Northeast Michigan Community Mental Health Authority Board
September 2018 Meetings

- **Public Hearing/ Board Meeting, Thursday, September 13th @ 3:00 PM**

All meetings are held in the Board Training Room at 400 Johnson Street in Alpena.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
September 13, 2018 at 3:00 p.m.
A G E N D A

I. Call to Order
II. Roll Call & Determination of a Quorum
III. Pledge of Allegiance
IV. Appointment of Evaluator
V. Acknowledgement of Conflict of Interest
VI. Information and/or Comments from the Public
VII. Approval of Minutes ....(See pages 1 - 6)

VIII. Consent Agenda ....(See pages 7-9)
1. Contracts
   a. Partners In Prevention
      i. Children's Friendship Training
      ii. Mental Health First Aid Training
      iii. Trauma Training Project and Suicide Prevention Education
      iv. Caring for Children Who Experience Trauma
   b. MRS Cash Match Agreement
   c. Thunder Bay Transportation Authority
   d. Rite Aid [Flu Shots]
2. Grants Approval
   a. FY19 Children's Mental Health Block Grant

IX. FY17-18 Budget Amendment ....(Available at the meeting)

X. FY18-19 Budget Hearing ....(Available at the meeting)

XI. September Monitoring Reports
1. Budgeting 01-004 ....(See page 10)

XII. Board Policies Review and Self Evaluation
1. General Executive Constraint 01-001 [Review] ....(See page 11)
2. Compensation and Benefits 01-008 [Review] ....(See pages 12-13)
3. Board Committee Structure 02-006 [Review & Self-Evaluation] ....(See pages 14-15)
4. Chief Executive Officer Search Process 03-005[Review & Self-Evaluation (See pages 16-17)

XIII. Linkage Reports
1. Northern Michigan Regional Entity
   a. Board Meeting August 22nd .... (Verbal Update)
2. MACMHB
   a. Fall Board Conference – October 22 & 23 – Traverse City.................... (Verbal Update)
      i. Appoint Voting Delegates

XIV. Operational Report ....(See page 18)
XV. Chair's Report
1. Setting Perpetual Calendar ....(See pages 19-20)
2. Board Self-Evaluation Report .... (See Insert Booklet)

XVI. Director's Report
1. Director's Report ....(See page 21)
2. QI Council Update .... (Available at the Meeting)

XVII. Information and/or Comments from the Public
XVIII. Next Meeting – Thursday, October 11 at 3:00 p.m.
1. Set October Agenda ....(See page 22)
2. Meeting Evaluation ....(Verbal)

XIX. Adjournment

MISSION STATEMENT

To provide comprehensive services and supports that enable people to live and work independently.

Northeast Michigan Community Mental Health Authority Board

Board Meeting

August 9, 2018

I. Call to Order

Presiding Chair Roger Frye called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson

Absent: Judy Hutchins (excused), Eric Lawson (excused), Gary Nowak (excused), Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Anastasia Banicki-Hoffman MD, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Cheryl Jaworowski, Brian Martinus, Cathy Meske, Nena Sork, Jen Whyte, Carrie Standen, Lisa Orozco, Peggy Yachasz,

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Roger Frye appointed Alan Fischer as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

There were no conflicts identified.

VI. Information and/or Comments from the Public

Cathy Meske introduced Carrie Standen CNP, under contract with this agency since 2016. Cathy reports Carrie has continued her education to become a psychiatric nurse practitioner over the life span, which means she can provide services to adults and children. With this certification, Carrie Standen will now be able to conduct psychiatric evaluations. Carrie reports she will be continuing her education to get her doctorate degree. Board members expressed their appreciation of Carrie's service to this agency.

VII. Approval of Minutes

Moved by Albert LaFleche, supported by Steve Dean, to approve the revised minutes of the July 12, 2018 meeting as distributed. Motion carried.

VIII. Educational Session – Veteran's Navigator – Brian Martinus

Cathy Meske introduced Brian Martinus, Veteran's Navigator. She noted Brian is currently participating in the maneuvers at Camp Grayling and Alpena and arrived here from Grayling on a Blackhawk helicopter.

He reports he transitioned off of active duty last September to become the veteran's navigator working through NMRE. He reports there are 640,000 veterans in Michigan. Within the 21 counties, there are an estimated 60,000 – 70,000 veterans. Alpena County has the third highest population of veterans in the 21-county area.

He works with the Veterans' system building relationships between the VA and mental health. He reports he has connected veterans with community-based outpatient clinics. The VA has clinics located in Alpena, Clare, Grayling, Oscoda, Cadillac, Gaylord, Mackinaw City and Traverse City. The VA Medical Centers are located in Ann Arbor, Battle Creek, Detroit and Saginaw.

He reports there is a Vet Center in Traverse City and discussion is underway to establish one in Alpena. He reports those individuals having a diagnosis which may not qualify for CMH services can receive outpatient services through this program.

National Cemeteries provides a program to assist in burial of veterans if assistance is needed. He reports there are three national cemeteries in Michigan; Mackinac Island, Fort Custer in Augusta and Great Lakes National Cemetery in Holly. The Mackinac Island cemetery is closed to all veterans with the exception if the veteran had been born on the island.

The average veteran travels 320 miles to receive VA services in Saginaw MI. He reports VA Choice was established to assist veterans in receiving services and this fund is now bankrupt. He noted there is a requirement for veterans to receive counseling services for 13 months and when they receive an appointment once a month, many times the individual does not follow through because of the travel requirement. If they aren't compliant in attending all appointments, they would not qualify for disability.

Brian reviewed the Mission of the Veteran's Navigation position "…Help provide Mental Health Care and Substance Abuse Services to Veterans within the NMRE Region 2." Help foster a relationship with clients to help them access services in the local communities (such as healthcare education services, benefits and employment)."

Veterans Coalition Action Teams (VCAT) – one in Region 2 and one in Region 3 of the NMRE. Northeast is in Region 3. Brian attends these meetings and needed resources needed are planned out for the area. Our region meets monthly.

Another program includes Buddy to Buddy volunteers providing Peer Support services to other veterans.

Brian reported EMDR was provided in the area and 24 clinicians within the NMRE region were trained. He is attempting to organize another such training focusing on advanced training.

Cathy Meske introduced Dr. Anastasia Banicki-Hoffman to the Board. Cathy Meske reported initial appointment with the doctor will be face-to-face with the family traveling to Rogers City for evaluation and assessment. Future appointments can be set up through telemedicine if the family wishes to avoid travel.

IX. Open Discussion

There were no items identified for discussion.

X. August Monitoring Reports

1. Treatment of Consumers 01-002

The minutes and quarterly report were included in the mailing and Board members had no questions.

2. Staff Treatment 01-003

Steve Dean inquired about the high turnover in ACT. Lisa Anderson provided explanation noting this is a small department. Overall, the turnover rate for this agency is in line or below that of the national averages.

3. Budgeting 01-004

Cheryl Jaworowski reviewed the Statement of Revenue and Expenses for month ending June 30, 2018. Overall, there was a positive change in net position of $87,286. She reported Line #42 shows the overall budget underspend by $640,477 and is confident the deficit depicted in the budget hearing last September will be resolved by the end of this fiscal year.

Cheryl Jaworowski reviewed the contract bucket balances and discussed the accounting of General Funds in more detail.

Cheryl Jaworowski reports the incentive dollars in the reinvestment plan were earned last fiscal year and should be paid to this Agency within the next couple of weeks. She noted the intent of some of these funds is to provide staff with an incentive award which is not included in the current budget and will need approval. The incentive is earned by meeting performance indicators established by the state. Cathy Meske reported this incentive reward to staff will be equal across the board meaning all full-time staff will get an equal dollar amount incentive and all part-time staff will receive an equal dollar amount incentive. It will not be a percentage of wage calculation. A budget amendment will be presented to the Board at the September meeting.

Roger Frye inquired about the negative variance in property & Liability. Cheryl Jaworowski reported an asset distribution check has been received which was around $69,000 that will eliminate the deficit.

4. **Financial Condition 01-005**
Cheryl Jaworowski reviewed the Statement of Net Position Change for month ending June 30, 2018. She reports the unrestricted net position provides for 53 operating days; an increase of one day. Cheryl Jaworowski reviewed the statement of the Endowment Fund. Steve Dean inquired about the endowment fund and how it was established. Cheryl Jaworowski provided explanation.

Moved by Albert LaFleche, supported by Bonnie Cornelius, to accept the August monitoring reports as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. **Chairperson's Role 02-004**
Board members reviewed this policy and had no recommendations for revision. Roger Frye reported our Chair, Gary Nowak, had open heart survey and requested he be kept in prayers. A card was circulated to be sent.

2. **Board Member Per Diem 02-009**
Board members reviewed this policy and had no recommendations for revision. Steve Dean inquired about the mileage reimbursement and how it equates with the allowable amount. Cheryl Jaworowski reported this agency allows for a 50¢ per mile reimbursement, which is under the allowable amount at this time.

3. **Board Self-Evaluation 02-012**
This policy will be addressed in the Chair's report as part of the annual self-evaluation.

4. **Disclosure of Ownership 02-016**
This policy required no revisions. Diane Hayka reported in May of 2019, Board members will need to complete the disclosure forms again as it will have been three years.

XII. Linkage Reports

1. **Northern Michigan Regional Entity (NMRE)**
   a. **Regional Board Meetings**
      i. **July 25, 2018**
      Cathy Meske reported one major focus was on the Opioid Home. She reported on July 30, she along with Lisa Orozco and Carrie Standen CNP attended the Open House on the Opioid Home in Traverse City. She reported Carrie has offered to be a prescriber for buprenorphine allowing us to provide medication assisted treatment. She noted staff will go on September 20 to Centra Wellness to review their clinic.

ii. **June 27, 2018**

The minutes of the June 27th meeting were included in the mailing. Cathy Meske reported the NMRE will be discontinuing the Dale Howe contract; however, Northeast will be continuing with a contractual arrangement as the information he provides to our agency is invaluable.

Cathy Meske reports the future rate setting will be calculated based on morbidity factors so it will be important to capture essential diagnoses.

Cathy Meske reports in June the reinvestment plans were submitted to the NMRE Board.

2. **CMHAM**

Cathy Meske reports she will address the Members Services meeting in her Director's Report.

3. **Consumer Advisory Council Update**

Cathy Meske reported the Council was excited about the Board's support of the NAMI. She also reported the Strategic Plan was reviewed with the Council and the sub-ends were reviewed with the note assurance will need to be made the reports will be easily accessed. This may be tweaked somewhat depending on the reporting availability.

XIII. Operational Report

Nena Sork reports the Board Meeting sometimes will fall early in the month which prohibits the Operational Report from being sent in the mailing. In those instances, the report will need to be distributed the day of the meeting. This was the case this month.

Nena Sork reports a crisis center has opened in St. Ignace and this might help in avoidance of hospitalization. In addition a children's center has opened in Rose City. Because of the additional resources, this might help in reducing hospitalization.

Nena reports of those individuals presenting in ACCESS, about 85% meet criteria and are eligible for services.

XIV. Chair's Report

1. **CEO Evaluation**

This evaluation is based on monitoring reports throughout the year. Diane Hayka reported Board members had no inquiries as to the monitoring reports. Based on the response, the Director received a positive evaluation.

2. **Begin Board Self-Evaluation**

A memo compiling the comments made during the self-evaluation process of each policy during the past year was included in the materials for this meeting. In addition, a Board member survey on self-assessment was sent. Board members were requested to turn their surveys in to Diane Hayka so the responses can be included for the September meeting.

XV. Director's Report

1. **Directors Update**

Cathy Meske provided the Board with information related to the rate restructuring. She noted the Agency is working with the DD Council for assistance in getting contracts drafted for the next fiscal year. She reported the Employee Recognition luncheons were held in July with seven staff recognized and one not attending the Montmorency/Presque Isle County luncheon on July 24th and the Alpena/Alcona County luncheon had 37 staff recognized with 25 attending and 12 not able to attend.

Cathy reported she attended a meeting with the Association of Children's Mental Health related to Youth Peer & Parent Support Partners. She reports this Agency would like to look at hiring a part-time Parent Support Partner in the budget next fiscal year.

Cathy Meske reports the MRS cash match agreement last year did not meet our goal of reaching 50 individuals; they reached 42. She stressed the need to continue this as it is good "bang for the buck."

She discussed Adverse Childhood Experiences (ACES) and working on grant for training of this program and providing community presentations making the communities trauma sensitive.

Cathy Meske reported the Spring Conference Location was discussed at the Member Services Committee meeting. She believes they will continue to go to the Hyatt. In addition, an Audio Visual system for the Board Association's Office was discussed at this meeting. Minor changes made to the election of officers process.

Cathy noted ProtoCall contract negotiations begin tomorrow. This provider will assume the services Third Level is currently providing. There should be a smooth transition to this process.

She notes an implementation call with the myStrength staff was held which included key agency supervisors. Work will continue on this project with launching soon.

Meetings have been scheduled with County Commissioners; August 22, Montmorency; August 31, Presque Isle and Alcona, September 5.

2. Endowment Fund Grant Awards

Cathy Meske provided an update on the grant awards from the spendable portion of the Endowment Fund. The total awards are $749.92.

3. Medication Cabinet ACT/Roger City Office

Cathy Meske reported she contacted Gary Nowak prior to this date as there was a need to expedite the installation of the cabinets for the Rogers City Office and ACT office. Cheryl Jaworowski notes bids were not obtained as Nowak's provided the cabinets in the Alpena Office and Fletcher Office and due to nursing staff needing access at any one of the offices, consistency in locking mechanisms, etc. was needed.

Moved by Steve Dean, supported by Bonnie Cornelius, to authorize the approval of cabinets from Nowak's Windows, Doors and Cabinets as presented. Motion carried.

4. Presidio Security Agreement

Dennis Bannon reports currently an internal appliance is utilized to secure the system with Barracuda and Cyberroam. The Presidio will provide this security regardless of where an employee may connect to the network. He also reported the routing of the network will be changed for the outer offices so they will not have to be routed back through Alpena for connections. He reported the Barracuda and Cyberroam subscriptions are expiring in September. Dennis provided some details on costs.

Moved by Albert LaFleche, supported by Steve Dean, to approve entering into an agreement with Presidio, as presented. Motion carried.

XVI. Information and/or Comments from the Public

Cheryl Jaworowski reported traditionally at the September meeting a request is made to accelerate FY 19 purchases into FY 18. She would like to get pre-approval to allow the Director to purchase possible items if identified for this purpose.

Moved by Terry Larson , supported by Albert LaFleche, to allow discretion of the Finance Director and Director up to $30,000 in a pre-purchase if identified. Roll call vote: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson; Nays: None; Absent: Judy Hutchins, Eric Lawson, Gary Nowak, Pat Przeslawski. Motion carried.

Steve Dean inquired as to whether the Board will be informed on what purchases were approved. These items will be included in the budget amendment if necessary.

XVII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, September 13, 2018 at 3:00 p.m.

1. Set September Agenda

The schedule of September Agenda was reviewed noting there will be a public hearing on the FY19 budget.

XVIII. Evaluation of Meeting

Alan Fischer stated the Veteran's information was very informative and was happy to see the NMRE is working to assure services are being provided to area veterans. He noted the presiding chairman did a good job with four members missing.

XIX. Adjournment

Moved by Albert LaFleche, supported by Steve Dean, to adjourn the meeting. Motion carried. This meeting adjourned at 4:30 p.m.

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Alan Fischer, Secretary

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Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Cathy Meske
SUBJECT: Consent Agenda
DATE: September 4, 2018

1. **Contract**
   a. **Partners in Prevention**
   This is a continuation of an arrangement the Agency has with Partners in Prevention to provide various educational opportunities to community members and staff. The total amount of this agreement is not to exceed $22,419. This is a $2,839.00 increase over the previous agreement. Partners in Prevention will provide the following:
      i. Children's Friendship Training – this training provides group settings for both child and parent up to $3,000. This dollar amount will also include efforts for grant writing on behalf of the Agency for suicide prevention, trauma training and mental health first aid training.
      ii. Mental Health First Aid Training – this is directed at both Youth Mental Health First Aid and Adult Mental Health First Aid with funding up to $6,055.00.
      iii. Trauma Training Project and Suicide Prevention Education – this training is targeted for juvenile justice programs, law enforcement and educational personnel with funding up to $7,750.00.
      iv. Caring for Children who Experience Trauma – This is offered as a six-week curriculum consisting of 12 hours of training with funding up to $5,254.00.
      v. In addition, mileage reimbursement for up to $360.00 is included in this agreement.

   We recommend approval of this Agreement.

   b. **MRS Cash Match Agreement**
   This agreement is a continuation of an Interagency Cash Transfer Agreement with DHHS/MRS to provide vocational services. The requested agreement for the FY18-19 is $29,926, of which $8,080 or 27% is the local match contributed by NeMCMHA. This amount is the same as last year's total amount. We recommend approval.

   c. **Thunder Bay Transportation Authority**
   Northeast Michigan Community Mental Health Authority contracts for transportation services from Thunder Bay Transportation Authority (TBTA). The amount budgeted for FY2017/2018 was $121,000.00. The contract amount for FY2018/2019 will remain the same. The run cost continues to include a fuel surcharge in addition to the base charge. While we do not believe the cost of services will exceed that amount, the cost may need to be amended as TBTA is using this year's usage as a baseline to determine future cost. If the cost of the run exceeds what is being paid by NeMCMHA, an amendment to the rate may need to occur. If this happens, the new cost will be presented to the Board for approval.

Run	Cost/Hr. FY18/19	Cost/Hr. FY17/18	Difference
Contracted Services	$41.30 includes fuel	$41.30 includes fuel	-0-
Bus Aide (if requested by NeMCMHA)	$16.25	$16.25	-0-

   d. **Rite Aid [Flu Shots]**
   This agreement with Rite Aid will provide the provision of flu shots for Northeast's eligible members by authorized pharmacists at a cost of $28.00/vaccine. Last year the agency had 103 individuals receive a flu vaccine through this program. Our Human Resource

Department also received quotes from Walgreens at a cost of $35/vaccine and District Health Department #4 at a cost of $30/vaccine. We recommend approval of the Rite Aid Vaccine Administration Program Agreement.

2. Grants

a. FY19 Children's Mental Health Block Grant Proposal

NeMCMHA's Children's Services program is interested in extending our services to Medicaid and non-Medicaid youth at risk for or with Seriously Emotional Disturbances and/or Substance Use Disorders. The Children's Mental Health Block Grant available for FY19 would provide a maximum of $50,000 for FY19 (April 1, 2019 through September 30, 2019) with no local contribution required. This funding may be available annually based on performance of the project. Our program recommends the use of groups in order to reach the largest number of youth within our community with the aim of providing education and social-emotional support while learning. Each group would incorporate the use of a Master's level clinician with expertise in children's issues and development, as well as a community partner such as School Success staff. The staff would coordinate and work together through formal training and group preparation and facilitation. The Children's Services program proposes the following two ideas for group:

Young Adult Transition Program: The State of Michigan offers a variety of young adult programs for children who are placed within the foster care system. These programs are helpful in providing education and guidance for those children who may have inconsistent parental figures and who have severely limited resources as they transition into independent living. NeMCMHA has found a large number of individuals we work with are also lacking in these skills for a variety of reasons, including parenting limitations, mental health concerns, lack of resources and access to services. It would be beneficial to provide a structured and consistent psycho-educational program that could address these issues and provide skill building opportunities. The group could be provided in the school setting in order to provide services where youth are and/or provide transportation since this is often a barrier to services. In addition, the School Success staff would be working in conjunction with NeMCMHA staff in order to co-facilitate and follow up with the youth in the school setting. The program would involve a weekly group session for 60-90 minutes which would focus on education, skill-building and outings that could assist with hands on training in the community.

The State of Michigan has utilized an evidence-based model, TIP (Transition to Independence Process) Model for their foster children with success. The TIP Model could also be utilized with non-place youth and can be universal in its delivery of skills. The TIP Model developers can provide training and guidance in order for NeMCMHA and community partners to become "TIP aware," and capable of providing this curriculum to the youth in the community. The cost of $6,500 would provide a three-day intensive training to 12-15 staff members and community partners, as well as ongoing access to their trademarked materials. A more intensive, year-long "train the trainer" program is available for the cost of $21,000; however, the time and money required may not be necessary or feasible for our purposes at this time. Additional costs for transportation and staff time will be incorporated into the budget.

Substance Use Psycho-Education and Support Group: NeMCMHA Children's Services program often provides services to youth with co-occurring mental health and substance use disorders. We have found the average age of substance use continues to fall and we have a multitude of junior high age youth who are actively experiencing or misusing substances on a regular basis. We propose providing an educational and support-based group to address these issues for active consumers, as well as at-risk youth in the community. We could provide these groups in the school setting in conjunction with School Success staff and/or provide transportation to the group members if it was held after hours. The group would be held weekly for 10 weeks for 60

minutes and would include a combination of psycho-education, as well as skill building, and social support. The use of CBT skills to address addictive thinking patterns would be utilized, as well as coping skills, mindfulness and problem solving skills.

Costs included in this group would be staff time for face-to-face group work, as well as for preparation and travel. Transportation costs will be incorporated as this is a common obstacle for families to fully participate in services. Finally, costs for formal materials or resources will be necessary for workbooks, handouts and activities.

FY17-18 Budget Amendment [Available at the Meeting]

FY 18-19 Budget Hearing [Available at the Meeting]

Northeast Michigan Community Mental Health Authority

2017-2018 Budget Amendment #3

Revenue Budget

Line #	Revenue Source	FY18 Budget Amendment #2	$$$ Incr./(Decr.)	**FY18 Budget Amendment #3**	**Totals**	% of Total Budget
1	**State Contracts**				**$ 104,009**	0.36%
2	MI Supported Housing - Homeless (ended 12/31/17)	$ 8,009	-	**$ 8,009**		
3	PASARR (Nursing Home Services)	114,396	(18,396)	**96,000**		
4	**Private Contracts**				**45,227**	0.16%
5	Blue Horizons Management Services	18,227	-	**18,227**		
6	MI Child Collaborative Care Grant	39,740	(12,740)	**27,000**		
7	**Local Funding**				**482,282**	1.67%
8	Alcona County Allocation	35,223	-	**35,223**		
9	Alpena County Allocation	150,216	-	**150,216**		
10	Montmorency County Allocation	31,435	-	**31,435**		
11	Presque Isle County Allocation	49,764	-	**49,764**		
12	Rebates/Incentives/Other local revenue	2,294	213,350	**215,644**		
13	**Interest Income**	7,300	5,200	**12,500**	**12,500**	0.04%
14	**Medicaid**	25,446,242	(642,027)	**24,804,215**	**24,804,215**	85.76%
15	**General Funds from MDCH**				**750,381**	2.59%
16	Operational (Community) Funding	709,887	-	**709,887**		
17	FY16 - FY17 General Fund Carry Forward	40,494	-	**40,494**		
18	**Healthy Michigan Plan**	1,273,154	311,408	**1,584,562**	**1,584,562**	5.48%
19	**Third Party Insurance (incl. COFR & Child Waiver)**	341,683	257,463	**599,146**	**599,146**	2.07%
20	**Residential Clients - Room & Board**	480,370	7,329	**487,699**	**487,699**	1.69%
21	**Club House Food Sales**	3,500	(600)	**2,900**	**2,900**	0.01%
22	**Donations**	3,000	-	**3,000**	**3,000**	0.01%
23	**Other Revenue**				**47,400**	0.16%
24	Reimbursed Class Fees	4,128	1,872	**6,000**		
25	Representative Payee Fees	24,766	(466)	**24,300**		
26	Record Copying Fees	9,647	(1,047)	**8,600**		
27	Michigan Rehabilitation Services	4,500	-	**4,500**		
28	Miscellaneous Other Income	2,000	2,000	**4,000**		
29	**Total Projected Revenues**	$ 28,799,975	$ 123,346	**$ 28,923,321**	**$ 28,923,321**	100.0%

Northeast Michigan Community Mental Health Authority
2017-2018 Budget Amendment #3
Expenditure Budget (by account)

Line #	Expenditure Type	FY18 Budget Amendment #2	$$$ Incr./(Decr.)	**FY18 Budget Amendment #3**	% Incr./(Decr.)
1	Salaries	$ 12,897,243	$ (190,564)	**$ 12,706,679**	-1.5%
2	Social Security Tax	611,670	(32,000)	**579,670**	-5.2%
3	Health Savings Accounts	31,000	-	**31,000**	0.0%
4	Health Insurance (self insured)	2,131,925	(50,000)	**2,081,925**	-2.3%
5	Prescription Insurance (self insured)	476,625	(5,000)	**471,625**	-1.0%
6	Dental Insurance (self insured)	112,321	(2,000)	**110,321**	-1.8%
7	Vision Insurance (self insured)	42,048	-	**42,048**	0.0%
8	Life Insurance	30,943	-	**30,943**	0.0%
9	Long Term Disability Insurance	29,363	-	**29,363**	0.0%
10	Short Term Disability Insurance	170,325	(6,000)	**164,325**	-3.5%
11	Pension	705,943	(30,000)	**675,943**	-4.2%
12	Pension (Social Security Opt Out)	320,192	(8,000)	**312,192**	-2.5%
13	Unemployment	13,000	-	**13,000**	0.0%
14	Workers Compensation	243,059	5,600	**248,659**	2.3%
15	Office Supplies	33,670	(5,000)	**28,670**	-14.9%
16	Postage	19,941	-	**19,941**	0.0%
17	Advertisement/Recruitment	55,947	36,000	**91,947**	64.3%
18	Public Relations/Community Education	3,210	-	**3,210**	0.0%
19	Employee Relations/Wellness	70,021	(10,000)	**60,021**	-14.3%
20	Computer Maintenance/Supplies	326,703	-	**326,703**	0.0%
21	Activity/Program Supplies	34,290	-	**34,290**	0.0%
22	Medical Supplies & Services	60,076	(5,000)	**55,076**	-8.3%
23	Household Supplies	53,487	(5,000)	**48,487**	-9.3%
24	Clothing	625	-	**625**	0.0%
25	Contracted Inpatient	991,000	-	**991,000**	0.0%
26	Contracted Transportation	104,356	21,000	**125,356**	20.1%
27	Contracted Residential (incl. Self Determination)	4,697,701	-	**4,697,701**	0.0%
28	Contracted Employees/Services	2,767,183	180,000	**2,947,183**	6.5%
29	Telephone / Internet (Communications)	129,912	(10,000)	**119,912**	-7.7%
30	Staff Meals & Lodging	39,857	(3,000)	**36,857**	-7.5%
31	Staff Travel Mileage	220,763	(4,000)	**216,763**	-1.8%
32	Vehicle Gasoline	127,508	9,000	**136,508**	7.1%
33	Client Travel Mileage	83,509	(6,000)	**77,509**	-7.2%
34	Board Travel and Expenses	14,616	-	**14,616**	0.0%
35	Staff Development-Conference Fees	44,640	-	**44,640**	0.0%
36	Staff Physicals/Immunizations	12,603	-	**12,603**	0.0%
37	Professional Fees (Audit, Legal, CARF)	44,194	(3,000)	**41,194**	-6.8%
38	Professional Liability Insurance Drs.	4,368	1,500	**5,868**	34.3%
39	Property/Staff Liability Insurance (net)	39,195	-	**39,195**	0.0%
40	Heat	32,182	-	**32,182**	0.0%
41	Electricity	126,345	-	**126,345**	0.0%
42	Water/Sewage	33,438	-	**33,438**	0.0%
43	Sanitation	13,130	-	**13,130**	0.0%
44	Office Building/Equipment Maintenance	90,542	(5,000)	**85,542**	-5.5%
45	Home Maintenance (incl. Envir. Modifications)	85,463	(20,000)	**65,463**	-23.4%
46	Vehicle Maintenance	74,645	(3,000)	**71,645**	-4.0%
47	Rent-Homes and Office Buildings	256,878	-	**256,878**	0.0%
48	Rent-Equipment	6,771	-	**6,771**	0.0%
49	Membership Dues	16,545	-	**16,545**	0.0%
50	Food	166,056	(12,000)	**154,056**	-7.2%
51	Food Stamps	(72,222)	-	**(72,222)**	0.0%
52	Capital Equipment over $200	289,100	(10,000)	**279,100**	-3.5%
53	Consumable Equipment under $200	11,744	(2,000)	**9,744**	-17.0%
54	Computer Equipment over $200	22,500	-	**22,500**	0.0%
55	Client Adaptive Equipment	20,978	-	**20,978**	0.0%
56	Bad Debt Expense	10,000	30,000	**40,000**	300.0%
57	Depreciation Expense Adjustment	9,212	-	**9,212**	0.0%
58	General Fund Expenditures	8,080	720	**8,800**	8.9%
59	Local Fund Expenditures	62,446	7,200	**69,646**	11.5%
60	**Unidentified Budget Corrections (TBD)**	(258,890)	258,890	**-**	-100.0%
61	**Total Expenditures**	$ 28,799,975	$ 123,346	**$ 28,923,321**	0.4%

