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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! 2020 Walk a Mile moved from May 14 to September 29

With the onslaught of COVID-19 (Coronavirus Disease 19), many functions, trainings, conferences and events are being cancelled locally, statewide, and nationally. In an effort to help prevent the spread of this virus, limit exposure, and to ensure the health of those we serve – some of the most vulnerable populations there are! – the Community Mental Health Association has decided to cancel the Walk A Mile Rally at the State Capitol on May 14, 2020.

WE KNOW HOW IMPORTANT THIS EVENT IS FOR THOSE WE SERVE TO HAVE THEIR VOICES HEARD!!

A new date to rally and be heard by our State Legislators has been scheduled for September 29, 2020! More details will be sent out as they become available, and an updated Packet will be posted on the website as soon as it is developed.

Benjamin Franklin said that “An ounce of prevention is worth a pound of cure”, and while there is no cure, yet, for COVID-19, the Association will do its best to provide an ounce of prevention in any way that we can to protect the Public Mental Health System.

Thank you for your understanding.

State and National Developments and Resources:

New! Michigan's Medicaid work requirement halted

Below is a recent notice from MDHHS regarding the halting of the work requirements being implemented for all of the Healthy Michigan Plan (HMP) enrollees.

On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. It is MDHHS' responsibility to follow the federal judge's ruling. This ruling stopped MDHHS' implementation and enforcement of the work rules.

This means HMP participants are no longer required to report work, school or other activities to maintain HMP health care coverage. This change is effective immediately.

MDHHS is notifying individuals of the change online, by mail, and by phone. MDHHS will mail letters to active HMP beneficiaries throughout the month of March 2020. (A draft copy of the letter that will be sent to beneficiaries is attached.) It is possible work requirements could be restarted because of a future court decision. MDHHS will notify stakeholders if this happens.

Health plans, providers, and other community partners who may be utilizing HMP work requirements-related materials that were previously issued by MDHHS should remove these documents from circulation.

Beneficiaries with questions should contact the HMP Work Requirements and Exemption Reporting line at 1-833-895-4355 (TTY: 1-866-501-5656).

Providers and community partners with questions can email HealthyMichiganPlan@michigan.gov.

A copy of the letter sent to HMP enrollees notifying them of the halt to the work requirements can be found [Here](#).

New! Behavioral Health Home policy: public comment period open

MDHHS is seeking comments on a recently issued a draft policy on the expansion of Michigan's Behavioral Health Home initiative.

Comments are due by April 4, 2020.

Mail Comments to: Lindsey Naeyaert

Behavioral Health and Developmental Disabilities Administration Lewis Cass Building

320 S. Walnut St. 5th Floor

Lansing, Michigan 48913

Telephone Number: 517-335-0076 Fax Number: 517-335-5376

E-mail Address: naeyaertl@michigan.gov

Below are key excerpts from the draft policy.

Note: Implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

Pursuant to the requirements of Section 2703 of the Patient Protection and Affordable Care Act/Section 1945 of the Social Security Act, the purpose of this policy is to provide for the

coverage and reimbursement of BHH services. This policy is effective for dates of service on and after October 1, 2020. The policy applies to fee-for-service and managed care beneficiaries enrolled in Medicaid, the Healthy Michigan Plan, or MICHild who meet BHH eligibility criteria. In addition, MDHHS will create a companion operation guide for providers called the Behavioral Health Home Handbook.

The Michigan Department of Health & Human Services (MDHHS) is seeking approval from CMS to revise the current BHH SPA to optimize and expand the BHH in select Michigan counties. The BHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. For enrolled beneficiaries, the BHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model will also elevate the role and importance of Peer Support Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time. Michigan has three goals for the BHH program: 1) improve care management of beneficiaries with SMI/SED; 2) improve care coordination between physical and behavioral health care services; and 3) improve care transitions between primary, specialty, and inpatient settings of care.

Michigan's BHH model is comprised of a team of providers, including a Lead Entity (LE) and designated Health Home Partners (HHP). Providers must meet the specific qualifications set forth in the SPA, this policy, and provide the six federally required core health home services. Michigan's BHHs must coordinate with other community-based providers to manage the full breadth of beneficiary needs.

