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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:

CMHA Committee Schedules, Membership, Minutes, and Information

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

State and National Developments and Resources:

New! NACBHDD 2020 Legislative Priorities and Positions

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), of which CMHA is a long time member (and through CMHA, all of its members are NACBHDD members) is the nation’s only advocacy and policy analysis group dedicated to the county-based public mental health system.

Annually, NACBHDD develops a set of national legislative priorities. Below are the NACBHDD legislative advocacy priorities for 2020. This association, as it has in the past, will join NACBHDD in furthering the NACBHDD legislative agenda.

Medicaid as a Block Grant.

Issue: A new CMS advisory encourages states to seek waivers to change the state Medicaid program from an entitlement to a block grant. The change would allow states to limit the amount, duration and scope of coverage, cap the number of people covered, disallow coverage for some and impose fees for coverage. It also enables states to skirt key ACA Medicaid expansion provisions.

Action: Oppose the Administration's proposal to allow states to change state Medicaid into a block grant. Support continuation of the 50-year-old Medicaid law as an entitlement program.

CCBHC Authorization/Appropriation

Issue: The authority and appropriations for the 8-state Certified Community Behavioral Health Center (CCBHC) demonstration expire on May 22, 2020, unless legislation enacted to keep the program alive. Some on the Hill hope to use the 'must pass' CCBHC (and FQHC) appropriations as a vehicle for adoption of drug cost reduction and/or surprise medical cost measures. House and Senate legislation would reauthorize CCBHCs for 2 more years and to expand them by 11 more states. (S. 824 and HR 1767, the excellence in Mental Health and Addiction Treatment Expansion Act).

Action: Urge legislators to support reauthorization and appropriation (funding) for CCBHCs beyond May 22, 2020, particularly if merging them with other measures may not succeed.

Regulatory Changes to SSDI/SSI Disability Insurance

Issue: The Social Security Administration has new rules for how often to conduct eligibility reviews for certain disabled individuals on the SSDI and SSI disability rolls. By reclassifying about 1.7 million SSDI/SSI recipients, their status would be scrutinized more frequently. The aim is cost savings. Many who would be affected (older adults, children ages 1-12 with ID/DDs, workers with multiple impairments) are people with mental disorders. Adding further burdens to an already complex process for these individuals is irresponsible, inappropriate and dangerous to their health. In the 1980s, a similar cost-cutting Reagan Administration effort was overturned by Congress.

Action: Oppose implementation of these SSA rules requiring more frequent SSI/SSDI health status reviews that disproportionately affects people with severe mental disorders and comorbid conditions now receiving SSDI/SSI.

Justice Involved Populations

Issue: Individuals in county and city jails lose Medicaid and other federal benefits the moment they are incarcerated. Many have behavioral disorders and need ongoing treatment during and following release, whether pre- or post-adjudication. S. 2626 and S. 2628, taken together, would ensure that people in custody prior to trial do not lose their Medicaid, Medicare, CHIP and VA benefits. Other legislation (HR 4141 and S. 2305) would repeal the Medicaid inmate exclusion altogether.

Action: Support legislation to repeal the so-called Medicaid inmate exclusion. This will continue federal Medicaid (and other healthcare) payments to people in city and county jails prior to adjudicated, during incarceration, and following release.

Saving the ACA

Issue: Legislative, regulatory and judicial efforts are ongoing to weaken, repeal or find the ACA unconstitutional. The Supreme Court will not consider the ACA case until after the 2020 election.

Action: Support continuation of the ACA as initially designed. Oppose lower court decisions in Texas vs. HHS. Oppose rules promoting "skinny" plans and other coverage changes that circumvent ACA requirements for services, parity, coverage for those with preexisting conditions, etc.

New! National Council issues MAT toolkit

More than 80 percent of incarcerated individuals with a history of opioid use do not receive treatment and are at a high risk of overdose death after their release. Timely access to evidence-based medication for opioid use disorder reduces the risk of overdose death and recidivism among justice-involved individuals.