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Ten Months Ending July 31, 2018
83.3% of year elapsed

		Actual July Year to Date	Budget July Year to Date	Variance July Year to Date	Budget FY18	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 87,970	$ 101,963	$ (13,994)	$ 122,405	71.9%
2	Private Contracts	37,451	48,287	(10,836)	57,967	64.6%
3	Grants from Local Units	250,004	224,020	25,983	268,932	93.0%
4	Interest Income	9,454	6,081	3,373	7,300	129.5%
5	Medicaid Revenue	20,420,179	21,196,720	(776,541)	25,446,242	80.2%
6	General Fund Revenue	632,068	625,067	7,000	750,381	84.2%
7	Healthy Michigan Revenue	1,153,802	1,060,537	93,264	1,273,154	90.6%
8	3rd Party Revenue	499,289	284,622	214,667	341,683	146.1%
9	SSI/SSA Revenue	406,530	400,148	6,382	480,370	84.6%
10	Other Revenue	44,946	42,934	2,012	51,541	87.2%
11	**Total Revenue**	**23,541,691**	**23,990,379**	**(448,688)**	**28,799,975**	**81.7%**
	Expense					
12	Salaries	10,263,897	10,743,403	479,507	12,897,243	79.6%
13	Social Security Tax	467,622	509,521	41,899	611,670	76.5%
14	Self Insured Benefits	1,898,128	2,327,335	429,206	2,793,919	67.9%
15	Life and Disability Insurances	183,188	192,116	8,928	230,631	79.4%
16	Pension	815,321	854,770	39,449	1,026,135	79.5%
17	Unemployment & Workers Comp.	188,840	213,297	24,457	256,059	73.7%
18	Office Supplies & Postage	36,990	44,658	7,668	53,611	69.0%
19	Staff Recruiting & Development	117,363	94,287	(23,076)	113,190	103.7%
20	Community Relations/Education	1,159	2,674	1,514	3,210	36.1%
21	Employee Relations/Wellness	44,227	58,327	14,100	70,021	63.2%
22	Program Supplies	357,336	405,609	48,273	486,925	73.4%
23	Contract Inpatient	878,037	825,503	(52,534)	991,000	88.6%
24	Contract Transportation	108,555	86,929	(21,626)	104,356	104.0%
25	Contract Residential	4,029,788	3,913,185	(116,603)	4,697,701	85.8%
26	Contract Employees & Services	2,599,819	2,305,063	(294,755)	2,767,183	94.0%
27	Telephone & Connectivity	89,653	108,217	18,564	129,912	69.0%
28	Staff Meals & Lodging	25,241	33,201	7,960	39,857	63.3%
29	Mileage and Gasoline	368,217	359,673	(8,544)	431,780	85.3%
30	Board Travel/Education	11,387	12,175	789	14,616	77.9%
31	Professional Fees	35,992	36,814	822	44,194	81.4%
32	Property & Liability Insurance	32,752	36,288	3,536	43,563	75.2%
33	Utilities	147,628	170,844	23,216	205,095	72.0%
34	Maintenance	150,822	208,791	57,969	250,650	60.2%
35	Rent	219,648	219,620	(28)	263,649	83.3%
36	Food (net of food stamps)	48,081	78,164	30,082	93,834	51.2%
37	Capital Equipment	20,380	39,651	19,271	47,600	42.8%
38	Client Equipment	24,137	17,475	(6,662)	20,978	115.1%
39	Miscellaneous Expense	76,708	80,860	4,152	97,071	79.0%
40	Depreciation Expense	227,103	227,586	483	273,212	83.1%
41	Budget Adjustment	-	(215,655)	(215,655)	(258,890)	0.0%
42	**Total Expense**	**23,468,019**	**23,990,379**	**522,361**	**28,799,975**	**81.5%**
43	**Change in Net Position**	**$ 73,673**	**$ -**	**$ 73,673**	**$ -**	**0.3%**

	Contract settlement items included above:	
44	Medicaid Funds Paid are Over Spent	(192,927)
45	General Funds Paid are Under Spent	1
46	Healthy Michigan Funds Paid are Over Spent	(76,044)

EXECUTIVE LIMITATIONS
(Manual Section)

GENERAL EXECUTIVE CONSTRAINT
(Subject)

Board Approval of Policy August 8, 2002
Last Revision of Policy Approved September 14, 2006

Comment [DH
Dated 8/08/2002
Policy (Services

●1 POLICY:

The CEO shall not allow any practice, activity, decision or organizational circumstance which is illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

EXECUTIVE LIMITATIONS
(Manual Section)

COMPENSATION AND BENEFITS
(Subject)

Board Approval of Policy August 8, 2002
Last Revision of Policy Approved: September 8, 2016

●1 POLICY:

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the CEO may not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, he or she may not:

1. Change his or her own compensation and benefits.

2. Promise or imply permanent or guaranteed employment.

3. Establish current compensation and benefits which:

   A. Deviate materially from the geographic or professional market for the skills employed.

   B. Create obligations over a longer term than revenues can be safely projected and, in all events subject to losses of revenue, in no event longer than one year with the exception of labor.

4. Establish or change pension benefits so the pension provisions:

   A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.

   B. Provide less than some basic level of benefits to all full time employees, though differential benefits to encourage longevity in key employees are not prohibited.

   C. Allow any employee to lose benefits already accrued from any foregoing plan.

   D. Treat the CEO differently from other comparable key employees.

   E. Are instituted without prior monitoring of these provisions.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

GOVERNANCE PROCESS
(Manual Section)

COMMITTEE STRUCTURE
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	September 10, 2015

•1 POLICY:

A committee is a board committee only if its existence and charge come from the board, regardless of whether board members sit on the committee. Unless otherwise stated, a committee ceases to exist as soon as its task is complete.

1. Executive Committee
   A. Product: any proposed, pending and current legislation pertaining to mental health services in order to recommend a Board position.

      Product: all matters acted upon between Board meetings due to emergency situations.

   B. Authority: the Board of Directors.

2. Board Officers Nominating Committee
   A. Product: a slate of candidates to fill the positions of the Board's offices.

      Product: candidates for consumer or consumer representative appointments who meet the requirements of Section 222 (1) of the Mental Health Code.

   B. Authority: the Board of Directors

3. Recipient Rights Committee
   A. Product: advises the Board concerning implementation of policy as it relates to the Recipient Rights System and a review of the operations of the Recipients Rights office.

   B. Authority: required under Mental Health code.

4. Consumer Advisory Council
   A. Product: advises the Board to help assure services are designed and offered in ways that reflect the individuals served wellbeing and interest. Areas of advice include Person-Centered Planning, Family-

Centered Planning, consumer-run programs, individual choice and self-directed services, accommodations, etc.

Product: a review of policies that relate to consumer services

Product: a review and recommendation of any satisfaction surveys conducted for mental health services.

B. Authority: 8-10 member council appointed through an application process. A stipend of $25 per meeting and mileage reimbursement at the current Board-approved rate.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

BOARD STAFF RELATIONSHIP
(Manual Section)

CHIEF EXECUTIVE OFFICER SEARCH PROCESS
(Subject)

Policy Inception Date:	September 11, 2014
Board Approval of Policy Revision	September 10, 2015

●1 POLICY:

The purpose of this policy is to establish the conceptual framework for the Agency's succession planning efforts related to the Agency's Chief Executive Officer (CEO) position.

1. **Board as sole decision maker:** The Agency's CEO succession planning effort recognizes the primacy of the Board of Directors as the decision makers who select the Agency's successor CEO. While they may draw on the views of others, as outlined below, the decision rests with the Board.

2. **Succession planning is a process not an event:** The Agency will take a number of steps, before the announcement of the departure of the incumbent CEO, to ensure succession planning is a deliberative process and not a reactive one, precipitated by this departure.

3. **Purpose of succession planning:** The Agency recognizes sound, early-on succession planning is needed when an organization's leadership changes to:

    - Ensure organizational **stability** by strengthening the Agency's culture around mission, values, capabilities, performance and partnerships. This approach reinforces two concepts:

        a. An Agency of the size, complexity and influence of this CMH succeeds by adhering to a rarely changing mission and set of values and not by frequent changes in direction or values.
        b. If dramatic changes in the Agency's direction are sought by the leadership of an organization, those changes should take place while the current leadership is in place.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

CEO Search Process – Timeline, Budget
Job Description - Director

●5 FORMS AND EXHIBITS:

Northern Michigan Regional Entity

Board Meeting August 22nd [Possibly Available at the Meeting]

MACMHB Fall Board Conference - October 22 & 23 - Traverse City

Appoint Voting Delegates

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, AUGUST 22, 2018
CROSS STREET CONFERENCE ROOM, GAYLORD

BOARD MEMBERS IN ATTENDANCE:	**Carol Crawford, Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Terry Larson, Jay O'Farrell, Richard Schmidt, Karla Sherman (on phone), Joe Stone, Don Tanner, Nina Zamora**
BOARD MEMBERS ABSENT:	**Gary Klacking, Gary Nowak, Dennis Priess**
STAFF IN ATTENDANCE:	**Jodie Balhorn, Karan Bingham, Christine Gebhard, Chip Johnston, Karl Kovacs, Eric Kurtz, Brian Martinus, Ron Meyer, Diane Pelts, Brandon Rhue, Sara Sircely, Dee Whittaker, Deanna Yockey, Carol Balousek**
PUBLIC IN ATTENDANCE:	**Sue Winter**

CALL TO ORDER
Let the record show that Chairman Randy Kamps called the meeting to order at 10:02AM.

ROLL CALL
Let the record show that Gary Klacking, Gary Nowak, and Dennis Priess were absent with notice for the meeting on this date and Karla Sherman attended by phone; all other Board Members were in attendance.

PLEDGE OF ALLEGIANCE
Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Let the record show that no conflicts of interest were expressed with any of the meeting agenda items.

APPROVAL OF PAST MINUTES
The minutes of the July meeting of the NMRE Governing Board were included in the materials for the meeting on this date.
MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE JULY 25, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY NINA ZAMORA. MOTION CARRIED.

APPROVAL OF AGENDA
Mr. Kamps called for approval of the meeting agenda.
MOTION MADE BY DON TANNER TO APPROVE THE AGENDA FOR THE AUGUST 22, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ROGER FRYE. MOTION CARRIED.

CORRESPONDENCE
- An analysis of the insufficiency of state funding for the state's PIHPs, CMHSPs, and provider networks from the Community Mental Health Association of Michigan dated June 2018.

DRAFT

- An email from Jon Villasurda, State Assistant Administrator for the Office of the Deputy Director, Behavioral Health and Developmental Disabilities Administration of MDHHS, dated August 3, 2018 regarding Network Adequacy Standards.
- Quarter 2 FY18 PIHP Performance Indicators.
- The PIHP CEO Meeting notes for June 7, 2018.
- An email from Monique Francis on behalf of Bob Sheehan at CMHAM requesting members to participate in the development of the associations vision document for Michigan's public mental health system.
- A flyer announcing a farewell reception for Lynda Zeller on August 27th at the Radisson Hotel in Lansing.
- The Summer 2018 edition of the Consumer Newsletter.

Discussion of Jon Villasurda's email will occur later in the Agenda. Mr. Kamps referred to it as "the first volley" and emphasized the need to press on. Mr. Kamps stated, for the good of the consumer, we are incumbent to do everything we can to improve their lives. He advised addressing the topic with legislators. A discussion of best ways to continue the dialogue followed. Mr. Johnston expressed he took exception to many of the conclusions drawn by Mr. Villasurda in the email. In his experience as a provider, the BHH is saving money and improving outcomes. Mr. Johnston continued, even if not a cost savings, isn't the improved outcomes worth it? Ms. Gebhard referenced the $10M SAMHSA grant the Department recently received to integrate mental health and behavioral health. She noted, expanding the BHH costs nothing. Mr. Kovacs voiced that Northern Lakes CMHA has seen cost savings and has the data to back it up. He acknowledged the Department may have some issues reporting to CMS but that's not germane to what the NMRE wants to do. Being understaffed at the Department is not a permissible excuse. Mr. Kurtz responded that he's not sure if more decisions are being made by the State Medicaid Agency as opposed to BHDDA. He added that whomever is selected to fill Lynda Zeller's vacancy could provide an indication of the Department's direction. Mr. Kamps commented that he has been corresponding with Senator Stabenow on the matter. Mr. Tanner supported Mr. Kamp's course of action. Mr. Kurtz was tasked with reaching out to Mr. Villasurda with Chip and/or Karl to provide a counter argument in support of the current behavioral health homes in the region.

Mr. Stone commented on an email from Bob Sheehan requesting members to draft the Association's vision document. He stated the commitment likely involves attending two webinars. Interested people were asked to contact the Association.

ANNOUNCEMENTS

Let the record show that no announcements were made during the meeting on this date.

PUBLIC COMMENTS

Let the record show that no comments were made from the public during the meeting on this date.

REPORTS

Board Chair Report/Executive Committee

Let the record show that no meetings have occurred, and no report was given on this date.

CEO's Report

The NMRE CEO Report for August 2018 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to his meetings with the FQHCs in the region that will be participating in the Opioid Health Home (Grand Traverse Health Center, Alcona Health Center, and Thunder Bay Community Health Centers). Two additional OHH providers that are not FQHCs are Centra Wellness Network and NMSAS Recovery Center.

SUD Board Report
Let the record show that the next meeting of the NMRE SUD Policy Board is scheduled for September 10th at 10:00AM in the Cross Street Conference Room in Gaylord.

Financial Reports
The NMRE Monthly Financial Report for June 2018 was included in the materials for the meeting on this date.

- Traditional Medicaid revenue through June 30th was shown at $111.7M, with a net surplus $1.5M.
- Healthy Michigan Plan revenue was shown at $7.9M, with a net deficit of $1.1M.
- Health Home revenue was shown at 137K, with a net surplus of 31.9K.
- SUD revenue was shown at $2.4M, with a net deficit of $567K. Block grant funding is $484K overspent, redirected from PA2 funds. A transfer from Region 10 of approximately $600K is pending.

Preliminary FY18 Year-End Projections
Deanna Yockey prepared a regional analysis based on the mid-year MUNC to see where the region will likely land at year end utilizing annualized spending. The FSR was submitted prior to the due date of August 15th. Total Medicaid Revenue (including autism and HMP) was reported as $171,271,795. Carry forward based on expenditures was reported as $4,779,612 (FY17 was $4.2M). A regional analysis of expenditures was reviewed by Board.

Mr. Stone asked how the increases are calculated. Ms. Yockey clarified the percentages shown relate to expenditures. She explained payments to the CHMSPs are on a PMPM basis but noted the Boards are "made whole" by the PIHP. Mr. Tanner commented that it's hard to shift to a spending mindset when conservative spending had been instructed historically. Ms. Yockey noted the ISF will be 100% funded. Mr. Kurtz mentioned he is looking at revising the monthly financial report to show Board status with spending up to PMPM and pulling from reserves. Mr. Kamps commented that Northern Lakes CMHA may need to be more judicious; AuSable Valley CMHA more resolute. Mr. Kurtz agreed that the region needs to continue to learn how we can grow without getting "stuck"; it's a balancing act. Mr. Stone emphasized he struggles ideologically with spending just to spend. Mr. Kovacs acknowledged that funds should be directed to services when possible. Mr. Kurtz advised moving forward with "planful spending." Ms. Gebhard acknowledged the CMHSPs have all been frugal throughout the years in various areas; the savings gives them opportunity to invest in infrastructure. She also mentioned that spending on services increases general fund match. Mr. Tanner responded that in the past hard work was rewarded by directing funds "somewhere else." Mr. Johnston emphasized the need to attract staff by having attractive salaries/benefits. Mr. Kurtz agreed, adding that money should be flowing to health professional shortage areas.

NEW BUSINESS

Audit Firm Recommendation
A summary of the responses to the NMRE's RFP for an auditing firm for FY18, FY19, and FY20 was included in the meeting materials.

MOTION MADE BY DON TANNER TO RECOMMEND THE SELECTION OF ROSLUND, PRESTAGE & COMPANY AS THE NORTHERN MICHIGAN REGIONAL ENTITY'S AUDITING FIRM FOR THE FISCAL YEARS ENDING SEPTEMBER 30, 2018, SEPTEMBER 30, 2019, AND SEPTEMBER 30, 2020, SECOND BY JOE STONE. MOTION CARRIED.

Human Resources Software Proposal

A proposal for HR and payroll software was included in the meeting materials. Since it was created, the NMRE had been paying North Country CMH to provide these functions. After review of several platforms, NMRE staff recommended Paychex Flex at a monthly cost of $1,120 ($13,444 annual). The target date for implementation was given as January 1, 2019.

MOTION MADE BY ROGER FRYE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY PURCHASE PAYCHEX FLEX HUMAN RESOURCES AND PAYROLL SOFTWARE FOR AN ANNUAL COST OF THIRTEEN THOUSAND FOUR HUNDRED FORTY DOLLARS ($13,440.00), SECOND BY TERRY LARSON. MOTION CARRIED.

Mr. Kamps asked what accounts for the cost variance between Human Resources and payroll administration through North Country CMH and Human Resources and payroll administration through Paychex Flex. Mr. Kurtz responded North Country CMH bills based on FTE which includes a percentage of the agency's overhead.

NMRE Office Space

The NMRE is in the process of separating from North Country CMH. As Mr. Kurtz put it, "the NMRE is growing up and becoming independent." Part of this process is securing a new office space. North Country CMH has leased office space in Petoskey and Gaylord to the NMRE since 2014. Two options were presented for considerations: 1) a main office in Gaylord, with a small satellite office in Petoskey, or 2) a main office in Petoskey with a small satellite office in Gaylord. A price comparison was distributed during the meeting. Mr. Kurtz emphasized that either option is less costly than the current arrangement (which includes administrative overhead). He added that the Operations Committee voiced a preference for the Gaylord location to be more centrally located in the 21-counties. The pros and cons of each site were briefly discussed. Mr. Stone asked for clarification if the NMRE was paying for mileage for staff to commute to work; Mr. Kurtz confirmed we do not.

The Board voiced preference for option 1, main office in Gaylord with a small footprint in Petoskey due to its large conference room to host regional meetings. It was noted that many current staff will incur a significant increase in driving time and distance and that some may seek alternative employment. The option of working remotely was also discussed. Mr. Kurtz expressed that it is currently allowed and would continue as long as work gets done and supervisors provide adequate support to staff. He noted the need to explain the process in policy and procedure more precisely. In time, it is hoped that the travel becomes less of an issue for staff. It was noted there will also be a drop spot in Petoskey (one or two offices) for staff unable to travel due to weather or personal conflict. Mr. Kurtz proposed addressing the financial impact by movement on the pay scale once the NMRE is its own employer. He added that is a topic for another discussion.

Mr. Kamps asked, since no one from the Gaylord Chamber of Commerce was in attendance, whether anyone had any further questions. Mr. Kurtz informed the Board that the proposed location is a former DHHS office and requires only slight modifications.

MOTION MADE BY JOE STONE TO APPROVE THE SEPARATION OF THE NORTHERN MICHIGAN REGIONAL ENTITY FROM NORTH COUNTRY COMMUNITY MENTAL HEALTH AND TO AFFIRM THE RECOMMENDATION OF THE OPERATIONS COMMITTEE TO RELOCATE THE NORTHERN MICHIGAN REGIONAL ENTITY'S MAIN OFFICE TO GAYLORD, SECOND BY ED GINOP.

Discussion: Ms. Gebhard noted the discontinuation of the lease agreement will result in a revenue loss to North Country CMH and to note that expenses will increase.

Voting took place on Mr. Stone's motion. MOTION CARRIED.

Mr. Kamps asked about the timeline. Mr. Kurtz answered he has the lease to send to Cohl, Stoker & Toskey for review. It is likely nothing will happen until November at the soonest.

Mr. Frye thanked North Country CMH on behalf of the Board for housing the NMRE the past four years.

MDHHS-PIHP Contract Amendment No.3
Amendment No.3 to the FY18 Contract was sent to PIHPs on July 16th. The only change in the Amendment was enacting Q4 rates. Mr. Kurtz signed and returned the Amendment to the Department on June 27, 2018.

MOTION MADE BY ROGER FRYE TO RETROACTIVELY APPROVE AMENDMENT THREE (NO.3) TO THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES' CONTRACT WITH THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2018, SECOND BY DON TANNER. MOTION CARRIED.

ProtoCall
In response to the NMRE's Request for Information, two bids were received for after-hours telephone crisis services. The NMRE would like to proceed with securing ProtoCall for substance use disorder calls; CMHSPs are also moving forward with ProtoCall. The proposal included all six entities; therefore, it was difficult to ascertain costs for NMRE though a per-call rate is charged. Mr. Kurtz expressed he anticipates the cost to be lower than what is currently being paid (SUD services only). Mr. Kamps requested a firmer number prior moving to approve. The implementation date is likely January 1, 2019.

OLD BUSINESS

Incentive Bonus Payment Distribution
A worksheet showing the distribution of the FY17 bonus payment to the CMHSPs was included in the meeting materials. The region received $1,174,026 which may be used by the Boards as local funds. The distributed August 17th were shown as: AuSable Valley CMH – $142,882; Centra Wellness Network – $94,937; North Country CMH – $313,276; Northeast Michigan CMH – $188,634; Northern Lakes CMH – $351,569; NMRE – $82,728. Mr. Tanner expressed gratitude for the additional funds.

Opioid Health Home
The MDHHS Kick-off was held at the Great Wolf Lodge on July 30th. Select PowerPoint presentations were included in the materials packet for the meeting on this date. Mr. Kurtz noted that Mr. Kamps attended the morning session. Individuals involved in the Vermont discussed the State's OHH model and best practices. Care model training is scheduled September 6th and 7th at Shanty Creek in Bellaire. Mr. Stone expressed that the data was not well-received by local law enforcement. Mr. Kurtz called it a "mixed bag;" there is some perception that methadone clinics are popping up in communities unnecessarily.

Behavioral Health Home
A string of emails between Mr. Kurtz, Lynda Zeller, and Jon Villasurda was included in the meeting materials. This topic was discussed previously under "Correspondence."

PRESENTATION

Substance Use Disorder Services Statistics
Sara Sircely, Managing Director of Substance Use Disorder Services, presented data previously shared with the SUD oversight board. Substance Use Disorder services include Prevention, Treatment, and Recovery Supports.

DRAFT

- **Prevention**
  Prevention includes Synar checks for underage tobacco sales, school-based services, services targeted for youth determined to be at high risk for developing a substance use disorder, and community services. The focus of prevention services is on underage drinking, opioid misuse/illicit use, and youth marijuana use. The number of individuals served by prevention services in FY18 year to date was reported as 41,821. Ms. Sircely reviewed the numbers served by County; Roscommon was the highest at 3,996, Crawford the lowest at 620. Some liquor tax funds and State Targeted Response (STR) grant funds are also used for prevention efforts, such as providing the opioid-reversal drug Naloxone to first responders, schools, and the general public.

- **Treatment**
  Treatment includes early intervention initiatives, outpatient, intensive outpatient, low-intensity residential, high-intensity residential, and withdrawal management (detox), and women's specialty services. Treatment services are delivered to adults and adolescents. Admissions into treatment services for FY18 year to date was reported as 4,201 (61.5% male/38.5% female). Of the 4,201 admissions 47.4% were to individuals age 26-39; 62.4% were referred to outpatient treatment; 53.4% were for alcohol misuse; 59% were to individual who reported being unemployed. Of the 4,201 admissions, 8.2% of individuals were discharged from services; 34.5% completed treatment (goals met); 29.2% dropped out of treatment. Some liquor tax funds and State Targeted Response (STR) grant funds are also used for treatment services, provider staff training, and supplying gas cards to individuals who otherwise would not have access to needed services.

- **Recovery Supports**
  Recovery Supports includes recovery housing, peer recovery coaches, and "Multiple Pathways to Recovery" programs. The number of active recovery coaches in the region was reported as 122, with 24 (19.6%) from Grand Traverse County. Some liquor tax funds and State Targeted Response (STR) grant funds are also used for Recovery Supports, including training for recovery coaches, and recovery housing efforts.

COMMENTS

Public

Sue Winter, Executive Director of the NMSAS Recovery Center, informed the Board that a lot is being done to treat alcohol addiction. NMSAS Recovery Center alone has 122 active coaches. She added, "We honor all pathways to recovery." This was viewed as very important. Data shows that volunteers donated over 1000 hours, 800 for community presentations. Ms. Gebhard asked who to contact if an individual presents as co-occurring. Ms. Winter responded that they may contact the NMSAS Recovery Center. Ms. Zamora asked about the difference between a recovery coach and a sponsor. Ms. Winter replied that sponsor helps an individual work through a blueprint (12-step program). A Recovery Coach applies his/her real-life experience to help others (e.g., How do you approach an employer about a past felony?).

MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for 10:00AM September 26, 2018 in the Cross Street Conference Room in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 11:48PM.