MDHHS will provide a monthly case rate to the LE based on the number of BHH beneficiaries with at least one BHH service during a given month. HHPs must contract or establish a memorandum of understanding (MOU) with an LE in order to be a designated HHP and to receive payment. The LE will reimburse the HHP for delivering health home services. Finally, MDHHS will employ a pay-for-performance (P4P) incentive that will reward providers based on outcomes. MDHHS will only claim federal match for P4P incentive payments after P4P qualifications have been met and providers have been paid.

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

New! MDHHS seeking comments on proposed Opioid Health Home policy

MDHHS is seeking comments on a recently issued a draft policy on the expansion of Michigan's Opioid Health Home initiative.

Comments are due by April 16, 2020

Mail Comments to: Kelsey Schell

Behavioral Health and Developmental Disabilities Administration Lewis Cass Building

320 S. Walnut St. 5th Floor

Lansing, Michigan 48909-7979

Telephone Number: 517-284-0202 Fax Number: 517-335-5376

E-mail Address: schellk1@michigan.gov

Below are excerpts from the proposed policy.

Purpose: Opioids were involved in 76.4% of drug overdose deaths (21.4 per 100,000 population) in 2017a 13.8% rate increase from 2016. The availability of treatment resources are limited and geographically disparate. MDHHS has identified PIHP Region 1, 2 and 9 in addition to Calhoun and Kalamazoo Counties in Region 4 as having the greatest need for these resources.

Note: Implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

Pursuant to the requirements of Section 2703 of the Patient Protection and Affordable Care Act/Section 1945 of the Social Security Act, the purpose of this policy is to provide for the coverage and reimbursement of OHH services effective for dates of service on and after October 1, 2020. The policy applies to fee-for-service and managed care beneficiaries enrolled in Medicaid, the Healthy Michigan Plan, or MICHild who meet OHH eligibility criteria. In addition, the Michigan Department of Health and Human Services (MDHHS) will create a companion operations guide for providers called the OHH Handbook, which will be available on the MDHHS website at www.michigan.gov/ohh.

I. General Information

MDHHS is seeking approval from CMS to revise the current OHH SPA to optimize and expand the OHH in select Michigan counties. The OHH will provide comprehensive care management and coordination of services to Medicaid beneficiaries with an opioid use disorder diagnosis. For enrolled beneficiaries, the OHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model also elevates the role and importance of Peer Recovery Coaches and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time. Michigan has three goals for the OHH program: 1) improve care management of beneficiaries with opioid use disorder; 2) improve care coordination between physical and behavioral health care services; and 3) improve care transitions between primary, specialty, and inpatient settings of care.

Michigan's OHH model is comprised of a team of providers, including a Lead Entity (LE) and designated Health Home Partners (HHP). Providers must meet the specific qualifications set forth in the SPA, this policy, and provide the six federally required core health home services. Michigan's OHHs must coordinate with other community-based providers to manage the full breadth of beneficiary needs. MDHHS will provide a monthly case rate to the LE based on the number of OHH beneficiaries with at least one OHH service during a given month. HHPs must contract or establish a memorandum of understanding (MOU) with an LE in order to be a designated HHP and to receive payment. The LE will reimburse the HHP for delivering health home services. Finally, MDHHS will employ a pay-for-performance (P4P) incentive that will reward providers based on outcomes. MDHHS will only claim federal match for P4P incentive payments after P4P qualifications have been met and providers have been paid.

The full Opioid health home proposed policy can be found [here](#).

New! CHRT releases report: The Behavioral Health Workforce in Rural America: Developing a National Recruitment Strategy

The Center for Health and Research Transformation recently issued a report and related policy brief on the behavioral health workforce shortage. Excerpts from the report are provided below.

Rural communities have some of the largest need for behavioral health care providers and yet the lowest availability. This is reflected in the fact that more than 60% of rural Americans live in a mental Health Professional Shortage Area, and more than 90% of psychologists and psychiatrists and 80% of social workers practice exclusively in metropolitan areas. By working with state rural health and health workforce offices, this study determined the current recruitment practices to both build the provider pipeline in a given state and incentivize practice in areas suffering from maldistribution of workers. This report describes state incentives for behavioral health provider recruitment, particularly in rural areas.

