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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! Hiawatha Behavioral Health Receives Three Year CARF Accreditation

The following is an excerpt from a recent press release announcing Hiawatha Behavioral Health’s receipt of Three Year CARF Accreditation:

Hiawatha Behavioral Health is pleased to announce the agency has been awarded national accreditation from CARF in all programs for a three-year period. The accreditation will extend through November 2022. CARF (the Commission for the Accreditation of Rehabilitation Facilities), an international, not-for-profit accreditation body, recently sent an on-site team to review Hiawatha Behavioral Health programs, services, administrative structure and performance against more than 1,700 nationally recognized industry standards.

This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to the CARF standards. 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. Hiawatha Behavioral Health has maintained this level of accreditation since the creation of the agency in 1997.

CARF President/CEO, Brian J. Boon states, “This achievement is an indication of Hiawatha Behavioral Health’s dedication and commitment to improving the quality of the lives of the

persons served. Services, personnel and documentation clearly indicate an established pattern of conformance to standards.”

Hiawatha Behavioral Health is dedicated to serving the citizens of Chippewa, Mackinac and Schoolcraft Counties. A copy of the survey report is available at our website www.hbhcmh.org. If you would like information about Hiawatha Behavioral Health please call (906) 632-5539 or 1-800-839-9443 or visit our website at www.hbhcmh.org.

New! Rose Hill Center names new CEO

Rose Hill Center, a longtime CMHA member, has named Rochelle Rothwell as its new president and CEO, following the retirement of its longtime CEO.

She succeeds Ben Robinson, 69, who retired from the Holly psychiatric treatment and rehabilitation center in late July.

Rothwell, who was chosen following a national search, brings strong leadership skills, deep knowledge of the center's mission and keen experience in fiscal oversight, said chairman and co-founder Dan Kelly in a news release.

She brings nearly 20 years of executive leadership at senior living communities. She joins Rose Hill from Canterbury-on-the-Lake, an independent and assisted living community in Waterford, where she was executive director and CEO for more than seven years. Before that, Rothwell, 50, was executive director/regional director of operations for Tennessee-based Brookdale Senior Living from 2002-2012.

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

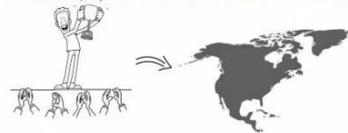
Visit our website at <https://www.cmham.org/committees>

News from Our Preferred Corporate Partners:

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 "busy 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
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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! Michigan State Loan Repayment Program 2020 Application Period Update

The Michigan State Loan Repayment Program (MSLRP) assists employers in the recruitment and retention of medical, dental, and mental health primary care providers who continue to demonstrate their commitment to building long-term primary care practices in underserved communities designated as Health Professional Shortage Areas (HPSAs). MSLRP will assist those selected by providing up to \$200,000 in tax-free funds to repay their educational debt over a period of up to eight years. Participants compete for consecutive two-year MSLRP agreements requiring them to remain employed for a minimum of 40 hours per week for no less than 45 weeks per year at eligible nonprofit practice sites providing primary healthcare services to ambulatory populations. Providers must remain with the employers who sponsor

them during their two-year agreements, and employers must continue to employ the providers they sponsor during their two-year service obligations.

The MSLRP application process is very competitive. Providers and employers serious about successfully competing for a loan repayment agreement will need to carefully read the [MSLRP Application Period Update](#), the entire [MSLRP website](#), as it is updated for the current application period, including the Participant Information and Requirements sections, as well as the instructions on all required application forms.

Please see the [MSLP Program Opportunity Update](#) for more information on the following:

1. 2020 Application Period: February 3 through February 7, 2020 Postmarks Only
2. HPSA-Find Address and County Documentation Required for All Practice Sites
3. Rural Health Clinics Not Approved as NHSC Practice Sites Must Submit NHSC-Compliant Sliding Fee Schedule and Policy
4. Top Priority Applicants for 2020 Application Period
 - o Inpatient Pediatric Psychiatrists
 - o Genesee County Applicants
 - Please Note: Genesee county applicants remain a top priority, but employers will now be required to make contributions equal to 20 percent of their providers' loan repayment agreements
 - o Northern Obstetric Service Providers:
 - Please Note: For providers other than OB/GYN physicians and certified nurse midwives (CNMs) to be considered a top priority, employers must include a signed letter with their Practice Site Applications (See below.)
5. Important Reminders
 - o Non-priority Practice Sites with HPSA Scores of 8 or Higher Treated as Priority
 - o Updated MSLRP Review Process
 - o Workdays Away Form Must be Submitted with Final Work Verification Form
 - o Participants Must Complete Service Obligations with Original Employers
 - o Employers Must Employ Participants Throughout Service Obligations

If, after reading the MSLRP Update, website, and application forms you have questions about the program, please contact Ken Miller at (517) 241-9946 or Millerk3@michigan.gov or Brittany Brookshire at (517) 284-4986 or BrookshireB1@michigan.gov.