The National Council for Behavioral Health and Vital Strategies' newly released [**Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit**](#) (with support from the Centers for Disease Control and Prevention and Bloomberg Philanthropies) is a **Call to Action** for correctional administrators and health care providers to adopt medication-assisted treatment (MAT) programs in correctional settings.

Developed by a national team of multidisciplinary experts, including faculty from Johns Hopkins University, the toolkit provides real world examples, resources and tools to:
Reduce the risk of opioid overdose through an overview of policies, procedures and evidence-based practices.

Develop an action plan to create workflows related to screening and assessment, medication dispensing and care planning and coordination.
Support a continuity of care for justice-involved individuals with opioid use disorders that promotes recovery and prevents recidivism.

[**Access the Toolkit**](#)

New! Limited License Psychologist Medicaid bulletin issued

MDHHS recently released the final bulletin on the enrollment, as Medicaid providers, of Limited License Psychologists. Below are excerpts from that bulletin.

MSA 20-02

Distribution: Practitioners, Outpatient Hospitals, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans, Tribal Health Centers

Issued: January 31, 2020

Subject: Updates to Limited License Psychologist Enrollment and Medicaid Fee-for-Service Billing Requirements

Effective: March 1, 2020

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

This bulletin updates the enrollment of Master's Limited License Psychologists (LLPs) and Doctoral Educational LLPs and billing of services performed by these providers. These changes align current LLP policy and reimbursement guidelines with MDHHS enrollment and claims processing systems. This policy is effective March 1, 2020.

Individuals licensed as Master's LLPs or Doctoral Educational LLPs who provide services to Medicaid beneficiaries are required to be Medicaid-enrolled providers and be uniquely identified on claims. Throughout this policy, any reference to LLPs pertains to both these provider types unless otherwise stated.

The full bulletin can be found at: [MSA 20-02.pdf](#)

New! Michigan SIM initiative issues final newsletter

Michigan's State Innovation Model (SIM) team recently released the final edition of the SIM Initiative Newsletter. This newsletter has provided updates on activities taking place across the initiative since June 2017. The January 2020 edition features important updates worthy of your review!

The SIM website will continue to be available for reference, but it will no longer be updated after the final grant reports are submitted to the Centers for Medicare and Medicaid Services (CMS) in February. After January 31, 2020 the SIM email account will no longer be monitored. Previous editions of the newsletter can be found on the [SIM website](#).

The January SIM newsletter can be found at: [January 2020 SIM Newsletter FINAL.pdf](#)

For more information, visit www.michigan.gov/SIM

New! ONDCP and USDHHS release guide to healthy drug free rural communities

Below are excerpts from a recent announcement from the Office of the National Drug Control Policy (ONDCP) and the federal Department of Health and Human Services regarding the release of the Rural Community Action Guide: Building Stronger, Healthy Drug-Free Rural Communities.

We are very excited to share that on Friday, the Administration released a new tool to assist rural community leaders in building an effective local response to the crisis of addiction, the Rural Community Action Guide: Building Stronger, Healthy Drug-Free Rural Communities.

The purpose of the Guide is to arm rural leaders with information they can put into immediate action to create change. It provides background information, recommended action steps, and promising practices to help manage the impact of substance use disorder on local communities and help persons with the disease of addiction. The topics are based on lessons learned from Department of Agriculture rural roundtable discussions held in over a dozen states, as well as the experiences of several rural stakeholder partners.

A diversity of partners (rural and urban) contributed to the work and attended the event including: Addiction Policy Forum, American Farm Bureau Federation, Appalachian Regional Commission, Center for Court Innovation, Community Anti-Drug Coalitions of America, Faces & Voices of Recovery, Housing Assistance Council, National Alliance for Recovery Residences, National Association of Counties, National Association of Development Organizations, National Farmers Union, National Rural Health Association, National Sheriff's Association, NORC Walsh Center for Rural Health Analysis, NTCA- The Rural Broadband Association, National Rural Transit Assistance Program, Pew Charitable Trusts, and the U.S. Department of Agriculture (National Institute of Food and Agriculture and the Center for Faith-Based and Neighborhood Partnerships).

