fails in that mission.

Michigan now joins Kentucky, Arkansas, Indiana and New Hampshire in having lawsuits filed over the question of work requirements.

The full complaint can be viewed [here](#). The press release from the Michigan League for Public Policy, related to this suit, can be found [here](#).

New! MHEF announces Community Health Impact grant RFP

Below is a recent Request for Proposals announcement from the Michigan Health Endowment Fund:

Michigan's neighborhoods, towns, and cities know what they need to improve the health of residents. Through the Community Health Impact program, the Health Fund supports local or

regional organizations with bold ideas to address health challenges. While these grants are typically responsive to local data or targeted work in Michigan communities, the projects often have the potential to expand or be replicated throughout the state. Proposals should address one of the following eight priority areas:

Infant mortality

- Health services for foster and adopted children
- Wellness and fitness programs
- Access to healthy food
- Behavioral health services
- Technology enhancements
- Health-related transportation services
- Foodborne illness prevention

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

More information on each focus area can be found at [this link](#).

INFORMATIONAL RFP WEBINAR: MONDAY, DECEMBER 2

Monday, December 2 at 10 a.m. MHEF is hosting a webinar to walk you through the RFP and answer your questions. Find out everything you need to know before submitting a proposal, including:

Program overview. We'll walk you through the Community Health Impact initiative and our focus areas.

Criteria for funding. We'll let you know the types of projects we want to fund, as well as those we can't.

Tips for a successful proposal. From concept papers to full proposals, we'll fill you in on what we look for every step of the way.

Register for the webinar at [this link](#).

New! MDHHS issues RFP for fetal alcohol spectrum disorder programming

Below is a recent announcement from MHDHDS on a request for proposals for initiatives to address fetal alcohol disorder.



The Michigan Department of Health and Human Services (MDHHS) has issued a Request for Proposals (RFP) for public and private non-profit organizations to provide Fetal Alcohol Spectrum Disorder (FASD) programming.

FASD describes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications. Learning and life skills impacted by prenatal alcohol exposure vary greatly among individuals, depending on the amount of exposure, the timing and pattern of exposure and the individual's current and past environment.

"Services needed for individuals affected by Fetal Alcohol Spectrum Disorder and their family vary based on what parts of their brain have been affected, their age or level of maturation, the health

or family dynamics and the overall environment in which they live," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "This funding will help provide supports to individuals at risk or impacted by FASD so they can live their fullest lives."

The RFP seeks competitive plans for local projects that will identify persons who may be or are affected by FASD, deliver services and offer support to the state's population who are at risk or impacted by FASD. The target population for these proposals are children, youth and families or women of childbearing age who drink any amount of alcohol during their pregnancy. Proposals may also provide community education and training to increase awareness of FASD, improve identification of persons at risk of or impacted by FASD, increase the availability of services and support for individuals and the families of individuals impacted by FASD.

Funded applicants will receive ongoing technical assistance from the MDHHS project coordinator which include help with program start-up, reporting requirements and barriers to program implementation.

The first-year program period begins April 1, 2020 and ends Sept. 30, 2020. During the initial six-month award, MDHHS expects to award approximately \$50,500 with varied award sizes based on the scope of the projects. Awards may be renewed annually through Sept. 30, 2022, with \$101,000 in funding available each year.

Grant applications must be submitted electronically through the MI E-Grants program by Dec. 17, 2019, at 3 p.m.

For more information or to apply, visit the MI E-Grants website and select "About EGrAMS" link in the left panel to access the "Competitive Application Instructions" training manual. The complete RFP can be accessed under the 'Current Grants' section under the "Public Health Administration" link and selecting the "FASDP-2020" grant program.

New! SAMHSA's GAINS Center Now Accepting Applications for Sequential Intercept Model (SIM) Mapping Workshops

SAMHSA's GAINS Center is soliciting applications from communities interested in Sequential Intercept Model (SIM) Mapping Workshops (SIM Workshops). SIM Workshops are designed to bring together a local, cross-system, multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice and behavioral systems can be reduced through the development of integrated local strategic plans. SIM Workshop participants are expected to be drawn, in large part, from local criminal justice and behavioral health agencies and organizations.

