

Contents:

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.

CMH Association and Member Activities:	2
New! Saginaw CMH Awarded Three-Year CARF Accreditation	2
CMHA publishes HMP work requirement tool kit	3
Recipient Rights Booklet: Annual Bulk Order & Personalization Available	3
CMHA Committee Schedules, Membership, Minutes, and Information	4
News from Our Preferred Corporate Partners:	4
New! Abilita provides telecommunication guidance	4
myStrength: new digital behavioral health resources empower consumers to move beyond trauma	5
Relias: build your staff’s competence in recovery treatment.....	6
State and National Developments and Resources:	6
New! MDHHS proposes new design for Michigan public mental health system	6
New! Michigan Center for Rural Health calls for presenters at 2020 conference	8
New! Michigan Medicaid issues draft Healthy Michigan work requirements bulletin.....	8

New! Michigan eliminates prior authorization for medications used to treat opioid use disorders..... 9

New! SAMHSA announces RFP for AOT services 9

New! UM issues toolkit for safer opioid prescribing practices 11

New! Temple University Collaborative issues number of new community inclusion resources issued 11

State Legislative Update:..... 12

New! Governor & Legislature Strike Budget Deal and Admin Board Changes..... 12

New! Gov Says Pausing Medicaid Work Requirements Saves State \$40M 13

Federal Update: 14

New! FCC Announces Next Steps to Update National Suicide Prevention Lifeline 14

Education Opportunities: 15

CALL FOR PRESENTATIONS: CMHA 2020 Annual Winter Conference 15

New Dates: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings . 15

Pain Management and Mindfulness Trainings..... 15

Michigan Partners in Crisis (PIC) announce annual winter conference 16

Miscellaneous News and Information:..... 16

New! ACMH looking to create Statewide Parent Advisory Committee 16

New! Vital Strategies seeking Michigan MAT program officer..... 17

CMH Association’s Officers and Staff Contact Information:..... 18

CMHA Officers Contact Information: 18

CMHA Staff Contact Information:..... 18

CMH Association and Member Activities:

New! Saginaw CMH Awarded Three-Year CARF Accreditation

Below are excerpts from a recent press announcement on the receipt, by Saginaw County Community Mental Health Authority of its receipt of a full 3-year accreditation from CARF. Congratulations to Saginaw CMH.

Saginaw County Community Mental Health Authority (SCCMHA) received notice that they were awarded another Three-Year Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) after their site visit on September 25-27. This is the sixth 3-year accreditation that the international accrediting body has awarded to SCCMHA.

This accreditation outcome represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to the standards established by CARF. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process. It has demonstrated to a team of surveyors during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of the highest quality.

"We are very pleased with the results of the accreditation process," says SCCMHA CEO Sandra Lindsey. "The real winners here are the consumers and families we serve. This accreditation means that consumers can be confident that SCCMHA has made, and will continue to make, a commitment to enhancing the quality of our services and programs."

As quoted on the CARF Survey Report "A belief in potential, a right to dream, and an opportunity to achieve represents the SCCMHA vision for those served. This person-centered philosophy is woven through the organization and embraced by each employee and consumer. The organization continues to inspire excellence in its operations and is a community leader, promoting collaborative care and community engagement."

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:

New! Abilita provides telecommunication guidance



Finding a good Telecom Consultant is difficult



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

1. Start with the easy stuff

Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good! We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

6. BUT....be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "buy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward
Managing Consultant
517-853-8130
daylward@abilita.com
My profile page

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! MDHHS proposes new design for Michigan public mental health system

On December 4, Robert Gordon, MDHHS Director, discussed the MDHHS proposal for the design of Michigan's public mental health system at a joint Senate-House appropriations subcommittee.

MDHHS proposal is a combination of the views of a diverse set of stakeholders: Over the last several months, Mr. Gordon and his staff talked about potential system refinement with a large number of parties with interests in Michigan's public mental health system and any refinements that may be made to that system. Given the diversity of those views, the proposal that Mr. Gordon outlined reflected a similar diversity – reflecting the views of: many of you – PIHPs, CMHs, providers - who met with Mr. Gordon; members of the advocacy community; the health plan association; the hospital association; staff within MDHHS; state legislators; and our association. The full set of views of no one interested party are reflected in the MDHHS proposal.