DRAFT

	Program	Consumers served August 2018 (8/1/18 - 8/31/18)	Consumers served in the Past Year (9/1/17 - 8/31/18)	Average Since January (1/1/18 - 8/31/18)
1	**Access / Crisis / Prescreens**	63 - Routine 0 - Emergent 1 - Urgent 91 - Crisis 47 - Prescreens	681 - Routine 3 - Emergent 8 - Urgent 1079 - Crisis 504 - Prescreens	58 - Routine 0 - Emergent 1 - Urgent 98 - Crisis 46-Prescreens
2	**Doctors' Services**	1133	1625	1138
3	**Case Management**			
	Older Adult (OBRA)	123	175	130
	MI Adult	238	387	239
	MI ACT	30	42	33
	Home Based Children	13	18	7
	MI Children's Services	123	211	123
	DD	341	371	338
4	**Outpatient Counseling**	216(33/183)	533	214
5	**Hospital Prescreens**	47	504	46
6	**Private Hospital Admissions**	26	262	23
7	**State Hospital Admissions**	0	4	0
8	**Employment Services**			
	DD	77	115	93
	MI	48	82	53
	PSR Clubhouse	54	66	58
9	**Peer Support**	62	80	66
10	**Community Living Support Services**			
	DD	149	157	149
	MI	194	250	195
11	**CMH Operated Residential Services**			
	DD Only	59	62	60
12	**Other Contracted Resid. Services**			
	DD	34	37	35
	MI	28	33	30
13	**Total Unduplicated Served**	1186	2345	1155

	Unduplicated Consumers Served Since September 2017
Alcona	256
Alpena	1483
Montmorency	222
Presque Isle	297
Other	72
No County Listed	15

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~17~~18)

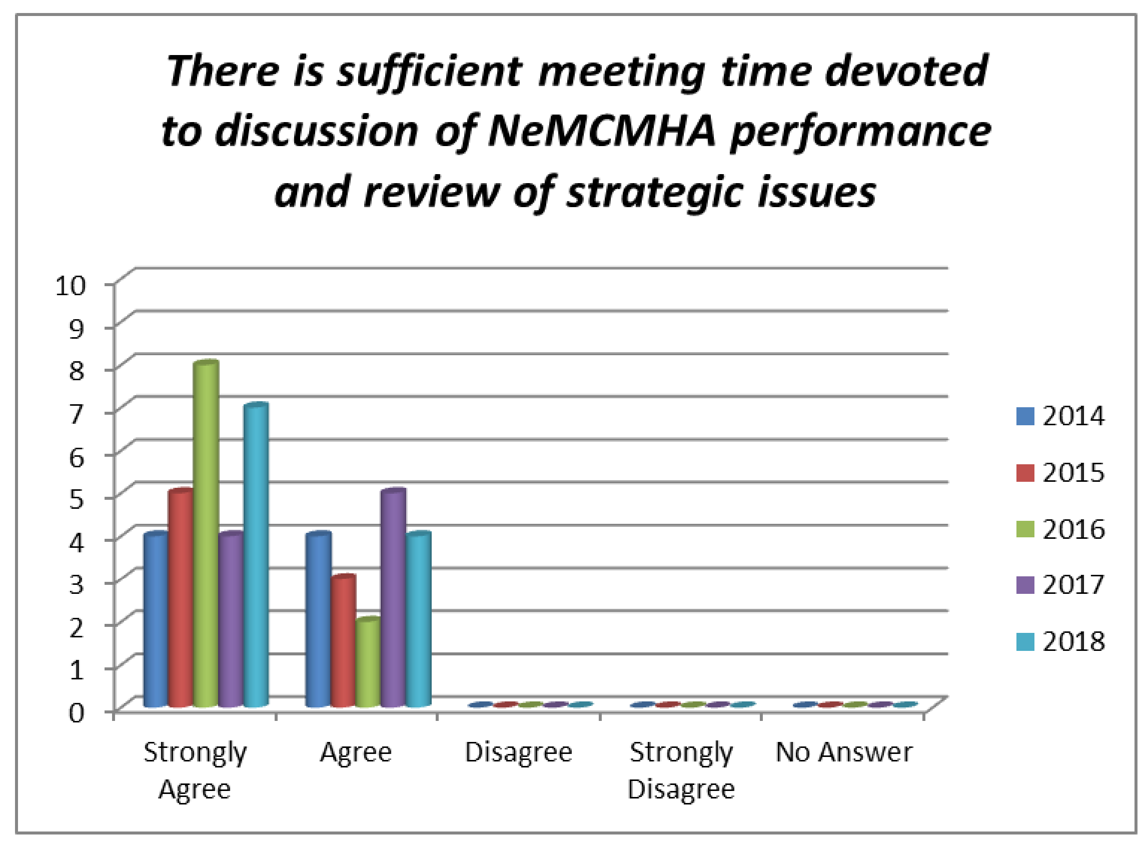
Date	Item	Action
January	Emergency Exec. Succession 01-006	Policy Review
	Executive Director Role 03-001	Policy Review & Board Self-Evaluation
	Emergency Exec. Succession 01-006 (CEO Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
	Ownership Linkage - Public Hearing – Program Input	Activity
February		
	Delegation to the Executive Director 03-002	Policy Review & Board Self-Evaluation
	Asset Protection 01-007	Policy Review
	Board Committee Principles 02-005	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Recipient Rights Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (CPA Audit)	Review Monitoring Report
	Asset Protection 01-007 (CPA Audit)	Review Monitoring Report
	Educational Session	Presentation
	Nominations Committee meets to develop Slate of Officers	Activity
March	Budgeting 01-004	Policy Review
	Code of Conduct 02-008	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Satisfaction Surveys)	Review Monitoring Report
	Staff Treatment 01-003 (Employee Survey)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
	Board Member Recognition	Activity
April	Financial Condition 01-005	Policy Review
	Governing Style 02-002	Policy Review & Board Self-Evaluation
	Cost of Governance 02-013	Policy Review & Board Self-Evaluation
	Communication & Counsel 01-009	Policy Review
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Communication & Council 01-009	Review Monitoring Report
	Educational Session	Presentation
	Election of Officers	Activity
	Orientation of New Members	Activity
May	Board Job Description 02-003	Policy Review & Board Self-Evaluation
	Board Core Values 02-014	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Recipient Rights Log)	Review Monitoring Report
	Budgeting 01-004 (2 months) (Monthly Finance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	~~Educational Session~~	~~Presentation~~
	Ownership Input	Activity
	Begin Strategic Planning w/Environmental Scan	
June	~~Planning Session~~Continue Strategic Planning w/Ends Focus	Activity
	Ends 04-001	Review Monitoring Report
	Ends Discussion 04-001	Discuss
July	Community Resources 01-010	Policy Review
	Public Hearing 02-010	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Asset Protection 01-007 (Insurance Reports)	Review Monitoring Report
	Community Resources 01-011 (Collaboration Report)	Review Monitoring Report
	~~Educational Session~~Finalize Planning Session with Ends Setting	Presentation
	Prepare for CEO Evaluation	Activity
	~~Prepare for Ends Review~~	Activity

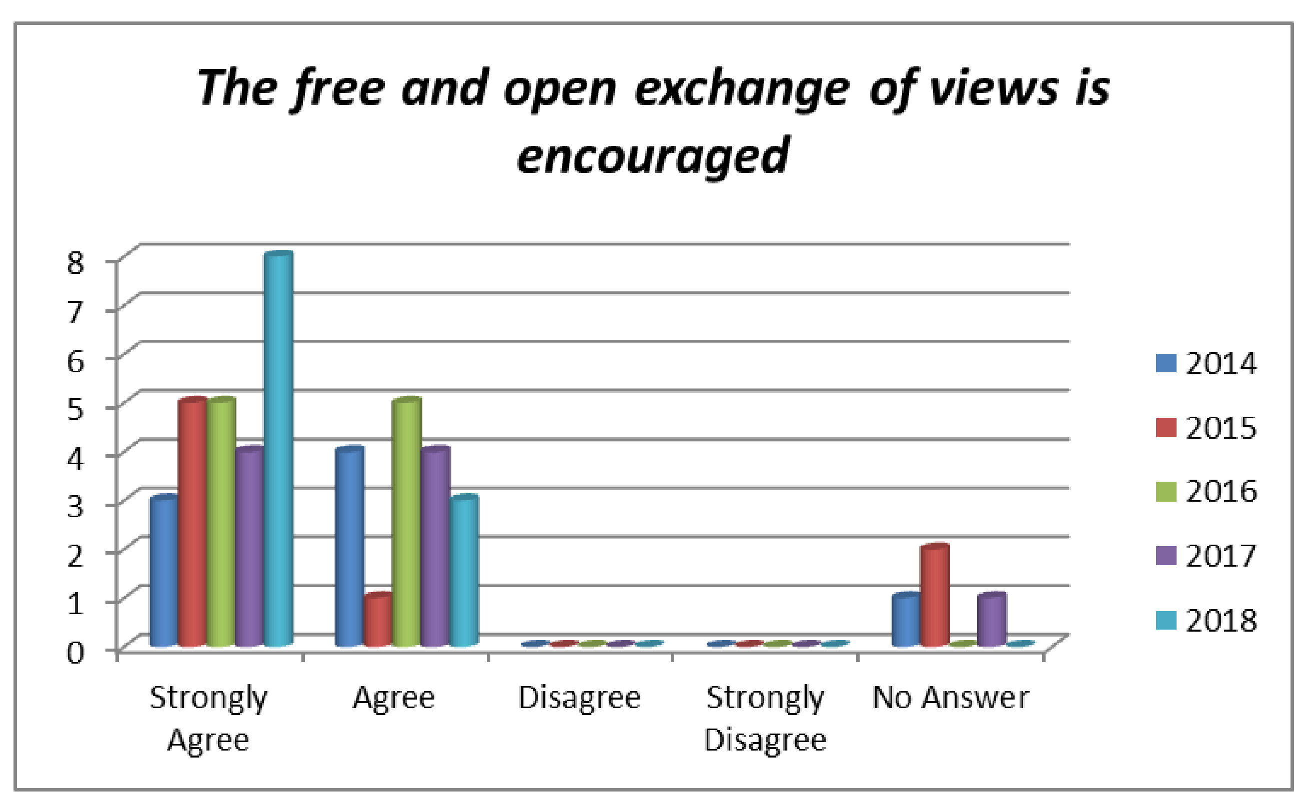
NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-1~~7~~8)

Date	Item	Action
August	Chairperson's Role 02-004	Policy Review & Board Self-Evaluation
	Board Member Per Diem 02-009	Policy Review & Board Self-Evaluation
	Board Self-Evaluation 02-012	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Educational Session	Presentation
	CEO Evaluation Process	Activity
	Begin Self-Evaluation	Activity
	Ownership Linkage – Legislative Event, if warranted	Activity
September	General Executive Constraint 01-001	Policy Review
	Compensation & Benefits 01-008	Policy Review
	Chief Executive Officer Search Process 03-005	Policy Review & Board Self-Evaluation
	Board Committee Structure 02-006	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Annual Planning Cycle (Set Perpetual Calendar)	Activity
	Ownership Linkage schedule (Set Ownership Linkage Schedule)	Activity
	Finalize Self-Evaluation	Activity
	Educational Session	Presentation
	~~Quick Review of all Limitations Policies~~	~~Policy Review~~
	Ownership Linkage – Public Hearing Budget	Activity
October	Annual Board Planning Cycle 02-007	Policy Review & Board Self-Evaluation
	Executive Job Description 03-003	Policy Review & Board Self-Evaluation
	Monitoring Executive Director 03-004	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Finalize Annual Calendar	Activity
	Educational Session	Presentation
November	Staff Treatment 01-003	Policy Review
	Treatment of Consumers 01-002	Policy Review
	Treatment of Consumers 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Ends 04-001	Review Monitoring Report
	Educational Session – Annual Compliance Report	Presentation
	~~Appointment of~~ Nominations Committee meets to address recommendations to counties	Activity
December	Grants or Contracts 01-011	Policy Review
	Board Member Recognition 02-011	Policy Review & Board Self-Evaluation
	Board Member Orientation 02-015	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Grants or Contracts 01-011	Review Monitoring Report
	Bylaw changes	Bylaw Review
	Educational Session	Presentation
Other		
	Compensation & Benefits 01-008 (Salary/Benefit Comparison Rept) (within 60 days of receipt of Salary Survey from Board Assoc.)	Review Monitoring Report
	Ends 04-001 (conducted when Strategic Plan is adopted)	Policy Review

Board Self-Evaluation Summary

(8 of 12 returned in 2014 & 2015; 10 returned in 2016; 9 returned in 2017; 11 returned in 2018)




The free and open exchange of views is encouraged
8
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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer
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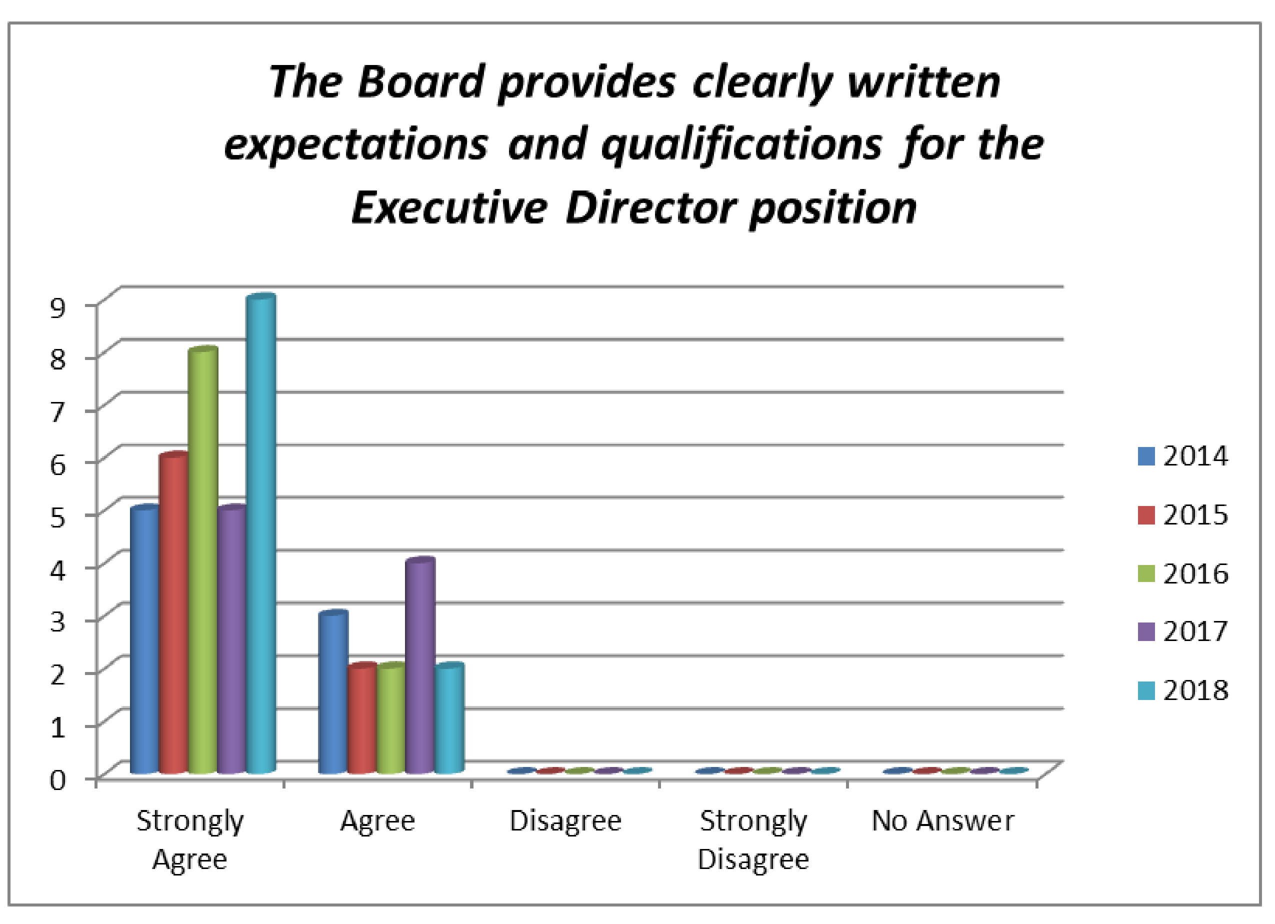
The Board provides clearly written expectations and qualifications for the Executive Director position
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Strongly Agree
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Disagree
Strongly Disagree
No Answer
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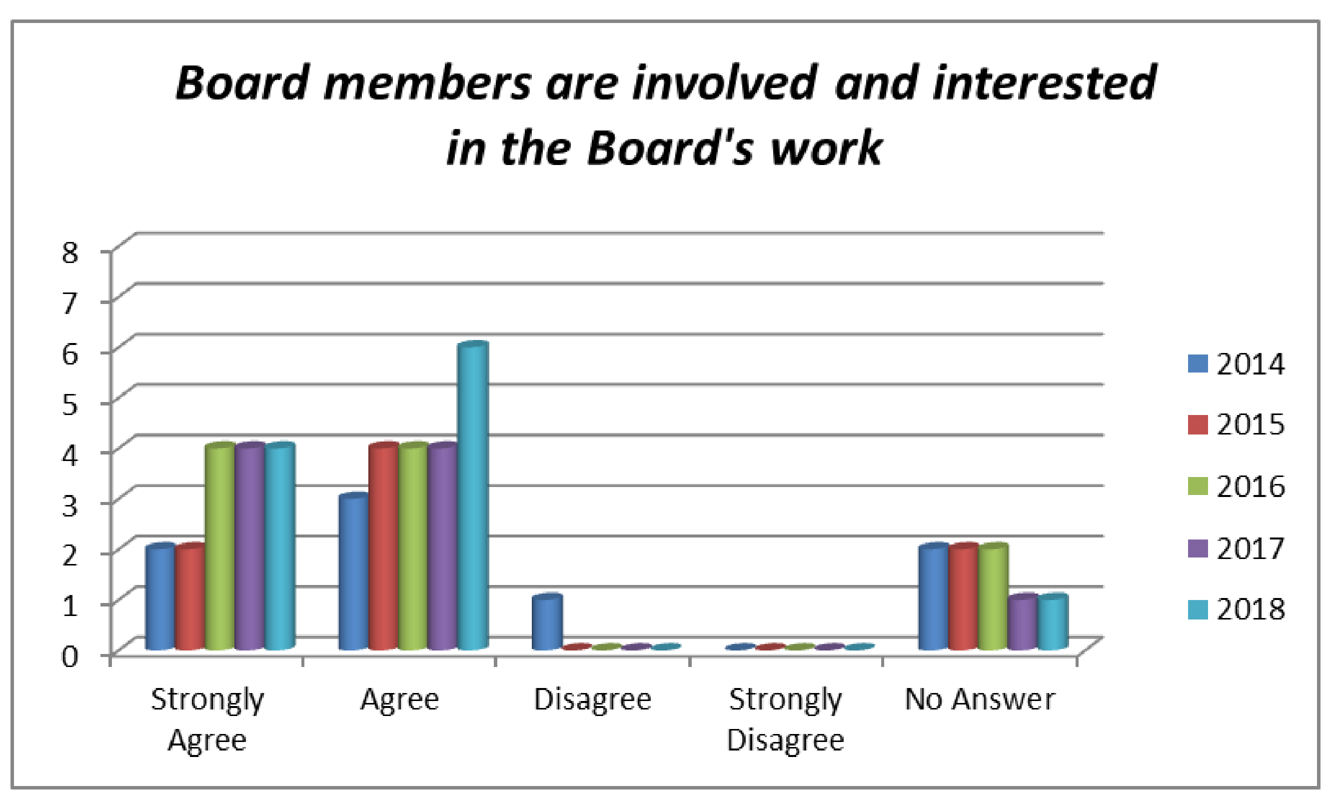

The Board of Directors has a written process for handling urgent matters between meetings

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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer

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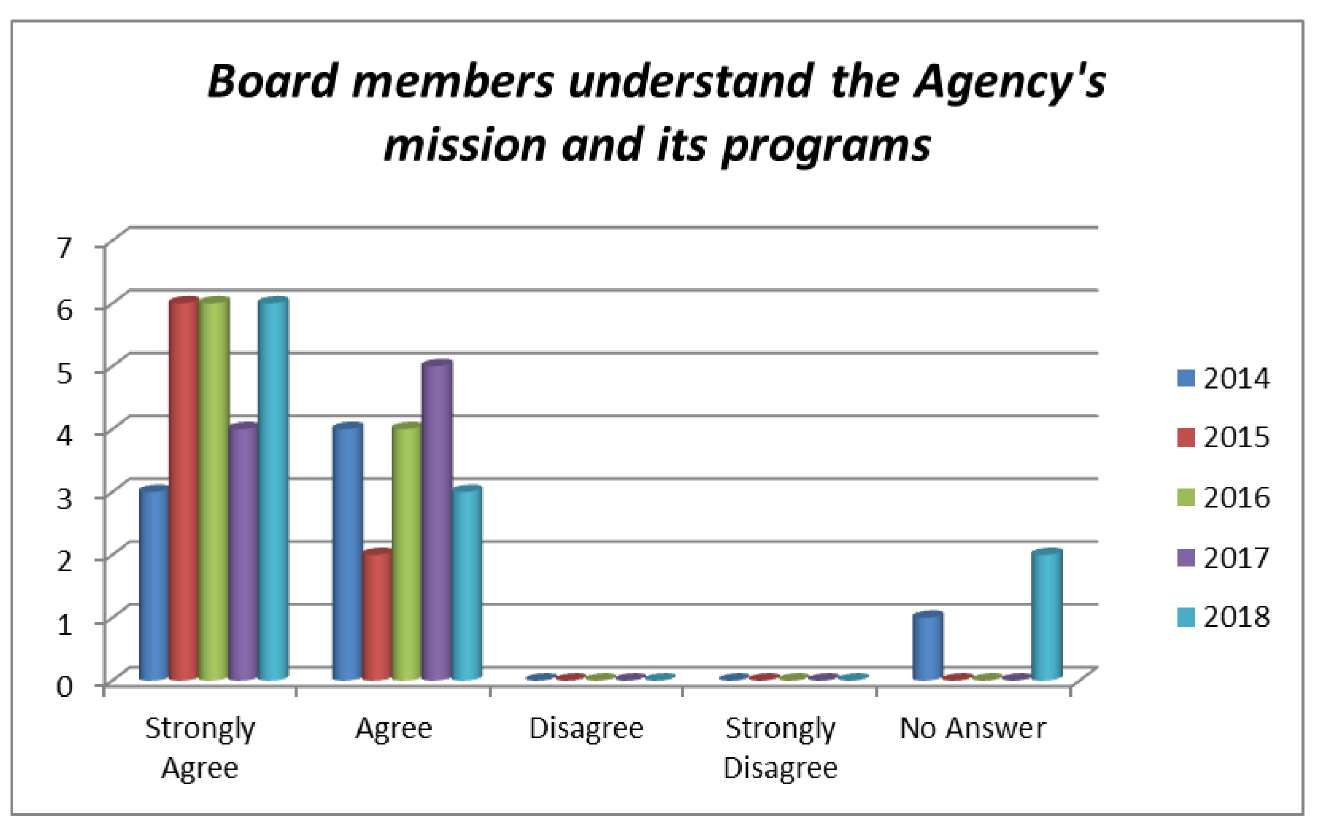
Board members understand the Agency's mission and its programs
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Strongly Agree
Agree
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Strongly Disagree
No Answer
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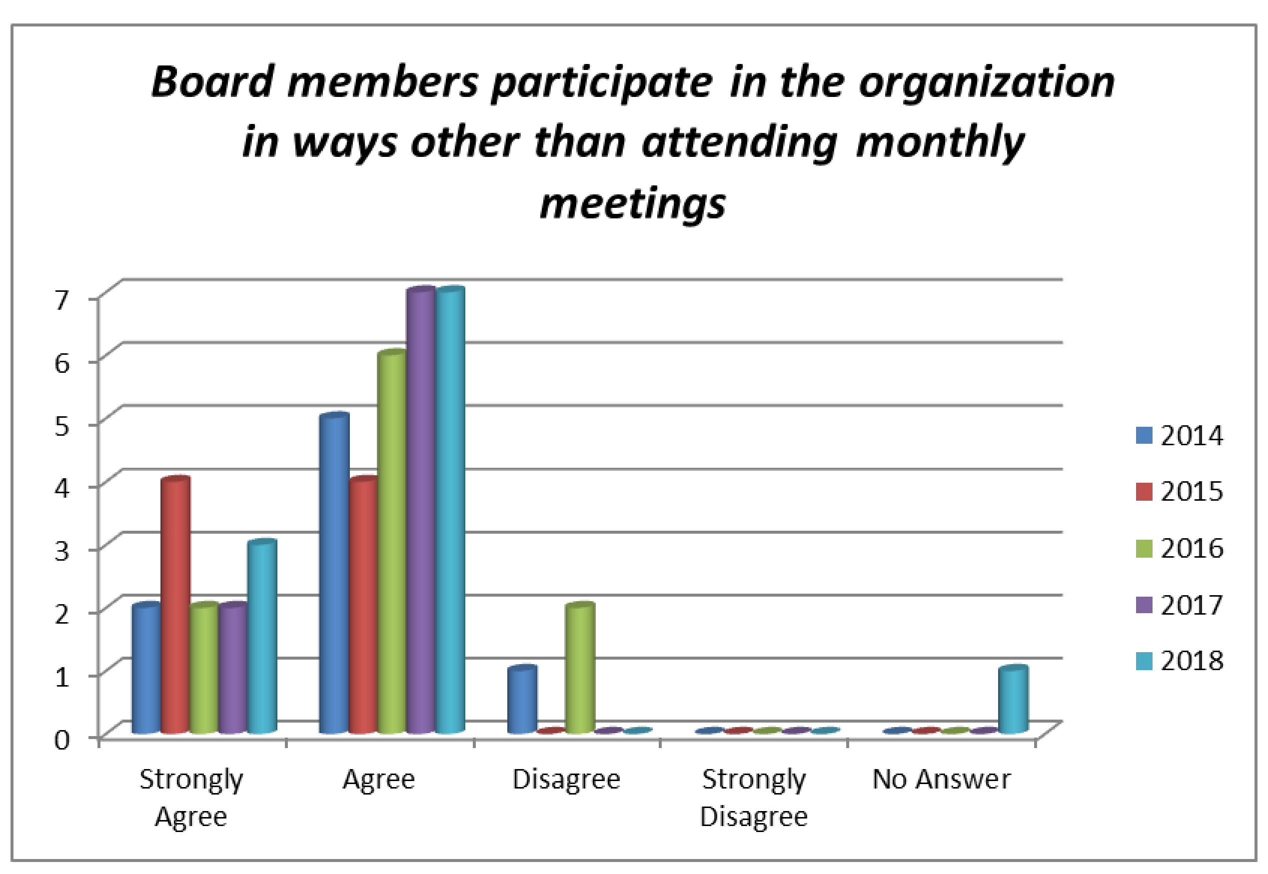
Board members participate in the organization in ways other than attending monthly meetings
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Strongly Agree
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Strongly Disagree
No Answer
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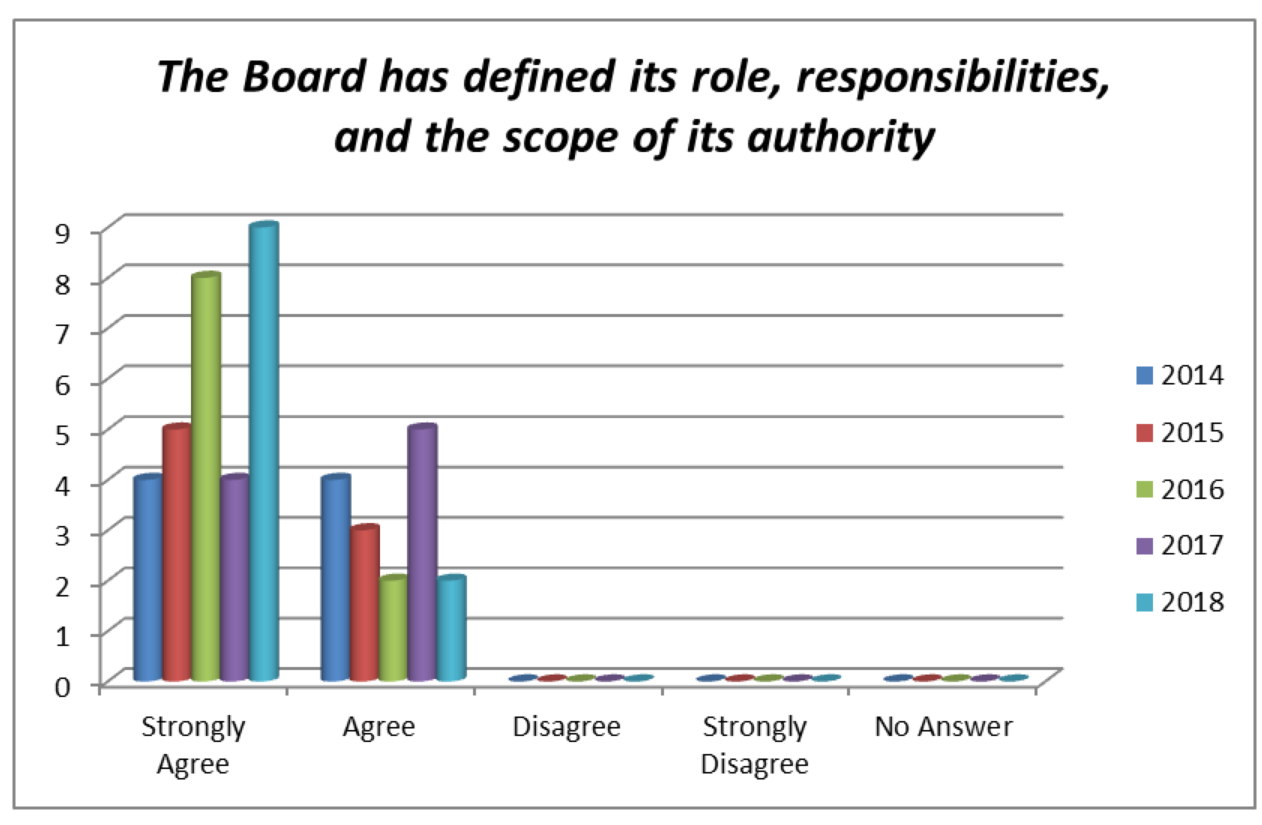
The Board has defined its role, responsibilities, and the scope of its authority
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Strongly Agree
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Strongly Disagree
No Answer
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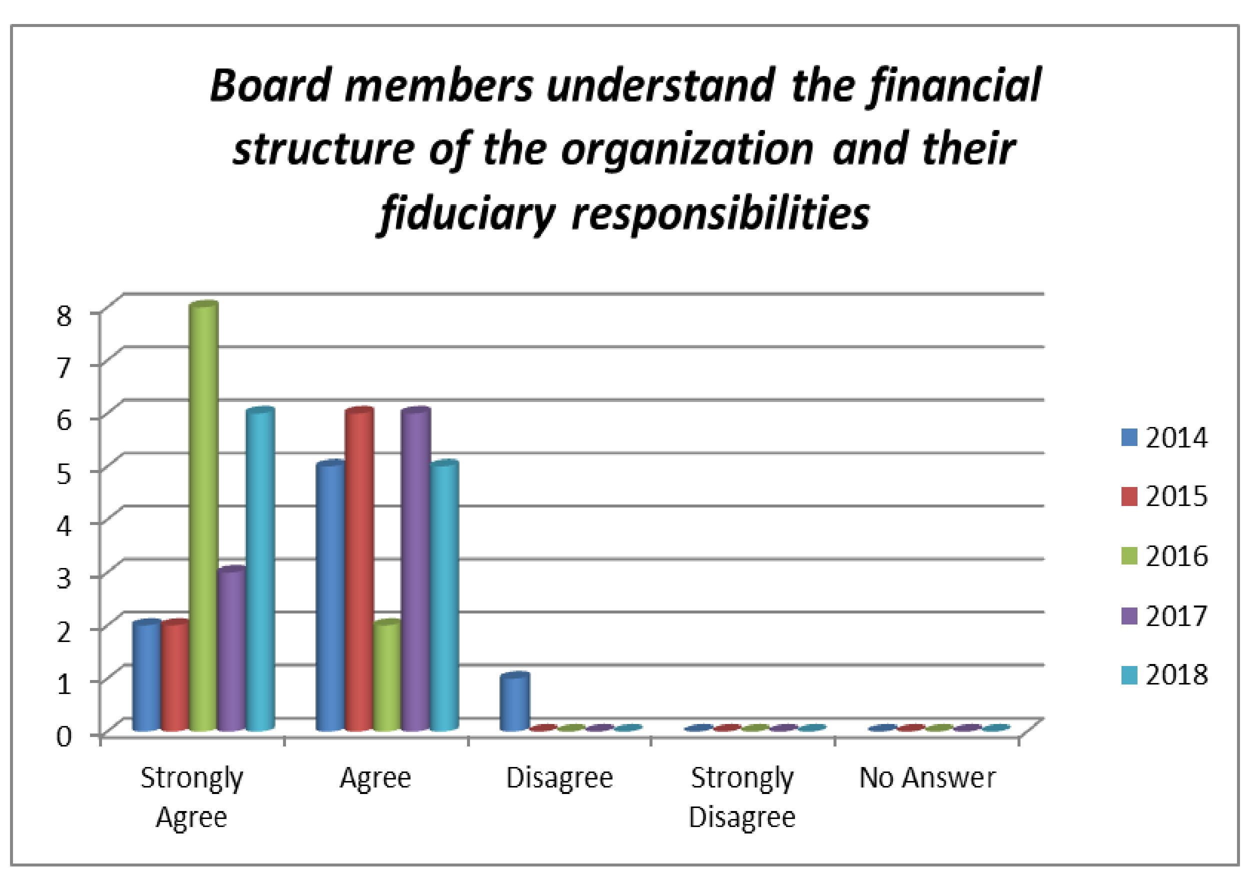
Board members understand the financial structure of the organization and their fiduciary responsibilities
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Strongly Agree
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Strongly Disagree
No Answer
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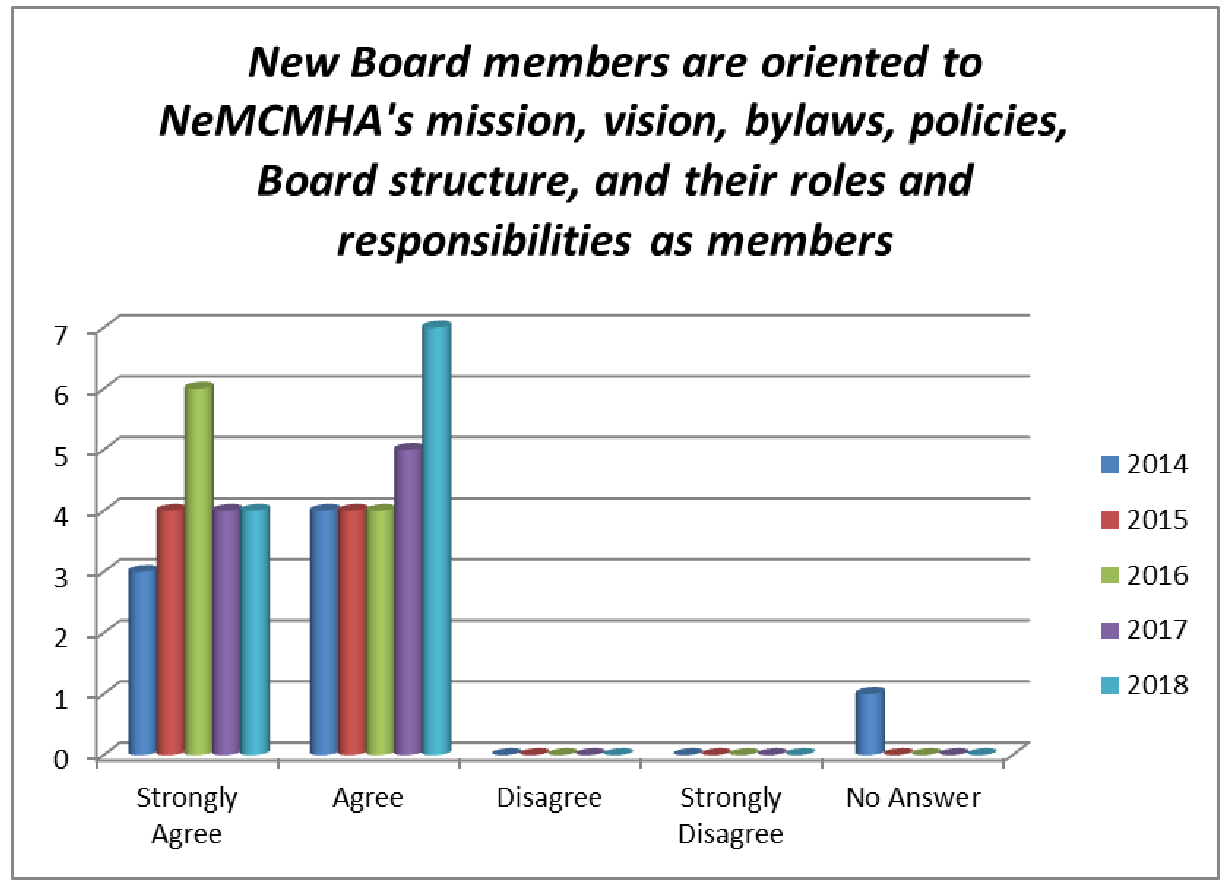
New Board members are oriented to NeMCMHA's mission, vision, bylaws, policies, Board structure, and their roles and responsibilities as members
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Strongly Agree
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Disagree
Strongly Disagree
No Answer
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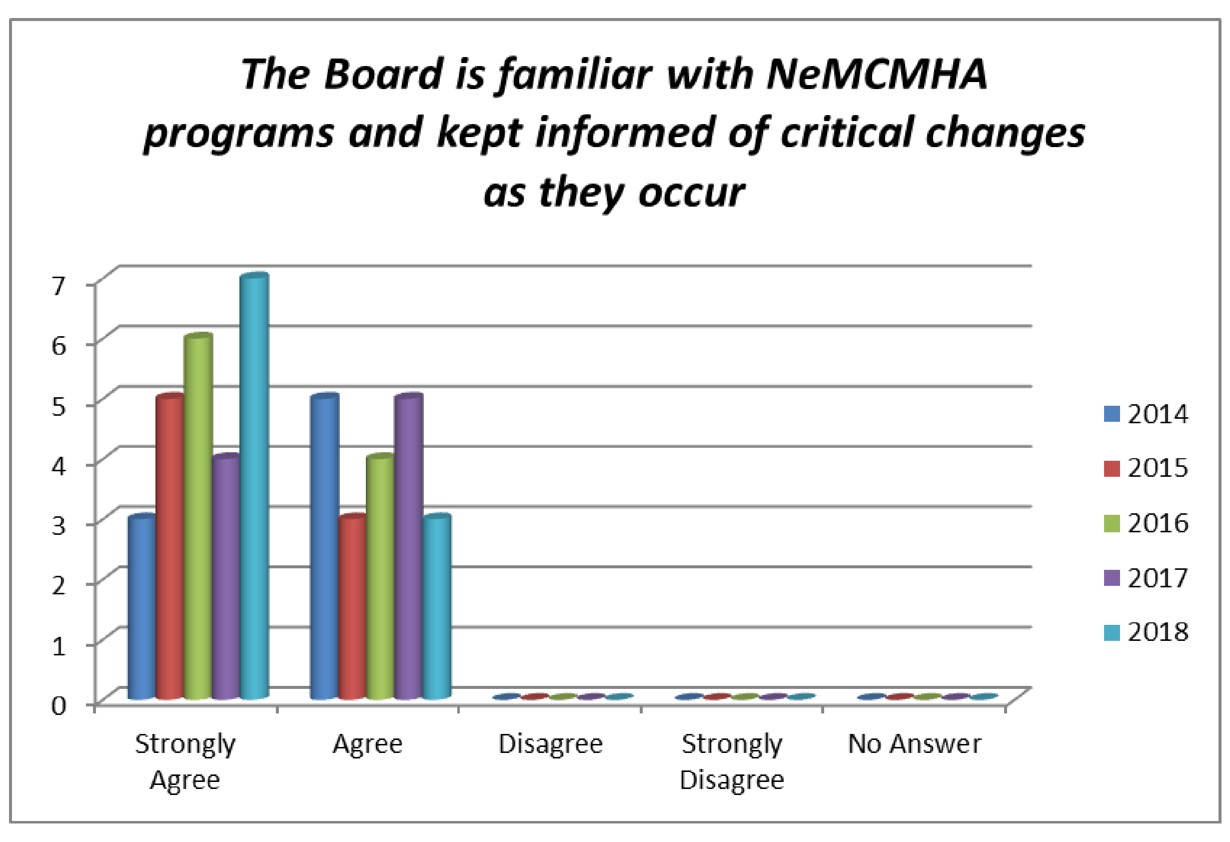
The Board is familiar with NeMCMHA programs and kept informed of critical changes as they occur
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Strongly Agree
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Strongly Disagree
No Answer
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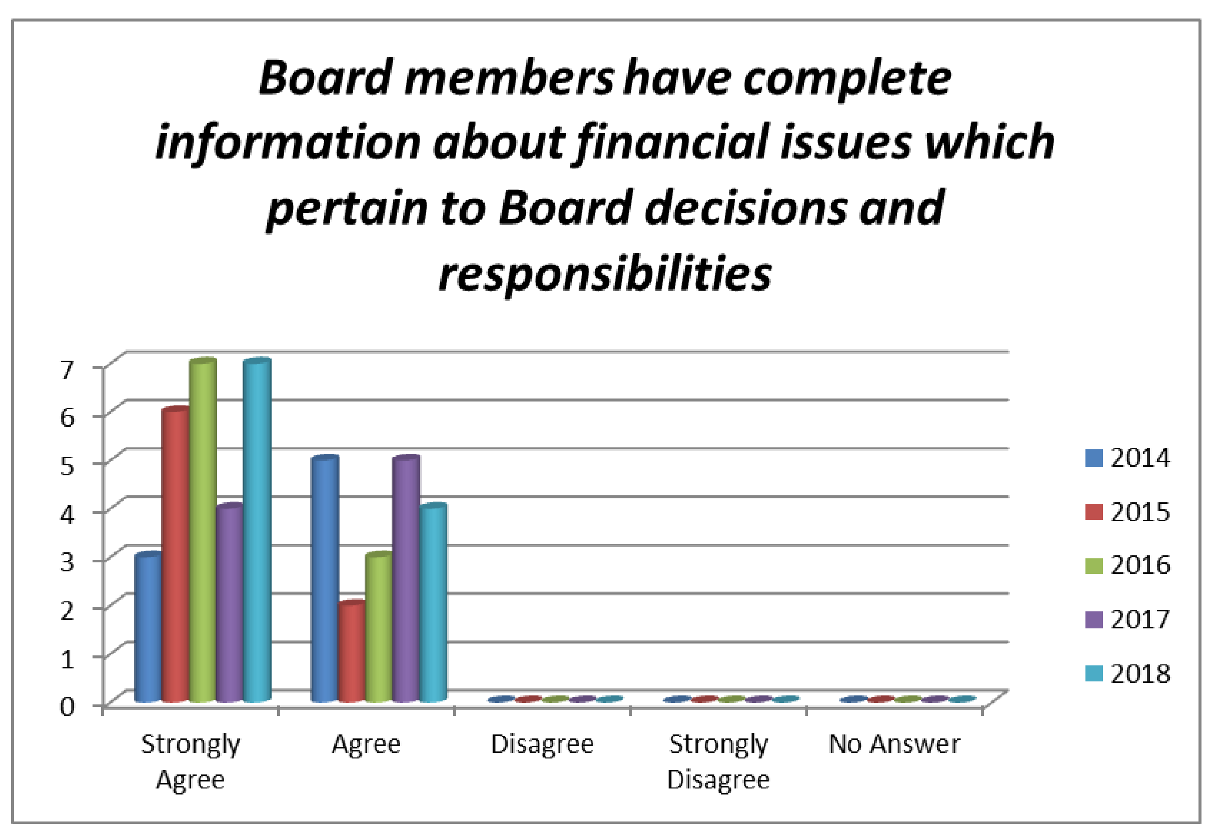
Board members have complete information about financial issues which pertain to Board decisions and responsibilities
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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer
2014
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2017
2018