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

The related policy brief can be found [here](#).

New! CHCS webinar: What's Next? The Value of Evidence from the Camden Coalition and CareMore Health to Inform Complex Care Program Design

Date and Time: March 31, 2020, 1:00 – 2:30 pm ET (10:00 – 11:30 am PT)

Two notable randomized controlled trials (RCTs) of complex care management programs released earlier this year are spurring valuable discussions across the complex care field. The studies — based on interventions at the Camden Coalition of Healthcare Providers and CareMore Health — reported very different results. Whereas the Camden Coalition found no impact on readmission rates at 180 days, CareMore reported favorable reductions in expenditures and utilization. While both organizations serve people covered by Medicaid, their patient populations and study inclusion criteria are very different. Analyzed in tandem, these studies provide a valuable opportunity to reflect on what the evidence is telling us and can inform efforts to improve care for individuals with complex health and social needs.

This Better Care Playbook webinar, made possible through support from the Six Foundation Collaborative, will feature leaders from both organizations who will highlight key takeaways from the recent studies to help guide future program and measurement approaches for complex care management interventions.

Register [here](#).

New! HHS Finalizes Historic Rules to Provide Patients More Control of Their Health Data

Below are excerpts from a recent HHS rule announcement related to the sharing of health information.

Final rules require access to health information, spur innovation and aim to end information blocking.

The U.S. Department of Health and Human Services (HHS) today finalized two transformative rules that will give patients unprecedented safe, secure access to their health data. Interoperability has been pursued by multiple administrations and numerous laws, and today, these rules finally deliver on giving patients true access to their healthcare data to make informed healthcare decisions and better manage their care. Putting patients in charge of their health records is a key piece of giving patients more control

in healthcare, and patient control is at the center of the Trump administration's work toward a value-based healthcare system.

The two rules, issued by the HHS Office of the National Coordinator for Health Information Technology (ONC) and Centers for Medicare & Medicaid Services (CMS), implement interoperability and patient access provisions of the bipartisan 21st Century Cures Act (Cures Act) and support President Trump's MyHealthEDData initiative. MyHealthEDData is designed to empower patients around a common aim - giving every American access to their medical information so they can make better healthcare decisions. Together, these final rules mark the most extensive healthcare data sharing policies the federal government has implemented, requiring both public and private entities to share health information between patients and other parties while keeping that information private and secure, a top priority for the Administration.

For more information on the ONC final rule, please visit: <https://healthit.gov/curesrule>.

For more information on the CMS final rule, please visit: <https://www.cms.gov/newsroom/factsheets/interoperability-and-patient-access-fact-sheet>

State Legislative Update:

New! Legislature and Governor Agree on Another FY20 Supplemental Budget

A combined \$25 million in Coronavirus response money found its way into \$321.3 million (\$180.6 million General Fund) in supplemental spending bills, SB 151 & 373, that the House voted overwhelmingly to support.

The long-awaited deal with the Senate and Governor's Office also includes \$16 million for the Pure Michigan marketing program, \$35 million for Gov. Gretchen Whitmer's Michigan Reconnect job training program for non-traditional students, and \$15 million for the Going Pro program started under the previous administration.

The bipartisan deal gives \$1 million to the Attorney General to investigate clergy abuse of children, a 7% increase in Medicaid outpatient hospital reimbursement rates (\$47.5 million), and \$11.3 million to start replacing the beleaguered MiSACWIS computer system within the Department of Health and Human Services.

On the Coronavirus response money, \$10 million is being set aside for immediate preparedness and response activities, including monitoring, laboratory testing, contact tracing, and infection control. The other \$15 million is going to a Coronavirus Response Fund that will be set aside in case more money is needed later. The combined \$25 million came at Whitmer's special request.

