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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! SWMBH CEO named to Michigan Mental Health Diversion Council; subject matter experts sought to provide guidance

Below are excerpts from a recent press release announcing the appointment of Brad Casemore, the CEO of Southwest Michigan Behavioral Health (SWMBH) to Michigan’s Mental Health Diversion Council. SWMBH is a longtime member of CMHA.

Bradley P. Casemore, of Battle Creek, is the chief executive officer of Southwest Michigan Behavioral Health. He holds a Master of Health Services Administration and a Master of Social Work from the University of Michigan. Mr. Casemore is appointed to represent adult service agencies and/or providers from a local community mental health service program (CMHSP), for a term commencing February 7, 2020 and expiring January 30, 2024. He succeeds Ross Buitendorp whose term expired January 30, 2020.

The Mental Health Diversion Council is an advisory body to the Governor within the Department of Health and Human Services charged to advise and assist in the implantation of a diversion action plan and provide recommendations for statutory, contractual or procedural changes to improve diversion.

Following that announcement, Brad issued the following call for subject matter experts:

On February 7, 2020 Governor Whitmer appointed SWMBH CEO Bradley Casmore to the Mental Health Diversion Council for a Term through January 30, 2024. He is to represent “adult service agencies and/or providers from a local community mental health service program.”

To more adequately discharge these duties Casmore is establishing a subject matter expert network of 3-5 individuals with an interest in and knowledge of state of the art developments in this realm. The network will primarily be asked individually and collectively to review emerging drafts and offer feedback.

Interested persons from CMHSPs and Provider Alliance CMHAM Members should submit a brief letter of interest and related experience with resume to Michelle Jacobs at Michelle.Jacobs@swmbh.org by Monday, March 9.

New! State mental health changes could be 'catastrophic' says NLCMH CEO

Below are excerpts from a recent news story quoting the CEO of Northern Lakes Community Mental Health (NLCMH) NLCMH is a longtime member of CMHA.

Before state officials upend the mental health system, they should fully fund existing community-based authorities and measure the results, says a local health care executive.

“The way it is being designed and the way it is being presented could have catastrophic effects to the public mental health system,” said Karl V. Kovacs, CEO of Northern Lakes Community Mental Health.

Changes proposed by the state could undo the NLCMH's work treating those with a serious mental illness, an intellectual or developmental disability or a co-occurring substance use disorder, Kovacs said.

The state wants to combine physical health and moderate mental health illnesses into one category, which would be covered by Medicaid. And have a specialty integrated plan, or SIP, responsible for the physical and mental health of those experiencing more significant mental illness.

A SIP could include community mental health, a for-profit insurance provider, or a combination. Currently, Medicaid covers the physical health needs of anyone with mental illness, regardless of severity.

The state says changes will expand access and reduce red tape, while Kovacs said mental health services have been underfunded for decades and those who need services could be left without coverage.

The full article can be found [here](#).

CMHA Committee Schedules, Membership, Minutes, and Information

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

State and National Developments and Resources:

New! Lack of forensic and other psychiatric beds highlighted in recent news story

Below are excerpts from a recent Bridge magazine story on the number of persons in local county jails awaiting admission to Michigan's Center for Forensic Psychiatry. This story underscores the importance of the work that CMHA, its members, the Michigan Department of Health and Human Services, the State Court Administrators Office (SCAO), and the Michigan Prosecutors Association are doing to increase access to these beds, to psychiatric inpatient care in community hospitals, and to increase access to community-based mental health and related supports and services for persons deemed incompetent to stand trial

"There is certainly a lack of state psychiatric beds," says Robert Sheehan, CEO of the Community Mental Health Association of Michigan.

Sheehan said community mental health hospitals — which were expected to fill the void in psychiatric care with the closing of state hospitals — are not equipped to treat patients in the criminal justice system who may be violent or have serious behavior issues. That leaves an ongoing treatment gap for those patients.

And that means mentally ill inmates continue to languish in Michigan prisons and jails in staggering numbers.