The guide complements both the Community Assessment Tool, which gives county specific data about deaths and factors which may make a community more vulnerable to addiction, and the Federal Rural Resources Guide, which includes comprehensive information about different federal funds for rural communities impacted by addiction. The Guide also has a companion

supplement, a listing of promising practices which you can find here: Rural Community Action Guide: Promising Practices.

New! Save the date: Michigan Healthy Policy Forum announces spring Health Policy Forum

The next Michigan Health Policy Forum will be held on May 4, 2020 at 1 PM at the Kellogg Center on the campus of Michigan State University. The topic will be Health Equity. The keynote speaker will be Richard Hofrichter PhD, Director, Health Equity The National Association of County and City Health Officials (NACCHO). Dr. Hofrichter will discuss the cultural and political barriers that deny some citizens the benefits of good health. The subsequent panel discussion will explore how these factors affect Michigan's health and what steps are being taken to address them.

Please reserve this date on your calendar.

New! Save the date: Michigan Suicide Prevention Community Technical Assistance Meeting

The Michigan Suicide Prevention Community Technical Assistance Meeting will take place from May 6-8, 2020 at the Ralph A. MacMullan Conference Center, Roscommon, Michigan

Whether you are new to suicide prevention or have been working in this area for years, this meeting is for you! There will be skill-building and knowledge-building breakout sessions, as well as many opportunities to network with people from across the state. To keep the spirit of the conference one that is intimate and provides rich opportunities for networking,

Registration is limited to 100 people. Questions? Email Lindsay DeCamp at DeCampL@michigan.gov

State Legislative Update:

New! FY21 Executive Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

| | <u>FY'19 (final)</u> | <u>FY'20 (final)</u> | <u>FY'21 (exec rec)</u> |
|---|----------------------|----------------------|-------------------------|
| -CMH Non-Medicaid services | \$125,578,200 | \$125,578,200 | \$130,674,200 |
| -Medicaid Mental Health Services | \$2,319,029,300 | \$2,487,345,800 | \$2,566,704,100 |
| -Medicaid Substance Abuse services | \$67,640,500 | \$68,281,100 | \$76,957,600 |
| -State disability assistance program | \$2,018,800 | \$2,018,800 | \$2,018,800 |
| -Community substance abuse (Prevention, education, and treatment programs) | \$76,956,200 | \$108,754,700 | \$107,133,400 |
| -Autism services | \$192,890,700 | \$230,679,600 | \$278,006,400 |
| -Healthy MI Plan (Behavioral health) | \$299,439,000 | \$371,843,300 | \$419,357,300 |
| - Local Revenue (local match) | \$25,475,800 | \$20,380,700 | \$25,475,800 |

Other Highlights of the FY21 Executive Budget:

\$37.5 million for Healthy Moms, Healthy Babies (\$17.6 million general fund) to reduce infant mortality rates and racial disparities in birth outcomes through expanded maternal and reproductive health services and home visiting programs. Funding will extend Medicaid family planning benefits to women of child-bearing age up to 200% of the poverty level, expand Medicaid postpartum coverage from 60 days to 12 months after birth, increase evidence-based home visiting services to high-risk mothers and vulnerable families, and expand psychiatric support services to perinatal providers.

\$20.3 million for long-term care services and supports options counseling (\$8.5 million general fund) through a network of independent, conflict-free providers. Services supported by this funding will provide beneficiaries with information on all long-term care options available to them, allowing them to seek the care best suited to their needs.

\$11.7 million for Social Determinants of Health infrastructure (\$7.1 million general fund) to invest in community-based systems and technological infrastructure to support data sharing across programs and providers and appropriately connect individuals to state and local services. Funding will establish a standard screening tool to determine health related social needs (e.g., food security and housing stability) and make referrals to community-based resources. Local partnerships across eight regions will coordinate services, identify gaps in community-based programs, and guide resource investment.

