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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! MDHHS names senior deputy director of the Behavioral Health and Developmental Disabilities Administration, announces new State Hospital Administration

Below are excerpts from a recent press release regarding changes in leadership within MDHHS.

The Michigan Department of Health and Human Services (MDHHS) is pleased to announce Allen Jansen as senior deputy director of the Behavioral Health and Developmental Disabilities Administration (BHDDA).

Jansen has been engaged in Michigan's public mental health system for nearly four decades. He began his career as a case manager in Michigan's first Assertive Community Treatment Team,

where he discovered his passion for community inclusion for adults experiencing mental illness. He eventually moved into several senior leadership roles within Michigan's provider network, with a focus on designing and implementing residential and community-based services to better integrate clients into their community.

Jansen is passionate about providing quality care to those with mental illness and brings a wide range of experience to his new role. His start date is Monday, March 9.

Jansen's role was previously held by Dr. George Mellos, who has shifted to a new position and now serves as senior deputy director in MDHHS' newly created State Hospital Administration (SHA). Mellos has more than 36 years of diverse experience in psychiatry and has held several leadership roles with the state. He will oversee all state hospital services and the Autism Council as SHA aims to advance MDHHS' efforts to effectively address the needs of individuals interacting with the state hospital system.

Together, BHDDA and SHA will work to provide excellent services for Michigan residents with behavioral health needs.

New! MDHHS issues reminder of Medicaid work requirement deadlines

Below are excerpts from a recent notice, by MDHHS, reminding organizations, such as CMHA members, who serve Healthy Michigan Plan enrollees, of the upcoming deadlines for compliance with Michigan's Healthy Michigan Plan work requirements.

The Michigan Department of Health and Human Services (MDHHS) is contacting you about the new work requirements that have been implemented for Medicaid beneficiaries with Healthy Michigan Plan (HMP) health care coverage. Starting on January 1, 2020, HMP beneficiaries were required to start completing a combination of work or other activities for 80 hours per month unless they are exempt (excused). HMP beneficiaries are also required to report the completion of these activities to the department on a monthly basis.

HMP beneficiaries who are not excused are required to report the completion of work or other activities by the end of February 2020. MDHHS is therefore encouraging providers, health plans, and other community organizations to support HMP beneficiaries in reporting work or other activities for the month of January by the end of this month. HMP beneficiaries may report through any of the following three methods:

Online – If a beneficiary has a MI Bridges account, use the MI Bridges Portal by visiting michigan.gov/mibridges.

By phone – Call the HMP Work Requirements and Exemption Reporting Line at 1-833-895-4355 (TTY 1-866-501-5656).

In person – The beneficiary can also receive assistance with reporting work or other activities at local MDHHS offices or any Michigan Works! site.

HMP beneficiaries may also start to report work or other activities for the month of February 2020.

Additionally, HMP beneficiaries may still report an exemption from the work requirements if they qualify.

HMP beneficiaries can report exemptions online, by phone, or in person.

For more information about work requirements and the HMP program, visit www.healthymichiganplan.org . Questions may also be sent to healthymichiganplan@michigan.gov.

New! Governor Whitmer calls on the legislature to suspend work requirements until a ruling is made

Below are excerpts from a recent press release, by Governor Whitmer, regarding her call to suspend Michigan's Medicaid work requirements, given the recent court rulings against similar requirements in other states.

...Governor Whitmer filed a motion for partial summary judgment in the U.S. District Court for the District of Columbia, asking a judge to act quickly to protect tens of thousands of Michigan families from losing their Healthy Michigan Plan coverage.

Several lawsuits across the country have successfully challenged states' Medicaid work requirements. Plaintiffs have also challenged Michigan's program, and Michigan has intervened in that case. On Friday, February 14, 2020, the U.S. Court of Appeals for the District of Columbia upheld a lower court's decision that federal approval of Arkansas' Medicaid work requirements program was unlawful because it did not consider the primary objective of the Medicaid Act, which is to provide health care coverage.

This opinion leaves little doubt that Michigan's Medicaid work requirements are also unlawful. The U.S. Department of Health and Human Services has already admitted as much in a court filing prior to the appellate court decision. The District Court for the District of Columbia is widely expected to apply the higher court ruling to the Michigan case and issue an order that ultimately declares Michigan's work requirements program unlawful.