With just over 1,100 psychiatrists in 2016, a federal health study found Michigan is expected to be 890 psychiatrists short of need by 2030, including a shortage of 100 psychiatrists who see children.

Sheehan said Michigan universities graduate about 100 psychiatrists a year.

"But they leave the state, the bulk of them," he said. "The staffing shortage is what keeps psychiatric beds from expanding. It's really true around the country but it's a big deal in rust belt states like Michigan."

Sheehan recommended several steps that Michigan can take to improve criminal justice mental health care, ...

He said he would also expand financial incentives for psychiatric graduates to remain in Michigan for their practice.

Michigan State University's College of Human Medicine is trying to lure more psychiatrists to the Upper Peninsula through a joint venture that offers loan forgiveness up to \$75,000 for psychiatric residents who practice in the U.P. for two years after they finish their psychiatric training.

The first two psychiatric residents will spend two years of residency training in Lansing, followed by two years training in Marquette, beginning in July 2021. The Hancock-based Portage Health Foundation is funding the \$150,000 loan cost for the first two years.

The full article can be found [here](#).

New! CBPP releases analysis of Trump administration health-related FY 2021 budget proposal

The federal Center on Budget and Policy Priorities (CBPP), a well recognized national research and analysis organization, recently released a statement from Robert Greenstein, president, on President Trump's new budget, with an emphasis on the proposed reductions in funding for health care. Excerpts of Greenstein's statement are provided below.

In the face of a bitterly divided country that needs healing, President Trump today threw gasoline on the fire by releasing a stunningly harsh budget that would tear us further apart.

"[The 2021 Trump Budget] would take health coverage away from millions of people. It would push tens of millions of less fortunate Americans into or deeper into poverty and cause widespread hardship even as it doubles down on tax cuts for the most well-off. It would take health coverage away from millions of people and cut aid to millions of families and individuals struggling to make ends meet. At the same time, the budget would make permanent the 2017 tax law's tax cuts for individuals, which are heavily weighted toward the top. As a result, the budget would further widen inequality and racial disparities.

The budget proposes \$1 trillion in cuts to Medicaid and Affordable Care Act premium tax credits over ten years, causing millions of people to lose coverage. It calls for cuts of more than \$180 billion over ten years in basic food assistance for hard-pressed families by slashing SNAP (formerly known as food stamps). It also shrinks assistance for people with disabilities; eliminates a raft of low-income housing programs; steeply cuts a range of programs that support long-term economic growth, like investments in college affordability; and even calls for large cuts in the National Institutes of Health.

The budget walks away from last year's bipartisan agreement for funding non-defense appropriated programs, which took months to hammer out. It calls for cutting 2021 funding for these programs \$46 billion below the 2020 level and \$51 billion below the level established for 2021 in the bipartisan agreement. These cuts would come from the part of the budget that funds priorities like education, environmental protection, housing assistance, national parks, and scientific research. Furthermore, the cuts in these programs would spiral after 2021, reaching a stunning 38 percent (in inflation-adjusted dollars) by the tenth year. Indeed, by the tenth year, expenditures for non-defense discretionary programs, measured as a share of the economy (GDP), would reach their lowest level since Calvin Coolidge was President in the 1920s.

A few examples of these cuts: legal services for the poor — gone; low-income energy assistance — gone; funding to make capital repairs in public housing — gone. These are but a small fraction of the draconian cuts in non-defense appropriated programs the budget calls for.

The full statement can be found [here](#).

New! Growing Stress on the Farm: New Research Identifies Behavioral Health Crisis in Agriculture

Below are excerpts from a recent story shared with CMHA, by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), of which CMHA and its membership have been longtime members. These excerpts are provided to Weekly Update readers in that the finding mirror what is being experienced in farm communities in Michigan.

According to a new report from a number of the Missouri Hospital Association, Missouri Department of Mental Health, Missouri Coalition for Community Behavioral Healthcare, Missouri Farm Bureau and the University of Missouri Extension, mental health challenges and suicide are a growing public health concern for Missouri farmers and ranchers.

