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NOTE: Due to the upcoming holidays, there will not be a Weekly Update edition for the next two weeks. The next edition will come out on January 10, 2020. Best wishes for a happy holiday and wonderful New Year!

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

State and National Developments and Resources:

New! MDHHS seeking views on consent to release PHI tool

MDHHS and Altarum, a consultant firm working with MDHHS, are seeking views of stakeholders relative to a draft Protected Health Information (PHI) consent tool.

The PHI Consent Tool and supporting documents have been updated on the MDHHS website and can be found at www.michigan.gov/PHIConsentTool.

The intent of these resources is to break down barriers that stall the flow of information between clinicians, payers, and medical records/administrative staff, particularly with respect to behavioral health information.

All stakeholders and Weekly Update readers are welcome to review and provide comments on this tool by going to the link provided above.

New! Michigan files suit against opioid distributors

Below are excerpts from a recent press release regarding the lawsuit filed, by the State of Michigan, against the major distributors of opioids in Michigan.

Michigan became the first state in the country to sue major opioid distributors as drug dealers when it filed a lawsuit against Cardinal Health Inc., McKesson Corporation, AmerisourceBergen Drug Corporation and Walgreens this morning in Wayne County Circuit Court.

"These companies knowingly and deliberately used their licenses to distribute drugs in our state without controls," said Nessel. "This was not only negligent; it was unlawful, a public nuisance and, as a result, their actions subject these companies to liability under Michigan's Drug Dealer Liability Act."

Governor Gretchen Whitmer and the state's chief medical executive, Dr. Joneigh Khaldun, joined Michigan Attorney General Dana Nessel to announce the historic litigation.

"The opioid crisis is hurting families from Downtown Detroit all the way to the Upper Peninsula, which is why last month, I announced a statewide goal for the State of Michigan to reduce the number of opioid deaths by 50 percent in 5 years," said Governor Whitmer. "The work Attorney General Nessel's office is doing will be crucial in us reaching that goal. I applaud the Attorney General for her leadership and will continue to work closely with her and everyone else who wants to help Michiganders struggling with opioid use disorder and their families."

"In 2018, we lost more than 2,000 Michiganders to opioid overdoses; that's more than five people each day," said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. "The actions being taken by the Attorney General today will help ensure that those who contributed to the crisis bear responsibility and bring desperately needed resources into the state to save the lives of those caught in the crisis today."

The numbers are startling, according to Nessel. Michigan residents were bombarded by nearly three billion opioid pills that came into the state – more than 1.1 million pills came across the border every day for seven years (2006-2012), according to The Washington Post. And in 2018, of the 2,599 drug overdose deaths in Michigan, 2,036 of those overdoses were opioid-related.

In its lawsuit, the state charges that Cardinal Health, McKesson Corporation, AmerisourceBergen and Walgreens:

- Distributed and sold opioids in ways that facilitated and encouraged their flow into the illegal, secondary market;
- Distributed and sold opioids without maintaining effective controls against the diversion of opioids;
- Chose not to effectively monitor suspicious orders;
- Chose not to investigate suspicious orders;
- Chose not to report suspicious orders;

- Chose not to stop or suspend shipments of suspicious orders; and,
- Distributed and sold opioids prescribed by “pill mills” when these companies knew or should have known the opioids were being prescribed by said “pill mills.”

Because the companies knowingly participated in the illegal distribution of the prescription opioids purchased by Michigan residents, the suit charges they are liable to the state of Michigan under the Drug Dealer Liability Act for damages caused by opioids acquired from their distribution channels. Those damages include but are not limited to the costs that have been or will be borne by the state for:

- Increased law enforcement costs;
- Health care costs;
- Costs to care for, house, rehabilitate and/or foster opioid addicts and opioid-dependent infants and children;
- Costs associated with early childhood intervention;
- Special needs education costs with respect to infants born with Neonatal Abstinence Syndrome because of opioid abuse, who require special education when they attend local schools;
- Prosecution-related costs, including hiring additional prosecutors, investigators and/or staff as well as additional courtroom-related expenses;
- Costs for additional jail space and other costs associated with incarceration;
- Drug treatment program costs; and
- Any other financial loss proximately caused by illegal drug use.