Board members are appropriately involved in the strategic planning of the organization
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Strongly Agree
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Strongly Disagree
No Answer
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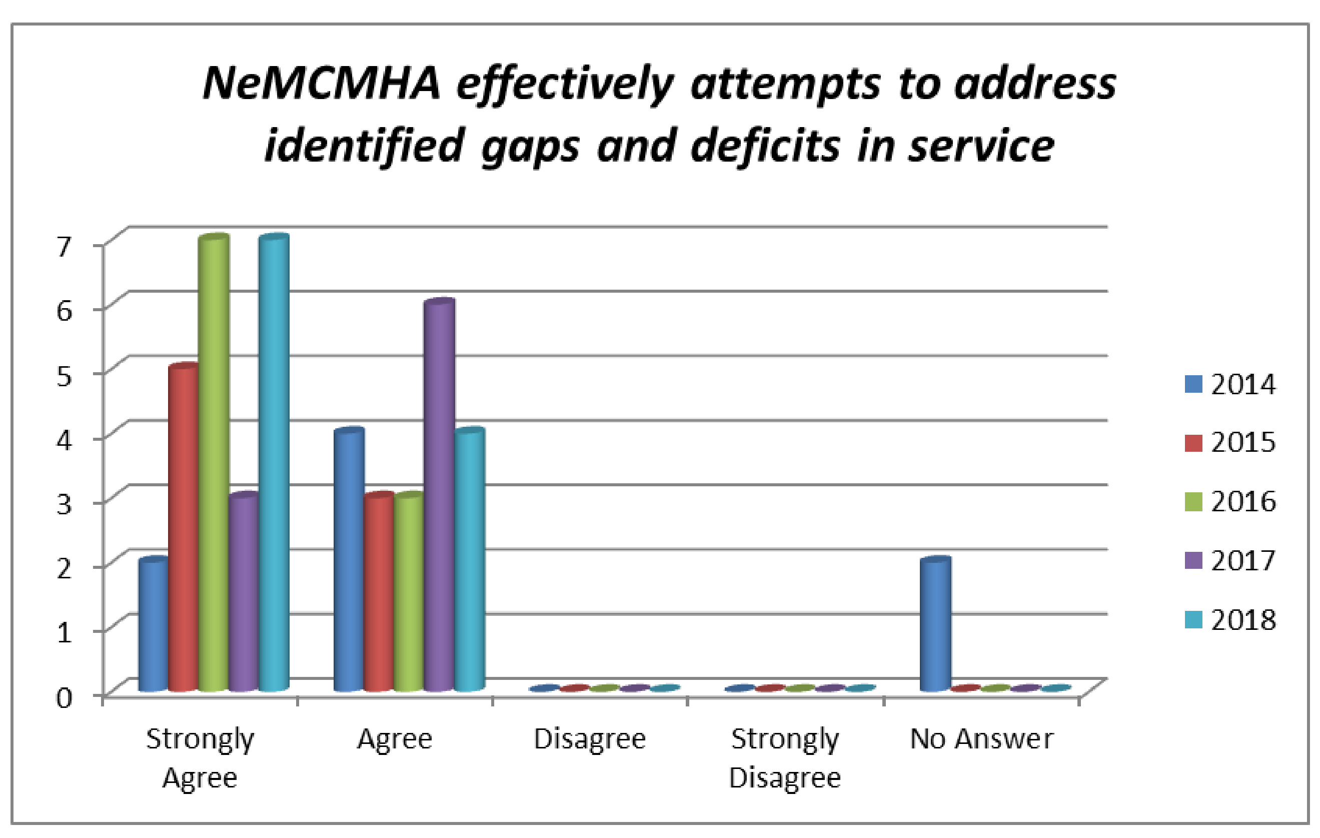
NeMCMHA effectively attempts to address identified gaps and deficits in service
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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer
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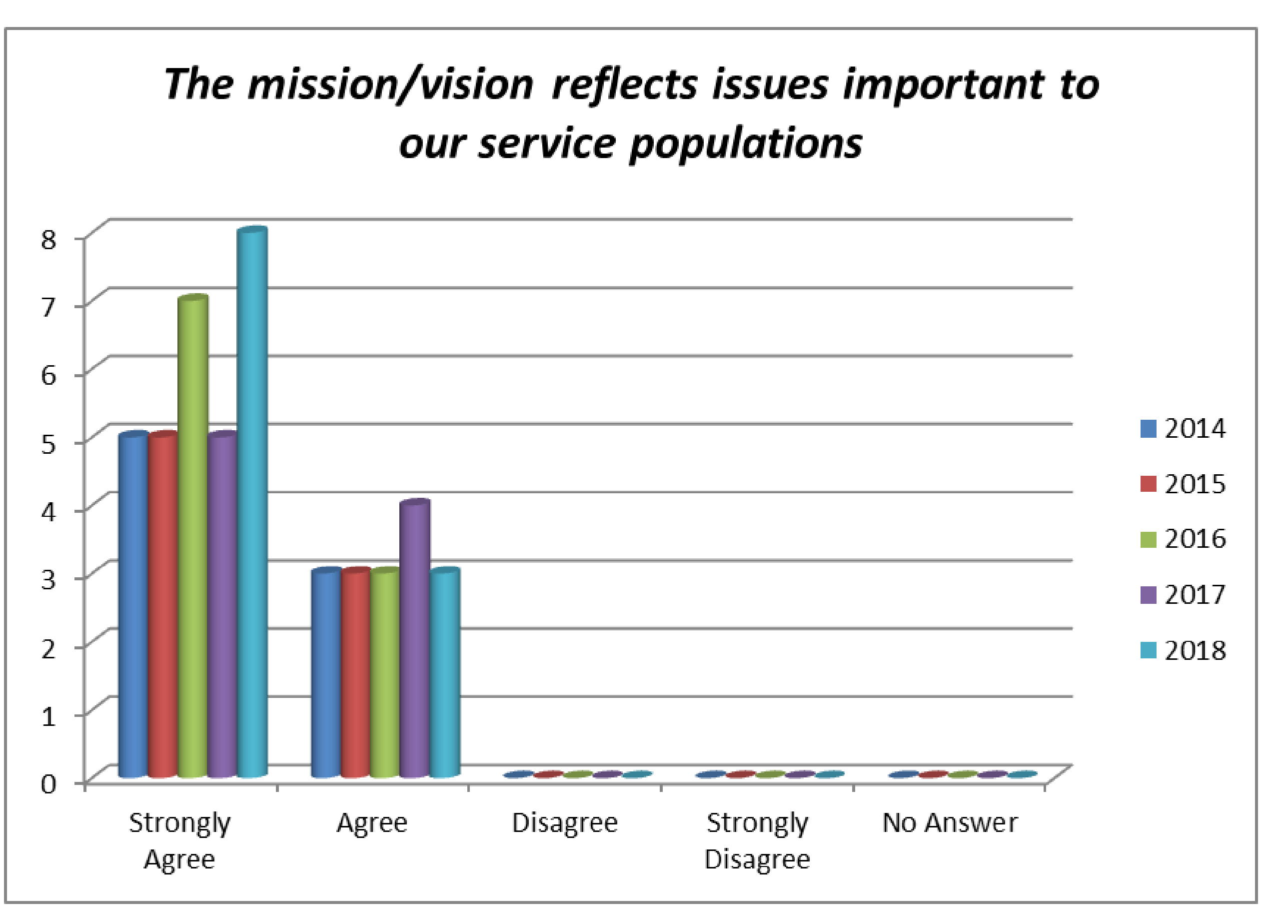
The mission/vision reflects issues important to our service populations
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Strongly Agree
Agree
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Strongly Disagree
No Answer
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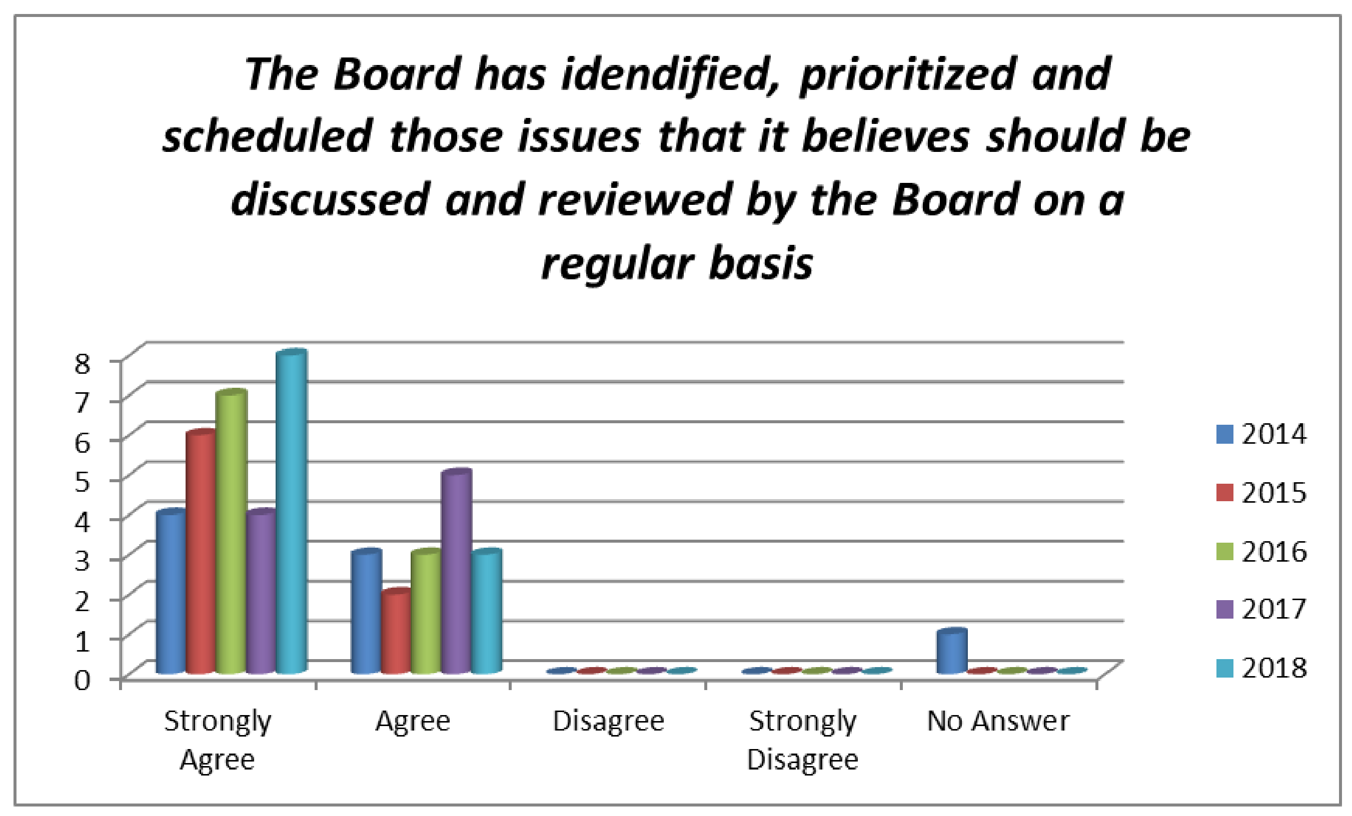
The Board has idendified, prioritized and scheduled those issues that it believes should be discussed and reviewed by the Board on a regular basis
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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer
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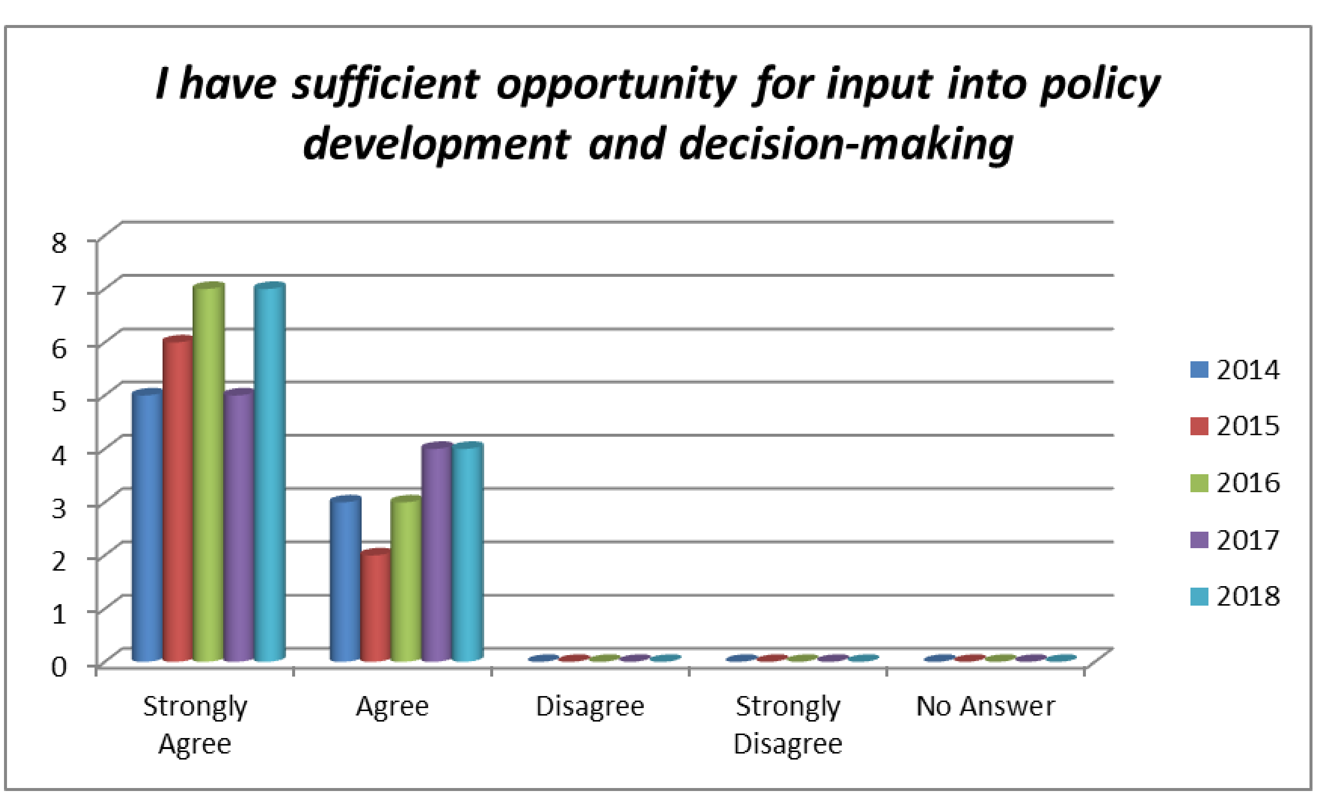
I have sufficient opportunity for input into policy development and decision-making
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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer
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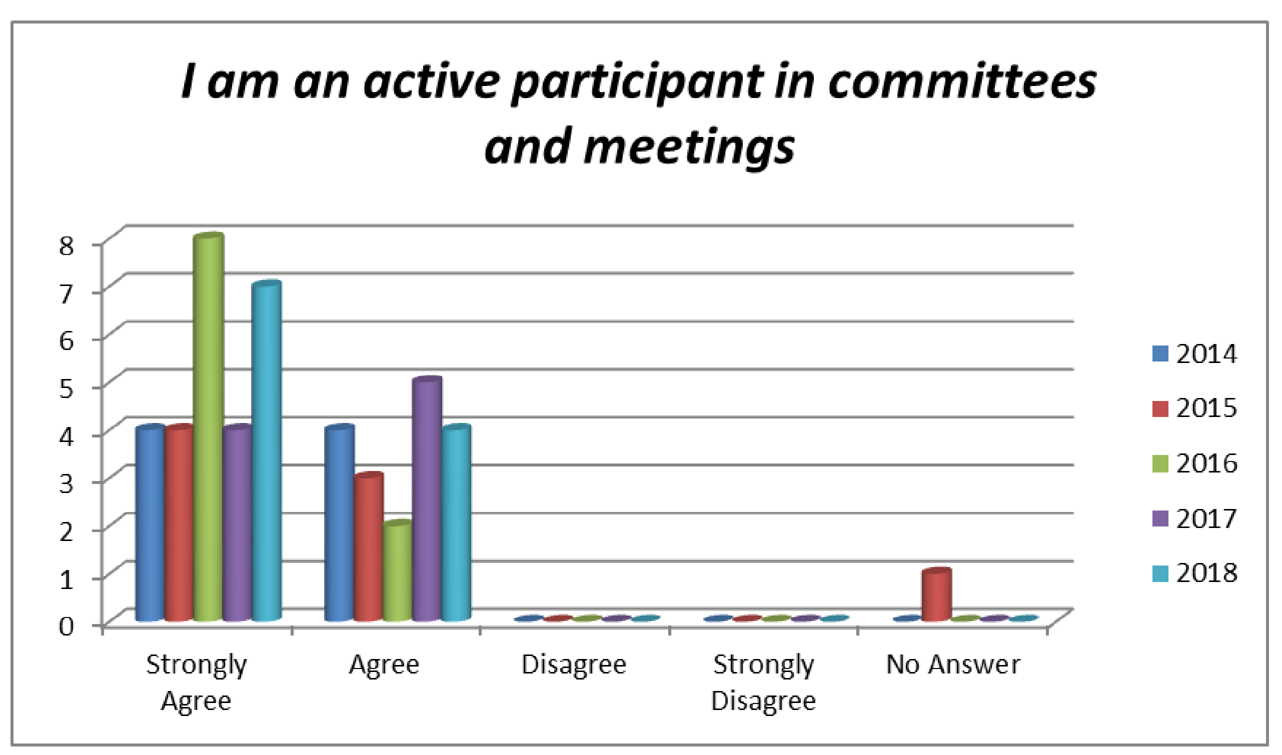
2018