\$12.3 million to expand DHHS's response to the opioid crisis (one-time, \$10 million general fund). This funding will support initiatives involving data-driven quick response teams, a predictive analytics system, substance use disorder treatment outcomes monitoring, and a revolving loan fund for recovery housing providers. Funding will also support training for community providers and criminal justice diversion grants.

\$5 million to increase psychiatric care staffing (general fund) to improve the quality of care and staff and patient safety at state psychiatric hospitals. Funding supports 63 new positions across four facilities. An additional \$30 million in one-time general fund is recommended in the budget for the Department of Technology, Management and Budget to address a backlog of facility maintenance needs.

\$86.5 million to expand the MIDocs medical residency program (one-time, \$21.6 million general fund). This investment will improve access to critical services in rural and medically underserved areas of the state by providing loan forgiveness to physicians committed to serving in those areas. One-time funding when combined with base funding will support 48 residency slots within cohorts beginning residencies over the next five years.

\$5.1 million for Non-Medicaid Community Mental Health Services programs (general fund) to enhance community-based services and supports for individuals with mental illness, serious emotional disturbance, and developmental/intellectual disabilities who do not meet Medicaid eligibility criteria. Around 52,000 Michigan residents currently access these services.

\$2.5 million for first responder and public safety staff mental health (one-time general fund) to provide firefighters, police officers, paramedics, dispatchers, and corrections officers with services to support their mental health. This funding will provide greater resources to address post-traumatic stress disorder, suicidal ideation, and other mental health crises.

\$5 million for behavioral health system redesign efforts (\$3 million general fund) that support policy development and projects that will strengthen and improve the behavioral health system by protecting safety net programs and integrating physical and behavioral health payments and clinical services.

\$5 million to create a Medicaid Transformation Office (\$2.5 million general fund). Effective value-based payments are a powerful tool for states to increase the quality of Medicaid services while also containing state costs. Funding will support the development of innovative programs and payment mechanisms in Michigan's physical health and behavioral health managed care programs.

REDUCTIONS

\$182.9 million from Medicaid pharmacy reimbursement reform (\$45.8 million general fund) tied to implementation of a single, statewide Medicaid preferred drug list (PDL). The PDL will help maximize federal rebates and provide DHHS greater leverage in negotiating lower prices with drug manufacturers. Savings will be used, in part, to increase pharmacy reimbursement rates to further enhance access to provider networks throughout the state.

\$5.1 million from Community Mental Health local match funds (general fund). Funding was included for fiscal year 2020 to offset county match requirements for Medicaid behavioral health and shift the costs to the state general fund. The Executive Budget instead redirects this funding to allow for expanded non-Medicaid behavioral health services.

Federal Update:

New! Take Action: Support 9-8-8 as National Suicide Prevention Lifeline

This week, the National Council submitted comments to the Federal Communications Commission in support of the Commission's unanimous vote to designate 9-8-8 as the three-digit dialing code for a national suicide prevention and mental health crisis hotline system. Advocates have an opportunity to submit their own support comments to the FCC before the February 14th deadline.

Read the National Council's [comments here](#).

TAKE ACTION BY FEBRUARY 14TH

1. Download this template comment letter outlining the reasons our nation needs an easy-to-remember dialing code for behavioral health crisis services.
2. Personalize your comments with information about your community, organization, or personal experiences with suicide prevention and behavioral health crisis services and systems.
3. Submit your finalized comments on the FCC Website using this URL: <https://www.fcc.gov/ecfs/> and noting the *proceeding filing as 18-336*.

The National Council thanks the FCC for allowing concerned citizens, mental health professionals, and crisis service representatives to comment on this critical issue. We know we will not get another opportunity to so dramatically improve the way our country responds to and serves people in emotional and suicidal crisis. We urge our members to take action and help support the designation of the 9-8-8 dialing code to connect the millions of Americans living with mental health conditions and suicidal thoughts with the services they need.