[A copy of the filed complaint is available here.](#)

New! Court voids ACA mandate — but not the whole law

Below are excerpts from a recent news story on the federal appeals court decision striking down segments of the Affordable Care Act (ACA).

A federal appeals court on Wednesday struck down Obamacare’s individual mandate in a decision that immediately thrusts the health care law to the forefront of the 2020 elections.

However, the appeals court ruling largely ducked the central question of whether the rest of the Affordable Care Act remained valid after Congress removed the penalty for not having health insurance. The three-judge panel instead sent the case back to a Texas federal judge, who previously threw out the entire law, to reconsider how much of Obamacare could survive.

The high-stakes ruling keeps the legal threat to Obamacare alive while reducing the likelihood the Supreme Court could render a final verdict on the law before the next elections. Still, the appeals court’s decision could renew pressure on President Donald Trump and Republicans to explain how they will preserve insurance protections for preexisting conditions after failing to agree on an Obamacare replacement for years.

The latest challenge to Obamacare was brought by more than a dozen Republican-led states that argued the law is no longer constitutional after Congress jettisoned the individual mandate penalty in the 2017 Republican tax package. The mandate was originally upheld by the Supreme

Court seven years ago as a legitimate use of congressional taxing power — and without that penalty, the states argued, the entire law should fall.

Democratic-led states heading Obamacare's legal defense said they would challenge the appeals court ruling directly to the Supreme Court, calling for a quicker resolution on the law's fate. "It's time to get rid of the uncertainty," said California Attorney General Xavier Becerra, who's leading the Democratic defense. "In many respects, many of us believe that this is a merry-go-around. The last thing Americans need is to have their security and the health of their kids depend on these circular arguments that are going around."

The 5th Circuit Court of Appeals said its decision to send the case back to District Court Judge Reed O'Connor was largely precipitated by the Trump administration switching legal positions in the case earlier this year. The Justice Department originally argued just the law's individual mandate and main insurance protections should be abolished. The department, under Attorney General William Barr, earlier this year expanded its legal assault on Obamacare to argue the entire law should be found unconstitutional only in the Republican-states challenging the law.

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

New! Health conundrum: how state budgets can find the balance between social versus medical services

Below are excerpts from a recent blog in the prominent health policy journal, Health Affairs, discussing the benefit of states providing a sound balance between healthcare and human services funding.

Can the United States bring down overall health care costs by spending more on education, social services, and the other so-called [social determinants of health](#)? Substantial [research](#) has shown a clear link between social factors and health status, and there is [some evidence](#) that spending on these factors is also linked to improved health. For example, in the United States, Elizabeth H. Bradley and colleagues have shown a strong connection between [state-level spending](#) on social factors and such health outcomes as adult obesity, asthma, heart attacks, and type 2 diabetes.

These and other findings have led several authors to suggest that we can lower health care spending by "[investing in the social safety net](#)." People would be healthier, goes the thinking, and would have less need for medical services.

There are several reasons to doubt this argument, if only because rising prices for medical services are driving national health care expenditures more than rising medical need. In a recent [Health Affairs article](#), Irene Papanicolas and colleagues use international comparisons of spending to throw more cold water on the idea that more social spending will result in lower health care costs. The authors showed that countries with high social spending don't necessarily have lower health care spending. In fact, high health care and high social spending appear to go hand in hand.

While the strategy of increasing social spending to lower health care costs remains unproven, a different issue is of growing practical concern in the United States. States are the principal spenders when it comes to social factors, and without raising taxes, [state and local budgets](#) simply don't have the money to invest more in public welfare. The reason is simple: health care

costs are consuming a larger and larger percentage of state budgets. Thus, while spending more on social factors might or might not reduce health care costs, the tradeoffs on the downside are real and happening right now.