Since the lower court may not rule until later this spring, Governor Whitmer has called on the Michigan Legislature to immediately pass legislation suspending Medicaid work requirements to avoid wasting millions of taxpayer dollars and creating senseless confusion among health care recipients. Without a court order or legislative action, MDHHS will have to send letters beginning on March 10, 2020 to an estimated 80,000 people telling them they are at risk of losing their health care coverage.

"I'm fighting to protect health care because everyone deserves access to quality, affordable care," said Governor Whitmer. "The U.S. Court of Appeals for the District of Columbia recently struck down a law just like Michigan's. Since it's inevitable that the courts will also find Michigan's work requirements unlawful, we should not move forward with implementation. Doing so would waste millions of taxpayer dollars and cause senseless confusion for tens of thousands of families."

"The purpose of the Medicaid program is to make sure that people have health care coverage for when they need medical treatment," said Attorney General Dana Nessel. "The federal courts have already found that these work requirements hinder that purpose, rather than advance it. With the court's most recent ruling in a related case, it is just a matter of time until Michigan's work requirements are no longer enforceable. Given that, the State would be throwing away taxpayer money to enforce the requirements and causing confusion and concern for thousands upon

thousands of Michigan beneficiaries, whose health care coverage should not be held in limbo. To avoid unnecessary delay and concern, we have asked the court to expedite its decision.”

“More time and stress for Michiganders complying with reporting requirements, more energy from our staff and partners implementing them, and more than \$1 million each month funding these efforts, on top of more than \$30 million spent already—all of this is going to be wasted,” said MDHHS Director Robert Gordon. “While we will continue to enforce the law as long as we must, we hope to end this unproductive exercise as soon as possible so that we can focus on positive efforts to improve Michiganders’ lives and save taxpayers’ money.”

Four Michigan residents filed the lawsuit at issue on November 22, 2019 in the United States District Court for the District of Columbia against the U.S. Department of Health and Human Services. The Secretary of the federal Department of Health and Human Services approved Michigan’s request for a waiver of certain federal Medicaid requirements, allowing the work requirement program passed by the state legislature to move forward. These individuals claim the agency violated various provisions of federal law in approving the state’s waiver request and asked the court to block the work requirements from taking effect.

In December, Governor Whitmer sent a special message calling on the legislature to delay implementation of Healthy Michigan Plan work requirements rather than risk wasting taxpayer dollars and creating needless confusion now that the requirements face a serious legal challenge. The message noted that Indiana and Arizona, with Republican Governors, had already paused their work requirements implementation due to legal uncertainty. However, Michigan Republicans refused to take action, putting health care for tens of thousands of Michigan families at risk. If there was any doubt about the future of work requirements then, that doubt is now erased.

New! Michigan Health Endowment Fund announces RFP

MICHIGAN HEALTH ENDOWMENT FUND

2020 BEHAVIORAL HEALTH INITIATIVE REQUEST FOR PROPOSALS

2020 BEHAVIORAL HEALTH INITIATIVE GRANT TIMELINE	
February 25, 2020	Grant portal opened for applicants
March 16, 2020	Concept papers due by 5 p.m. (strongly encouraged)
April 23, 2020	Applications due by 5 p.m.
August 13, 2020	Awards announced

<https://www.mihealthfund.org/grantmaking/behavioral-health-initiative>

State Legislative Update:

New! State Wants Expedited Decision on Healthy Michigan Work Requirements

Governor Gretchen Whitmer’s administration today asked a District of Columbia federal court for an “expedited decision” on whether the state’s Medicaid work requirements -- imposed by Republican legislative leaders -- is lawful. The administration, through the Michigan Department of Health and

Human Services (DHHS), claims a U.S. Court of Appeals panel's unanimous ruling in an Arizona case, *Gresham v. Azar*, Case No. 19-5094, "leaves little doubt that Michigan's Medicaid work requirements are also unlawful."

"Since it's inevitable that the courts will also find Michigan's work requirements unlawful, we should not move forward with implementation," Whitmer said in a statement. "Doing so would waste millions of taxpayer dollars and cause senseless confusion for tens of thousands of families." Whitmer also made a second call on the Legislature to immediately pass legislation suspending the work requirements.