I am an active participant in committees and meetings
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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer
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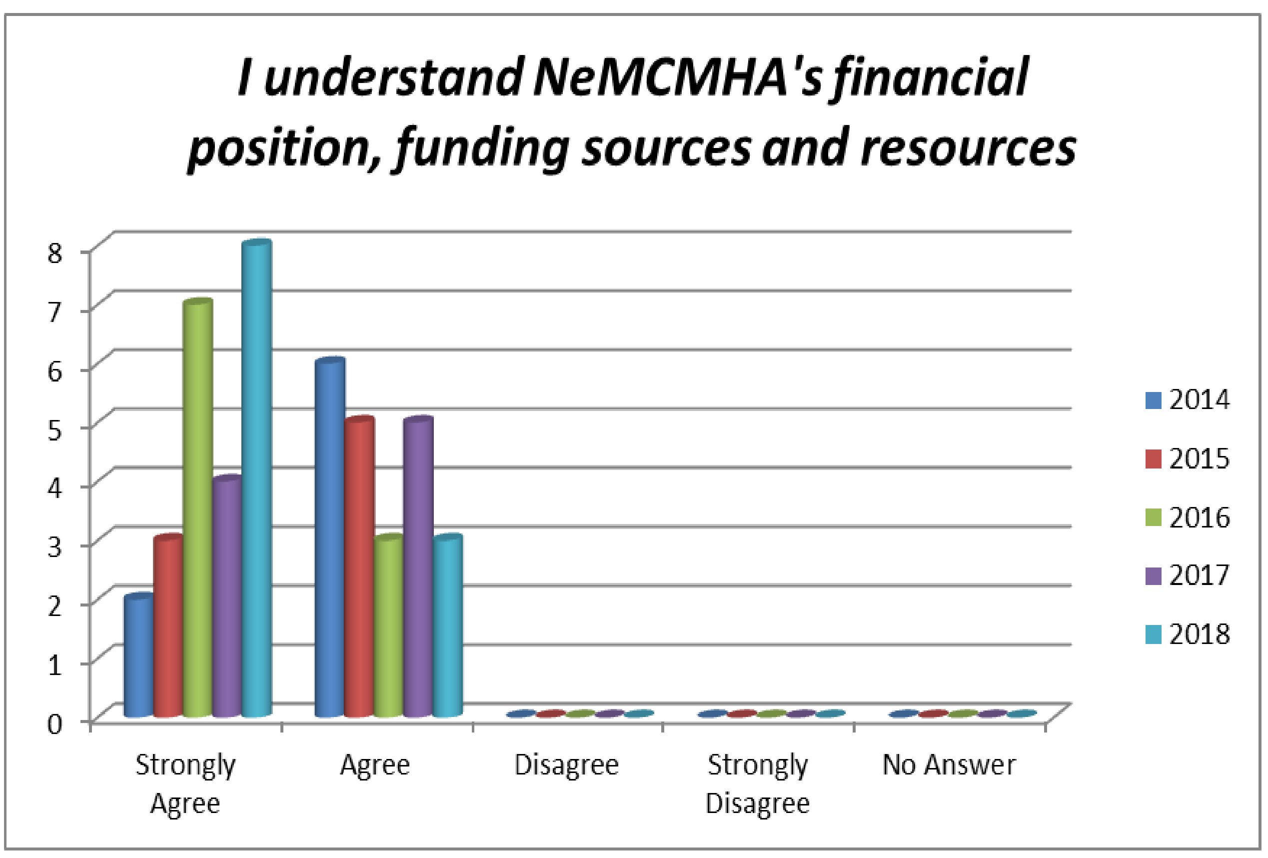
2018


I understand NeMCMHA's financial position, funding sources and resources
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Strongly Agree
Agree
Disagree
Strongly Disagree
No Answer
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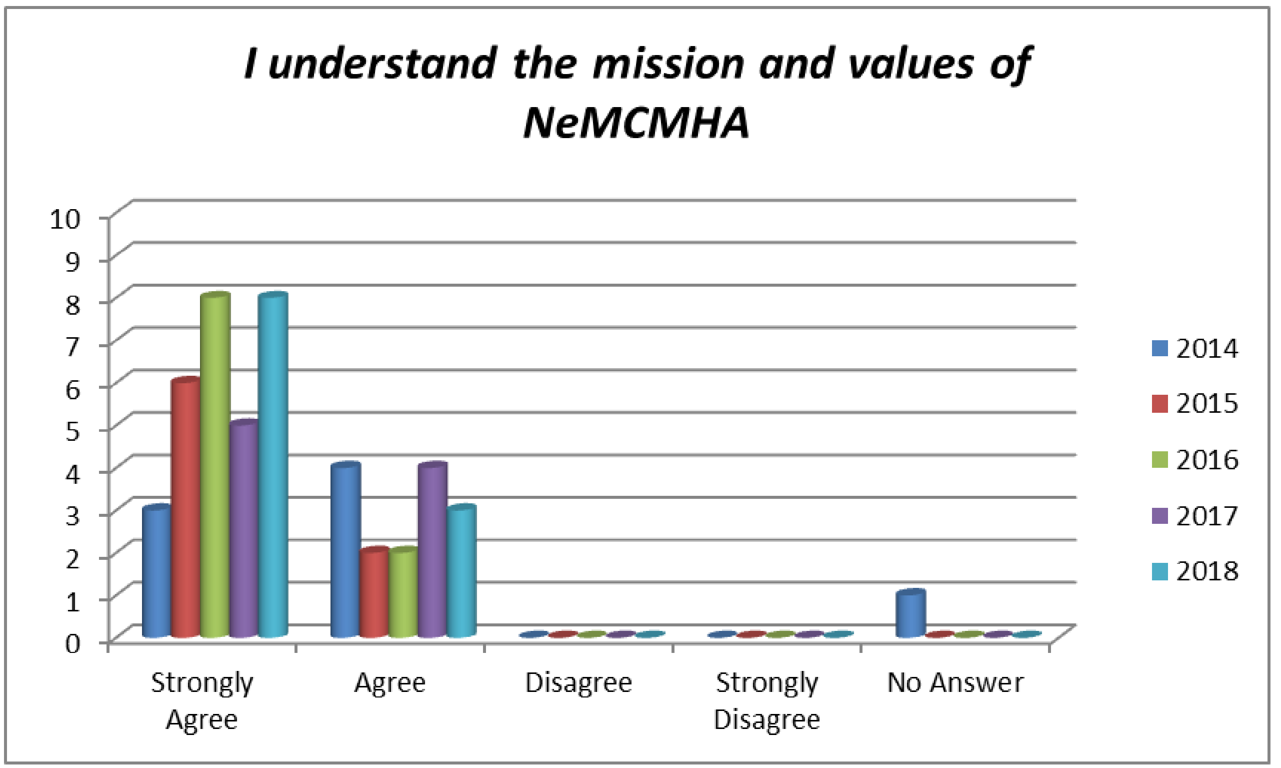


(A.)What issues have most occupied the Board's time and attention during the past year?

1. More exposure to how the agency functions, budget, needs and community education.
2. Possible privatization (298), Addiction integration with MI treatment, CMH integration with clinics, Children's mental health – early identification and treatment.
3. Priority issues – more inform and discussion. Using governance model as should. We seem more cohesive.
4. Funding issues.
5. MI and drug use.
6. Living with ACA; health home concept; closing and selling a facility.
7. To be aware of the problems in the area.
8. Do not believe any particular issue(s) have stood out. Good review of <u>all</u> issues.
9. New issues getting programs in place for them. Education at and for Board members.
10. Opioid crisis. Autism rule/funding changes.

(B.)What is the most important priority for NeMCMHA to address over the next 12 months?

1. Continue with positive progress and more education about mental illness.
2. Same as #2 above.
3. Funding issues.
4. Cost of Autism. Also DD population and drug use.
5. Substance abuse competence; autism.
6. Opioid.
7. Allocation of services based on limited funding.
8. Drug problems and the trauma on children under 18.
9. Opioid crisis – depression, reasons that people are vulnerable.
10. Giving our clients the best care.

(C.) In what ways should the Board's role be expanded or reduced?

1. We should encourage more support for suicide prevention and drugs. Also, the veterans.
2. Good as it is.
3. I feel it open and even, now!
4. This Board is functioning very well.
5. No change.
6. Neither.
7. Have more speakers.
8. Don't' see any at the time.
9. Good as is.
10. Operating well under Carver guidelines. I can't think of anything.
11. More educational sessions to learn more of the internal functions and working.

(D.) What were the one or two successes during the past year for which the Board takes some satisfaction?

1. Our support has helped create a climate for goals to be reached.
2. Increased communication with schools (teachers) and support for mental health education for teachers and students.
3. Identifying the chair should slow down and board should be prepared – awareness of opioids and suicide issues.
4. Continue to function within the resources available.
5. Cost control.
6. Employment programs; Majestic.
7. Having the Director come to the Board meetings.
8. More active involvement at meetings.
9. Great finances and good relationship with other programs in the community.
10. Most of our successes are due to our great team. The Board can be proud of excellent work in the Strategic Planning Session and generally not getting in the way.

(E.) What opportunities for improvement do you see in the Board's organization or performance?

1. Continue to examine what our role is and encourage participation.
2. None.
3. Cohesiveness – now. Clearer meetings.
4. None.
5. BoardWorks for all.
6. I think they do very well.
7. Continue to engage in the review and planning for the organization.
8. Keep up open communication.
9. All the great training and conference opportunities.

(F.) How does this Board compare to other Boards on which you serve?

1. Fairly well.
2. Excellent.
3. This is a very well-functioning Board.
4. Very good.
5. They are very ready with their answers to mostly all questions.
6. Very well structured – superior to other Boards and much more active.
7. Well run.
8. More organized and efficient.
9. Our Board is the best.

Other Comments:

Executive Director Report
August/September 2018

This report is intended to brief the NeMCMHA Board of the director's activities since the last Board meeting. The activities outlined are not all inclusive of the director's functions and are intended to outline key events attended or accomplishments by the director.

Date	Subject	Location
8/10/18	Began contract negotiations with ProtoCall. Discussing per call rate.	
8/13/18-8/21/18	Leave	
8/22/18	Attended Montmorency County Commissioners Meeting and presented the Annual Report.	Atlanta
8/23/18-8/24/18	Leave	
8/27/18	Meeting with Beacon Specialized Residential Services to discuss services for persons served by this agency.	Alpena
8/27/18	Presented information and answered questions at the Clubhouse RFP Bidders conference and provided a tour of the Clubhouse. Two providers participated in the conference.	Alpena
8/28/18	Attended the Alpena County Board of Commissioners Meeting and presented the Annual Report.	Alpena
8/28/18	Attended the MDHHS Recipient Rights Review entrance Conference.	Alpena
8/29/18	Met with MDHHS Recipient Rights Reviewer.	Alpena
8/29/18	Began contract negotiations with Catholic Human Services for Wraparound Services.	Alpena
8/30/18	Began contract negotiations with Partners in Prevention for Mental Health First Aid for Adults and Youth, and other community presentations.	Alpena
8/30/18	Attended the MDHHS Recipient Rights Exit conference	Alpena
8/31/18	Attended the Presque Isle County Board of Commissioners Meeting and presented the Annual Report.	Rogers City
9/4/18	Contract Negotiations with Thunder Bay Transportation to provided transportation for the people we serve.	Alpena
9/5/18	Attended the Alcona County Board of Commissioners Meeting and presented the Annual Report.	Harrisville
9/6/18	Participated in the Members Service Committee to discuss the revised CMHAM Association Officer Election procedures.	Telephone conference
9/6/18	Contract Discussion with Greenway.	Alpena

QI Council Update [Available at Meeting]

QI Council Minutes

For Meeting on 08/20/18
10:15 AM to 12:00 PM
Board Training Room

Meeting called by: Margie Hale-Manley
Type of meeting: Monthly
Facilitator: Margie Hale-Manley
Note taker: Diane Hayka via dictation on digital recorder
Timekeeper: Lynne Fredlund

Attendees: Genny Domke, Lynne Fredlund, Joe Garant, Margie Hale-Manley, Jamie McConnell, Judy Szott, Jen Whyte

Absent: Cathy Meske (excused), Donna Roussin, Nena Sork (excused)

QI Coordinator: Lynne Fredlund

Guests: LeeAnn Bushey, Tina Hunt

Agenda Topics

Margie Hale-Manley welcomed all and noted this possibly would be her last meeting for facilitation as Chair; however, Lynne Fredlund reported this would be addressed later in the meeting under the Vice Chair item. Lynne Fredlund suggested Margie continue as Chair for the October meeting until a vote for the Chair can be held.

Review of Minutes

Discussion:
By consensus, the minutes of the May 21, 2018 meeting were approved as presented. Lynne Fredlund inquired as to whether there is a possibility of getting the minutes in advance of the meeting. Lee Ann noted she would send the minutes out as soon as Diane Hayka completed.

Conclusions:

Action items:

Person responsible:
Diane Hayka via digital recorder

Deadline:
ASAP

Management Team

Discussion:
Cathy Meske was not in attendance at today's meeting. The minutes from the June 11 and July 10 Management Team meeting are included in the packet. Jen Whyte noted Margie Hale-Manley was recently added as a member of Management Team. Jen noted several policies have been reviewed recently. Lynne Fredlund reported the

Clinical Leadership Team has filtered their processes through Management Team; however, Nena Sork will be joining QI Council to provide direct updates. Lynne Fredlund noted the minutes indicated there was a new Children's Crisis Mobile Team and questioned if this was up and running. Jen Whyte noted it was operational and have already fielded one crisis call.

Conclusion:

Action Items:
Report Monthly

Person Responsible:
Director

Deadline:
ASAP

Consumer Advisory Council

Discussion:
Cathy Meske was not in attendance to report. The minutes from the most recent meeting was included in the materials for this meeting. Lynne Fredlund noted the Council did review the draft of the most recent Strategic Plan and the expansion of educational opportunities in the community was addressed in this plan. She also noted that a group of citizens is working to create a local NAMI group.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Director

Deadline:
ASAP

CARF Committee

Discussion:
Lynne Fredlund reported CARF is back to meeting monthly. Their latest meeting was August 15th. She notes a new SIP Representative, Wendy Brun, has been appointed to replace Karen Brenner. She reported there were some areas referred to the Director and COO to review for compliance. She notes one area addressed involvement of the Peers in their program development and Lynne reports Lee Ann Bushey reported compliance. The CARF expectation requires medication management training annually in the homes. Tina Hunt noted staff get the initial medication training; however, she is not aware of continued training unless it is incorporated in the Annual Staff Training. Lynne Fredlund noted review is being done to determine if the annual SIP medication training can be adapted for home staff to meet criteria. Tina Hunt noted Mary Hardies comes to the home annually and reviews medication issues with staff. Tina will forward the form used in this session. Lynne Fredlund noted this requirement would also encompass those staff who may house medications for individuals such as case managers.

Lynne Fredlund reports there also needs to be succession planning. The Board has a succession plan should the Director become incapacitated; however, the CARF requirements for succession plans reach many positions within the organization. CARF is looking to find evidence there are succession plans for such positions as Compliance, COO, Finance Director, etc.

Lynne reported the PowerPoint for CARF Training was reviewed and some revisions were made. This will be submitted for training to Human Resources for inclusion in the Annual Staff Training this fall.

Lynne reports she has been training group or teams of staff on CARF standards as it relates to their program. The Risk Plan was reviewed. Earlier today, the Risk Management Team had the opportunity to review suggested revisions. This Plan will be brought to the next QI Council meeting.

Lynne Fredlund noted the Welcome and Orientation Sheet was reviewed. She reported CARF does not require this information to be on a one-page document. They are looking to assure materials provided to the individual receiving services encompass expectations. The sheet should identify elements not included in other printed materials such as conduct. Lynne Fredlund reported one statement on the current Welcoming sheet was suggested for removal or re-phrasing as the group felt in present form it could be offensive to the individual. The statement “Alcohol and illegal substances interfere with your recovery” could sound judgmental and discourage an individual from continuing in treatment. The group felt this could be softened to something like “If you come to your treatment session under the influence and that interferes with your treatment, we may ask you to leave and return later.” Lynne reported the revisions to the Welcome and Orientation Sheet will be sent on to Management Team for approval.

The next meeting is scheduled for September 19th at 1:30 p.m. in the Board Training Room.

Conclusion:

Action Items:
Report Quarterly

Person Responsible:
Lynne Fredlund

Deadline:
ASAP

Clinical Leadership

Discussion:
Lynne Fredlund reported Nena Sork will be joining the QI Council as representative of the Clinical Leadership Team. Lee Ann Bushey inquired as to whether Council members should be supplied the minutes from this meeting as well. Lynne noted this would treated like other Committees and the minutes should be included in the packets. Margie Hale-Manley noted the Clinical Leadership minutes are posted to the QI folder on the “Tree of Knowledge” site [intranet home page].

Conclusion:

Action Items:
Report Monthly

Person Responsible:
Nena Sork

Deadline:
ASAP

Customer Satisfaction Committee

Discussion:
Margie Hale-Manley reported this Committee met on July 30 with a presentation from Lynne Fredlund on the QI Process. Margie noted she questioned the appointments and terms of Committee members noting sometimes individuals serve quite long terms and it would be great to have new members join committees. She suggested some type of communication be sent out to staff reminding them of opportunities to serve on committees. Lynne Fredlund noted when the QI training was a training class conducted by Tom Hainstock in the past. She noted he would always put in a plug for participation after staff have been here for six months. Genny Domke noted this

might be an appropriate topic for the supervisor to discuss when doing orientation with staff upon hire. The supervisor ultimately must approve the staff to participate. Margie notes the committees she is involved with have had the same members for many years. It might be time to rotate some of the positions to others to get new ideas, etc. Lynne Fredlund noted when staff are first hired they are inundated with so much information about the Agency, this might be more appropriate when they reach their probation timeframe. At that point, the staff would have a better grasp on the Agency and the opportunities and/or challenges. Genny Domke inquired as to whether QI is part of the training during the orientation process. She will check to see what is offered.

Jen Whyte suggested sending out an e-mail to staff explaining the various committee roles and opportunities for volunteering to participate. Jen also inquired as to whether there are some job positions which would be in conflict to participating in a committee. Lynne Fredlund will develop a draft for this and route it through QI Council members.

Margie reported clerical staff have been assigned to check the suggestion boxes at each of the offices on a routine basis and forward suggestions to her. No suggestions had been received at the time of their meeting.

Margie reports the I/DD Survey is now sent out annually instead of at the time of the Person-Centered Planning invitation. Wording was revised in the survey based on input from the Board. The next survey will be mailed in May 2019 with the updated wording for questions.

Lynne Fredlund reported should Margie Hale-Manley not continue on the Council, there would need to be a replacement appointment from the Customer Satisfaction Committee.

[While not reported, the Customer Satisfaction Committee minutes also included the results of a recent Behavior Support Survey. This was on the back side of the minutes. There were 18 surveys sent out with 14 responses. There were no negative responses and various positive comments.]

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Margie Hale-Manley

Deadline:
ASAP

Resource Standards & Development Committee

Discussion:
Genny Domke reported the Friday Trivia continues. She noted the "Christmas in July" was a big hit with much participation. She noted a couple teams in the MI Wing are looking for a rematch. The Committee has also placed a suggestion box to gather staff input. The suggestions/questions will be included in the published RS & D Bulletins published.

Spring Annual Staff training is complete. Part II of Annual Staff Training will be probably done in September. Part II will include six to eight classes. The Random Acts of Kindness continues and various themes for the picture boards have occurred. She notes this committee is always recruiting new members.

Genny reported trainings from the EAC will start up again in the fall.

Margie Hale-Manley noted she has witnessed the recruitment statement on the RS & D newsletter. Margie also noted this Committee has good participation. She noted Connie Guthrie, Home-Based Clinician, will be joining this committee. There is turnover. Genny also notes the group home employees are also encouraged to participate and be part of the committee even if they call in to the meetings. She notes there is concern from staff in the outlying

areas about the events geared toward the Alpena Office including the nominations for the Employee of the Month. She noted the committee can only review and award from the nominations received.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Genny Domke

Deadline:
ASAP

Risk Management Committee

Discussion:
Lynne Fredlund reported this committee met earlier this morning. The Risk Plan was reviewed and revisions were made. The Plan will then be presented to the Management Team as this is attached to a Risk Management Policy. She reported potential risk areas were reviewed. She notes she submitted requests to supervisors to provide input to risk area they might identify and she received two concerns – 1) one concern was related to infestation in homes where services are being provided, which will be referred to the Safety Committee and 2) concern about follow-up after psychiatric hospitalization assuring individual follows through with appointment upon discharge. Discharge summaries also are not being received timely and the individual's medication regimen was changed when inpatient. Individuals are not receiving any medications upon discharge and without the knowledge of the change, the risk can be detrimental.

Conclusion:

Action Items:
Report Quarterly

Person Responsible:
Lynne Fredlund

Deadline:
ASAP

Safety Committee

Discussion:
Jamie McConnell reported the committee met in May and July. In May, the committee conducted a review of the Environment of Care Manual. She noted manuals have been reported missing from Agency vehicles and Rich Greer will be replacing the manuals. Kitchen Safety review included internet searches to determine proper sanitizing solutions. Jamie reported Rich Greer will be conducting the internal site safety inspections in conjunction with Mark McMillan, RTW Inspector, our third-party reviewer. She stated one policy [1.80.3] was proposed to be eliminated as the Committee felt it was redundant. Jamie will follow-up with Safety Committee to assure the recommendations were forwarded to proper personnel.

Jamie reported at the May meeting a concern was presented to Mary Hardies about a sharps issue related to Bydureon needles. This issue was researched and noted this needle does have a guard and there were no further recommendations.

At the July meeting the Safety Committee reviewed the Consumer Injury and Falls Report which indicated there were 42 total injuries which involved 27 individuals. She noted on site with increased falls is due to medical issues. No falls resulted in emergency medical care.

Jamie reported the Management Team approved the revisions to the Infection Control Policy and handwashing instructions have been posted on restroom mirrors in all locations. She noted Lynne Fredlund also provided process training related to the flow of recommendations from the committee structure to the QI Council to Management Team. She noted the Safety Representative will bring items for action to the QI Council and should that individual not be able to attend, an alternate will be sent. She noted Tina Hunt is here today to discuss proposed action on forms. In addition, a concern was brought to the Safety Committee regarding a Arjo Shower Chair. The committee was informed the OT had recommended use of another product so this piece of equipment will no longer be purchased. Cambridge Home Supervisor, Tina Hunt, offered to demonstrate the chair to anyone considering purchase of this equipment.

Jamie reported the Hillman Office had a safety concern with the door to the lobby off the conference room being left open making the entire office accessible. She reported an automatic door closure will be added to the door to assure closure and staff using the conference room will be alerted to the need to ensure the door closes completely after they exit.

Jamie reported Rich Greer was scheduled to attend the Home supervisor's meeting to share updated procedure manuals. In addition, emergency totes containing personal information of individuals receiving services needs to be removed prior to servicing vehicles for repairs. Rich will inform staff of this requirement. Amy Thompson and Tina Hunt will be adding the manual review to annual training for their staff as well.

Jamie reports the Environment of Care manual review has uncovered some redundancies. Kay Keller was to investigate the need to have information in both places and what manual or policy might trump more if there are some discrepancies between the two. Kay Keller was to check with the Director to see the need for both references. Lynne Fredlund noted the Environment of Care Manual has always been used as a manual on site during the CARF review process. She notes this has been a discussion items several times. If portions of the manual are eliminated, Lynne would need to know so she can change where to find the evidence in the standards. Lynne Fredlund provided input as to how processes and analyses work and determining the groups affected by the changes.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Teresa Kowalski

Deadline:
ASAP

Utilization Management

Discussion:
Jen Whyte reported the Committee met in June and minutes were included in the packet. She notes there have been some updates to some forms in Majestic and they were deployed in a training mode. She notes training for case managers and outpatient staff will be rolled out this week and address the updates on the Home- and Community-Based Services checklist. She reports the meetings with PCE occur every two weeks. She reports there has been no further information related to the Michigan State University visits to the group homes which was to occur in May/June.

Jen Whyte reports Respite usage is under review looking at high usage and low usage. She notes members want to assure individuals are receiving accurate authorizations for the amount of services needed. Jen reports the committee works with IT and attempts to develop usable reports for supervisors. The UM Committee recently reviewed the UM Policy and notes it is not quite approved. There are still some revisions being made.

Jen also reported the Clinical Case Review form is being looked at for an addition to PCE. Once this is developed the supervisors will be able to track trends in the review process.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Jen Whyte

Deadline:
ASAP

Quality Oversight Committee - NMRE

Discussion:
Lynne Fredlund reported the next meeting of the Quality Oversight Committee is scheduled for August 29th.

Conclusion:

Action Items:
Report Bi-Monthly

Person Responsible:
Lynne Fredlund

Deadline:
ASAP

Q.I. Member Concerns

Discussion:
Judy Szott reported the rugs in the foyer and lobby area are causing trip hazards. Talking from experience, Lynne Fredlund noted individuals wearing sandals are subject to catching the edge of the rugs. This topic is something the Safety Committee may want to investigate. Jamie will take the concern to the Safety meeting. Jamie requested a description of what occurred and possibly the incident report which might have been written at the time. Lynne Fredlund will contact Kay Keller to get the information forwarded to Jamie.

Project Team/Workgroup Update
Old Business

Discussion:
New Forms for Group Home Use
Tina Hunt, Cambridge Home Supervisor, provided Council members with information related to inspection forms used within the homes. She notes there are five sheets completed each month. One is the preventative maintenance and safety and another is the Management and Safety audit. She noted they compared all the items on the various sheets and assured items for licensing, CARF and other requirements were addressed and if there were items not needed. Some redundancies were also identified as there were the same items on more than one checklist. Tina notes the Maintenance and Safety items are monitored by the maintenance department and Rich Greer's staff will provide those checks. This is a three-page document. She notes the maintenance department conducts this review quarterly; however, since they are not in the house daily this provides fresh eyes as there may be some items slowly deteriorating the home staff may not be aware of. Tina reports the checklist was reviewed to separate out things the home supervisor would be responsible for and those maintenance would be responsible. Tina reports the items listed on the list should be reviewed monthly; however, licensing may only require some items to be reviewed quarterly or annually. Tina reported there were a couple of items added for reminders such as items needed per licensing to help get ready for a licensing review. She noted "per licensing" was added as a notation in a couple of sections and agency required denotes those topics needing review as well. Staff meeting

updates – Agency required. This might be an area where medication updates could be added. Tina reported some items were taken and incorporated into the housekeeping charts. She notes CARF requires proof of evidence or monitoring such as items in refrigerator are dated, items are 18" down from ceiling, knives locked in drawers, etc. She notes the Housekeeping chart provides a check for some items for all three shifts. If there are initials verifying this on each day, it will provide the evidence needed during site visits. Tina reports there is a companion list associated with the NeMCMH Group Home Housekeeping, Safety and Preventative Maintenance Inspection and the companion list provides explanation of what the task encompasses. Tina notes she found it easier to make a book of her reports to organize her needed documents. Lynne Fredlund noted with the adoption of this type of recording it will assure consistency in our group homes which will help new home supervisors, new staff, site visits, etc. Genny Domke inquired as to whether the new forms would have identifiers such as form numbers, policy reference, etc. Lynne Fredlund noted this will be added when approved with proper reference to either Environment of Care or Policy Manual.

Judy Szott inquired about disposal of medication waste. Tina Hunt noted they use a Drug Buster container at the group home. LeFave Pharmacy no longer has the Yellow Jug or drop off and at times the State Police Post does not accept the drugs as well.

Lynne Fredlund noted these forms will be forwarded on the Management Team for final approval. Tina noted some of the fields will need to remain unlocked so the shifts can be changed, etc. Margie Hale-Manley reported there are items no tied to specific policies. Lynne Fredlund reported there may be forms that are stand alone.

Genny Domke inquired as to whom in the Agency controls the forms issuance and assurance they are kept up and staff are aware of the forms usage. Lynne Fredlund noted in the past there was a Forms Committee which would have to put their approval on the form before implementing usage.

Overview of Materials Committee Representatives need to Present to QI Council
Lynne Fredlund reported she recently attended the various committee groups to provide guidance in the flow of recommendations from committee to QI and if warranted forwarded to Management Team. She noted it is important for the committee representatives on the Council to bring referrals to the Council. Lynne also noted Council members not on standing committees should also be prepared to present concerns if they have anything. She notes sometimes the minutes indicate items will be referred to Management Team and assume because it is written in minutes this was done; however, unless it is specifically brought up through QI and not requesting a referral this does not happen. If there are times when it would be prohibitive to wait until the next QI meeting, items can be routed to Diane Hayka or Cathy Meske to determine if action would be required prior to the normal route. Lynne Fredlund also noted the minutes of the QI Council are also distributed to the Board.