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

New! Guidance for State Medicaid Agencies on Dually Eligible Beneficiaries Receiving Medicare Opioid Treatment Services Effective January 1, 2020

Recently, the Centers for Medicare and Medicaid Services (CMS) issued an Informational Bulletin to provide guidance to states regarding coverage changes for dually-eligible beneficiaries (those enrolled in both Medicare and Medicaid) receiving opioid treatment services. Starting January 1, 2020, Medicare will begin paying for opioid treatment programs (OTPs) through bundled payments for opioid use disorder (OUD) treatment services, including medication-assisted treatment (MAT) medications, toxicology testing, and counseling as authorized under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).

For dually-eligible beneficiaries who receive OTP services through Medicaid now, starting January 1, 2020, Medicare will become the primary payer for OTP services. In order to be reimbursed by Medicare, OTP providers will need to be enrolled as a Medicare provider. It is possible that not all providers will have completed the Medicare enrollment process and be able to bill Medicare as primary payer by this date. In an effort to prevent any disruption in OTP treatment for dually-eligible beneficiaries, CMS is providing background information on the enrollment of providers for this benefit and clarifying options available for states to consider regarding coordination of benefits/third party liability under Medicaid.

The full guidance document can be found at: [CIB: Guidance for State Medicaid Agencies on Dually Eligible Beneficiaries Receiving Medicare Opioid Treatment Services Effective January 1, 2020](#)

New! 'Lockdown anxiety': How early is too early to train kids on school shootings

Below is a recent news story discussing the concerns that some professionals and parents are expressing regarding the impact of lockdown drills in Michigan schools.

Inside her kindergarten classroom, Matthew Perko's daughter was told to hide. Someone was inside her school who should not be there, the child was told as part of a school safety drill.

It was the day Farmington public school officials set for elementary school students to practice one of three mandated lockdown drills a year, so Perko's daughter and her classmates watched as the classroom door was locked and lights turned off.

The children were then instructed to hide, Perko said. They were told it was just a drill, but Perko worries it could be too much to ask of a 5-year-old.

"The word 'bad guy, assailant or shooter' wasn't used," Perko said. "I also know my 5-year-old, and I know where her anxiety level lives on a day-to-day basis."

Perko, like many parents, worries about the stress put on children whose innocence is tested during a rehearsal for what could be the worst day of their young lives.

"It's not a matter of hiding everything," he said. "It's how is the message being delivered and is it appropriate? ... What can kids handle at different ages?"

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

New! State Bar of Michigan issues Call for Authors: "Legal Issues Impacting Behavioral Healthcare Providers"

The Health Care Law Section of the State Bar of Michigan is inviting attorneys to contribute to a manual or white paper which would address Michigan's behavioral health laws and best practices for qualified healthcare professionals and entities providing behavioral healthcare services.

Issues to be addressed in the paper may include, but certainly are not limited to, the laws relating to mental health, the powers and duties of certain state and local agencies, admission procedures for individuals with mental illness, substance use disorder, or developmental disability, along with a discussion of penalties and remedies as outlined in Michigan's Mental Health Code.

Interested persons should contact Aaron Sohaski at asohask1@hfhs.org by January 24th, 2020. Time tables and page length are flexible and commensurate with the complexity of the article.

State Legislative Update:

New! Governor and Legislature Combine for Fewest PAs Since 1960

The 2018 session saw 690 public acts (PAs) signed into law, second only to John Engler's last year in office in 2002 (747) as the most since the 1963 Constitution. Assuming Gov. Gretchen Whitmer signs all 34 outstanding bills awaiting action, the 2019 session of the Michigan Legislature will have gotten 180 public acts enacted, the fewest number of PAs since Gov. Soapy Williams' last year in office in 1960.

This collection of PAs is based on numbers collected from the official state of Michigan book of public acts published at the end of each year's session. As of Dec. 12, Whitmer has signed 146 bills into law. She had two on her desk awaiting action, with one of them being the reversal of the deer baiting ban, which was vetoed Thursday. The House Clerk's office has 27 bills to send her and the Secretary of the Senate has another five to process. In all likelihood, Whitmer will sign no more than 179 bills this session.