Other notable behavioral health additions include:

- \$3.2 million Gross (\$1.9 million GF/GP) – Behavioral Health System Redesign Includes and authorizes 16.0 FTE positions for policy development and projects for integrating behavioral health services and supports with physical health services.
- \$4.0 million GF/GP – Hospital Behavioral Health Pilot Program Includes on a one-time basis for a behavioral health pilot project through McLaren Greenlawn Campus in Lansing.

- \$100,000 GF/GP – SAFE Substance Abuse Coalition Includes on a one-time basis for the SAFE Substance Abuse Coalition in Wayne County.

Federal Update:

New! Supreme Court Will Hear Challenge to Affordable Care Act

The U.S. Supreme Court decided to review *Texas v. United States*, the court case challenging the constitutionality of the Affordable Care Act (ACA). A ruling in favor of the plaintiffs would invalidate the entire law, leaving an estimated 20 million people uninsured. It is unclear how the timing will align with the November elections.

Background

A coalition of Republican attorneys general challenged the constitutionality of the ACA in 2018. The U.S. Court of Appeals for the 5th Circuit found the individual mandate portion of the ACA unconstitutional but instead of ruling on the entire law, the Court sent the challenge back to a federal judge in Texas who previously invalidated the entirety of the ACA.

Democratic attorneys general and the Democratic-led House of Representatives, who are leading the legal defense, asked the Supreme Court to expedite a review of the case. The plaintiffs and the Trump Administration argued that this would have been premature. In January the Supreme Court announced it would not complete an expedited review of the case but on Monday, decided to take the case on a regular schedule.

What comes next?

The decision by the Supreme Court to take on the case came as a surprise to many legal experts as it is rare for them to do so when a case has not received full consideration in lower courts. The Court will begin reviewing this case in the fall when the term starts and oral arguments may come just weeks before the November general elections, but a ruling may not come until spring of 2021. Polls show that health care remains a top issue among voters and this case will become a talking point on the campaign trail.

According to an estimate by The Urban Institute, a ruling to invalidate the ACA would lead to an increase of 20 million uninsured people, a 65 percent increase in the number of nonelderly people without insurance coverage. In addition to the loss of insurance coverage, many other facets of the law would be subject to elimination affecting millions living with mental illnesses and addictions and the providers who serve them.

Education Opportunities:

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.
- 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 - CANCELLED

The 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 for Monday, March 16, 2020 – Gaylord and Monday, April 6, 2020 – Jackson are both cancelled. We will reschedule this popular training later in FY2020.

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! Registration is open for the May 4, 2020 Michigan Health Policy Forum on Health Equity and Social Equity

The next Michigan Health Policy Forum (CMHA is a member of the Forum's Advisory Council) will be held on May 4, 2020. The Forum will begin at 1:00 PM at the Kellogg Center on the campus of Michigan State University. The topic will be "Health Equity and Social Equity".

It is easy to quantify the disparities in our health care outcomes and to attribute those disparities to the Social Determinants of Health. It is more difficult to discuss healthcare disparities through the lens of health equity because to do so requires us to acknowledge health inequities. Our panel of experts will address the topic of health equity, what it means to Michigan, and how we are moving to address this crucial issue.

I hope you will be able to join us for this forthright discussion of why health inequities exist and the steps that we are taking to eliminate them.

The agenda for the event can be found at: [Agenda](#)

Hope to see you on May 4! Please click [here to register](#)

Any individual or organization that would like to support the Michigan Health Policy Forum with a Sponsorship, please [click here](#).

News from Our Preferred Corporate Partners:

Relias: Help Your Staff Understand Trauma-Informed Care

Implementing trauma-informed care involves everyone, including your administrative staff and assistants. Every interaction with a client can either:

- Contribute to a safe and trusting healing environment
- Detract from a safe and trusting healing environment

Research shows that interactions with non-clinical staff often set the tone of the practitioner-patient relationship, making it critical for administrative staff and assistants to understand trauma-informed care.

[Read the Blog](#)

Read this Q&A blog, You Asked, We Answered; 12 Questions About Trauma-Informed Care, to learn how supervisors and managers can help non-clinical staff leverage trauma-informed practices.

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

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.](#)

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
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
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