Other Project Team/Workgroups in Progress
There were no items to address for this topic.

New Business

Discussion:
Vice Chair Election
With the replacement of the Safety Representative on the Council, a vacancy was created as the Vice Chair. Lynne Fredlund noted in the past only the identified representative was a voting member of the Council. If that representative was absent due to vacation, etc., that committee just didn't get a vote that month. If we request committees to assure attendance with a backup staff to sit in for the absent representative, the question as to whether this person would be allowed voting privileges for any action during the meeting they represent the committee was raised. Margie Hale-Manley suggested only the identified representative should be the voting member. Jamie McConnell also supported the voting member be the identified voting member and not the person sitting in on the meeting. An example was the Safety Committee has suggested a tag-team approach to their designated representative where one member would be the alternate representative.

Lynne Fredlund requested Margie Hale-Manley chair the October meeting to complete her term. Lynne reports the Vice Chair elected will serve in that term for one month and then take the role of the Chair as the current Vice Chair will be exiting the Council. Lynne Fredlund recommends Genny Domke as Vice Chair. Margie Hale-Manley

reports the role of the Chair is just to facilitate the meeting. The terms are one year. Once the Vice Chair becomes Chair a new Vice Chair will be elected. Genny Domke will assume the role of Vice Chair and then become formal Chair. Lynne Fredlund requested members consider serving in the Vice Chair role at that time.

QI Plan Review Volunteers
Lynne Fredlund reported the QI Plan is reviewed annually. She needs two volunteers to review the plan for needed updates. Genny Domke and Jen Whyte volunteered to participate in the plan review.

Quarterly Performance Indicator Data
Lynne Fredlund reports our Quarter 3 data is due September 28. The Quarter 2 data was distributed for review. This covers the period of January 1 – March 31, 2018. Lynne reviewed the various indicators. The first indicator compliance is to provide disposition on emergency referrals within three hours. Jen Whyte reported our Agency has adopted having a two hour disposition to assure this stays in compliance. The second indicator compliance is to provide an intake assessment within 14 days of request. These are non-urgent/non-emergent requests. The third indicator compliance requires services to begin within 14 days of the assessment. Lynne reports the fourth indicator requires a follow-up within seven days of a psychiatric inpatient discharge. The fifth indicator looks as the access denial and appeal. There is no established percentage on this indicator. The sixth indicator looks at recidivism. Lynne reports there was one incident due to the individual not able to contract for safety. Lynne reports the information reviewed on this report encompasses all funding sources.

The PIHP also needs to report indicators to the state and this encompasses only data for individuals receiving Medicaid. Lynne noted the Medicaid Only report has an overall PIHP performance chart and then each page has each of the members board's performance charts. The data is combined when the PIHP submits to the state and even though one board may not have met the indicator the overall indicator was enough to be in compliance. The PIHP will monitor each of the member Boards and if the indicators are not met for consecutive quarters, a plan of correction may be requested as funding is dependent on meeting standards. The member Board might also be sanctioned if they continue to miss the objective.

Data Review
Margie Hale-Manley requested input as to what data Council members are interested in. Lynne Fredlund noted Jen Whyte has been working with her to determine what data should be focused on. She notes the indicator for the second 14 day window and use of the interim plan has raised some questions as to whether this could be improved. She notes the interim plan does not show up as a service provision in the PCE system. We need to be able to prove actual services are being provided within the window identified in the standard. Margie Hale-Manley requested Council members consider input and e-mail Lynne Fredlund prior to the next Council meeting if they identify items of concerns.

Other

Discussion:

By consensus, this meeting was adjourned at 12:00 p.m.

Next Meeting will be held on October 15, 2018, 10:15 a.m. in the Board Training Room.

OCTOBER AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Annual Board Planning Cycle 02-007
Executive Job Description 03-003
Monitoring Executive Director 03-004

Monitoring Reports

01-004 Budgeting

Review

Ownership Linkage

Strategic Plan Adoption

Educational Session

Michigan Association of Community Mental Health Boards is now Community Mental Health Association of Michigan.

September ~~14~~ 7, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- **Contact information of the CMH Association's Officers:**
- **Work, Accomplishments, and Announcements of CMH Association and its Member Organizations**
  - **Newaygo CMH to honor Mike Geoghan as he departs from CEO role**
  - **CMH Association receives SAMHSA funded contract to foster evidence-based practice**
- **State and National Developments and Resources**
  - **US Surgeon General Report on Community Health and Prosperity seeking public comment**
  - **Developmental Disabilities Council taking legislators to work to highlight Disability Employment Awareness Month**
  - **Relias announces webinar series to celebrate Recovery Month**
  - **Abilita outlines cybercrime breadth and solutions**
  - **Great Lakes ATTC Trainings & Events September 2018**
- **Legislative Update**
  - **House, Senate Pass Paid Sick Leave, $12 Minimum Wage**
- **National Update**
  - **Senate Passes FY 19 Health Appropriations**
  - **CMS Announces Updates to Medicaid Waiver Reviews and Processes**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**
- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **19th Annual Substance Use and Co-Occurring Conference Registration is now open!**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

Contact information of the CMH Association's Officers: 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 Stonejoe@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219

Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

Newaygo CMH to honor Mike Geoghan as he departs from CEO role

CMH Association receives SAMHSA funded contract to foster evidence-based practices

Below is a recent press release from the CMH Association on its recent formation of a partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center.

$250,000 SAMSHA Grant Supports Mental Health Services in Michigan
Community Mental Health Association of Michigan Receives Award to Serve as Mental Health Technology Transfer Center

The Community Mental Health Association of Michigan (CMHAM) today announced they will receive a $250,000 grant from the University of Wisconsin as part the UW's initiative with the federal Substance Abuse and Mental Health Services Administration (SAMHSA)

Under the grant, the CMHAM will serve as the Michigan partner with the University of Wisconsin's newly formed Great Lakes Mental Health Technology Transfer Center. This center will foster the development of the mental health treatment and recovery services systems in Michigan, Illinois, Indiana, Minnesota, Ohio and Wisconsin. The CMHAM will work directly with the regional SAMSHA technology transfer site, to be housed at the University of Wisconsin, as part of the multi-state regional partnership, slated to run for five years.

In its new role, the association will serve as the connector and facilitator between Michigan's mental health system and the regional center. The program aims to:

- Accelerate the adoption and implementation of mental health related evidence-based practices across the nation
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of individuals living with mental illness
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field, including Center for Mental Health Services grant recipients

Each Mental Health Technology Transfer Center (MHTTC), including the Great Lakes Center, will offer intensive technical assistance in a variety of formats: web-based and face-to-face learning series, organizational development and systems change projects, and targeted projects with organizations and states.

"Our association looks forward to this partnership with the University of Wisconsin and SAMHSA. Through this partnership, we aim to add to, accelerate, and build upon the clinical innovations taking place throughout Michigan's mental health services community," said Robert Sheehan, the CEO of the CMHAM. "The ability to weave together the evidence-based and promising practices implemented in our state with those from across the Great Lakes region and the nation, provides Michigan's mental health system with powerful resources to best serve Michiganders in communities across the state."

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

US Surgeon General Report on Community Health and Prosperity seeking public comment

OPPORTUNITY FOR PUBLIC COMMENT – Surgeon General Report on Community Health and Prosperity – Comments Due November 5

The Centers for Disease Control and Prevention (CDC), in the attached announcement published in this morning's *Federal Register,* announced the opening of a docket to obtain comment on an upcoming Surgeon General's document/ Call to Action with a working title "Community Health and Prosperity". CDC is the lead agency to support the Office of the Surgeon General to publish a Call to Action that will be science-informed and actionable, outlining a conceptual framework with case examples and available evidence on the business case for investing in community health.

The CDC says the goal of the Call to Action is to clearly demonstrate that investments in community health have the potential to improve the health and prosperity of communities and issue a call to action to the private sector and local policy makers to investment in communities, unilaterally or as part of multi-sector or other consortium, to improve community health.

The CDC says America's prosperity is being hampered by preventable chronic diseases and behavioral health issues. Life expectancy at birth dropped in the United States for a second consecutive year in 2016. Preliminary data indicate that age-adjusted death rates continued to rise in 2017, which is likely to mark a third straight year of declining life expectancy. The U.S. lags behind comparable high-income countries on a range of health outcomes including life expectancy despite spending more on health care. About 6 in 10 American adults have at least one chronic health condition, and these people account for 90% of total health care spending. While chronic diseases affect all populations, they are not evenly distributed. Disease rates vary by race, ethnicity, education, geography and income level, with the most disadvantaged Americans often suffering the highest burden of disease. However, only about 20% of the factors that influence a person's health can be addressed by health care and the remaining 80% reflect socioeconomic, environmental or behavioral factors. Focusing on strategies that address the social and community conditions could improve health, life expectancy, and quality of life, while also reducing related health care costs and productivity losses, investing in communities to improve the health and well-being of people could also revitalize and improve economic opportunity, enhancing prosperity in the community and for its residents and businesses.

CDC says that, although there is published literature and several ongoing public, private and philanthropic initiatives examining how investments in community health can enhance well-being and economic prosperity, there has not been a thorough assessment that compiles the evidence and best practices to illustrate benefits for the private sector and local policy makers. The Surgeon General's Call to Action hopes to bridge that gap and inspire more investments by the private sector and local policy makers in community health.

Written comments must be received before November 5, 2018. NASMHPD seeks suggestions by October 5 for what we should include in our comments. (Potential Examples: Coordinated Crisis Services, Supported Employment, Supportive Housing, Peer Support Services, Coordinated Specialty Care and Prodromal Interventions).

In the notice, interested persons or organizations are invited to submit written views, recommendations, and data about how investing in communities can improve health and prosperity. Examples may include:

(1) Available data, evidence and/or experience(s) that:
    (a) suggest that private sector investments in community health have (directly or indirectly) improved health and prosperity of the workforce and communities;
    (b) suggest that healthier communities help private sector businesses to be more efficient, profitable, successful, or competitive
    (c) include descriptions of data systems and evaluation frameworks that might contribute to supporting community health investment decisions, evaluating success and impact; and
    (d) include case studies, examples, reviews and meta-analyses, data linkages, promising and emerging ideas, and best practices; and
(2) Types of investments in the private sector and local policy makers can consider to improve health and wellness of employees and families, and community well-being and prosperity;
(3) Types of partners or coalitions that have invested in community health and the scope of their collaborations contributions;
(4) Descriptions of important barriers to and facilitators of success;
(5) Private sector and local policy-maker rationales for making investments in community health; and
(6) Successful efforts by local policy makers to promote and sustain private sector investments in community health.

Developmental Disabilities Council taking legislators to work to highlight Disability Employment Awareness Month

To celebrate the achievements of people with disabilities in employment, the Michigan Developmental Disabilities Council is hosting "Take Your Legislator to Work" events across the state in advance of Disability Employment Awareness Month.

Legislators will have the opportunity to job shadow a constituent with a disability at their place of employment. Legislators will also be able to tour their workplace, meet co-workers and hear why employment is important to their constituent.

"These visits will demonstrate the value of community-integrated employment for employers and people with disabilities in Michigan," said Vendella Collins, Developmental Disabilities Council executive director. "This campaign highlights how people with disabilities strengthen the workforce, promote diversity, increase talent in the field, expand the tax base and lower poverty rates."

Take Your Legislator to Work visits are scheduled:

- Friday, Aug. 31, 3 p.m. – Sen. Margaret O'Brien (R-Portage) will job shadow Calvin Roux at Celebration Cinema, 6600 Ring Road, Portage.
- Monday, Sept. 10, 10 a.m. – Sen. Jim Stamas (R-Midland) will job shadow Cody Packard at Greater Michigan Construction Academy, 7730 W. Wackerly St., Midland.
- Monday, Sept. 10, 12:30 p.m. – Sen. Jim Stamas (R-Midland) will job shadow Nicholas Johnson at Grand Traverse Pie Company, 2600 N. Saginaw Road, Midland.
- Wednesday, Sept. 12, 4 p.m. – Sen. Judy Emmons (R-Sheridan) and Rep. Michele Hoitenga (R-Manton) will job shadow Levi Arrington at Meijer, 15400 Waldron Way, Big Rapids.
- Friday, Sept. 14, 11 a.m. – Sen. Hoon-Yung Hopgood (D-Taylor) and Rep. Erika Geiss (D-Taylor) will job shadow Ryan Powers at Matador Restaurant, 26747 Van Born, Taylor.
- Friday, Sept. 14, 1 p.m. – Sen. Tom Casperson (R-Escanaba) and Rep. Beau Matthew Lafave (R-Iron Mountain) will job shadow Chris Herbert at McDonald's, 1140 South Stephenson, Iron Mountain.
- Monday, Sept. 17, 10 a.m. – Sen. Judy Emmons (R-Sheridan) will job shadow Elliet West at Campbell Industrial Force, 1380 Industrial Park Dr., Edmore,
- Monday, Sept. 17 4:30 p.m. – Sen. Judy Emmons (R-Sheridan) will job shadow Shannon Landry at Clare County Transit Corporation, 1473 Transportation Dr., Harrison.
- Friday, Sept. 28, 10 a.m. – Rep. Aaron Miller (R-Sturgis) will job shadow Brenda Anselmo at Kure Domes and Mirrors, 139 Haines Blvd., Sturgis.

The Michigan Developmental Disabilities Council, housed in the Michigan Department of Health and Human Services, is an advocacy organization that helps people with developmental disabilities have the opportunities and support to achieve their full potential and life dreams.

Relias announces webinar series to celebrate Recovery Month

Relias, a Preferred Corporate Partner of this Association, recently announced a webinar series in honor of National Recovery Month. That series is described below:

Addressing SUD and the Opioid Crisis: 3-Part Webinar Series

Everyone in healthcare is feeling the pressure to reign in opioid prescribing, successfully treat opioid dependence, better treat pain, and address patient misuse and abuse. Relias curated these webinars to support the providers who are on the front lines of treating those with substance and opioid use disorders, as well as those managing acute and chronic pain.

Join us for a 3-part webinar series to learn the science behind changing healthcare behavior, how to prevent SUD treatment provider burnout and how to best use technology to combat the crisis – topics chosen to help you help those you serve.

[Part 1] Stages of Change and Integrated Health Care
Date: September 20 at 2 p.m. ET
Presenters: Dr. Carlo DiClemente, PhD, ABPP, Professor Emeritus – University of Maryland at Baltimore County, Psychology Department

This webinar will discuss adoption and use of the Transtheoretical model of intentional behavior change within a whole health, integrated care framework. We will review the multidimensional tasks identified in the stages of change model, recent research and applications with alcohol, substance use and smoking interventions, and application to other health behaviors and chronic conditions.

Register at: http://go.reliaslearning.com/WBN2018-09-20StagesofChangeandIntegratedHealthCare_Registration.html?utm_source=webinar-hub

[Part 2] Remaining Optimistic When Treating OUD: Burnout Challenges and Stressors for Clinicians and Physicians
Date: October 11 at 2 p.m. ET
Presenters: Karl Haake, MD, Pain Management Consultant – Missouri Primary Care Association and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will explore the challenges of treating the OUD consumer. Join us to learn techniques to stay motivated and positive when treating opioid addiction and tips for identifying and self-management for clinician/physician stress.

Register at: http://go.reliaslearning.com/WBN/2018-10-11OptimismWhenTreatingOUD_Registration.html?utm_source=webinar-hub

[Part 3] The Role of Technology in Solving the Opioid Crisis
Date: November 7 at 2 p.m. ET
Presenters: Tom Hill, MSW, Vice President of Practice Improvement – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will examine the state of the opioid epidemic in healthcare, what progress has been made since the commission report release and declaration of federal State of Emergency. Clinical experts will discuss the current state of healthcare as it pertains to moving the needle on the opioid epidemic.

Register at: http://go.reliaslearning.com/WBN2018-11-07RoleofTechnologyinSolvingOpioidCrisis_Registration.html?utm_source=webinar-hub

Abilita outlines cybercrime breadth and solutions

In this article, Abilita, a Preferred Corporate Partner of this Association, outlines a range of cybercrime threats solutions.

Cyber based crimes have become increasingly complex and cyber criminals are becoming more sophisticated in how they are attempting to disrupt your business and steal your valuable data. Blockchain is emerging as one of the more effective methods of protecting your data, by offering unprecedented data security to keep your company's digital information safe.

While Blockchain was originally conceived of and used as a basis for the Bitcoin cybercurrency, its underlying algorithms can be adapted and used for securing data in almost every industry.

While complex, the good news is that anyone can join the blockchain revolution, including your business!

What is Blockchain Technology?

A blockchain consists of a network of hundreds even thousands of computers that store and share blocks of information. Once something is added to the blockchain network, it is distributed throughout the Blockchain network. Every transaction is logged and every computer has records the same information. It is almost impossible for a cybercriminal to change the information logged into every computer on the network. Entries cannot altered, edited or deleted. Instead, a user records changes by adding another block. This information is immediately available to anyone authorized to be part of that database.

Because data is not stored in one or two computers, Blockchains provide no 'hackable' entrance or a central point of failure and, thereby, provide a greater level of security. Since blockchains track data and keep it secure, they make everyday interactions with technology safer and more accountable.

Companies from all industries find ways to use blockchain technology to become more secure, efficient and profitable. Blockchain technology is used for:

- Cybercurrencies
- Authentication
- Smart Contracts
- Data Transfer
- Money transfers
- Stock investments
- Sports betting
- Contracts
- Real estate
- Business agreements
- Cloud storage
- Online purchases
- The Internet of Things

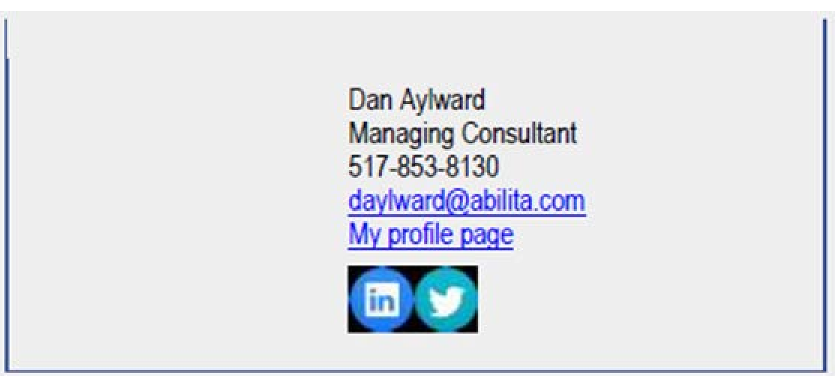
How Does Blockchain Keep Information Safe?

Essentially Blockchain is an accounting system that tracts all entries and transactions. Blockchains protect data by:

- Tracking and checking every change
- Backing up data in numerous locations;
- Pinpointing errors and attacks;
- Preventing identity theft

Businesses with employees trained in technology may have the capability to build their own blockchains. The internet has numerous free, open source platforms for anyone looking to create their own database. However, coding an in-house blockchain requires advanced skills and knowledge, so small and midsize businesses may not have the resources.

Abilita and our business partners are available to assist with any of your company's technology needs.
Contact your Abilita consultant today:



Great Lakes ATTC Trainings & Events September 2018

The Great Lakes Addictions Technology Transfer Center (GLATTC) recently announced a number of webinars around cutting edge practices in SUD treatment and prevention.

Sept. 26: Webinar: A Rural Physician's Perspective Providing Hope to the Opioid Epidemic through Medication-Assisted Treatment
2:00-3:00pm ET/1:00-2:00pm CT
Free
Presenter: Dr. John A McAuliffe, MD, Prairie Clinic, LLC

Get more information and register at: https://www.lsqin.org/event/a-rural-physicians-perspective-mat/

Sept. 27: Webinar: Cultural Factors Within Substance Use
Presenter: Sean A. Bear I, American Indian/Alaska Native ATTC
1:00-2:00pm ET/12:00-1:00pm CT
Register at: https://events-na6.adobeconnect.com/content/connect/c1/813211227/en/events/event/shared/default_template/event_landing.html?sco-id=1683883793

Recovery Month Webinar Series: Building Recovery Capital through Digital Health Technologies
A special series offered by the Mountain Plains ATTC, Pacific Southwest ATTC, and CASAT:

- Part 1, Sept. 5: What are Digital Technologies and How do They Work?
- Part II, Sept. 12: Overview of Privacy and Security as it Relates to Digital Health Technologies
- Part III, Sept. 19: Engagement When Using Digital Health Technologies
- Part IV, Sept. 26: Implementing Digital Health Technologies Into Your World

Register at: http://www.nfartec.org/registration-building-recovery-capital-through-digital-health-technologies-brc/

LEGISLATIVE UPDATE

House, Senate Pass Paid Sick Leave, $12 Minimum Wage

The citizens' initiative to phase in a $12 minimum wage and allow workers to take five days of paid sick leave a year passed the House this week, hours after the Senate took the same step. Republican leadership fully intends to come back later in the session to amend one, if not both, of them.

IP 3 and IP 4 were not given immediate effect, meaning both will initiate around April 1 of next year, 90 days after lawmakers adjourn for the year.

However, Senate Majority Leader Arlan Meekhof (R-Holland) conceded after today's session that amending one or both proposals later this legislative session is a real possibility, particularly as the business community expresses concerns about the move "onerous" portions of the initiatives.

The elimination of the "tip credit" for restaurant workers, in particular, is a concern in the $12 minimum wage proposal, Meekhof said. Moving up the minimum salary for wait staff from $3.52 an hour to $12 would likely increase restaurant food costs, while all but eliminating the state's tipping culture.

On the paid sick leave proposal, Meekhof said he's concerned about workers not showing up for a string of days and then employers being responsible for paying the worker. He suggested creating a system similar to the family medical leave act where there's an agreement between the employer and the employee.

Time to Care, the paid leave proposal, requires that employers give employees one hour of paid sick leave for every 30 hours worked. The employee can take five days of paid sick leave a year and four additional days unpaid. The sick leave carries over year after year, but an employee is limited to five days paid sick leave and four days unpaid each yar.

The proposal doesn't require proof of sickness after three days of absenteeism. Victims of sexual assault fall under the paid sick leave proposal, as do those charged with caring for sick child, spouse, grandparent or relative.

The proposal is being funded by an out-of-state social welfare group called the "Sixteen Thirty Fund." The Fairness Project and Mothering Justice has also given money to the effort.

The minimum wage proposal, One Fair Wage, would gradually raise the minimum wage to $12 an hour by 2022 and raise the tipped wage to $12 an hour by 2024. Organized labor is fueling the proposal, which still hasn't completely cleared the legal system, yet. The Supreme Court still hasn't ruled if the proposal was properly drafted and if the all of the signatures collected are valid.

The Secretary of State must certify all ballot questions by Sept. 7, meaning this week was the deadline to act for lawmakers or the proposal would have been on the November ballot.

NATIONAL UPDATE

Senate Passes FY19 Health Appropriations

Last week, the Senate overwhelmingly passed a joint Defense and Labor-HHS appropriations bill that would increase federal health spending in the upcoming fiscal year. Notably, the bill would increase funding for some mental health and addiction programs as well as provide around $3.7 billion to specifically to address the opioid addiction crisis. House and Senate members now face a time crunch to reconcile their appropriations bills before a September 30th funding deadline and potential government shutdown.

The Senate funding bill provides the Department of Health and Human Services (HHS) with a $2.3 billion increase in discretionary spending (compared to FY 2018), bringing HHS's total discretionary health spending to approximately $90.1 billion. Compared to last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) would receive an additional $580 million and the National Institutes of Health (NIH) would receive an additional $2 billion. The Mental Health Block Grant's funding would increase by $25 million to $747 million, while the Substance Abuse Prevention and Treatment Block Grant would remain at $1.9 billion for FY 2019.

OPIOIDS

The Senate approved around $3.7 billion, an increase of $145 million, for activities intended to curb opioid use and addiction. As one of Congress' highest priorities, funding to address the opioid crisis was split across several agencies and programs. The bill included the following opioid-specific investments:

- CCBHCs: $150 million, an increase of $50 million, for the continued expansion of new Certified Community Behavioral Health Centers (CCBHCs). CCBHCs are a new type of Medicaid provider that are rapidly expanding access to opioid and other addiction care in their communities.

- State Opioid Response Grants: $1.5 billion for SAMHSA's State Opioid Response (SOR) Grant, which continues a 15 percent set-aside for states with the highest mortality rate related to opioid use disorders and a $50 million set-aside for Indian tribes and tribal organizations. Part of the funding replaces the $500 million expiring from the Opioid State Targeted Response (STR) fund, created under the 21st Century Cures Act.
- Research: $500 million to NIH for research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.

- Treatment in Rural Areas: $120 million focused on responding to the opioid epidemic in rural communities, which includes $20 million for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities.

- Health Centers/FQHCs: $200 million for Community Health Centers to support and enhance mental health or substance use disorder services.

- Public Health: Maintains $476 million at CDC for opioid overdose prevention and surveillance as well as a public awareness campaign. The bill includes $5 million for a new CDC initiative to combat infectious diseases directly related to opioid use.

- Children and Families: $40 million, the same as the FY 2018 level, for mental health and substance use prevention and treatment for children and families in, or at risk of entering, the foster care system.

- Telehealth: $2 million to support an evidence-based tele-behavioral health system to focus on opioids.

WHAT'S NEXT?

Attention now turns to the House, which has yet to hold a floor vote on its health appropriations bill. Once the House passes its bills, the House and Senate will have very few working days to reconcile the differences between the two chambers; packages before funding for the current fiscal year expires on Sept. 30th. Should the deadline pass, Congress will be forced to enact a continuing resolution (CR) to keep current funding levels in effect or face a government shutdown.

1115 DEMONSTRATION UPDATES

In a letter issued earlier this week, CMS formalized Obama-era adjustments stating that demonstration programs approved under 1115 waivers must remain "budget neutral," or not require more federal funding than the baseline Medicaid program. The new policy affirms CMS' intent to apply more restrictive budget neutrality parameters for Medicaid 1115 demonstration projects, and helps fulfill the agency's commitment to "protect the fiscal integrity of the program." This could potentially curtail some of the program reforms of interest to states and stakeholders, as well as put additional pressure on state budgets due to the loss of "roll over" funds in states with long-running programs.

Among the updates discussed in the guidance:

- Limiting Savings Rollover: Under CMS's previous budget neutrality approach, states were permitted to roll over savings from older demonstration approval periods rather than limiting roll-over savings to recent years. Under CMS's current approach to budget neutrality, states are permitted to roll over accumulated budget neutrality savings only from the most recently-approved five years.

- Rebasing non-waiver baselines: Beginning with 1115 demonstration extensions effective as of January 1, 2021, CMS will adjust budget neutrality limits to better reflect states' most recent historical experiences.

- Transitional phase-down of newly accrued savings: Until the new rebasing strategies begin in 2021, CMS expects to phase-down the annual savings of demonstrations that are being extended based on when that demonstration was first implemented.

For more details on the updates to 1115 demonstration waivers, read the full letter here.

STATE PLAN AMENDMENTS & 1915 UPDATES

In another informational bulletin issued last week, CMS detailed the agency's updates to the review pathways of state plan amendments (SPAs) and 1915 waivers, which have historically often seen long administrative approval times.

SPAs and 1915 waivers are meant to give states flexibility in how they administer their Medicaid programs, and must be approved by CMS before being implemented. This bulletin is the second in a series from CMS to detail the agency's process improvement initiatives, and presents successes from implementing strategies from the first bulletin along with details on the new processes. According to CMS, the agency has seen a 20 percent increase over 2016 approval times for SPAs since releasing the first round of guidance, and hopes to continue those successes with these new efficiencies.

To read the full bulletin and for more details on the specific updates, visit CMS's website here.

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAINING FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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.

Trainings offered on the following dates.

- • September 26 – Gaylord – Click Here to Register for September 26
- • November 7 – Lansing Click Here to Register for November 7
- • January 23 – Lansing Click Here to Register for January 23
- • February 20 – Lansing Click Here to Register for February 20
- • March 13 – Lansing Click Here to Register for March 13
- • April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

MOTIVATIONAL INTERVIEWING

Register for the level of training and date/location of your choice.
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day.
Who Should Attend? 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 Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S, Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

September 16, 2018 Pre-conference workshops
Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Click here to register Pre-Conference #1 & #2

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

The Community Mental Health Association of Michigan is approved by the Michigan Certification Board for Addiction Professionals to sponsor substance abuse training. CMHAM maintains the responsibility for the program and content. Substance abuse professionals participating in the 9/16/18 pre-conference will receive 3 Specific Contact Hours; Substance abuse professionals participating in the 9/17-18/18 conference may receive up to 10 Specific Contact Hours.

Social Workers: This conference 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.