By comparison, the Legislature sent to former Gov. Rick Snyder 401 bills in lame duck alone, meaning lawmakers passed twice as many bills in the last six weeks of 2018 than all 52 weeks of 2019.

Historically, odd-numbered years produce fewer bills than even-numbered years, as bills started at the beginning of the term wrap up at the term's end. The average number of bills signed into law in odd-numbered years from 1951 to 2017 is 280. The average number of bills signed in even-numbered years from 1952 to 2018 is 443.

Before 1951, the state Legislature tended to only meet in odd-numbered years until May or June. The Governor did call the Legislature into special session in even-numbered years pre-1952, but the workload

was nowhere near the same as the regular odd-numbered-year session.

After 1952, when the Legislature started meeting regularly every year, 1960 is the only other year outside of 2019 in which fewer than 200 bills have been signed into law.

Here's some other notes:

- Of the 179 bills Whitmer is expected to sign, 110 are House bills and 69 are Senate bills.
- Snyder signed 323 bills in his first year in 2011. Gov. Jennifer Granholm signed 322 in her first year with a Republican Legislature in 2003. Gov. John Engler signed 201 in his first year in 1991. Gov. James Blanchard signed 259 in 1983.

Federal Update:

New! CCBHC Update

This week, Congress released draft legislative text of a deal to keep the government funded for the remainder of FY 2020. Packaged with the spending bill were a number of short-term health care program extenders, including an extension of the 8-state CCBHC demonstration for an additional five months, to May 22, 2020. The bill also provides a \$50 million increase to SAMHSA's CCBHC Expansion Grants, bringing the total allocation for CCBHC grants to \$200 million.

Government funding is currently slated to run out on Dec. 20. A vote on the spending bill has not yet occurred, but we expect it will pass this week to avert a shutdown. The latest extension and funding increase are yet another sign of growing Congressional support for CCBHCs, thanks to advocacy from across the nation!

Although we were disappointed to learn that a proposed 2-year extension and 11-state expansion of the program were not included, the latest deal is still an important sign of progress. There remains significant bipartisan support for a longer-term extension and expansion. It has been packaged with other health care program extensions, with the expectation that spending on these policies must be offset by cuts elsewhere. Unfortunately, Congress has not yet reached agreement on the offset, meaning that the whole package of extenders has been pushed to May to give negotiators time to work out a deal. We will stay in touch about additional opportunities for advocacy!

Meanwhile, as CCBHC Expansion Grantees enter into the final year of their grants, we are pleased to see funding for these grants increased. The National Council continues to advocate for current grantees' funding to continue beyond two years so that no CCBHC will experience a funding cliff.

CCBHCs have demonstrated great success so far, and the next five months will give us time to continue to bring data and success stories to the Hill to advance our cause.

Education Opportunities:

New! CMHA 2020 Annual Winter Conference Details



Community Mental Health Association of Michigan

**Annual Winter Conference
"Charting the Course Together"**

**February 4 & 5, 2020
Radisson Plaza Hotel, Kalamazoo, Michigan**

Hotel reservation opens Monday, December 23, 2019 – watch www.cmham.org for reservation information!

Conference registration opens Monday, December 30, 2019

Pre-Conference Institute: Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition

Monday, February 3, 2020

1:00pm – 4:00pm Training (12:30pm Registration)

Registration Fees:

\$60 CMHA Members, \$72 Non-Members

WINTER CONFERENCE KEYNOTE PRESENTATIONS:

National Perspective: Landscape and Opportunities for Community Mental Health

– *Melissa Bailey, MA, Senior Fellow, Center for Health Care Strategies, Inc.*

Real Men Do Cry: A Guide to Mental Fitness

– *Eric Hipple, Mental Health Outreach Specialist, NFL Alumnus, Detroit Lions*

The Importance of Helping Individuals Achieve their Personal Goals - Resources and Tools

– *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

Behavioral Health Transformation Update and Breakout Discussions

– *Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of Health and Human Services*

Hotel reservation opens Monday, December 23, 2019 – watch www.cmham.org for reservation information!