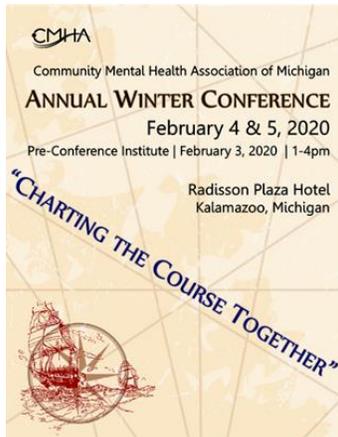
BIPARTISAN SUPPORT ON CAPITOL HILL FOR 9-8-8

Congressional leaders are taking up legislative efforts in parallel with the FCC's regulatory processes regarding 9-8-8. Last month, a [bipartisan group of legislators wrote](#) to House Committee on Energy and

Commerce leaders Chairman Pallone and Ranking Member Walden seeking expedited consideration of legislation to implement the 9-8-8 national suicide prevention and mental health crisis hotline. Their letter followed a unanimous vote by the Federal Communications Commission (FCC) designating 9-8-8 as the National Suicide Prevention & Mental Health Hotline.

Education Opportunities:

Presentation Materials from CMHA 2020 Annual Winter Conference Details



You'll find all the presentation materials on our website [By Clicking Here!](#)

Community Mental Health Association of Michigan

Annual Winter Conference
"Charting the Course Together"

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

Registration open for FY20 Motivational Interviewing College regional trainings

Registration is now open for the FY20 Motivational Interviewing College regional trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

Dates/Locations:

February – DoubleTree Grand Rapids – Airport

Basic: [Monday & Tuesday, Feb. 24-25, 2020](#)

Advanced: [Monday & Tuesday, Feb. 24-25, 2020](#)

Supervisory: [Tuesday, Feb. 25, 2020](#)

April – DoubleTree Detroit – Dearborn

Basic: [Monday & Tuesday, April 20-21, 2020](#)

Advanced: [Monday & Tuesday, April 20-21, 2020](#)

Supervisory: [Tuesday, April 21, 2020](#)

Teaching MI: [Wednesday & Thursday, April 22-23, 2020](#)

July – Hotel Indigo, Traverse City

Basic: [Monday & Tuesday, July 20-21, 2020](#)

Advanced: [Monday & Tuesday, July 20-21, 2020](#)

Supervisory: [Tuesday, July 21, 2020](#)

Times:

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

Training Fees:

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes training materials, continental breakfast and lunch each day.

Be sure to register as soon as possible, training space is limited and will fill up quickly!

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

Registration 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 | **SOLD OUT** – email Bethany Rademacher at brademacher@cmham.org to be placed on a waiting list
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | **More spaces just added!** [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.

CMHA WEEKLY UPDATE

- 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 | **Only 4 spots left!** [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.

Save the Date: Self-Determination Conference

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Date & Time:

May 5, 2020
8am – 5pm
Lansing, MI 48933

Location:

Lansing Center
333 E. Michigan Ave.

Who Should Attend?:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

Registration available soon, check [CMHA website](#) for more information and updates.

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 | **Registration Full!**

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](#) to register **Only 5 spots left!**

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 14, 2020

January 21, 2020

January 28, 2020

Training Location:

Madison Heights Police Department

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

New! EMDR Trainings

Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan Trauma Recovery/EMDR Humanitarian Assistance Programs presents Eye Movement Desensitization and Reprocessing (EMDR).



EMDR Basic Training consists of Weekend I March 26-28, 2020 (Thursday-Saturday) and Weekend II Training July 16-18, 2020. Each training event is three days of didactic and supervised practice. This is a specialized training. Cost is \$150 per training weekend, plus materials and consultation fees. Limited space available, for additional information please email awilson@cmham.org

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.

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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
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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