The GAINS Center is accepting applications for two types of SIM Workshops:

SIM Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use: These SIM Workshops will focus specifically on identifying and treating opioid use disorders across all the intercepts of the Sequential Intercept Model, including screening and assessment, diverting individuals out of the criminal justice system and into appropriate community-based treatment programs, implementing or expanding medication-assisted treatment (MAT), and maintaining continuity of care through transitions in and out of custody.

Traditional SIM Workshops: These SIM Workshops will focus on identifying and responding to the needs of adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system.

Applications for both types of SIM Workshops are due by December 20, 2019. [Download the applications and apply today.](#)

New! Michigan Center for Rural Health accepting conference workshop proposals

The Michigan Center for Rural Health (MCRH) is beginning to plan the 2020 Michigan Rural Health Conference. This year's theme is "Taking Rural Health to New Heights." The conference will be held Wednesday, May 13, 2020 to Thursday, May 14, 2020 at Amway Grand Plaza Hotel in Grand Rapids, MI.

If you are interested, the Center invites you to submit one or more abstracts to present at this year's conference. Go to this link for instructions and the required forms. Please note the deadline for the Call for Presenters is Friday, December 13, 2019.

On behalf of the MCRH and the conference committee, thank you for your contributions to the 2020 Michigan Rural Health Conference; we look forward to having the opportunity to showcase your information to conference participants.

If you have any question please contact: [Victoria Tyra](#), Education & Communications Manager.

New! NARMH seeking proposals for national rural mental health conference

The National Association for Rural Mental Health (NARMH) was founded in 1977 to develop and enhance mental health and substance abuse services and to support mental health providers in rural, remote, and frontier areas. NARMH has added two goals — to proactively support initiatives to strengthen the voices of rural consumers and their families and to develop and mentor the next generation of rural mental health leaders and researchers. NARMH, since its inception, has been strongly committed to rural people and rural providers. This commitment has allowed NARMH to focus on what it takes to provide quality services and meaningful research for rural consumers and providers. Visit the NARMH website at www.narmh.org to learn more about our organization.

NARMH conference 2020: Beyond Treatment: Tackling Social Determinants to Improve Rural Mental Health The NARMH Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators, and policy professionals. Now in its 46th year, the NARMH Annual Conference offers a collaborative environment for participants from many professions to learn and network on vital issues concerning mental health practice, research, policy, and advocacy among rural and remote populations.

NARMH is seeking workshop proposals in the following areas:

Mental Health, Health, and Health Care

- Adapting evidence-based practices (such as Assertive Community Treatment, case management, and permanent supportive housing) to rural and frontier areas, including tribal communities
- Crisis response

- Telehealth
- Integrated health and behavioral health strategies
- Opioid interventions
- Suicide prevention
- Issues specific to specific groups or populations with unique challenges accessing mental health treatment, e.g., migrant workers, American Indian/Alaska Native, Veterans
- Managed care and health system strategies
- Insurance coverage and parity

Social and Community Context

- Stigma
- Building individual and community resilience
- Role of faith-based, civic, and cultural communities or organizations
- Public health/prevention initiatives

Economic Stability

- Housing and homelessness in rural communities: models, funding
- Farm crisis
- Supported employment
- Food and nutrition programs

Education

- School-based mental health programs and services; prevention and early intervention
- Work at the intersections of systems such as health care, justice, and welfare

Neighborhood and Built Environments

- Local criminal justice initiatives
- Jail diversion and re-entry
- Infrastructure, transportation

Email presentation proposals to narmh2020@gmail.com. Proposal deadline is February 1, 2020. If you have additional questions, contact Neche Nelson, NARMH Event Planner, at nnelson@nacbhd.org or (202) 942-4276.