Conference registration opens Monday, December 30, 2019

New! Registration now open for FY20 DBT Trainings

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:

- March 30-31, 2020 – Hilton Garden Inn Lansing West | [CLICK HERE](#) for more information and to register now
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | [CLICK HERE](#) for more information and to register now

Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan*. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:

\$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Dates/Locations:

- May 18-22, 2020 – Holiday Inn Grand Rapids Airport West | [CLICK HERE](#) for more information and to register now
- June 8-12, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

Who Should Attend?

This event is sponsored by the adult mental health block grant and is *only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan.*

This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

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

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:

News from Our Preferred Corporate Partners:

Abilita provides telecommunication guidance



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
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.

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

CMHA WEEKLY UPDATE

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
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Community Mental Health Association of Michigan

ANNUAL WINTER CONFERENCE

February 4 & 5, 2020

Pre-Conference Institute | February 3, 2020 | 1-4pm

Radisson Plaza Hotel
Kalamazoo, Michigan

“CHARTING THE COURSE TOGETHER”



PRE-CONFERENCE INSTITUTE

Monday, February 3, 2020 | 1:00pm – 4:00pm

Building Collaboration Between Psychology and Law Enforcement on Violence Indicator Recognition

Monday, February 3, 2020

12:30pm Registration

1:00pm – 4:00pm Training

This presentation will use a documentary of a police ambush to discuss the psychological factors and behavioral indicators exhibited by the perpetrators of the crime. Warning signs and indicators of individuals on a pathway toward violence will be presented from the viewpoints of law enforcement and mental health. Participants will be able to: 1. Understand the pathway to violence; 2. Understand human development and its impact on personality; and 3. Identify indicators of the potential for violence.

About the Presenters:

Terri Glisson, JD, LPC, Program and Management Analyst, Office of Partner Engagement Federal Bureau of Investigation

Terri L. Glisson, JD, LPC, joined the FBI in 2009 after completing law school at Cleveland Marshall College of Law in Cleveland, OH. Prior to her present position with the Office of Partner Engagement, Terri worked for the Critical Incident Response Group and the Counterterrorism Division. Currently based at FBI Headquarters in Washington, D.C., she previously served in field offices in Jackson, MS and Detroit, MI. Prior to the FBI, Terri worked in education and mental health. Her particular area of clinical expertise is child and adolescent development and trauma. Past career experiences include Director, Adolescent Unit-Charter Psychiatric Hospital, St. Simons Island, GA; Clinical Director, Golden Isles Children's Advocacy Center, Brunswick, GA; and Clinician with the Georgia Department for Juvenile Justice, Dalton, GA.

John Blue, MPA, MA, EDLE, Senior Deputy Police Chief Portage Department of Public Safety

Senior Deputy Chief John Blue has been in law enforcement for over 32 years. He has extensive experience in all operational and administrative areas of law enforcement. These areas include: Patrol, SWAT Operator/Supervisor, Instructor, Community Policing Officer, Training Division Supervisor, Accreditation Manager and State Accreditation Assessor, Detective Bureau Supervisor, Patrol Sergeant, Operations Lieutenant and Senior Deputy Chief of Operations. In 2018-2019, John completed a 6-month Executive Fellowship with the FBI (Washington) and was assigned to the Active Shooter Initiative/Task Force. John has presented and instructed throughout the U.S. and at the FBI National Academy on topics including: Officer Response Tactics, Assailant Predication, Behavioral and Mental Health Response, and Threat Assessment.

Pre-Conference Institute Registration Fee:

\$60 CMHA Members

\$72 Non-Members

Registration fee includes training materials and refreshments.

Registration Opens on Monday, December 30, 2019!

KEYNOTE SESSIONS



National Perspective: Landscape and Opportunities for Community Mental Health

Melissa Bailey, MA, Senior Fellow, Center for Health Care Strategies, Inc.