A number of the principles put forth by our association are reflected in the MDHHS proposal: the centrality of public mental health system; integrated care, at the client/patient/clinical level, is where integration starts with financial integration done only to foster clinical integration; public nature of any structure involved in managing Medicaid mental health care; common good/safety net role of the public system in addition to care provision and care management.

However, while we wish otherwise, **a number of our association's other views are not reflected** in the proposal. In fact, **a number of the components of the proposals are diametrically opposed to the principles and views of our association and our members.** That same reaction is being felt by all of the other parties with an interest in the system – no one party sees all of their views and desires in MDHHS's proposal.

Summary of proposal: CMHA will be putting together an analysis of the MDHHS proposal for use by CMHA member organizations. CMHA, however, urges all Weekly Update readers to review the source documents related to this effort (they are linked at the end of this e-mail) and not rely upon our association's interpretation, nor that of any other group, of the proposal.

Next steps: Over the next few weeks and months, CMHA will be working, as it has for the past several years, to impact the MDHHS design proposal to more closely mirror the views of our association and its members. That advocacy will apply the advocacy tools that we have outlined to you in the past (grass-roots advocacy, direct legislative and executive branch advocacy, media relations, alliances with advocates and other stakeholders, and policy analysis via pro-active and responsive approaches).

The association's efforts have been and will continue to be based on a set of principles documents adopted by the Association's Executive Board over the past several years: the set of principles adopted by the Executive Board in August 2016, the [association-adopted vision for the system](#), and the [association's recommendations around addressing the underfunding our system](#). The synthesis of the principles contained in these documents formed a set of principles that were approved, unanimously, by the CMHA Executive Board, on Friday, December 6. These principles will be sent to the CMHA membership during the week of December 9.

Materials outlining MDHHS system design proposal: While Alan Bolter sent these resources to you, yesterday, soon after Mr. Gordon's presentation, we have provided again (to ensure their ready accessibility to you), below, the links to the MDHHS website that provides access to: Robert Gordon's Powerpoint presentation, a link to a Fact Sheet on the system design proposal, the MDHHS press release, and information about upcoming forums on the proposed system design, and the method for providing public comments on the proposed plan.

Link to website on the MDHHS Future of Behavioral Health (which includes Director Gordon's editorial, MDHHS press release):

https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_96724---,00.html

link to Director Gordon's PowerPoint slides:

https://www.michigan.gov/documents/mdhhs/Future_of_Behavioral_Health_Presentation_to_Joint_HHS_Committee_672948_7.pdf

link to FAQ sheet:

https://www.michigan.gov/documents/mdhhs/Future_of_Behavioral_Health_Fact_Sheet_and_FAQs_672946_7.pdf

New! Michigan Center for Rural Health calls for presenters at 2020 conference

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, we invite you to submit one or more abstracts to present at this year's conference. [Enclosed here is the link](#) for instructions and the appropriate form. Please note the deadline for the Call for Presenters is now Friday, January 10, 2020.

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 the MCRH office: Victoria Tyra; Education & Communications Manager; 909 Wilson Road; B-218 West Fee Hall; East Lansing, MI 48824; 517-355-8250

New! Michigan Medicaid issues draft Healthy Michigan work requirements bulletin

Below are excerpts from a recently issued Michigan Medicaid bulletin outlining the work requirements that apply to all Healthy Michigan Plan enrollees.

Programs Affected: Healthy Michigan Plan

The Michigan Department of Health and Human Services (MDHHS) will implement new work requirements beginning on January 1, 2020 for Medicaid beneficiaries who have Healthy Michigan Plan (HMP) health care coverage. The purpose of this bulletin is to provide information regarding changes to the HMP program. MDHHS is implementing these requirements in compliance with Public Act 208 of 2018 and the Special Terms and Conditions of the Section 1115 Demonstration Waiver Amendment that was approved by the Centers for Medicare & Medicaid Services (CMS) on December 21, 2018. HMP beneficiaries who are at least 19 but younger than 62 and do not meet exemption criteria will be subject to the new work requirements as a condition of eligibility.

The bulletin also provides updated information on the policy and operational processes for the administration of key elements of the HMP program:

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

New! Michigan eliminates prior authorization for medications used to treat opioid use disorders

Below are excerpts from a recent press release announcing the elimination of prior authorization for the prescribing of all medication assisted treatment (MAT) for the treatment of opioid use disorders.