Evaluation and Certificate Awarded: After the conference you will receive an email from Express Evaluations which will contain directions on how to complete the on-line evaluation and how to obtain your CE certificate. During the on-line evaluation, you will be required to provide the code in and code out for each session and plenary that you attend. At registration, you will receive a code in and out tracking sheet for you to complete throughout the conference. Use this form when you complete the on-line evaluation. When you have completed the Session Evaluations and Overall Evaluation, the Certificate button will be enabled. You will then click on the Certificate button, then click on "Create Certificate", the system will create the appropriate certificate and give you the option to download it to your computer or you can email it to yourself. You will need Adobe Reader or another PDF reader to view your certificate. If you do not have access to a printer, you may download it at any time by logging back in and clicking Certificate. COMPLETE AND SUBMIT THE ONLINE EVALUATION FORM FOR EACH SESSION YOU ATTENDED NO LATER THAN OCTOBER 31, 2018; after this date no certificates will be available. No other certificate will be issued.

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260

Full Conference Rate After 9/1/18 $310.00

CLICK THIS LINK TO REGISTER ATTENDEES

SPONSORSHIP OPPORTUNITIES

- • $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- • $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1 – May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers
- 42 Substance Use Disorder Clinics reports.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Service Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rate	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	N=2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n=125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e., transportation), and encouragement to respond to the hepatitis A outbreak.

The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

  - Transportation for the providers' service population
  - Rural location of offices
  - Determining financing and insurance issues for immunizations
  - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

  - The use of mobile units to educate, screen, and provide vaccination
  - A MDHHS webinar to inform providers about the hepatitis outbreak
  - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
  - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

August 31, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

- **Contact information of the CMH Association's Officers:**
- **Work, Accomplishments, and Announcements of CMH Association and its Member Organizations**
  - **CHI2 releases sequential intercept study**
- **State and National Developments and Resources**
  - **Draft SUD licensing rules issued in advance of public comment period**
  - **Supported decision-making summit announced**
  - **Direct Care Wage Coalition issues position statement**
  - **CMS Announces New Model to Address Impact of the Opioid Crisis for Children**
  - **NCQA Announces New HEDIS Volume for Organizations Providing LTSS**
- **Legislative Update**
  - **Report: MI Public Health System Underfunded**
- **National Update**
  - **Senate Passes FY 19 Health Appropriations**
  - **CMS Announces Updates to Medicaid Wavier Reviews and Processes**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**
- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **19th Annual Substance Use and Co-Occurring Conference Registration is now open!**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

Contact information of the CMH Association's Officers: 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: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

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

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

CHI2 releases sequential intercept study

Mental health and corrections has become a significant topic at the national level, especially in the light of recent gun violence. Historically, empirical data on mental health and corrections in the State of Michigan has been very limited. This project gathered information on mental health and corrections initiatives at the state and local level to increase understanding of current programming in order to identify gaps of care and service and to make recommendations moving forward. With the support of the Center for Healthcare Integration and Innovation within the Community Mental Health Association of Michigan, a self-reporting study was conducted involving each of the 46 Community Mental Health Service Programs (CMHSPs) in Michigan from November 2017 to January 2018. A questionnaire was developed using the Substance Abuse and Mental Health Services Administration's (SAMSHA) adaptation of Patricia Griffin's Sequential Intercept Model (SIM) as a baseline rubric. Each CMHSP used the Sequential Intercept Model as a guide to report their current initiatives and programs at each of the six Intercepts. A remarkable 100% of the 46 CMHSPs completed the questionnaire and their completed responses were then analyzed using a basic coding matrix to examine status, gaps, and trends in local mental health and corrections initiatives.

The white paper can be found at:
https://www.macmhb.org/Information/community-mental-health-and-corrections-sequential-intercept-model-survey-michigan-0

The Center for Healthcare Integration and Innovation (CHI2) is the research and analysis office within the Community Mental Health Association of Michigan (CMHAM). The Center, in partnership with the members of the CMH Association, leaders, researchers, consultants and advisors from across Michigan and the country, issues white papers and analyses on a range of healthcare issues with a focus on behavioral health and intellectual/developmental disability services.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Draft SUD licensing rules issued in advance of public comment period

The Office of Regulatory Reinvention recently published the proposed revision to the state's substance use disorder (SUD) licensing rules. These proposed revised rules can be found at:
http://dmbinternet.state.mi.us/DMB/ORRDocs/ORR/1809_2018-028LR_orr-draft.pdf

In the near future, there will be a Regulatory Impact Statement published and notice of a public hearing and comment period will be announced. In the meantime, stakeholders are urged to review these draft rules to prepare their comments, for submission during the public hearing and comment period.

Supported decision-making summit announced

The Michigan Developmental Disabilities Council recently announced its Supported Decision Making Summit. That announcement is provided below.

> What is Supported Decision-Making? Adults with disabilities are respected and honored to make life decisions with the support and counsel they need, and to remain as independent, self-determined and autonomous as possible. Many options, other than guardianship, are available to provide this support and counsel.
>
> Join us for a day of presentations focused on maintaining an individuals' right to an

autonomous life. Get the facts, gain more knowledge and increase your skill level when addressing how to support decision-making with people with intellectual & developmental disabilities. (I/DD). This Summit is open to the public. Self-advocates, families, guardians, and professional are encouraged to attend. During this opportunity, participants will:

- Get information on ways to support people with I/DD when making decisions
- Receive facts about Supported Decision-Making
- Learn how Supported Decision-Making uphold civil rights

DATE AND TIME
Wednesday, September 6, 2018
9:00 -3:00 PM EDT

LOCATION
Kellogg Hotel and Conference Center
219 South Harrison Rd.
East Lansing, MI 48824

To register please follow this link: https://www.surveymonkey.com/r/SuppDecMak If you have difficulty with the link please contact Tracy Vincent at, Vincentt1@michigan.gov or by phone at, (517) 284-7296.

The Supported Decision-Making Summit is sponsored by the Michigan Developmental Disabilities Council in Collaboration with a variety of organizations. Nationally known speakers, Tina Campanella and Morgan Whitlatch of Quality Trust will provide a wealth of information. Quality Trust attorneys provide legal services to people with developmental disabilities and their families on a wide range of issues involving capacity, consent, alternatives to guardianship, and the right to self-determination.

"Giving people help they need and want to understand the situations and choices they face so they can make their own decisions".

Direct Care Wage Coalition issues position statement

As Friday Facts members may remember, this Association has been involved, for the past several years, in coalition work around the need to ensure sound wages for the direct care workers employed throughout our system. That multi-year effort resulted in budget boilerplate language (Section 1009) requiring the analysis of the issue and recommendations to address the issue. That report resulted in advocacy work that led to the $0.50/hour increase that was provided to this system's direct care workers in FY 2018. Given that this increase, while appreciated, represents only the beginning – with the Section 1009 report calling for direct worker wages at $2.00 above minimum wage – it is clear that continued advocacy work is needed. With this recognition, the Direct Care Wage Coalition was formed, with this association as a member. This coalition recently completed the development of its position statement. That statement is provided below.

POSITION STATEMENT: Increased Wages for Direct Care Workers

- Direct care workers provide crucial personal care services and/or community living supports to people with disabilities in both licensed and non-licensed residential settings. These services and supports enable people with disabilities to work, attend school and fully engage with their communities.
- Direct care workers receive wages which are clearly inadequate. Based upon recent survey data, their average starting wage state-wide is $10.46 per hour. By comparison, retail companies and fast-food restaurants generally offer a starting wage of $11-$14 per hour.
- As a result of low-pay, often coupled with a lack of benefits, a staffing crisis exists, which prevents people with disabilities from living the lives they envision.
- This is both an economic and a moral issue.

In 2016, a report produced by a Michigan Department of Health and Human Services (MDHHS) workgroup, the Section 1009 Report, detailed the recruitment and retention challenges pertaining to direct care service workers and it included the following:

"The Michigan Legislature and Governor need to make additional investments into all the named Medicaid Covered supports and services to assure that: Direct support staff earn a starting wage of at least $2.00 per hour above the state's minimum wage. These investments and the starting wage rate should increase as the state's minimum wage increases."
It is likely that the state's minimum wage will increase soon, either via legislative action or ballot proposal. We ask the legislature to provide additional Medicaid funding such that MDHHS can set Medicaid payment and reimbursement rates which would maintain a starting wage of at least $2.00 per hour above the state's current, and any future, minimum wage.

Supported by: The Arc Michigan, MARO, MALA, CMH Assn. of Michigan, NAMI Michigan, Autism Alliance of Michigan, MPAS, Community Living Services, ACMH, Mental Health Assn. in Michigan - 8/23/18

Related to the work of the Coalition, the Institute on Community Integration recently featured the direct care worker shortage in a recent edition of its Impact publication. That edition can be found at:

https://ici.umn.edu/products/impact/311/#Cover

CMS Announces New Model to Address Impact of the Opioid Crisis for Children

Recently, the Centers for Medicare & Medicaid Services (CMS) announced a new Innovation Center payment and service delivery model as part of a multi-pronged strategy to combat the nation's opioid crisis. The Integrated Care for Kids (InCK) Model aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid and the Children's Health Insurance Program (CHIP) through prevention, early identification, and treatment of behavioral and physical health needs. The model will empower states and local providers to better address the impact of the opioid crisis for children through care integration across all types of healthcare providers.

InCK Model participants will benefit from systematic integration, coordination, and management of core child services, including clinical care, school-based health services, housing, and other health-related supports. The InCK Model aims to positively impact the health of the next generation through early identification and treatment of behavioral health risk factors of children up to age 21 covered by Medicaid and CHIP in selected states. The CMS Innovation Center anticipates releasing a detailed Notice of Funding Opportunity in Fall 2018 with additional details on how state Medicaid agencies and local health and community-based organizations can apply to participate in the model.

For additional information, please visit the InCK Model press release (https://www.cms.gov/newsroom/press-releases/cms-announces-new-model-address-impact-opioid-crisis-children), fact sheet (https://www.cms.gov/newsroom/fact-sheets/integrated-care-kids-inck-model) and the InCK Model web page. (https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/)

NCQA Announces New HEDIS Volume for Organizations Providing LTSS

As part of its mission to improve quality and create standards in health care, the National Committee for Quality Assurance (NCQA) is introducing a new set of Healthcare Effectiveness and Data Information Set (HEDIS®) measures that assess whether organizations providing or coordinating Medicaid long-term services and supports (LTSS) are delivering high-quality, person-centered care. The HEDIS Technical Specifications for LTSS Organizations create performance standards, allow comparison of LTSS quality across programs, and establish national benchmarks.

The measures will be included in the HEDIS 2019 Technical Specifications for LTSS Organizations ePublication available on September 12, 2018. To pre-order these specifications, go to the NCQA Store website at:.
http://store.ncqa.org/index.php/catalog/product/view/id/3419/s/hedis-2019-technical-specifications-for-ltss-organizations-epub/

NCQA and Mathematica developed and tested the measures under a contract with the Centers for Medicare & Medicaid Services (CMS).

The set of four measures evaluates quality of assessment, care planning, and care coordination for organizations providing LTSS:

- LTSS Comprehensive Assessment and Update
- LTSS Comprehensive Care Plan and Update
- LTSS Shared Care Plan with Primary Care Practitioner
- LTSS Reassessment/Care Plan Update After Inpatient Discharge

LTSS include a range of supportive services that people may need—for weeks, months or years—when they have difficulty completing self-care tasks because of aging, chronic illness, or disability. The goal of LTSS is to establish a support system that provides people with choice, control and access to services that ensure optimal outcomes, such as independence, health, and quality of life. These services are vital in helping millions of Americans live more independent lives by allowing them to remain in their preferred setting—often, their home and community.

Historically, LTSS has been delivered under a fee-for-service system. However, under new federal waivers, states are entrusting LTSS coordination and management to managed care plans. The delivery of LTSS through capitated managed care programs is called managed long-term services and supports (MLTSS).

Despite the rapid growth in LTSS, evaluation of LTSS quality is siloed by state-specific quality programs that do not permit the development of national benchmarks for quality or comparison across state Medicaid programs. Similarly, no HEDIS measures address the quality of LTSS care, even though many MLTSS plans report HEDIS measures as part of state requirements or Medicaid Health Plan Accreditation.

"We are proud to partner with Mathematica Policy Research and CMS to produce this set of national measures that will improve the care that organizations provide to the frail and elderly," said Margaret E. O'Kane, President, NCQA. "With these measures we can compare organizations using standards to evaluate their services, ensuring good quality care throughout the country."

"We are excited to make the first set of nationally standardized MLTSS quality measures available to state Medicaid agencies and MLTSS health plans, and are grateful for the advice and support they offered throughout the development and testing process," said Debra Lipson, a senior fellow at Mathematica.

LEGISLATIVE UPDATE

Report: MI Public Health System Underfunded

The *State of Michigan* has spent 16 percent less in public health since 2003, putting the state in 41st place for the lowest amount of money spent per capita, according to a report released by the *Citizens Research Council (CRC)*. In the "An Ounce of Prevention" report released Tuesday, *CRC* officials note Michigan currently spends $12.92 per person and only 2.5 percent overall on public health.

The report also states in 2004, the total inflation-adjusted monies put toward public health costs in the state was $300 million, while in 2017 that number totaled only $128.3 million, a large disinvestment *CRC President Eric Lupher* says has become evident in the health crises Michigan has had in recent years. *Mr. Lupher* cites the state's breakout of *Hepatitis A* (the worst in the nation), numerous vaccination preventable disease outbreaks, an inflated infant mortality rate, and an above average presence of chronic diseases as consequences of the decrease in funding.

Along with the aforementioned health crises, *Mr. Lupher* also noted the *Flint Water Crisis* and the recent discovery of *poly* and *perfluoroalkyl substances (PFAS)* in drinking water systems as evidence public health safety is at risk. The report also notes that though the public health operations have been divided among multiple state departments, there is still not enough oversight and/or funding to fully ensure public health policies are implemented.

Addressing the importance of the role state and local governments play in addressing public health concerns, the report states, "Greater public demand for public health services and the infusion of public health into the policymaking process

would ingrain an assessment of health risks and/or benefits into policymaking at all levels of government…all policies in Michigan would benefit from greater consideration of public health."

Mr. Lupher agreed with the sentiment of the report, noting, "In very real terms, the state's indifference to this vital role of state and local government is affecting the health of people throughout the state." In its conclusion, the report contended Michigan residents' success and safety could only increase with proper health coverage and access, stating, "Greater attention to public health is needed to remove physical and social barriers to healthy, productive lives, and to safeguard the health and well-being of all citizens on this pair of pleasant peninsulas."

NATIONAL UPDATE

Senate Passes FY 19 Health Appropriations

Last week, the Senate overwhelmingly passed a joint Defense and Labor-HHS appropriations bill that would increase federal health spending in the upcoming fiscal year. Notably, the bill would increase funding for some mental health and addiction programs as well as provide around $3.7 billion to specifically to address the opioid addiction crisis. House and Senate members now face a time crunch to reconcile their appropriations bills before a September 30th funding deadline and potential government shutdown.

The Senate funding bill provides the Department of Health and Human Services (HHS) with a $2.3 billion increase in discretionary spending (compared to FY 2018), bringing HHS's total discretionary health spending to approximately $90.1 billion. Compared to last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) would receive an additional $580 million and the National Institutes of Health (NIH) would receive an additional $2 billion. The Mental Health Block Grant's funding would increase by $25 million to $747 million, while the Substance Abuse Prevention and Treatment Block Grant would remain at $1.9 billion for FY 2019.

OPIOIDS

The Senate approved around $3.7 billion, an increase of $145 million, for activities intended to curb opioid use and addiction. As one of Congress' highest priorities, funding to address the opioid crisis was split across several agencies and programs. The bill included the following opioid-specific investments:

- CCBHCs: $150 million, an increase of $50 million, for the continued expansion of new Certified Community Behavioral Health Centers (CCBHCs). CCBHCs are a new type of Medicaid provider that are rapidly expanding access to opioid and other addiction care in their communities.

- State Opioid Response Grants: $1.5 billion for SAMHSA's State Opioid Response (SOR) Grant, which continues a 15 percent set-aside for states with the highest mortality rate related to opioid use disorders and a $50 million set-aside for Indian tribes and tribal organizations. Part of the funding replaces the $500 million expiring from the Opioid State Targeted Response (STR) fund, created under the 21st Century Cures Act.
- Research: $500 million to NIH for research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.

- Treatment in Rural Areas: $120 million focused on responding to the opioid epidemic in rural communities, which includes $20 million for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities.

- Health Centers/FQHCs: $200 million for Community Health Centers to support and enhance mental health or substance use disorder services.

- Public Health: Maintains $476 million at CDC for opioid overdose prevention and surveillance as well as a public awareness campaign. The bill includes $5 million for a new CDC initiative to combat infectious diseases directly related to opioid use.

- Children and Families: $40 million, the same as the FY 2018 level, for mental health and substance use prevention and treatment for children and families in, or at-risk of entering, the foster care system.

- Telehealth: $2 million to support an evidence-based tele-behavioral health system to focus on opioids.

WHAT'S NEXT?

Attention now turns to the House, which has yet to hold a floor vote on its health appropriations bill. Once the House passes its bill, the House and Senate will have very few working days to reconcile the differences between the two chambers' packages before funding for the current fiscal year expires on Sept. 30th. Should the deadline pass, Congress will be forced to enact a continuing resolution (CR) to keep current funding levels in effect or face a government shutdown.

1115 DEMONSTRATION UPDATES

In a letter issued earlier this week, CMS formalized Obama-era adjustments stating that demonstration programs approved under 1115 waivers must remain "budget neutral," or not require more federal funding than the baseline Medicaid program. The new policy affirms CMS' intent to apply more restrictive budget neutrality parameters for Medicaid 1115 demonstration projects, and helps fulfill the agency's commitment to "protect the fiscal integrity of the program." This could potentially curtail some of the program reforms of interest to states and stakeholders, as well as put additional pressure on state budgets due to the loss of "roll over" funds in states with long-running programs.

Among the updates discussed in the guidance:

- Limiting Savings Rollover: Under CMS's previous budget neutrality approach, states were permitted to roll over savings from older demonstration approval periods rather than limiting roll-over savings to recent years. Under CMS's current approach to budget neutrality, states are permitted to roll over accumulated budget neutrality savings only from the most recently-approved five years.

- Rebasing non–waiver baselines: Beginning with 1115 demonstration extensions effective as of January 1, 2021, CMS will adjust budget neutrality limits to better reflect states' most recent historical experiences.

- Transitional phase–down of newly accrued savings: Until the new rebasing strategies begin in 2021, CMS expects to phase-down the annual savings of demonstrations that are being extended based on when that demonstration was first implemented.

For more details on the updates to 1115 demonstration waivers, read the full letter here.

STATE PLAN AMENDMENTS & 1915 UPDATES

In another informational bulletin issued last week, CMS detailed the agency's updates to the review pathways of state plan amendments (SPAs) and 1915 waivers, which have historically often seen long administrative approval times.

SPAs and 1915 waivers are meant to give states flexibility in how they administer their Medicaid programs, and must be approved by CMS before being implemented. This bulletin is the second in a series from CMS to detail the agency's process improvement initiatives, and presents successes from implementing strategies from the first bulletin along with details on the new processes. According to CMS, the agency has seen a 20 percent increase over 2016 approval times for SPAs since releasing the first round of guidance, and hopes to continue those successes with these new efficiencies.

To read the full bulletin and for more details on the specific updates, visit CMS's website here.

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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.

Trainings offered on the following dates.

- September 26 – Gaylord – Click Here to Register for September 26
- November 7 – Lansing Click Here to Register for November 7
- January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

MOTIVATIONAL INTERVIEWING

Register for the level of training and date/location of your choice.
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day.
Who Should Attend? 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 Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S, Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

September 16, 2018 Pre-conference workshops
Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Click here to register Pre-Conference #1 & #2

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

The Community Mental Health Association of Michigan is approved by the Michigan Certification Board for Addiction Professionals to sponsor substance abuse training. CMHAM maintains the responsibility for the program and content. Substance abuse professionals participating in the 9/16/18 pre-conference will receive 3 Specific Contact Hours; Substance abuse professionals participating in the 9/17-18/18 conference may receive up to 10 Specific Contact Hours.

Social Workers: This conference 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.

Evaluation and Certificate Awarded: After the conference you will receive an email from Express Evaluations which will contain directions on how to complete the on-line evaluation and how to obtain your CE certificate. During the on-line evaluation, you will be required to provide the code in and code out for each session and plenary that you attend. At registration, you will receive a code in and out tracking sheet for you to complete throughout the conference. Use this form when you complete the on-line evaluation. When you have completed the Session Evaluations and Overall Evaluation, the Certificate button will be enabled. You will then click on the Certificate button, then click on "Create Certificate", the system will create the appropriate certificate and give you the option to download it to your computer or you can email it to yourself. You will need Adobe Reader or another PDF reader to view your certificate. If you do not have access to a printer, you may download it at any time by logging back in and clicking Certificate. COMPLETE AND SUBMIT THE ONLINE EVALUATION FORM FOR EACH SESSION YOU ATTENDED NO LATER THAN OCTOBER 31, 2018; after this date no certificates will be available. No other certificate will be issued.

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260
Full Conference Rate After 9/1/18	$310.00

[CLICK THIS LINK TO REGISTER ATTENDEES]

SPONSORSHIP OPPORTUNITIES

- $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1– May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers.
- 42 Substance Use Disorder Clinics reported.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Services Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rates	**Yes**	**No**	**Total**	**%**
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	n = 2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n = 125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e. transportation), and encouragement to respond to the hepatitis A outbreak.

The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

August 24, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- Contact Information of the CMH Association's Officers:
- Work, Accomplishments, and Announcements of CMH Association and its Member Organizations
  - CEI announces ribbon cutting on expansion of main campus
- State and National Developments and Resources
  - Leadership changes at MDHHS
  - ACMH announces annual conference
  - MSU School of Social Work seeks proposals for instructors in continuing education program
  - MHEF announces Coffee and Conversations
  - SAMHSA announces final webinar on opioid treatment via care coordination
  - Decarceration initiative: an update
  - The opioid epidemic deepens: preliminary CDC estimates
  - HRSA webinar aims to assist opioid treatment in rural health clinics
  - SAMHSA announces anti-SUD stigma webinar
  - SAMHSA-HRSA CIHS announces webinar on serving transgender persons in integrated settings
  - The Great God of Depressions: How mental illness stopped being "a terrible dark secret
- Legislative Update
  - Whitmer Picks Gilchrist As Running Mate
  - Where candidates for Michigan governor stand on mental health privatization
- National Update
  - HHS Reviewing Opioid Prescribing Guidelines
  - CMS Announces Updates to Medicaid Waiver Reviews and Processes
- CMHAM Fall Conference Call for Presentations
- Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019
- Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort
- 19th Annual Substance Use and Co-Occurring Conference Registration is now open!
- CMHAM Association committee schedules, membership, minutes, and information
- Behavioral Health Hepatitis A Outbreak Survey Report, June 15, 2018

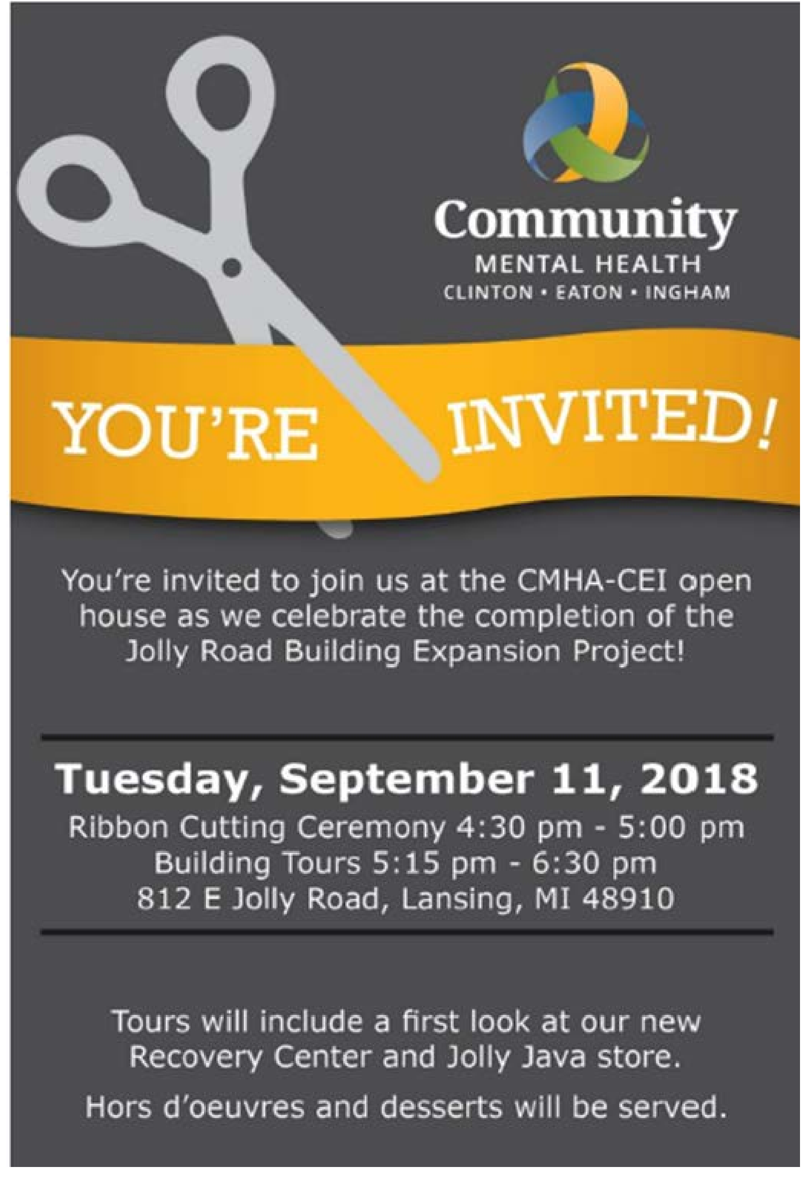
Contact information of the CMH Association's Officers: The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Associaiton membership. 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 Stonejoe@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

CEI announces ribbon cutting on expansion of main campus



STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Leadership changes at MDHHS

Below is a recent announcement, from Lynda Zeller, Deputy Director of the Behavioral Health and Developmental Disability Administration within MDHHS, regarding the appointment of Jeff Wieferich to the position formerly held by Tom Renwick. We wish Jeff the best in this new role.

> Effective Monday, August 27, 2018, Jeff Wieferich will be serving as Acting Director for the Bureau of Community Based Services for the Behavioral Health and Developmental Disabilities Administration. Jeff is familiar to most of you through his work as Director of Quality Management and Planning Division. Jeff will do a great job leading this important bureau during this time of transition after Tom Renwick's retirement. Effective immediately you may reach out to Jeff for issues you prior would have inquired to Tom Renwick. Jeff's email address is: wieferichj@michigan.gov. When you see Jeff, please join me in thanking him for his leadership during this transition.

ACMH announces annual conference

Below is the recent announcement from Jane Shank, the CEO of the Association for Children's Mental Health (ACMH), regarding the Association's annual conference.

> I'd like to invite you to join us in Lansing on September 24th for the annual ACMH conference. This year's theme is 'We Are Family'-and we are all members of a family dedicated to informing, designing, funding, and receiving and providing services for and with children, youth and families. As with any family, we all play different roles and have different points of view so this conference is an opportunity to come together, share our unique types of expertise and knowledge and talk about how we will create change.
>
> This year's plenary will reflect that theme with a share address by Lynda Zeller (formerly Deputy Director of Behavioral Health and Developmental Disability Services at the Department of Health and Human Services) and Lynda Gargon (Executive Director of the National Federation of Families for Children's Mental Health). We will hear their perspectives on roles, collaboration, and voice and how we can translate that knowledge and those resources into increased services, supports and opportunities for ALL members of the 'family.'
>
> We will also offer breakout sessions on topics ranging from Supporting Siblings, Strengthening Your Voice for Change, Restorative Justice for Students with Disabilities, Anti-Bullying (presented by the ACMH Youth Advisory Council), What's New with our 'Relatives' at MDHHS's Division of Children's Mental Health to a We are Family Creative Workshop!
> So please, share the information with youth, families, service providers, community partners and decision makers. We are all family and we are all vital in making sure that children and youth with mental health challenges and their families not only get what they need but are also equal partners in that process!
>
> Conference Registration is $40.00 and includes materials and lunch.
> A limited number of Family & Youth Scholarships will also be available.
> Visit us online at www.acmh-mi.org for additional information and ongoing conference updates.
>
> When: September 24, 2018
> Where: Radisson Hotel; 111 Grand Avenue; Lansing, MI
> Time: 9:00 am – 4:00 pm
> *Registration begins at 8:30 am
> Questions?? Call ACMH at 1-888-226-4543, or
> Email: acmhterri@sbcglobal.net
> Register Online Today at: http://www.acmh-mi.org/events/2018-acmh-annual-conference/

MSU School of Social Work seeks proposals for instructors in continuing education program

Below is a recent announcement of teaching opportunities available through the Michigan State University School of Social Work.