New! Michigan overdose deaths decrease slightly in 2018, the first decline in six years

Below is a recent press release underscoring the reduction in Michigan's opioid overdose death rate. After several years of increases in overdose deaths, in 2018 Michigan experienced a decrease overall, including a slight decline in opioid-related overdose deaths, the Michigan Department of Health and Human Services (MDHHS) announced today. In 2018, there were 2,599 overdose deaths, 2,036 of which were opioid-related.

Overall overdose deaths declined by 3.2 percent from 2017's 2,686 tally – with the deaths down for the first time in six years. Opioid-related overdose deaths decreased by 0.8 percent from the 2017 total of 2,053. The age-adjusted opioid overdose death rate decreased from 21.4 deaths per 100,000 residents in 2017 to 21.1 deaths per 100,000 residents in 2018.

"This is a step in the right direction, however, there is much work to be done, particularly when it comes to disparities and access to treatment," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "We have a plan in Michigan to cut opioid-related overdose deaths by half in five years and we will be using all available resources to make that goal a reality."

The decline in opioid-related overdose deaths in 2018 was largely driven by decreases in the number of deaths due to poisoning by heroin and commonly prescribed natural and semisynthetic drugs such as oxycodone, hydrocodone, hydromorphone and oxymorphone. Drug poisoning deaths involving synthetic opioids such as fentanyl continue to climb.

“With the devastation that the opioid epidemic inflicts on families and communities, the Michigan State Police is committed to doing all that we can to help,” said Col. Joe Gasper, director of the Michigan State Police. “Whether it be from a prevention standpoint with our Angel Program that assists those struggling with opioid use to find treatment or our efforts to arrest drug traffickers and interdict shipments of fentanyl coming into our state, we’re committed to working with our state and federal partners to combat this deadly epidemic.”

Despite overall progress in decreasing overdose deaths, the data show troubling disparities across racial groups. MDHHS is firmly committed to ensuring equitable access to prevention, treatment, and harm reduction and taking targeted steps to address racial disparities.

- Overall overdose mortality rates among white residents decreased by 6.5 percent, while rates among black residents increased by 14.7 percent.
- Opioid overdose mortality rates among white residents decreased by 5.1 percent, while rates among black residents increased by 19.9 percent.
- Michigan residents of other races experienced a 9.1 percent decrease in overall overdose mortality and an 8.7 percent decrease in opioid overdose mortality.

The state is using every available tool to combat the opioid epidemic. The collaborative efforts of state agencies are amplifying Michigan’s efforts related to prevention and treatment of patients, education of health professionals and enforcement of over-prescribers.

Gov. Gretchen Whitmer, MDHHS and other members of the Michigan Opioids Task Force recently announced a slate of steps the state is taking to combat the opioid epidemic. The state’s strategy addresses three key areas: preventing opioid misuse, ensuring individuals using opioids can access high-quality recovery treatment and reducing the harm caused by opioids to individuals and their communities. Efforts include:

- Launching a \$1 million statewide anti-stigma campaign focused on changing the conversation about opioid use disorder treatment and encouraging Michiganders to seek treatment to help improve their lives and ultimately prevent overdoses.
- Releasing a toolkit for medical providers on safer opioid prescribing practices along with the University of Michigan Injury Prevention Center.
- Removing prior authorization requirements for specific medications used to treat these disorders, including buprenorphine, as of Monday, Dec. 2.
- Beginning Medication-Assisted Treatment programs in three state prisons with a goal of expanding treatment to all facilities by 2023.
- Expanding syringe service programs across the state to help reduce the amount of harm caused by opioid use disorder to individuals and their communities from 13 to 25 agencies.

In addition, the Michigan Opioids Task Force, created by Whitmer in August, held its first meeting last month to map out an action plan across state departments to meet this goal. The Task Force will

announce additional actions in the coming months and conduct a series of regional townhall meetings to hear directly from individuals across the state about how the epidemic has affected their communities. For more information about opioids and the additional steps residents can take to protect themselves and loved ones, visit Michigan.gov/Opioids.