The Michigan Department of Health and Human Services (MDHHS) Medical Services Administration has removed prior authorization requirements for medications used to treat opioid use disorder, including buprenorphine.

“The removal of prior authorization for these medications in the Medicaid program will help increase access to treatment for people with opioid use disorders,” said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. “By eliminating this requirement, medical providers will be empowered to help people begin treatment when they are ready and increase their chances of a successful recovery.”

Prior authorization is a requirement that physicians must obtain approval from a patient’s health care insurer before prescribing a specific medication or to perform a particular operation.

After an in-depth analysis of the prior authorization program, existing literature and lessons learned in other states, MDHHS believes that prior authorization creates substantially more barriers to accessing care for opioid use disorders than protections from misuse of substances.

Medication-assisted treatment, combined with counseling or behavioral therapy, is the gold standard for treating individuals with opioid use disorder, leading to significantly better outcomes. Prior authorization has been removed in 21 states with no data indicating an increased rate of drug diversion.

MDHHS will conduct an evaluation and complete quarterly monitoring of drug utilization claims to assess changes in how the medications are used to treat patients and ensure that the change does not result in any negative impacts.

More information is available in a Frequently Asked Questions document.

For more information on the opioid epidemic and efforts being made by the state to address this issue, visit Michigan.gov/Opioids.

New! SAMHSA announces RFP for AOT services

Below is a recent reminder, provided by the Treatment Advocacy Center, of the announcement, by SAMHSA, of a request for proposals (RFP) for funding to support assisted outpatient treatment (AOT) – provided to Weekly Update readers who may be interested in applying for these dollars.



Yesterday, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the next round of Assisted Outpatient Treatment (AOT) [federal grant funding](#).

SAMHSA anticipates making approximately 14 awards, each up to \$1 million per year for a period of 4 years, starting in July 2020.

We will have more to tell you about this in the weeks to come, but here are the key points for now:

Last month, SMI Adviser released a "white paper," created by the Treatment Advocacy Center and Northeast Ohio Medical University (NEOMED), to serve as an informational starting point for anyone interested in establishing or improving an assisted outpatient treatment (AOT) program.



[READ MORE](#)

There is an extremely tight timeline communities to for apply! Applications are due January 24, 2020.

Several restrictions associated with the prior round of SAMHSA AOT funding (minimum number of individuals to serve, grant caps based on population, budget limitations by category, et al) have been eliminated this time.

The requirement that AOT programs be "new" is retained. The grant is for jurisdictions not currently practicing AOT, but within a state with an AOT law on the books. (This disqualifies current SAMHSA grantees from re-applying.)

Cost sharing or a state match is not required.

The Treatment Advocacy Center's implementation team stands ready to assist communities with their grant applications and to answer any questions on the use of AOT you might have. Visit our [website](#) or [contact us](#) to learn more.

We especially encourage attendees of our AOT symposiums to apply.

These grants represent the second round of SAMHSA's funding of new AOT programs. In 2016, SAMHSA awarded 17 grants to a wide variety of jurisdictions in every region of the country. Most of those grantees are now in the final year of federal funding. Based on their demonstrated success in improving outcomes and reducing treatment costs for individuals

with severe mental illness who struggle with treatment engagement, they are preparing to maintain their programs without federal support.

Is your community ready to implement this life-saving essential program? If so, apply for a SAMHSA grant and join our quest to make AOT a routine “tool in the toolkit” of every local mental health system in the nation!

New! UM issues toolkit for safer opioid prescribing practices

MDHHS has partnered with the University of Michigan Injury Prevention Center to develop a toolkit for medical providers on safer opioid prescribing practices. These comprehensive resources will help medical professionals make evidence-based decisions when prescribing opioids to decrease the risk of opioid misuse.

The toolkit is available at <http://michmed.org/optoolkit>.

New! Temple University Collaborative issues number of new community inclusion resources issued

The Temple University Collaborative Center on Community Inclusion for Persons with Psychiatric Disabilities has recently issued several well received resources on community inclusion. These resources are listed below.