A confluence of numerous factors — from market and credit instability, social identity and tradition, to rural geography and the rural health care system — compound the stress and insecurity of production agriculture while limiting access to care for behavioral health.

In Missouri, rural residents have significantly higher rates of depression, experience increased difficulty in receiving mental health care and have higher rates of deaths from suicide. Experts suggest other stressors unique to the agricultural community create rural mental health disparities that are even more profound for farmers.

While the U.S. economy has largely experienced quarter-over-quarter growth since the end of the recession in 2008-2009, the farm sector has experienced six periods of recession.

Missouri has nearly 16,000 fewer family farms today compared to 20 years ago, and bankruptcies are on the rise. Bushel prices have fallen by 47% since 2012, while farm income and credit conditions have deteriorated.

Suicide is growing at an alarming rate in rural Missouri. Between 2003 and 2017, the suicide rate among rural Missourians grew by 78%, and throughout the last decade, their hospital emergency department visits for suicide attempt or ideation increased 177%. Rural men between the ages of 35 and 44 have triple the statewide suicide mortality rate.

Very few tools are available to address the macroeconomic influences on rural Missourians and the state's farmers and ranchers. However, numerous organizations are working to extend the mental health services that can deliver better care and better health, locally to rural communities.

"No single solution will address the gaps in access to behavioral health services," Reidhead said.

"However, through technology, additional investment in the behavioral health workforce, stigma reduction, and better connections between caregivers and health plans, individuals in crisis or in need of long-term support can find the help they need."

The new research was released to elevate awareness of disparities in economic factors for farmers and mental health outcomes for rural Missourians. The report presents policy opportunities designed to expand access to mental health services, reduce stigma and improve mental health outcomes for rural Missourians.

View an executive summary [here](#).

New! Facts provided to clarify misconceptions contained in recent national press Op-Eds

Recently, several opinion pieces carried in the national media have provided inaccurate or misleading data to support a number of federal mental health related proposals. One of those op-eds can be found [here](#). The facts that set the record straight are provided below.

Facts:

In 2018, most people who receive inpatient mental health services were not in state psychiatric hospitals, but in other psychiatric inpatient settings. In the NACBHDD paper on psychiatric inpatient capacity last year, NACBHDD found that state hospital provided only 22% of the 24 hour psychiatric treatment capacity. Given this, 4.5 times as many persons with mental illness receive hospital care in non-state hospitals as in state hospitals.

State community mental health systems served 7.5 million unique clients last year whereas a total of 131,633 clients were reported as being served in state psychiatric hospitals. Thus, 57 times more clients received community mental health services than state psychiatric hospital services last year.

If the 356,000 individuals with mental illness in jails and prisons are compared with the 7.5 million persons served in the community through state community mental health centers, it becomes clear that 21 times more persons with mental illness received community mental health services than were in Jails/Prisons.

New! White House budget supports CCBHC expansion

The White House Office of Management and Budget (OMB) recently released a summary of the Trump Administration's proposed budget for FY 2021, which includes continued support for the Certified Community Behavioral Health Clinics (CCBHC) program, originally established in the bipartisan Protecting Access to Medicare Act of 2014. CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals in exchange for an enhanced Medicaid reimbursement rate.

The FY 2021 budget includes \$906 million to extend and expand the CCBHC demonstration program. These funds will enable CCBHCs to continue offering the full range of required mental health and addiction treatment services.

National Council for Behavioral Health President and CEO Chuck Ingoglia today issued the statement below on the Administration's FY 2021 budget, which includes nearly \$1 Billion for Certified Community Behavioral Health Clinics.

"Thanks to bipartisan leadership in the U.S. Congress and from the Trump Administration, CCBHCs are leading a bold shift to increase access to high-quality mental health and addiction treatment and, in doing so, making a difference in the lives of thousands of individuals and communities across the nation. "In an era defined by partisan differences, one thing is clear: there is broad bipartisan support across the nation and in Washington, D.C., for addressing the nation's suicide and opioid epidemic with expanded access to mental health and substance use treatment.