Melissa Bailey, MA, is the former Commissioner of the VT Department of Mental Health, having previously served as the Deputy Commissioner, and has worked in a variety of roles at the department and for the VT Agency of Human Services. She has led integration, service delivery and payment reform work and the development of new programs with a focus on quality improvement and positive outcomes for people seeking and engaging in services. Ms. Bailey has also worked for Vermont's community mental health centers' network development and trade association organization as the quality director, as the clinical director of a large state-wide private mental health practice, and as a school-based clinician for a community mental health center. Ms. Bailey earned a master's degree in mental health counseling from Northern Vermont University and is a licensed clinical mental health counselor in Pennsylvania. She is currently a Senior Fellow at the Center for Health Care Strategies (CHCS). In this role, she primarily provides technical assistance and strategic consultation on a variety of topics including child and adult mental health, trauma, adolescent substance use, and integrating care for complex populations. Her focus has always included the voice of individuals, family and youth in the system of care and implementing health promotion and prevention strategies which includes early intervention and high-end treatment of complex populations, addressing toxic stress and the impacts of social determinants of health.



Real Men Do Cry: A Guide to Mental Fitness

Eric Hipple, Mental Health Outreach Specialist, NFL Alumnus, Detroit Lions

We are all too familiar with the stresses in life and the damage it can do to the biology and the psyche of a person. Resilience, solution-oriented thinking, positive attitude and decision-making with a strong dose of purpose is the foundation for mental fitness. That doesn't mean that things won't go wrong, they often do in life, but just surviving is not enough, it is also about thriving. Mental health is a continuum; by definition it is a sense of wellbeing where one can reach their full potential and be productive, be part of his or her community, have healthy relationships and handle the normal stresses of life. Mental fitness is a key component in managing our mental health. It gives us the ability to care for ourselves and make sure we're physically and emotionally able to do so.



The Importance of Helping Individuals Achieve their Personal Goals – Resources and Tools

Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services

Helping clients achieve their personal goals using person-centered planning and support in the least restrictive environments are important aspects of CMH services. The importance of people being served in the right place and right time for their needs is a priority. As such, policies like Careflow help the State of Michigan link state hospital services with community mental health to better support clients together. At the same time, the legal regulations of mental health practice require providers to have an awareness of the latest aspects of the mental health code. This talk will review updates on behavioral health, the importance of Careflow as well as the roles of voluntary services and the roles and parameters of assisted outpatient treatments to better support clients with mental health and other challenges.



Behavioral Health Transformation Update and Breakout Discussions

Sarah Esty, Senior Deputy Director, Policy and Planning Administration, Michigan Department of Health and Human Services

In December, MDHHS announced plans to transform Michigan's behavioral health system. The state is proposing a move towards a dedicated statewide crisis and safety net system through the CMHs, with multiple Specialty Integrated Plans to provide comprehensive physical and behavioral health care to individuals with Medicaid – including a statewide public-led plan. MDHHS will provide a brief update about the proposal plans and stakeholder engagement process, then break out into smaller group discussions to receive targeted feedback from attendees.

EDUCATIONAL SESSIONS

- Advocacy 101 – How to be a Successful Advocate
- Children’s Special Health Care Services and Mental Health: Working Together to Serve Children and Families with Complex Medical Needs
- Supported Decision Making in Michigan
- “Conflict-Free” Services: Why the Big Push for This in Michigan and Nationally
- Followership: Because Worthy Leaders are Great Followers
- Michigan Healthy Transitions Project: Improving Services for Transition Age Youth and Young Adults
- Michigan’s Infant and Early Childhood Consultation
- Treatment Planning with ASAM Levels of Care in a Treatment Setting
- The Time is Now: A Comprehensive Approach to Address High Utilization of Emergency Services and Hospitalization
- Elder Abuse and Financial Exploitation
- Increasing and Improving Multi-Cultural Competence Among Behavioral Healthcare Professionals and Key Decision Makers
- Whatchu Talmbout, Willis?: Communication Barriers Between Providers and African American Consumers in Urban Communities"
- Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions
- Proven Recovery Solutions for Those with Cognitive Challenges
- Understanding Moral Injury
- Breaking the Stigma of Addiction
- Developing Michigan’s First Recovery High School
- MAT in Michigan’s Prisons: Assisting Incarcerated Individuals in their Recovery
- Strength-Based, Recovery-Oriented Plans
- Crisis Intervention Teams: The Importance and Benefits of Community Collaboration
- Implementing Integrated Population Health Management through an Integrated Health Dashboard
- Subpoenas and Release of Confidential Information
- Can You Tell Anyone? Provider Reporting Obligations Under the Child Protection Law, Mental Health Code, and Social Welfare Act
- Boardworks 2.0: Current and Future Funding for CMHSPs and PIHPs (Previously Budgets)
- Boardworks 2.0: Foundations – Ensuring a Consumer Focus
- Boardworks 2.0: Foundations – Intended Beneficiary Command
- Boardworks 2.0: Leadership – Legal