In December, Senate Majority Leader Mike Shirkey (R-Clarklake) told reporters his response to the Governor's request: "Nope, not necessary." Shirkey spokesperson reiterated that stance, noting: "Sen. Shirkey is passionate about the work engagement policy. He believes fostering a path of independence and supporting an individual in pursuit of his or her highest level of personal productivity is essential to the health and productivity of our entire population. "The Majority Leader's support for the policy has not wavered and the Senate does not intend to revise the law based on the Governor's request."

Without a court order or legislative action, DHHS will send letters beginning March 10 to an estimated 80,000 people who did not comply with the work requirements in January and as a result, who could be at risk of losing their Medicaid coverage, according to the state's court filing. HMP participants must fail to meet the requirements for three months before losing coverage, according to the plan.

In *Gresham*, the federal appeals court said Medicaid's "principal objective" was "providing health care coverage" and that work requirements lacked legal authorization. The state's [request](#) comes as an intervenor in the *Young v. Azar* case, No. 19-03526. Filed by the National Health Law Program, Center for Civil Justice and the Michigan Poverty Law Program on behalf of four Michigan residents, it seeks a declaration that the state's Medicaid expansion program -- Healthy Michigan Plan -- work requirements are unconstitutional and that it rewrites the Medicaid Act.

Then-Gov. Rick Snyder signed Medicaid expansion legislation in September 2013 that extended coverage to residents with income at or below 133% of the federal poverty level -- or \$16,000 for a single person or \$33,000 for a family of four. The work requirements were added in June 2018. Those requirements, with exemptions for disabled residents and pregnant women among others, included able-bodied, adult HMP recipients working 80 hours a month or be in job training program after Jan. 1, 2020.

New! House DHHS Subcommittee Public Testimony

Committee(s) Appropriations Subcommittee on Health and Human Services

Chair Rep. Mary Whiteford

Clerk Name [Sue Frey](#)

Clerk Phone 517.373.8080

Location Room 352, House Appropriations, State Capitol Building, Lansing, MI

Date Monday, 3/9/2020

Time 1:00 PM

Agenda Public Testimony on the FY 2020-21 Executive Budget Recommendation for Department of Health and Human Services

Federal Update:

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:

New! Earn CEs at the 12th Annual Gambling Disorder Symposium 3/5/20

**The Michigan Department of Health and Human Services Presents:
MICHIGAN'S 12TH ANNUAL GAMBLING DISORDER SYMPOSIUM
Thursday, March 5, 2020
Suburban Collection Showplace, Novi, Michigan**



STILL TIME TO REGISTER: [CLICK HERE!](#)

In recognition of Problem Gambling Awareness Month, the Michigan Department of Health and Human Services (MDHHS) is hosting the Twelfth Annual Gambling Disorder Symposium. The symposium is a forum that provides continuing education credits to professional members of the Gambling Disorder community, and access to Gambling Disorder trainings, treatment, prevention resources and personal recovery stories. Anyone affected by or interested in GD, is welcome to attend. This year's symposium will address gambling related comorbidity, introduce Michigan's approach to Gambling Disorder prevention, discuss the need for increased Gambling Disorder awareness amongst youth, present the similarities between gaming and gambling addiction, and provide alternate treatment options.

Continuing Education Credits:

Social Workers: This course qualifies for a maximum of **6 Continuing Education hours**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

Substance Abuse Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in this course may receive a maximum of **7.25 contact hours**. Some "Related" workshops may meet MCBAP/IC&RC educational requirements for focused topics in addiction certification domains. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

Call for Presentations: CMHA 2020 Annual Spring Conference



New Location for Annual Spring Conference: Grand Traverse Resort, Traverse City, Michigan! The conference will be held on:

2020 Annual Spring Conference

June 8, 2020: Pre-conference Institutes

June 9 & 10, 2020

Grand Traverse Resort, Traverse City

[Click Here to Download the Workshop Submission Form](#)

Deadline to Respond to Call for Presentations: Friday, March 13, 2020

Conference Registration & Hotel Reservations are not available at this time.

COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning

Course Description:

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

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.** 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

Dates/Locations:

- May 4, 2020 – Delta Hotels Kalamazoo Conference Center | [CLICK HERE](#) for more information and to register now
- July 23, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

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

Training Fee:

\$65 per person. The fee includes training materials, continental breakfast and lunch.