New! RWJF blog: It's Time to Connect Rural Health Equity with Community and Economic Development

Below is an introduction to a recent blog published by the Robert Wood Johnson Foundation (RWJF) on health equity and economic development in rural America:

A snapshot of headlines about "rural America" make it sound like it's one homogenous place that is "doomed to decline." But you can't believe everything you read. It's time to question any preconceived notions you may have about rural America. There's an incredible opportunity to improve health and equity in America by learning from and investing in rural people and places.

So what works to create thriving rural regions, and who should be engaged? Here's what we're learning: We need a truer picture of "rural America," which is not one thing but many - tribal lands, the Black Belt, the Rust Belt, small coastal towns, and more. And the best way to better understand rural places? Listen to the people who live there.

A new breed of organizations is endeavoring to "do development differently" in rural places - and it's working. They're building vibrant and resilient regional economies. And it's leading to better health, equity, and economic outcomes for all, not just for some.

While some rural places are thriving, others have experienced deep economic downturns or decades of disinvestment; all too often these places are also low-income communities and communities of color where discrimination and lack of economic opportunity are persistent and intertwined.

Community and economic development are turning the tide by generating wealth that sticks and building power among those who live in rural America. Still, more philanthropic, bank, and federal investment is needed in persistent poverty regions across our nation.

If we care about health and health equity in this great nation, we need to pay attention to, partner with, and support community and economic development efforts in rural places. It's time to recognize the power of rural. Read our latest blog to learn more and join us on this journey.

New! Pontiac General to triple size of profitable psychiatric unit amid inpatient bed shortage

Below are excerpts from a recent Crain's Detroit Business article on the work of Pontiac General Hospital to increase its psychiatric inpatient capacity.

Pontiac General Hospital plans to nearly triple the size of its 44-bed adult psychiatric unit that will be complemented with a 16-resident psychiatry program to address shortages of psychiatrists and inpatient behavioral health beds, the hospital's CEO said.

Since emerging from bankruptcy protection in 2016 under new ownership, 115-year-old Pontiac General has generated more than \$9.3 million in profits that its owners say have been plowed

back into upgrades and infrastructure improvements. It also has resolved more than a dozen quality and poor infrastructure citations from federal and state regulators, the last one issued in early 2018.

"We don't want to keep people in hospitals. We want to fix them and get them out. And the more we can do that on an outpatient basis, the better we see our health care (costs)," he said. "When that's happening, along with tremendous consolidation, what do we do with all those beds? (300 licensed) ... My solution is to focus on community needs."

So Sharma and the board decided to expand on the hospital's financially successful adult psychiatric unit from 44 beds to 120 by 2022. He said the expansion would add much-needed profitability to the hospital and allow it to build up some of its [other inpatient programs](#), including its low-volume 15-bed staffed medical-surgical unit.

"We make money on our inpatient unit because we are efficient," Sharma said. "We could handle a lot more. We think we are underutilized, but growth for hospitals isn't (on the inpatient side). The beds allow us to provide a higher level of care to the community for other services such as surgeries and to support our urgent care (center)."

An expansion would also fill a major need for behavioral health services as mental health professionals daily in Southeast Michigan are constantly searching for inpatient beds for patients in crisis, experts said.

In Michigan, studies have shown a shortage of adult and adolescent inpatient psychiatric beds, including specialized beds for autistic and developmentally disabled patients. There also is an extreme shortage of psychiatrists nationally and especially in Michigan for outpatient care.

Behavioral health and substance-abuse problems have increased over the years in Michigan and nationally with the opioid crisis alone taking 130 lives daily, including five in Michigan. One in five Americans, or 43.8 million adults, has a diagnosable mental health condition. Between 1999 and 2016, suicide rates in Michigan increased 33 percent, according to the Centers for Disease Control and Prevention.