Welcoming Places in the Community: Perspectives from Individuals with Serious Mental Illnesses

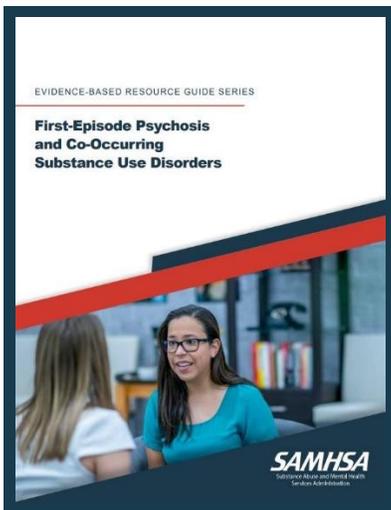
Rebecca Neergaard, Kyra H. Baker,
& Gretchen Snethen



Welcoming Faces in the Community: This document provides first-person accounts from people with lived experience of mental illness regarding what characteristics turn a community space into a meaningful place, and steps we can take to make all places in our communities more welcoming! Are you curious to learn about what you find welcoming? There is a series of worksheets at the end of this document that will help you do just that! Identifying welcoming features can lead to increased community participation for people with serious mental illnesses, as well as everyone else. Read it here !

Podcast

In episode 5 of Collab Chats, we had Dr. Gretchen Snethen back to tell us about one of her recent studies, Welcoming Spaces. Podcast host Kyra Baker sat down with Gretchen to talk about creating the study, what types of places participants identified as welcoming, and the importance of fostering places that are welcoming for all. Listen here!



SAMHSA guide

Temple University Collaborative member Liz Thomas helped develop a research guide for the Substance Abuse and Mental Health Services Administration. This is part of SAMHSA's Evidence-Based Resource Guide Series and is designed to support early psychosis treatment providers in identifying and working with young people and families to address challenges related to substance use. Read it here!

State Legislative Update:

New! Governor & Legislature Strike Budget Deal and Admin Board Changes

On Wednesday, Governor Whitmer and legislative leaders finalized a deal to iron out the last 65 days of budget cuts, money transfers, and executive authority consternation. Most of the details won't be finished until next week. However, parts of the deal started moving this week.

The Senate unanimously passed a combined \$573.5 million in restored funding (\$261 million General Fund, \$70 million School Aid Fund). The House and Senate passed a shell bill that will make some changes in state Administrative Board powers and a new July 1 budget deadline for lawmakers.

Some of the restored funding include: \$38 million in private college scholarships, \$35 million for charter schools, \$27.4 million for local governments in lieu of taxes (PILT payments), \$16.6 million for rural healthcare, \$15 million for IT upgrades, \$14.8 million for county jails, \$13.1 million for secondary road patrol, \$10.5 million to hire new corrections officers, \$10.7 million for pediatric psychiatrist raises, \$10.5

million for early literacy coaches, \$10 million for school security upgrades, \$5.1 million for 37 "critical access" hospitals, \$4.5 million for lead paint abatement, \$4 million in veterans grants \$1.25 million for autism navigators and \$350,000 for autism intervention.

The \$13 million in individual bridge projects Whitmer vetoed is now going into the larger Transportation budget for general road and bridge repair.

The supplements, SB 376 & 377 do not include the vetoed money for Pure Michigan nor the \$175 million the Governor wanted for her Reconnect Michigan program. She did get the funding she wanted for the Department of Corrections so the tethers can be replaced and prisoner programming can continue. Whitmer also got the \$10 million for the 2020 Census and \$2 million for the implementation of Proposal 2. The \$37.26 million for the Going Pro skilled trades training program didn't make it into the bills.

More spending may be added next year in additional supplementals, but these bills are the only ones lawmakers will consider this year.

"While this does not restore all of the Governor's vetoes and transfers, it is a good first step in the right direction," said Senate Appropriations Committee Chair Jim Stamas (R-Midland).

The other measures that make up the deal that passed today included:

- HB 5176 & SB 616 which will ultimately lay out some changes to the state Administrative Board, passed on party-line votes in their respective chambers.
- HB 5177 & SB 618 which mandates that the Legislature provide the Governor with the next year's spending bill by July 1 passed unanimously in the bills' respective chamber.

New! Gov Says Pausing Medicaid Work Requirements Saves State \$40M

Governor Whitmer urged the Legislature to pass legislation pausing the implementation of the Medicaid work requirements in Michigan until the federal courts hash out whether they are legal or not.

The Governor used her first [special message](#) to note that pushing ahead will cost the state an estimated \$40 million in Fiscal Year (FY) 2020 to notify Medicaid recipients and monitor whether roughly 270,000 recipients are working 80 hours a month or going through job training starting Jan. 1.