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:

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.

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 | **SOLD OUT** – email Bethany Rademacher at brademacher@cmham.org to be placed on a waiting list

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.

CMHA WEEKLY UPDATE

- 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.

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 | **Registration Full!**

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

Fetal Alcohol Spectrum Disorder Trainings

Fetal Alcohol Spectrum Disorder Training: Improving Outcomes for Youth, Families, and Agencies by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD) and Other Neurocognitive Impairments. Featuring Presenter: Daniel Dubovsky. This is a free training.

Monday, March 2, 2020 – Bay City = <https://cmham.org/events/?EventId=5585>

Monday, March 16, 2020 – Gaylord = <https://cmham.org/events/?EventId=5591>

Monday, April 6, 2020 – Jackson = <https://cmham.org/events/?EventId=5592>

Time: 9:00am* – 5:00pm (registration at 8:30am)

Who Should Attend?

Children's Services Staff from CMHSP and their network providers' (specifically Children's Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

Please email awilson@cmham.org for information.

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.

New! 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:

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

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

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

New! HMA's 2020 Conference on Trends in Publicly Sponsored Healthcare to Focus on How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty



Health Management Associates (HMA), a CMHA partner, is proud to announce its 2020 annual conference on Trends in Publicly Sponsored Healthcare, October 26-27, in Chicago. The theme of this year's event is What's Next for Medicaid, Medicare and Publicly Sponsored Healthcare: How Payers, Providers, and States Are Navigating a Future of Opportunity and Uncertainty and features keynote speakers who are some of the nation's most innovative healthcare leaders.

This is the fifth conference HMA has presented on trends in publicly sponsored healthcare. Last year's event brought together 500 executives from health plans, providers, state and federal government, community-based organizations and others serving Medicaid and other vulnerable populations. It was a collaborative, high-level event featuring more than 40 speakers and representing the interests of a broad-based constituency of healthcare leaders.

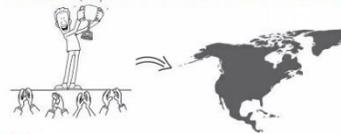
This year's meeting promises to be even better, with a sharp focus on the challenges and opportunities for organizations serving Medicaid and other vulnerable populations in the months and years ahead. Additional details, including a complete agenda, will be available in the weeks ahead.

News from Our Preferred Corporate Partners:

Abilita provides telecommunication guidance



Finding a good Telecom Consultant is difficult



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

1. Start with the easy stuff

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

2. Look at the bills....and don't just assume if the bill is the same as last month, all is good!

We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

3. Keep contract copies

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

4. Make sure everything is under contract

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

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

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

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

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

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

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

Dan Aylward, Managing Consultant
517-853-8130 daylward@abilita.com

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.

[Click here to request a demo.](#)

New! Relias announces CCBHC webinar

Below is an announcement of an upcoming webinar, sponsored by Relias, a Preferred Corporate Partner of CMHA, on the certification criteria for organization's wishing to become Certified Community Behavioral Health Center (CCBHC).

CCBHC Certification Criteria: Hiring, Training, and Reporting

Wednesday, March 18th, 2020

2:00 pm - 3:00 pm EST

In the webinar, you'll learn:

- How to implement and manage the CCBHC model of delivery using Relias as a total performance solution
- How to collect and report on clinical and patient data in accordance with SAMHSA guidelines
- Board member and staff training plans that align with CCBHC required services and certification criteria
- How to advance staff training, implement a culture of learning, and support your team throughout the CCBHC transition

Register for this webinar [here](#).

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

CMHA WEEKLY UPDATE

Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670

Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:

Alan Bolter, Associate Director, abolter@cmham.org

Christina Ward, Director of Education and Training, cward@cmham.org

Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org

Audrey Daul, Administrative Assistant, adaul@cmham.org

Dana Ferguson, 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

Carly Sanford, Training and Meeting Planner, csanford@cmham.org

Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org

Jodi Hammond, Training and Meeting Planner, jhammond@cmham.org

Alexandra Risher, Training and Meeting Planner, arisher@cmham.org

Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org

Robert Sheehan, CEO, rsheehan@cmham.org