Based on the state Certificate-Of-Need Commission updating its rules that increased the number of allowed psychiatric beds in a market, Pontiac General, Beaumont Health and South Bend-based NeuroPsychiatric Hospitals have made plans to expand psychiatry services.

Beaumont plans to open in 2021 a 75-bed private psychiatric hospital in a joint venture with for-profit Universal Health Services, a King of Prussia, Pa.-based chain. The \$45 million, 100,000-square-foot psychiatric hospital and outpatient center in Dearborn will be located across from Beaumont Hospital Dearborn on Oakwood Boulevard.

NeuroPsychiatric Hospitals recently announced plans to build a 64-bed behavioral health hospital in Kalamazoo County. The company has applied for a certificate of need for the \$37.4 million facility that includes 31 adult psychiatric beds and 33 beds for people with developmental disabilities.

Emily Ehrlich, director of Ann Arbor-based Altarum's Center for Behavioral Health, said the need is great.

In a study released earlier this year, Altarum found a serious shortage of psychiatrists and other mental health care providers in the state. It also detailed how 650,000 people with a mental illness and more than 500,000 with a substance-use disorder receive no treatment.

Last year, Pontiac General received approval for a 16-member psychiatric residency program from the Accreditation Council for Graduate Medical Education, the Chicago-based organization that monitors the nation's 10,000-plus residency programs. There are currently 10 residency programs in Michigan where about 290 psychiatrists are trained, ACGME said.

Last fall, Beaumont Health also announced it would also start a 16-doctor psychiatric residency program in 2020 to rotate through the new Dearborn hospital in 2021. However, \$3 million in state funding earmarked for the program was vetoed last month by Gov. Gretchen Whitmer.

Sharma said Pontiac General projects to spend about \$5 million to expand its fourth-floor adult psychiatric unit, which averages more than 90 percent occupancy. Initially, the hospital will add 15 beds for developmentally disabled people, 13 geriatric psychiatric beds and 25 medical psychiatric beds, later expanding to 120 beds by 2022.

Heather Rae, CEO of Common Ground in Bloomfield Hills, said she welcomes additional psychiatric capacity. She said the shortage of inpatient beds causes many problems.

"Getting psychiatric inpatient hospital units to accept people who are the sickest or have highly complex co-occurring conditions is a challenge," Rae said in an email to Crain's. "Pontiac General has been vocal about wanting to provide more inpatient beds to meet the needs of this population."

Sharma said he wants to open an inpatient unit for the developmentally disabled because of needs he has heard from other providers.

"People heard about it and before we even opened it, we started getting calls from the west side of the state asking to send us patients," Sharma said. "Now they are sending patients to Indiana and Illinois because they want to keep them safe."

Greg Moore, a health care lawyer who heads the behavioral health practice at Dickinson Wright in Troy, said hospitals that add psychiatric beds should have in place effective screening to ensure severely autistic patients aren't "warehoused" in hospitals for undue periods of time. He said he knows 20 families with autistic family members who are dealing with these issues.

"The state of Michigan's only answer for this crisis is to warehouse individuals in places like Hawthorn Center, Kalamazoo Psychiatric Hospital and Caro Center," said Moore, adding: "I worry the increased availability of inpatient psychiatric beds will lead to institutionalization of psychiatric patients, especially developmentally disabled patients, because they have nowhere else to go."

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

New! New Resources for Advancing Engagement in Trauma-Informed Care across Key Audiences

Below are a number of recently announced resources from the Center for Health Care Strategies on trauma-informed care.

Securing buy-in from leadership and engaging community members in implementation planning are critical steps in adopting a trauma-informed approach. Leadership support is essential to securing meaningful investments in trauma-informed care, as well as communicating the rationale and benefits to generate organization-wide buy-in. Engaging patients and community members can provide firsthand insights into how care is experienced, and what changes an organization can make to improve care delivery.