"We applaud the White House and bipartisan leaders in Congress for their continued efforts to expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far."

State Legislative Update:

FY21 Executive Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

CMHA WEEKLY UPDATE

	<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! White House Releases FY 2021 Budget Request

On Monday the Trump Administration released its Fiscal Year (FY) 2021 budget request which totals \$4.8 trillion. The proposal includes significant nondefense discretionary cuts including a nine percent cut to the Department of Health and Human Services (HHS) and its agencies. The proposed budget does, however, include \$906 million to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program as well as \$225 million in CCBHC expansion grants. These funds would enable CCBHCs to continue offering the full range of required mental health and addiction treatment services. Despite the positive signal of support for CCBHCs, the budget also includes major cuts to Medicaid and other critical behavioral health programs that would significantly harm Americans living with mental illness and addiction.

National Council for Behavioral Health President and CEO Chuck Ingoglia released a statement affirming that "We applaud the White House and bipartisan leaders in Congress for their continued efforts to

expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far.”

It is important to remember that this is a proposal and represents President Trump and his Administration’s goals and priorities but is not likely to be enacted into law as written. Congressional appropriators do not have an obligation to enact the President’s budget and are considering their own priorities and calculations. Members of Congress are currently working on their budget by engaging with stakeholders, including the National Council, on their requests. We anticipate that appropriations committee hearings will be completed by the end of March and that subcommittee markups will begin in April.

Health care requests in the President’s budget include:

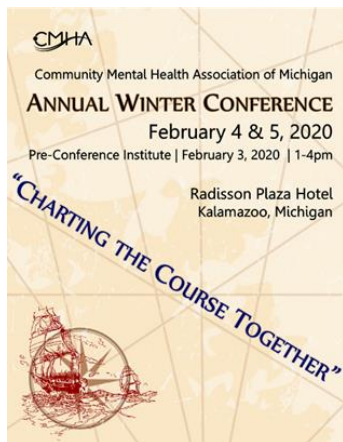
- **Mental Health:** Although the President calls on the importance of addressing mental health in his budget, he is simultaneously proposing a cut of \$139 million to the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to the **\$906 million to extend the CCBHC Medicaid demonstration, there is \$225 million for CCBHC expansion**, an increase of \$25 million over last Fiscal Year. The budget allocates \$156 million, an increase of \$2 million, for school-based mental health programs such as Project AWARE, Healthy Transitions, and Mental Health First Aid. The budget modifies the Medicaid Institutes for Mental Diseases (IMD) exclusion to provide targeted flexibility to states to provide inpatient mental health services to Medicaid beneficiaries with serious mental illnesses, as part of a comprehensive strategy that includes improvements to community-based treatment. Further, Qualified Residential Treatment Programs (QRTPs) would be exempt from the IMD exclusion, allowing children in foster care to have Medicaid coverage in these facilities.
- **Integrated care:** The President’s budget proposes eliminating the Primary and Behavioral Health Care Integration (PBHCI) program “due to other funding sources available for integrated care.” Discontinuing this program would disrupt progress in this area that has been building since it began in 2009 addressing the intersection between primary care and treatment for mental illness and co-occurring addiction.
- **Opioids:** State Targeted Opioid Response grants received a request increase of \$85 million to support prevention, treatment, and recovery support services. States are also given flexibility to use these funds to address the emerging drug issue, which is the increasing number of overdoses related to psychostimulants, including methamphetamines.
- **Medicaid and Medicare:** The Administration proposes almost \$1 trillion in cuts over ten years from its proposals to reform Medicaid, the Children’s Health Insurance Program (CHIP), and Medicare. The budget proposes cuts by instituting nationwide Medicaid work requirements and allowing asset tests for individuals who are eligible for Medicaid based on their modified adjusted gross income and for reducing the maximum allowable home equity for Medicaid eligibility. Additionally, the budget has proposed changes to Medicare including site-neutral payments and tying future funds available for Medicare payments for uncompensated care to FY 2019 uncompensated care funding levels. The budget does also propose prohibiting states from terminating Medicaid coverage for the first six months of a person’s incarceration, and instead suspending that coverage during incarceration to ease individuals’ transition back into the community upon release.