But Senate Majority Leader Mike Shirkey (R-Clarklake) told reporters today that his response to Whitmer's request is a straight-forward: "Nope, not necessary."

"I believe the taxpayers of the state of Michigan deserve it," Shirkey said. "The one mistake we made was calling it a work requirement. We should have called it a workplace engagement requirement. We don't have to have a job to qualify. You can be pursuing a job. You can be getting an education. You can be doing volunteer work. There's a long list of things that cause you to not qualify for coverage."

In the end, it could all be for naught since the courts are knee-deep in deciding their legality. Four Michigan residents filed a lawsuit Nov. 22 in the U.S. District Court in D.C. against the U.S. Department of Health and Human Services for accepting Michigan's waiver request to run the work requirements.

Meanwhile, that \$40 million could be used to help 14,000 more children enroll in a childcare program.

The suit is similar to those filed in Arkansas, Kentucky and New Hampshire, where federal judges halted the work requirements. During an Oct. 11 oral argument in front of the U.S. Court of Appeals, one judge appointed by Ronald Reagan apparently expressed skepticism about the legality of the work requirements.

In a joint statement on the subject, House Speaker Lee Chatfield (R-Levering) and Senate Majority Leader Mike Shirkey (R-Clarklake) wrote that able-bodied adults who want cash assistance and subsidized healthcare coverage should "obviously" be expected to work part-time or at least prepare for a career in exchange for the benefits.

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:

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.

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

Miscellaneous News and Information:

New! ACMH looking to create Statewide Parent Advisory Committee

The Association for Children's Mental Health (ACMH) is looking to create a Statewide Parent Advisory Committee. Have you worked with parents that are passionate about mental health and would be interested in using their voice to make a difference? The only qualifications are that applicants be a

parent/primary caregiver with lived experience raising a child (children) with mental health, emotional, and/or behavioral challenges and currently residing in Michigan.

Applications will be made available now through December 31st, 2019. Please encourage parents to apply! We are looking to create a diverse, dynamic and impactful committee. This is the opportunity we have all been waiting for – providing guidance and leadership, focusing our passions about mental health to affect change, and making a difference!

Application for a seat on the ACMH Parent Advisory Committee is open to all parents/primary caregivers with experience raising a child with a mental health, emotional and/or behavioral challenges. Involvement is NOT limited to parents with experience in any particular system, such as public mental health, foster care, juvenile justice or special education. All parents/primary caregivers who are passionate about mental health issues and have personal experience raising a child with mental health challenges will be considered. Up to 15 parents will be selected to serve on the committee. Once selected, members will be asked to serve for a minimum of one year. Committee calls will be held once monthly via technology. Face to face meetings and events will be scheduled 2 to 4 times a year. Members will be expected to attend and fully participate in committee calls, meetings and events; if unable to attend a call, meeting or event, the ACMH Parent Advisory Committee Coordinator should be notified in advance if possible.

To be sent a full committee overview document and application, or if you have questions, please contact: Laura Marshall, ACMH Parent Advisory Committee Coordinator
Phone: 517-420-2193
Email: lmarshall@acmh-mi.org

New! Vital Strategies seeking Michigan MAT program officer

Vital Strategies is seeking qualified candidates for the position of Program Officer – Medication for Addiction Treatment (MAT) Access in Prisons, seconded to the Michigan Department of Corrections (MDOC) located in Lansing, Michigan.

The MDOC serves over 38,000 incarcerated individuals, many of whom have struggled with opioid use disorder (OUD). Evidence has shown that many among this population can benefit from medications for opioid use disorder (MOUD), but the ability to administer these medications requires complex regulatory and practitioner navigation as well as education to individuals with OUD and the staff that support them. It is also critical that incarcerated individuals connect to treatment and supportive services upon release from incarceration to reduce their risk of death and injury from overdose.

The MDOC has developed a strategic plan that aims to implement a full offering of MOUD, as well as any needed behavioral health counseling supports. This includes a partnership with the Michigan Department of Health and Human Services (MDHHS) to tackle policy barriers to accessing proper care upon entry and release for the individuals served. Vital Strategies will provide seconded staff to MDOC to assist with various functions related to implementing MOUD within MDOC facilities and improving linkages to community services, working in collaboration with MDHHS. This will include research on policies and practices, coordinating meetings, developing data, helping support educational and training initiatives, and bridging between state and contracted and other stakeholders.

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

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
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org