These two new resources, made possible through support from the Robert Wood Johnson Foundation, provide health care organizations and systems with tools to adopt a trauma-informed approach by engaging both leadership and their community:

Making the Case for Trauma-Informed Care: Tips for Talking with Leadership - Outlines key considerations for pitching trauma-informed care implementation to leadership and provides sample language that can be used to tailor pitches.

Engaging Patients and Community Members in Trauma-Informed Care Implementation Planning - Highlights tips for health care organizations looking to engage patients and community members in their trauma-informed care planning.

State Legislative Update:

New! No Action in House and Senate

This week both the House and Senate were scheduled for tentative session on Wednesday, however neither chamber took attendance or voted on any legislation.

The news meant that any agreement between legislative leaders and Gov. Whitmer on moving forward with the FY20 budget will not happen until after Thanksgiving, at the earliest.

The House and Senate are set to next meet on Dec. 3. Lawmakers are set to meet nine days in December before they adjourn until the end of the year.

Federal Update:

New! FCC Announces Next Steps to Update National Suicide Prevention Lifeline

This week, the National Council hosted Federal Communications Commission (FCC) Chairman Ajit Pai, along with leaders from Congress, federal agencies and community groups, to discuss a proposal to

establish “9-8-8” as the new national suicide prevention and mental health crisis hotline number. This announcement closely mirrors Congress’s work on the issue via the [National Suicide Hotline Designation Act of 2019](#) (H.R. 4194/S. 2661), which would also designate “9-8-8” as the new suicide prevention hotline number, with a direct line to the Veterans’ Crisis Line.

Suicide is the 10th [leading cause of death](#) in the United States, with 47,173 people having died by suicide in 2017 alone. As Chairman Pai noted during the press conference, “this simple [dialing] number could be the lifeline that makes all the difference... Working together we can make this happen. We can and we will save lives.”

Chairman Pai was joined by Senator Cory Gardner (R-CO), who introduced S. 2661, Olivia Hussey from H.R. 4194 sponsor Representative Seth Moulton’s (D-MA) office, Dr. David Carroll, Department of Veterans’ Affairs, Dr. Elinore McCance-Katz, Substance Abuse and Mental Health Services Administration (SAMHSA), Reyna Taylor, National Council for Behavioral Health, David Guth, Centerstone, and Sam Brinton, The Trevor Project.

NEXT STEPS

On December 12, 2019, the FCC will hold a vote to establish the new three-digit hotline number. Following the Commission’s approval of the hotline, the new regulation will go through a period of public comment before the final rule is established and implemented. The National Council applauds this significant step forward in addressing the suicide crisis and will follow this story through the vote and regulation process with the FCC.

Education Opportunities:

New! CALL FOR PRESENTATIONS: CMHA 2020 Annual Winter Conference

Share your expertise, research or showcase a successful program with over 400 attendees during our Annual Winter Conference!

[CLICK HERE FOR THE PRESENTATION FORM](#)

Deadline Friday, December 13, 2019

Community Mental Health Association of Michigan
2020 Annual Winter Conference
February 3, 2020 ~ Pre-Conference Institute
February 4 & 5, 2020 ~ Full Conference
Radisson Plaza Hotel, Kalamazoo, Michigan

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

Register Now: 2019 Winter Improving Outcomes Conference

Community Mental Health Association of Michigan presents the 2019 Winter Improving Outcomes Conference on December 5 & 6, 2019 at the Somerset Inn located at 2601 West Big Beaver Road, Troy, MI 48084.

[TO REGISTER FOR THE IMPROVING OUTCOMES CONFERENCE, CLICK HERE!](#)

The conference registration fee includes training materials, admission to all keynote sessions, all workshops, 2 breakfasts, 1 lunch, all breaks, and networking reception.