New! MDHHS conducting Health Information Exchange survey

The Michigan Department of Health and Human Services (MDHHS) is seeking to gather information from Michigan's stakeholders regarding the connection to and application of Health Information Exchange (HIE) within the diverse settings that serve Michiganders across the continuum of care. MDHHS has designed a survey to better understand various aspects of connectivity including how the use of Health Information Technology systems such as Electronic Medical Records or patient registries may impact the connection to Michigan's Health Information Exchanges and how information transferred via HIE may be integrated into internal operations to support the delivery of care to patients. MDHHS recognizes that the perceptions and opinions of the use and application of information from HIE may vary across roles within the organization, therefore each responding organization is encouraged to submit multiple surveys that capture the perspective of direct service delivery providers, administrative and

information technology personnel. If you have any questions regarding this survey, please contact the MDHHS State Innovation Model (SIM) Team at MDHHS-SIM@michigan.gov.

The survey is available through the following link:

https://healthmanagement.qualtrics.com/jfe/form/SV_b12xlqPALNyGNj7

Responses are requested by 5:00pm on January 17, 2020.

New! 2020 Midwest Suicide Prevention & Mental Health Summit Call for Proposals

Midwest Suicide Prevention & Mental Health Summit
May 14 & 15, 2020 Columbus, OH

The Ohio Suicide Prevention Foundation (OSPF), in partnership with The Ohio Department of Mental Health and Addiction Services, NAMI Ohio, and Pegs Foundation are hosting the 2020 Midwest Suicide Prevention and Mental Health Summit on May 14-15, 2020. This two-day summit will focus on providers of suicide prevention across the Midwest, from coalitions and organizations dedicated to preventing suicide and promoting mental health wellness, prevention professionals, healthcare professionals, veteran-serving organizations, state and community leaders, and others dedicated to community solutions to address the public health problem of suicide.

OSPF is requesting presentations touching any one or more categories below. These presentations should have an emphasis on **practical implementation, prevention success stories, and collaboration with community partners across disciplines.**

We also request presentations focusing on **effectively working with special at-risk populations and cultural competency.** If you would like to present on a population that is NOT represented below, we still encourage you to submit a proposal.

Aging Population Agriculture Amish Black/African American First Responders
LGBTQ+ Refugees Rural Communities Tribal Communities
Urban Communities Veterans Youth Aftercare/Caring Contacts
Collecting and using data to inform prevention efforts Collective Impact
Effective Advocacy Means access Mental health promotion Postvention
Safety Planning Screening and Assessment Strategic planning and implementation
Suicide Prevention Working with local and state systems (ex: schools, healthcare, foster care, etc.)

Deadline: January 17, 2020

One presenter for each selected presentation will receive free registration to the summit. Additional presenters will be required to register for the summit at an early bird rate of \$150 (ending March 31, 2020) or \$200 regular registration. All presenters are responsible for their own travel, hotel, and per diem expenses.

[Click here](#) to submit your proposal.

Ohio Suicide Prevention Foundation recommends writing that proposals be in a word document, then pasting the Word text into the survey monkey form. Questions: please contact the Ohio Suicide Prevention Foundation's Director of Community Engagement, Michelle Price michelle.price@ohiospf.org or call 614-429-1528 ext. 239.

New! The Centers for Medicare & Medicaid Services (CMS) seeks members for two Technical Expert Panels (TEPs)

CMS has contracted with The Lewin Group (Lewin) to work on a variety of measure development activities through a large project entitled Home and Community-Based Services Measure Development, Endorsement, Maintenance, and Alignment Contract. As part of its measure development process, Lewin will convene groups of stakeholders and experts for two distinct, unrelated TEPs that contribute direction and input during the development and maintenance lifecycle of measures covered under this scope of work. One TEP is focused on HCBS measurement development and the other TEP is focused on addressing gaps in the Medicaid and CHIP Scorecard across a variety of topics.

Each TEP will seat approximately 15 individuals, including HCBS providers, individuals or family members, representatives from stakeholder groups impacted by the measure(s), clinicians, state Medicaid and CHIP administrators, researchers, health information technology (IT) experts, and others with differing perspectives and areas of subject matter expertise.

Subject matter expertise valuable to the HCBS Measures TEP includes: HCBS delivery and functional assessment items/data collection instruments used in HCBS settings (e.g., familiarity with the Functional Assessment and Standardized Items (FASI) or similar instruments, familiarity with eligibility determinations and reassessments); HCBS programs, person-centered planning, long-term services and supports (LTSS), systems, best-practice models, and assessment methods/tools, as well as knowledge of cross-walking efforts related to current health care assessment instruments; Experience of care within HCBS (e.g., familiarity with the Consumer Assessment of Healthcare Providers and Systems [CAHPS®] Home and Community Based Services Survey [HCBS CAHPS®] and similar instruments); Individual, family member, and caregiver perspective; Health IT and interoperability experience; Managed Long Term Services and Supports (MLTSS); Outcome measurement; and Quality improvement.