HOTEL DETAILS & RESERVATIONS

HOTEL RESERVATIONS FOR ALL ATTENDEES:

On Monday, December 23, hotel reservations will be open for ALL attendees to make as many room reservations as they would like.

HOTEL DETAILS:

Radisson Plaza Hotel & Suites, 100 W. Michigan Ave., Kalamazoo, MI 49007

2020 Room Rates: \$133 plus taxes (Single/Double)

When making your reservations, you will be charged one-night NON-REFUNDABLE deposit.

There will be NO PHONE reservations.

Cancellation Deadline: Guests have until 24 hours prior to arrival to cancel without penalty. If a reservation is canceled prior to the 24 hours the one-night non-refundable charge will still apply but there will not be any additional charges. If a guest cancels within 24 hours prior to arrival, in addition to the one-night non-refundable charge, a one-night stay fee will apply.

Parking: Discounted rate for self-parking of \$5 per night/car for *overnight hotel guests*. Parking for *non-hotel guests* will be discounted at \$10.00 per day/car.

Hotel Check In: 4:00pm **Hotel Check Out:** 12:00pm

TO MAKE YOUR RESERVATIONS:

Visit: www.radissonkz.com

Check in & check out dates: enter conference dates only

Occupancy: enter number of rooms and adults

Special Rates: Scroll down and select **Promotional Code**

Enter: **Code with be available on Monday, December 23, 2019**

Click the Red Button "Check Availability"

Make your selection and Complete your Reservation

Deadline for Reduced Rate: January 12, 2020

CONFERENCE REGISTRATION FEES

REGISTRATION FEE (per person)

Full conference registration fee provides you with a program packet, admission to all keynote sessions, all workshops, 2 breakfasts, 2 lunches and all breaks.

| | Member Early Bird | Member After 1/17/20 | Non-Member Early Bird | Non-Member After 1/17/20 |
|-----------------|-------------------|----------------------|-----------------------|--------------------------|
| Full Conference | \$417 | \$457 | \$499 | \$548 |
| One Day | \$322 | \$362 | \$386 | \$434 |

SCHOLARSHIPS AVAILABLE

*A limited number of scholarships are available to individuals who receive services and their families. Scholarships will cover conference registration fees only. Consumers who serve as CMH board members are not eligible. Deadline to request scholarship: **JANUARY 17, 2020.** To request a scholarship form, contact Chris Ward at cward@cmham.org or 517-374-6848.*

EARLY BIRD DEADLINE: JANUARY 17, 2020

- **Payment will be required prior to attendance.**
- 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 CMHAM.
- **Purchase Orders are not considered payment.**
- All No Shows will be billed the full amount.

Check: Make payable to CMHA and mail to 426 S. Walnut Street, Lansing, MI 48933

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing 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.

Evaluation: There will be an opportunity for each participant to complete an evaluation of the course and the instructor. If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation of the conference or you may contact CMHA at 517-374-6848 or through our website at www.cmham.org for resolution.

Severe Weather Policy: Trainings will take place as scheduled and we will not be able to refund training fees. In the event of severe weather, please check the www.cmham.org website for scheduling delays and event updates.

QUESTIONS? Call CMHA at 517-374-6848

Conference Registration Opens:
Monday, December 30, 2019!

Visit www.cmham.org for the latest conference information.