- **Drug Pricing:** The drug pricing proposals in the budget were left intentionally vague to allow continued negotiations in Congress. The Administration projects \$135 billion in savings over ten years from potential drug pricing reforms, pointing to some of the estimated savings from plans in Congress. This number is similar to estimates for reforms proposed by Senate Finance Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) to restructure the Part D benefit and to place inflation caps on drug prices in Parts B and D. This proposal by Senators Grassley and Wyden includes a two year extension and 11 state expansion for CCBHCs.
- **Telehealth:** The budget calls for expanding the telehealth benefit in Medicare fee-for-service, permitting more providers to participate in telehealth.

Additional details on the President's HHS budget request are outlined in the Department's budget-in-brief document. Further policy details have yet to be released that would outline how the President proposes to achieve the level of cuts to public health care programs included in the proposal. The National Council will monitor the appropriations process and will continue to share updates in Capitol Connector.

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 - **Still Time to Register!**

[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 | **Only 5 spots left!** [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 | **SOLD OUT** – email Bethany Rademacher at brademacher@cmham.org to be placed on a waiting list
- 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](#).

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

New! TREM and M-TREM Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: TREM AND M-TREM TRAININGS Featuring: Community Connections, Washington, DC. Based on both clinical experience and research literature, TREM has become one of the major trauma recovery interventions for women and men. TREM and MTREM are fully manualized group interventions for trauma survivors served by behavioral health providers.

LOCATION, DATES AND AGENDA

- Holiday Inn Airport - Grand Rapids - April 28-30, 2020
- Community Mental Health Association of Michigan (CMHAM), Lansing - June 2-4, 2020

Registration: 8:30a.m. - 9:00 a.m.; Training: 9:00 a.m. - 4:00 p.m.

Open to individuals working in the public Mental Health System. Note: The trauma policy is now an amendment to the CMHSP contract. PARTICIPANTS: Master's prepared clinicians (men and women), their clinical supervisor from CMHSPs. CMHSPs that currently DO NOT have trained TREM/M-TREM clinical staff will be prioritized for the training.

Cost is \$150 per participant. Registration fees, hotel, travel and additional meals are at the agency's expense.

EXPECTATION: Clinicians and Clinical Supervisors registering for the training will be expected to:

1. Participate in 3-day TREM/M-TREM training
2. Participate in 12 monthly coaching calls (1-hour calls)

Clinicians will be expected to: Conduct 2 TREM or M-TREM groups in the year following the training

Teams are comprised of 1 limited licensed supervisor and, at a minimum, 2 limited licensed clinicians. All team members are expected to attend the three days of training. Participate in the monthly coaching calls; and implement 2 TREM/M-TREM groups in the next year.

Please email awilson@cmham.org for information. No continuing education credits available.

News from Our Preferred Corporate Partners:

New! TBS Solutions announces Two-Day Practicing Effective Management training

Two-Day Practicing Effective Management Training

TBD Solutions wants to help you create a **profound** impact in your workplace. This two-day training provides you with the skills to reach your **full potential** as a manager and leader. Return to work with new **tools**, fresh **perspectives**, and the **resolve** needed to face your toughest workplace challenges. **12 Social Work CEs are offered for this training.**

Who Should Attend:

Managers and supervisors of all levels looking to improve relationships and results in their workplace.

Location and Dates:

Grand Rapids, MI on April 15th & 16th

Training Fee:

\$500 with lunch included

Details:

Register at <http://aprilpem.eventbrite.com>

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
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org

CMHA WEEKLY UPDATE

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