Subject matter expertise valuable to the Medicaid and CHIP Scorecard Measures Gap Development TEP includes: Medicaid and/or CHIP quality and data reporting; Medicaid and/or CHIP adult healthcare quality issues; Individual beneficiary/family member (caregiver) perspective; Behavioral health; HCBS care and delivery; Outcome measurement; and Quality improvement

Both TEP nomination periods open on Thursday, December 12, 2019 and close on Thursday, January 16, 2020. Please submit all nomination materials by close of business (8:00 pm EST) on the closing date. [Additional information about the TEP and nomination requirements.](#)

State Legislative Update:

New! Budget Deal Heads to the Governor

This week the legislature sent to the Governor a budget supplemental agreement containing boilerplate language that would enable a legislative response to undo State Administrative Board transfers for the

remainder of this fiscal year, require that budgets be completed by July 1 each fiscal year and provide more Auditor General oversight of Executive Branch office records.

As passed, the supplementals would restore some of the \$947 million in line-item vetoes executed by the governor. The deal resolves the disagreement between Governor Whitmer, who did not want to diminish executive branch power for her successors, and Senate Majority Leader Mike Shirkey (R-Clarklake), who wanted a statutory change preventing the governor from making budget transfers on the scale that was done following budget passage.

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.

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

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! CCBHC extension, including Michigan, looks promising

Recently, bipartisan leaders of the Senate Finance Committee reached an agreement on a 2-year extension and more than doubling the current program by adding 11 additional states (including Michigan) to the Certified Community Behavioral Health Clinic (CCBHC) Medicaid program. This agreement was announced by Senators Chuck Grassley (R-IA) and Ron Wyden (D-OR), lead negotiators on the year-end package of health care bills.

Over the program's two years, CCBHCs have dramatically improved access to care, strengthened the response to the opioid crisis, and significantly reduced appointment wait times. Through CCBHCs, access to Medication Assisted Treatment (MAT) and emergency psychiatric services have saved lives and reduced hospital emergency department utilization. Patients have received highly effective community-based treatment instead of incarceration in county jails, placement in homeless shelters, and crisis psychiatric services.

While this agreement on CCBHCs is an exciting development, it is still very early in its progress toward being enacted into law. The package must still be voted on by both the House and Senate before going to President Trump for his signature.

In a statement, the National Council's President and CEO, Chuck Ingoglia, highlighted the importance of extending and expanding the CCBHC program:

"We applaud the members of Congress who worked so hard on this agreement to fund and expand our nation's CCBHCs. Extending and expanding this successful program is vitally important to people who rely on the mental health and addiction services provided by CCBHCs...

We want to applaud the leadership of those responsible for championing the CCBHC program – Chairman Charles Grassley (R-IA), Ranking Member Ron Wyden (D-OR), Senator Debbie Stabenow (D-MI), Senator Roy Blunt (R-MO), Representatives Doris Matsui (D-CA), Markwayne Mullin (R-OK), Greg Walden (R-OR) and Frank Pallone (D-NJ)."

Also included in this package are extensions of Money Follows the Person, funding for the Puerto Rico Medicaid program, and Temporary Assistance for Needy Families (TANF), as well as a delay of disproportionate-share hospital (DSH) payment cuts, among others.

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 TODAY, 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

New! MDHHS announces series of autism webinars

Upcoming Webinars on a range of clinical dimensions of autism spectrum disorder services are listed below. All run from 12:00 noon to 1:00 p.m.:

January 8, 2020 - Not ASD: Management of Diagnosis and Recommendations For Children Who Do Not Meet ASD Criteria. [link for January](#)

March 11, 2020 - Making ASD Re-evaluations Helpful For The Family. [link for March](#)

June 10, 2020 - When The ADOS-2 Cannot Be Scored: ASD Evaluation With Sensory and Motoric Impairment. [link for June](#)

August 12, 2020 - Common Errors in ASD Evaluation: Lessons Learned From Second Opinion Evaluations. [link for August](#)

New! Managing Mental Health Crisis trainings and ASDIDD trainings announced

Managing Mental Health Crisis

Program Overview:

This course is designed to provide participants with a better understanding of mental illness as it relates to law enforcement. Managing a Mental Health Crisis (MMHC) is a culmination of knowledge and skills developed by law enforcement and mental health professionals with the intention of promoting effective and high-quality responses to mental health related incidents.

Dates:

February 17–18, 2020 - Pines Behavioral Health

January 22nd – 23rd, 2020 - CNS Healthcare

March 17th – 18th, 2020 - Bay College – Joseph Heirman University Center

April 15th – 16th, 2020 - M-TEC University Center

Autism & Intellectual Developmental Disorders

Program Overview:

This course is designed to provide participants with the knowledge and skills required to provide effective, equitable service to people with intellectual and/or developmental disabilities including autism spectrum disorder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

FOUR 2-Hour Sessions Available:

January 7, 2020

January 14, 2020

January 21, 2020

January 28, 2020

Training Location:

Madison Heights Police Department

For more information and to register, see training flyers [HERE](#).

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:

CMHA WEEKLY UPDATE

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