	Member Early Bird	Member After 11/21/19	Non-Member Early Bird	Non-Member After 11/21/19
Full Conference	\$247	\$282	\$297	\$313
1-Day Only	\$197	\$237	\$239	\$280

Payment Information:

- Payment will be required prior to attendance.
- If Paying by Check: Make payable to CMHA and mail to 426 S. Walnut Street, Lansing, MI 48933.
- Payment methods available in advance and onsite: credit card, check or exact cash.
- If payment has not been received, fees will be collected at registration the day of the event unless alternate arrangements are pre-approved by CMHA.
- Purchase Orders are not considered payment.
- No Shows will be billed the full amount.

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing to cward@cmham.org at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given.

Hotel Room Types:

Tower Room: Featuring one Queen bed or two double beds; rooms are in the Tower section on floors 3-14.

Executive Room: Available with a King bed, a King bed and a sofa bed or two Queens. All Executive rooms were renovated in 2017 and feature spacious floor plans with brand-new furnishings and views of the outdoor garden patio.

Room Rates: Rates below do not include 6% state tax, and city assessment fees.

Tower Room	\$124
Executive Room	\$154

Deadline for Reduced Rate: November 21, 2019

Reservations:

Call 248-643-7800 and indicate Community Mental Health Association of Michigan to receive the discounted rate.

Or register online here: www.somersetinn.com

- In the upper right side of the site: Select your dates and Click on Check Rates
- Then click on the drop-down box for Add Code.
- Then click on Discount Code.
- Then select Group Attendee.
- In the box below Group Attendee enter Group Code 5525.
- Then select ADD.
- It will bring up the Community Mental Health Association of Michigan Room Block.
- Select & Go to the next `.
- All Dates will appear blacked out except the conference dates.
- Select the actual dates you will be attending the conference.
- Update dates of stay.
- At this point you will be able to select the room type and continue making your reservation.

Cancellation Deadline: You must cancel by 6pm the day of your arrival or you will be billed for 1 night's stay.

Check in: 2:00pm

Check out: 12:00pm

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:

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.

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:

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

Michigan Partners in Crisis (PIC) announce annual winter conference

Michigan Partners in Crisis recently announced their upcoming winter conference:

Dec. 13, 2019, 8:30 a.m. to Noon

Community Mental Health Association

426 S. Walnut, Lansing

Registration: 8:30 a.m. to 9:15 a.m. | Program: 9:15 a.m. to Noon

Agenda

I. Progress on PIC's 2019 Initiatives

Presenter: Mark Reinstein, PIC Advisory Board Member

II. A Mother's Struggles Dealing with Michigan's Mental Health System

Presenter: Jenny Thomas, Lansing

III. Findings of Recent ALTARUM Study on Behavioral Disorder Prevalence & Unmet Need in Michigan

Presenters from ALTARUM: Emily Ehrlich, Center for Behavioral Health, & Ani Turner, Center for Value in Health Care

To register for this event contact Greg Boyd at ghb1@acd.net

CMS announces practice-based resources

The federal Centers for Medicare and Medicaid Services recently announced a set of webinars focused on a range of topics central to the work of CMHA members. Those webinars are described, below.

Innovative Services in Home and Community-Based Services

The objective of this training is to highlight recently approved services that promise innovation within Home and Community-Based Services (HCBS) including services related to technology, supporting families/caregivers, services to ensure successful community transitions, and others. New Editions

Consulting, Inc. is currently the training lead through the HCBS Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). Mary Sowers, consultant to New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

December 17, 2019: 3:00pm – 4:30pm EST

Register Now.

Medicaid Innovation Accelerator Program Technical Assistance Opportunities

The Medicaid Innovation Accelerator Program (IAP) is announcing upcoming technical assistance opportunities for Medicaid agencies. These opportunities are listed below in order of release, with additional information below.

- Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness: November 19, 2019
- Value-Based Payment for Fee-for-Service Home and Community-Based Services: November 21, 2019
- Value-Based Payment and Financial Simulations - General Technical Assistance: December 12, 2019
- Reducing Substance Use Disorders, including two opportunities on Data Dashboards and Medication Assisted Treatment: December 17, 2019
- Data Analytics – General Technical Assistance: January 2020
- Data Analytics to Better Understand Medicaid Populations with SMI Informational Webinar
- The Medicaid Innovation Accelerator Program (IAP) is launching an eight-month data analytics technical assistance opportunity for Medicaid agencies interested in learning how to use data to gain insight into their adult Medicaid populations with Serious Mental Illness (SMI). We invite you to join us for an informational webinar to learn more about this opportunity on Tuesday, November 19, 2019 from 2:00 pm to 3:00 pm EST.

IAP will provide Medicaid agencies with technical assistance in executing state-specific analyses, using data analytic best practices to leverage Medicaid claims and encounters data, as well as other types of internal/external data to increase their understanding of the Medicaid population with SMI. Participating states will produce data profiles of the adult Medicaid SMI population that can then be used as the basis for policy making, stakeholder engagement, and data-informed delivery system reforms.

This technical assistance opportunity is open to states at all levels of experience in analyzing data. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session.

Register Now.

Value-Based Payment for Fee-for-Service Home and Community-Based Services Informational Webinar

The Medicaid IAP's Community Integration through Long-Term Services and Supports (CI-LTSS) Program Area is launching a seven-month technical assistance opportunity for Medicaid agencies and their team partners seeking to design Value-Based Payment (VBP) strategies for Fee-for-Services (FFS) in Home and Community-based Services (HCBS). We invite you to join us for an informational webinar to learn more about this opportunity on Thursday, November 21, 2019 from 3:30 pm to 4:30 pm EST.

During the informational webinar, participants will learn about the goals, structure, and technical support approach for working with states on VBP for FFS HCBS. Selected states will have the opportunity to work with HCBS industry experts through their individualized technical support and state-to-state learning activities including shared savings and non-financial incentives.

This technical support opportunity is open to states at all levels of experience and progress in developing a VBP strategy for FFS in HCBS. States that have previously participated in the Medicaid IAP CI-LTSS tracks are welcome to submit an expression of interest for this technical assistance opportunity. Additional information, including the Program Overview, Expression of Interest form, and Informational Session slides will be posted on the IAP webpage the day of the informational session.
Register Now.

Value-Based Payment and Financial Simulations Information Session

The Medicaid IAP's Value-Based Payment (VBP) and Financial Simulation functional area is launching a six-month technical assistance opportunity for Medicaid agencies seeking to design, develop, and implement Value-Based Payment approaches (i.e. payment models that range from rewarding for performance in Fee-for-Service to capitation, including alternative payment models and comprehensive population-based payments). Interested states are encouraged to attend the information session on Thursday, December 12, 2019 from 3:00 pm to 4:00 pm EST.

During the information session, participants will learn about the goals, structure, and technical assistance approach for working with states on VBP and financial simulations. Selected states will have the opportunity to work with VBP and financial simulation experts through individualized technical assistance and state-to-state learning activities. This technical assistance opportunity is open to states at all levels of experience and progress in developing a VBP approach. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar.
Register Now.

Reducing Substance Use Disorders Information Session

The Medicaid IAP Reducing Substance Use Disorders (SUD) program area is launching two new technical assistance opportunities for Medicaid agencies. All interested states are encouraged to attend an information session on Tuesday, December 17, 2019 from 2:00 pm to 3:00 pm EST.

During the information session, states will learn about the two technical assistance opportunities and state selection process and have an opportunity to ask questions. These collaborative learning opportunities are:

- Medication-Assisted Treatment (MAT): Participating states will focus on methods to improve and expand MAT delivery services.
- SUD Data Dashboards: Participating states will design and/or update SUD data dashboards for internal and/or external audiences.

These opportunities are open to states at all levels of expertise and experience. Additional information, including the Program Overview, Expression of Interest form, and webinar slides will be posted on the IAP webpage on the day of the webinar.
Register Now.

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
Audrey Daul, Administrative Assistant, adaul@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Janessa Nichols, Accounting Assistant, jnichols@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
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