> In order to attract the most interesting, up-to-date learning opportunities for skill development in both clinical and macro settings, we are again continuing the Social Work Continuing Education development process through a Request for Workshop/Webinar Proposals (RFP) for our upcoming Winter/Spring 2019 Catalog. We would like to invite you to participate in our workshop/webinar procurement process. Also, please feel free to share with other potential instructors that may have an interest in this opportunity.
>
> Each proposal will be reviewed and scored in a committee setting as part of a standardized critique to determine best fit for learning. In addition, the proposals will have to meet the topical priorities and criteria for Continuing Education Credits. If a proposal is satisfactory but does not fit within the catalog timeframes, we may contact you for consideration in future workshop/webinar offering.
>
> The RFP Form and further details can be found at the following link: https://socialwork.msu.edu/CE/Workshop-Webinar-Proposals
>
> We are looking forward to your submission as part of this RFP opportunity. Please feel free to contact our office at (517) 353-3060 or by email at swkce@msu.edu.

MHEF announces Coffee and Conversations

The Michigan Health Endowment Fund (MHEF) holds Coffee and Conversation sessions in communities across the state to obtain the views of Michiganders relative to the work of the Endowment Fund. Below is the most recent announcement of two upcoming sessions.

> We want to hear from you! Join us for coffee and networking with other grantees and potential grantees in the area.
>
> The Health Fund staff is excited to learn about the needs of your community, your new health-related projects and how we can partner to benefit Michigan residents.
>
> This is also an opportunity for you to learn more about us. We'll soon be relaunch the Community Health Impact grant round and invite you to learn more about that opportunity as well as our other proactive grant initiatives.
>
> In order to facilitate a conversation among participants, we will be limiting registration to 15 individuals per session. Please register at your earliest convenience to secure your spot. If the session you attempted to register for is full, please email Genevieve@mhealthfund.com so that we can maintain a list of invitees for future discussions.
>
> We want to hear from you! Our Coffee and Conversations events have filled up quickly, but we still have a couple opportunities in the Southern Lower Peninsula:
>
> BENTON HARBOR
> September 13, 1:30AM and 1:30PM
> InterCare Community Health Network
> 800 M-139, Benton Harbor, MI 49022
>
> NEW DATE
> DETROIT
> September 27, 10:30AM and 1:30PM
> Community Health And Social Service Center (CHASS)

5635 West Fort Street, Detroit 48209

Space is limited. Click HERE to register: https://www.eventbrite.com/e/coffee-conversation-tickets-48331559997?aff=utm_source%3Deb_email%26utm_medium%3Demail%26utm_campaign%3Dnew_event_email&utm_term=eventurl_text

SAMHSA announces final webinar on opioid treatment via care coordination

Below is a recent announcement from SAMHSA of the final session in SAMHSA's webinar series on increasing the impact of opioid treatment programs (OTPs) by enhancing care coordination:

Innovative and Integrated Treatment Models:
Increasing Impact of Opioid Treatment Programs (OTPs) through Care Coordination

Webinar 5: *Pulling It All Together – Action Steps for Implementation*
Monday, August 17, 2018
1:00 – 2:30PM Eastern (10:00 – 11:30 AM Pacific)

Register at: **https://register.gotowebinar.com/register/7096336396799622403**

Join us for the final session in SAMHSA's webinar series on increasing the impact of opioid treatment programs (OTPs) by enhancing care coordination. In this webinar, you will hear presentations from two providers who have implemented care coordination activities in an OTP setting. They will present action steps for implementation, including implications for staffing, workflows, and other aspects of running a practice.
Speakers are:

John Brooklyn, M.D. – University of Vermont, Burlington VT: Dr. Brooklyn is affiliated with the University of Vermont College of Medicine as Clinical Faculty and has been involved with research on cocaine and heroin treatments, including buprenorphine, for decades. As a Family Practitioner specializing in addiction medicine, his work includes integrating substance use treatment into primary care by using a learning collaborative strategy and innovation to transform the delivery of treatment of opioid use disorders through Vermont and the U.S.

Linda Hurley – CEO/President, CODAC Behavioral Healthcare, Cranston RI: Ms. Hurley has worked in the substance use disorders treatment field for more than 25 years, and became CODAC Behavioral Healthcare's CEO/President in 2016. Under her leadership, CODAC was the first OTP in the nation to receive health home certification, and was the first Rhode Island OTP to be designated as a Center of Excellence. She has consulted for state and federal agencies, including SAMHSA.

Decarceration initiative: an update

NACBHDD is completing year one of its decarceration initiative with the first cadre of pilot counties and is surveying the sites to explore what has changed when it comes to keeping those with behavioral issues from getting tangled up in the criminal justice system. Findings will be reported out. We are planning a series of "call-in" events. In each, we will define a topic and provide a brief overview. Thereafter, the floor will be open to call participants from the field to query, discuss and inform each other. We hope everyone will take time to join in.

At the same time, NACo's larger *Stepping Up* initiative, designed to get people with behavioral disorders out of the justice system, has released a new brief, *In Focus: Implementing Mental Health Screening and Assessment* can help counties identify people books into jails who have serious mental illnesses and better connecting them to treatment.

Read the brief at: Screening and Assessment at: https://stepuptogether.org/wp-content/uploads/In-Focus-MH-Screening-Assessment-7.31.18-FINAL.pdf?utm_source=CSG+Justice+Center+Primary+List&utm_campaign=4329a1fd52-CJ_BH_Aug_2018&utm_medium=email&utm_term=0_db9d88bcfb-4329a1fd52-42327917&mc_cid=4329a1fd52

SAMHSA releases Guide for emergency departments in serving survivors of suicide attempt
SAMHSA- *A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors* offers emergency department providers tips for enhancing treatment for people who have attempted suicide. It informs about HIPAA, patient discharge and communicating with patients, and provides resources for medical professionals, patients and families. Download report at: https://store.samhsa.gov/product/SMA18-4359

The opioid epidemic deepens: preliminary CDC estimates

In 2017, over 72,000 Americans died from drug overdoses, nearly 200 a day, according to preliminary data from the Centers for Disease Control and Prevention (CDC). That's a very unfortunate new record, up from 2016 in which roughly 64,000 people in the US died from overdoses. And, if the estimate holds, it means drug overdoses in 2017 killed more people than were lost in a single year in the US to car crashes, guns, or HIV/AIDS.

At least 2/3 of those deaths were linked to opioids. Last year, over 40,000 died from opioid overdoses, some 30,000 from overdoses of synthetic opioids—prescription painkillers—such as fentanyl. Moreover, while the growth of legal opioids increasingly has been controlled, an influx of illicit opioids has filled that void, despite State efforts to fight the epidemic using funds from the 21st Century Cures Act. Review the CDC data at: https://www.cdc.gov/nchs/vsrr/drug-overdose-data.htm?utm_source=&utm_medium=email&utm_campaign=17319

HRSA webinar aims to assist opioid treatment in rural health clinics

Access to effective treatment is critical to addressing the morbidity and mortality associated with opioid addiction. Rural communities are particularly vulnerable due to limited access to effective treatment. Medicaid-assisted treatment (MAT) of opioid addiction remains the gold standard of care. Rural health clinics are well suited to providing office-based opioid addiction treatment with MAT. A free webinar at **1 p.m. CDT Aug. 29** will discuss the principles of MAT and how to implement a program in your rural clinic. You can access this webinar at:
https://hrsa.connectsolutions.com/rhc_ta_webinar_aug/

SAMHSA announces anti-SUD stigma webinar

The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services is a series of SAMHSA webcasts developed in collaboration with Massachusetts General Hospital's Recovery Research Institute. It includes expert discussions on: (a) overcoming stigma and ending discrimination; (b) why addiction is a disease; (c) reducing discriminatory practices in clinical settings; and d) a future without discrimination and discriminatory practices. Each webcast includes a resource guide, and offers free continuing medical education/continuing education credits. Access the series at: https://www.samhsa.gov/power-perceptions-understanding/webcasts

SAMHSA-HRSA CIHS announced webinar on serving transgender persons in integrated settings

Best Practices for Serving and Supporting Transgender Patients in Integrated Care Settings: Perspectives from the Nation's Largest Medical System

Tuesday, September 11, 2018
3:00 – 4:30 PM ET

Register for free: **https://goto.webcasts.com/starthere.jsp?ei=1205979&tp_key=c7467de32b**

When providing healthcare to transgender individuals, providers should consider discrimination, violence, and lowered life expectancy as factors that transgender individuals may face (James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016)). Integrated care offers meaningful ways to address these issues by providing wraparound, affirming care to transgender clients and clear pathways for providers to serve patients with person-centered approaches and dignity. From targeted changes such as making intake forms more inclusive and using data to better understand population needs, to organizational polices and methods for addressing individuals as they wish to be known, every step matters when improving quality and impact of services for transgendered clients. When clients feel respected and safe, they are more likely to remain

engaged in care and to work with integrated providers in altering their health trajectory. Join the SAMHSA-HRSA Center for Integrated Health Solutions for a webinar featuring national experts and noted researchers. Drs. Jillian Shipherd and Michael Kauth, as they present on one of the largest national initiatives to improve care for transgender patients in the Department of Veterans Affairs and participate in a discussion of how to apply similar changes in community settings.
During this webinar, participants will:

- Develop an understanding of key changes community providers in integrated care settings can make to create safe and affirming environments for transgender patients
- Learn best practices in adapting procedures and processes to better provide quality care for transgender individuals
- Review current resources transgender-affirming practices including free and publicly available resources and guides

Presenters

- Jillian C. Shipherd, Ph.D., LGBT Program Director, U.S. Department of Veterans Affairs
- Michael R. Kauth, Ph.D., Director (LGBT Health Program, U.S. Department of Veterans Affairs
- Fola Kayode, Public Health Advisor, Substance Abuse and Mental Health Services Administration

Please note the following:

- Registration is free and closed captioning is available upon request.
- The SAMHSAHRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.

The Great God of Depression: How mental illness stopped being a "terrible dark secret."

Below is an excerpt from a recent New York Times article on how the willingness of author William Styron to speak about his depression opened the door, for many, for the discussion of depression.

> Nearly 30 years ago, the author William Styron outed himself in these pages as mentally ill. "My days were pervaded by a gray drizzle of unrelenting horror," he wrote in a New York Times Op-Ed article, describing the deep depression that had landed him in the psych ward. He compared the agony of mental illness to that of a heart attack. Pain is pain, whether it's in the mind or the body. So why, he asked, were depressed people treated as pariahs?
>
> A confession of mental illness might not seem like a big deal now, but it was back then. In the 1980s, "if you were depressed, it was a terrible dark secret that you hid from the world," according to Andrew Solomon, a historian of mental illness and author of "The Noonday Demon." "People with depression were seen as pathetic and even dangerous. You didn't let them near your kids."
>
> The response to Mr. Styron's op-ed was immediate. Letters flood into The New York Times. The readers thanked him, blurted out their stories and begged him for more. "Inadvertently I had helped unlock a closet from which many souls were eager to come out," Mr. Styron wrote later.
>
> "It was like the #MeToo movement," Alexander Styron, the author's daughter, told me. "Somebody comes out and says: 'This happened. This is real. This is what it feels like." And it just unleashed the floodgates."

The full article can be found at: https://www.nytimes.com/2018/08/03/opinion/sunday/depression-william-styron.html

LEGISLATIVE UPDATE

Whitmer Picks Gilchrist As Running Mate

This week Democratic gubernatorial nominee Gretchen Whitmer announced Garlin Gilchrist II as her lieutenant governor running mate. Gilchrist, who served as Detroit Mayor Mike Duggan's director of information technology, is best known for coming within 1,482 votes of beating Detroit City Clerk Janice Winfrey last year (50.6 to 49.1 percent).

He's currently the founding executive director for the Center for Social Media Responsibility at University of Michigan's

School of Information. Gilchrist will still need to be formally nominated at the Michigan Democratic Party convention next week, which is expected. Gilchrist gives the Democrats an African American Detroiter on the ticket, someone many Democrats felt was needed to diversify the ticket and drive the urban vote.

Gilchrist is seen as a rising star in Democratic politics, who showed impressive organizational skills in his city clerk race and has the ability to raise money.

Where candidates for Michigan governor stand on mental health privatization

Crain's Detroit recently asked each of the major candidates for governor where they stand on the complex questions of privatization, integration, care coordination and improving behavioral health services under Medicaid. Each candidate was asked three straightforward questions in an email this week and followed up, in some cases, with short interviews.

The three questions we posed were:

- What is your position on Section 298?
- Do you support privatization and giving the $2.8 billion in Medicaid funds to health plans to manage care coordination and integration with behavioral health provider system?
- Or do you want to improve the current system?

Here are their replies:

Gretchen Whitmer: Increase efforts to reduce costs and integrate care to improve quality of services. Opposed to complete privatization of physical and behavioral health services under managed care control.

"Every Michigander deserves quality, affordable health care," Whitmer said in a statement. "Integrating services is one way we can lower costs and improve the quality of care, but there has to be accountability. If we move forward with integration, we've got to make sure our system isn't taken over by one managed care firm."

Bill Schuette: No specific position taken on Section 298 and privatization, but he believes that mental health must be a priority and that Michigan's mental health care system should be improved. The improvement must be based on the principles of increased access to care, affordability, innovation and reduced costs and efficiency.

"Bill believes there must be a top-to-bottom review of the mental health system, including Section 298 and everything else," according to a statement from Schuette's campaign. "He will make judgments at that time on what reforms are proper, necessary, innovative, and provide the best care options."

NATIONAL UPDATE

National Council Submits Comments on Kentucky Medicaid Work Requirement

Last week, the National Council submitted comments to the Centers for Medicare and Medicaid Services (CMS) regarding Kentucky's Medicaid proposal to impose work requirements on Medicaid beneficiaries. In July, a district court judge blocked the state's waiver request and required the agency to reevaluate the waiver application and analyze its impact on beneficiaries. This legal decision only applies to Kentucky and has no bearings on work requirements being imposed in other states.

Since the announcement of the waiver in January 2018, the National Council has voiced strong opposition to work requirements in Medicaid. Work requirements not only prevent individuals with mental health or substance use disorders from receiving the treatment they need, but are in opposition to the core mission of Medicaid.

In the latest comments, the National Council highlighted the following:

- Rising rates of uninsured Kentuckians: Kentucky's proposal to take Medicaid coverage away from people who do not meet work requirements, pay premiums, renew their coverage on time, or report minor changes in income will cause a significant loss of coverage – resulting in a corresponding increase in the number of uninsured Kentuckians.

- Medicaid provides an important lifeline for people with mental illness and SUD as they face barriers to work and need additional supports. While most people with these conditions can and want to work, many face significant barriers to sustained employment. It is estimated that 87 percent of adults with serious mental illness are unable to work as a result of their illness.

- Under the guidance as written, many Kentuckians will not qualify for an exemption or will be unable to prove that they do. Guidance from the Centers for Medicare and Medicaid Services on imposing work requirements mandates states exempt people from the requirement if they are deemed "medically frail," but the definition of that term is strict and will leave out many people with behavioral health conditions.

- The bureaucratic obstacles and paperwork requirements will reduce enrollment in Medicaid. To prove exempt status, individuals with a mental health condition or substance use disorder will need to obtain letters from their health care providers, medical records, or whatever documentation a state deems necessary. Some individuals with a mental health condition or SUD will have significant privacy concerns about disclosing their condition to Medicaid eligibility staff.

- Premiums have been shown to confuse beneficiaries and have likely prompted fewer people to enroll in and maintain coverage. Kentucky's waiver would require all Medicaid enrollees except pregnant women, children, and those found to be medically frail to pay monthly premiums as high as four percent of their monthly income. Extensive research shows that premiums significantly reduce low-income people's participation in health coverage programs. People who lose coverage most often end up uninsured and are unable to obtain needed health care services.

Read the National Council's comments in full here.

CMS Announces Updates to Medicaid Waiver Reviews and Processes

New guidance from the Centers for Medicare and Medicaid Services (CMS) reports updated policies and procedures around state plan amendments (SPAs), 1115 waivers and 1915 waivers in states' Medicaid programs. Two informational bulletins released within the past week outline the agency's efforts to streamline approval processes and provide clarity around these options that are meant to give states flexibility in how they administer their Medicaid programs. These updates are part of CMS's ongoing efforts to address concerns from states and federal policymakers around long administrative approval times and lack of transparency and oversight.

1115 DEMONSTRATION UPDATES

In a letter issued earlier this week, CMS formalized Obama-era adjustments stating that demonstration programs approved under 1115 waivers must remain "budget neutral," or not require more federal funding than the baseline Medicaid program. The new policy affirms CMS' intent to apply more restrictive budget neutrality parameters for Medicaid 1115 demonstration projects, and helps fulfill the agency's commitment to "protect the fiscal integrity of the program." This could potentially curtail some of the program reforms of interest to states and stakeholders, as well as put additional pressure on state budgets due to the loss of "roll over" funds in states with long-running programs.

Among the updates discussed in the guidance:

- Limiting Savings Rollover: Under CMS's previous budget neutrality approach, states were permitted to roll over savings from older demonstration approval periods rather than limiting roll-over savings to recent years. Under

CMS's current approach to budget neutrality, states are permitted to roll over accumulated budget neutrality savings only from the most recently-approved five years.

- Rebasing non-waiver baselines: Beginning with 1115 demonstration extensions effective as of January 1, 2021, CMS will adjust budget neutrality limits to better reflect states' most recent historical experiences.

- Transitional phase-down of newly accrued savings: Until the new rebasing strategies begin in 2021, CMS expects to phase-down the annual savings of demonstrations that are being extended based on when that demonstration was first implemented.

For more details on the updates to 1115 demonstration waivers, read the full letter here.

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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.

Trainings offered on the following dates:

- September 26 – Gaylord – Click Here to Register for September 26
- November 7 – Lansing
- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Registration for the new dates will open soon!

MOTIVATIONAL INTERVIEWING

Register for the level of training and date/location of your choice
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day

Who Should Attend? 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 Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

August 28-19 Courtyard Marriott, Mt. Pleasant
2400 East Campus Drive, Mt. Pleasant, MI 48858
Phone: 989-773-1444
Hotel room block of $75 expires August 10

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S. Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

September 16, 2018 Pre-conference workshops
Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Click here to register Pre-Conference #1 & #2

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260
Full Conference Rate After 9/1/18	$310.00

CLICK THIS LINK TO REGISTER ATTENDEES

EXHIBITOR OPPORTUNITIES

$430. Entitles you to exhibit your products and/or services throughout this conference.
Exhibit Size: Your exhibit space is 9' x 5'. Your exhibit table is 6' long. Contact Annette if you need additional space.
Fee includes: attendance to full conference and meals; 1 table/per company for 2 people at booth no exceptions
Click here to register for 1st person at the booth
Click here to register for 2nd person at the booth

SPONSORSHIP OPPORTUNITIES

- $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1 – May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers
- 42 Substance Use Disorder Clinics reports.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Service Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rate	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	N=2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n=125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e., transportation), and encouragement to respond to the hepatitis A outbreak.

The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.

August 17, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- Contact information of the CMH Association's Officers:
- Work, Accomplishments, and Announcements of CMH Association and its Member Organizations
  - Financing model framework announced for Section 298 Initiative
  - Macomb CMH, Senator Stabenow, and Glenn Close fight stigma
  - Oakland CHN CIP recognized by Crain's
  - CMH Association and University of Wisconsin partner to obtain
- State and National Developments and Resources
  - National Council releases MCO contracting guide
  - MHEF Behavioral Health Access Initiative
  - Webinar: Using Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness
  - Sequential intercept and Stepping Up Initiative resources released
  - Guide for college planning for students with mental health needs released
  - MPRO announces webinar on fighting SUD stigma
  - PBS airs stories on the Michigan and national direct care worker shortage
  - Psychiatric Services publishes article on impact of whole health approach and peer-staffed crisis services
  - SAMHSA announces two webinars on same-day-access
  - HMA announces conference and changing Medicaid landscape
  - EVV Update: Deadline to implement EVV for Personal Care Services Delayed until 2020
  - Tobacco-Free Policy Bonanza: Toolkits, Samples & More!
- Legislative Update
  - Schuette Picks Posthumus Lyons as Running Mate
  - Where candidates for Michigan governor stand on mental health privatization
- National Update
  - HHS Reviewing Opioid Prescribing Guidelines
- CMHAM Fall Conference Call for Presentations
- Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019

- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **19th Annual Substance Use and Co-Occurring Conference Registration is now open!**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

Contact information of the CMH Association's Officers: 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: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

Financing model framework announced for Section 298 initiative

Below are excerpts from a recent press release on the status of the development of the Section 298 pilots involving four CMH Association members: West Michigan CMH System, HealthWest (Muskegon), Saginaw County CMH Authority, and Genesee Health System.

> The Michigan Department of Health and Human Services (MDHHS) today announced that a consensus has been reached by the 298 Leadership Group on the framework for a financial model that will support the pilots involved in the Section 298 Initiative. The 298 Leadership Group consists of health plan executives and Community Mental Health Services Program (CMHSP) executive directors from the pilot sites across Michigan.
>
> "Our main goal is to come up with a solution that provides person-centered, community-based care with positive outcomes that promote independence, self-determination, and improved health. The 298 Leadership Group agrees that this solution represents an improved integration of services and supports for the individuals who use our health programs," said Matt Lori, Senior Deputy Director of Policy, Planning, and Legislative Services at MDHHS.
>
> The new financial model will involve Medicaid health plans purchasing administrative services from the CMHSPs to keep care closest to the community, along with a mixture of capitation and fee-for-service payment for the actual delivery of care. The pilot program mandates that any financial benefits from this agreed-upon model be reinvested into the services and supports for these individuals in the counties where the savings occurs.

"Our goal is to create the most effective model for integration of physical and behavioral health services to improve care coordination, treatment and supports to the whole person," stated Lisa Williams, executive director of West Michigan Community Mental Health. "The ability to come to an agreed upon consensus for pilot design by the Medicaid health plans and community mental health providers has been driven by the ability to remain forward-thinking about opportunities to continuously improve services to the people, families, and communities we serve."

The Leadership Group has created a sub-workgroup to fully develop the structure for the payment model based on services and unique populations included. Part of the sub-workgroup's goal is to ensure the public's interest is being represented through oversight and accountability.

"We are making meaningful progress on the integration of physical and behavioral health services that will provide improved access and the highest quality of care for some of Michigan's most vulnerable citizens, but there is still much work to be done to ensure true integration at the financial, administrative, and clinical levels," stated Sean Kendall, president and chief operating officer of Meridian.

This financial model will be implemented across all three pilot sites located in Genesee, Saginaw, Muskegon, Lake, Oceana, and Mason counties and supports the overall goal of fully integrating the Medicaid-funded physical health and behavioral health benefits in Michigan for a minimum of two years. Further updates will be shared as progress is made towards the implementing the pilots.

For more information about the Section 298 Initiative, visit www.michigan.gov/statekholder298

Macomb CMH, Senator Stabenow, and Glenn Close fight stigma

Recently, staff of Macomb County CMH Services joined United States Senator Debbie Stabenow and actress and mental health advocate Glenn Close in a live Facebook roundtable event sponsored by Channel 4 Detroit. The event, "It's OK to not be OK" underscored the need of open dialogue around mental health issues. The round table can be viewed at: https://www.clickondetroit.com/health/video-glenn-close-michigan-sen-stabenow-join-roundtable-discussion-on-mental-health

Additionally, you can learn more about the non-profit founded by Glenn Close to fight stigma, "Bring Change to Mind" at https://www.bringchange2mind.org/

Oakland CHN CIO recognized by Crain's

Below is a recent press release recognizing Diana Bundschuch, the Chief Information Officer (CIO) for the Oakland Community Health Network (a member of this association) for her leadership in the information technology field. Congratulations to Diana and Oakland CHN.

Royal Oak resident, Diana Bundschuch, has been recognized as one of Crain's Detroit Business Notable Women in IT/Tech in Michigan due to her leadership in the information technology (IT) industry.

Currently, Bundschuh is the Chief Information Officer (CIO) at Oakland Community Health Network (OCHN). In this role, she oversees all aspects of technology, as well as contributes to the overall mission and vision of the organization.
In addition to addressing OCHN's IT needs, Bundschuch also serves on the executive leadership team responsible for ensuring quality public mental health services to people.

During her 18 year career as an information systems professional, Diana has held a number of leadership positions, including an Easterseals Michigan and the City of Glendale, Arizona.

Before joining OCHN, Bundschuh served as the first CIO for Hegira Programs, Inc. She was responsible for the IT team supporting more than 500 users and six sites in Metro Detroit, including setting the vision for telecommunications, applications, security, and IT infrastructure.

CMH Association and University of Wisconsin partner to obtain SAMHSA grant

The association received word, earlier this week, that the University of Wisconsin (UW) has been named by SAMHSA, as the Great Lakes Mental Health Technology Transfer Center. With the designation of UW of Wisconsin as the regional SAMHSA technology transfer site, the CMH Association will be part of the multi-state region's effort, coordinated by UW, with this association serving as the connector/facilitator between the Michigan mental health system and the US regional center and its work. This partnership is slated to last for five years, with renewal, after those five years, contingent upon the performance of UW and its partners.

This partnership will be a strong addition to the education, training, and technical assistance services that this association provides to its members and other stakeholders across the state. Being able to link with the cutting-edge work of the UW Technology Transfer Center and SAMHSA will only strengthen our work in this area.

SAMHSA's MHTTC initiative: This initiative will coordinate and manage the SAMHSA Center for Mental Health Services' national efforts to ensure that high-quality, effective mental health disorder treatment and recovery support services, and evidence-based practices are available for all individuals with mental disorders including, in particular, those with serious mental illness.

Years of research and knowledge of evidence-based practices related to mental disorders show that well-designed prevention, treatment, and recovery support efforts are effective and can have multiple benefits for individuals with mental health disorders, including serious mental illness. It is SAMHSA's intent to ensure that the public has the resources it needs to be successful in treating these conditions. The MHTTCs will work with organizations and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective, evidence-based practices to individuals, including the full continuum of services spanning mental illness prevention, treatment, and recovery support.

he goals of MHTTC are:

- Accelerating the adoption and implementation of mental health related evidence-based practices across the nation.
- Heightening the awareness, knowledge, and skills of the workforce that addresses the needs of individuals living with mental illness
- Fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services.
- Ensuring the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field, including CMHS grant recipients.

Expectations of this initiative include:

- Mental health promotion, prevention, intervention, and recovery support services for American Indian/Alaska Native and Hispanic and Latino populations.
- Integrated school-based mental and behavioral health promotion, prevention, and intervention services.

□Treatment for individuals living with serious mental illness (SMI), including the use of psychotropic medication
□Treatment for individuals with SMI who experience homelessness.
□Outreach and intervention for youth and young adults at high risk for psychosis.
□Coordinated care approaches for individual with SMI.
□Youth and transition-aged youth (ages 16-25) with serious emotional disturbance (SED) or SMI.
□Infant and early childhood psychosocial and emotional development.
□Recovery support services, including peer-provided services.
□Integration of primary and mental health care (i.e., integrated care approaches/models for primary care and mental health care).
□Mental health awareness and literacy.

Responsibilities of the CMH Association of Michigan:

1. Serve as the Michigan connection for the Great Lakes Center- a local point of contact for mental health (MH) technical assistance (TA) requests.
2. Foster relationships with the state and other key stakeholders around mental health services and evidence-based and promising practices.
3. Be aware of the type of technical assistance needed by stakeholders in Michigan.
4. Be a conduit for sharing the identified technical assistance needs with the regional MHTTC offices at UW-Madison and assist the regional office in coordination/delivery of TA and subject matter experts.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

National Council releases MCO contracting guide

The National Council for Behavioral Health has released the advocacy guide *Medicaid Managed Care Contracting* to provide community behavioral health providers and associations talking points and sample contract language related to each issue they may face to use with their state Medicaid agency to ensure Medicaid managed care will enhance behavioral health access. It also presents key challenges to help address common contracting issues.

The guide's 13 chapters cover refusal to contract, all product clauses, scope of services and covered services, prompt payment, payment rates, payment recoupments, medical necessity determinations, contract amendments, regulatory penalties, prohibitions on assignment, data reporting requirements and drug formularies and preferred drug list.

The guide was co-written by Adam Falcone, a nationally renowned attorney who will be leading several day-long seminars on Medicaid managed care contracting in Michigan – a set of seminars sponsored by the Michigan Health Endowment Fund and the CMH Association of Michigan.

The guide can be found at: https://www.thenationalcouncil.org/wp-content/uploads/2018/08/Medicaid-Managed-Care-Contracting-Guide-for-State-Associations-FTLF-2018_Updated-8.8.2018.pdf

MHEF Behavioral Health Access Initiative

The Michigan Health Endowment Fund (MHEF) has recently launched its Behavioral Health Access Initiative. As part of that initiative, MHEF has invited the CMH Association and several other parties to guide this project as the Stakeholder Advisory Board for this effort. An outline-versions description of the effort is provided below. As this initiative moves along, this association will provide Friday Facts readers with additional information.

Project Scope and Objectives:

Assess the adequacy of access to behavioral health services in Michigan

- Mild to moderate mental illness, serious mental illness
- Substance use disorder
- Outpatient, intensive, outpatient, and residential services
- State-wide and sub-state

Outside the scope of this project

- Persons with intellectual/developmental disabilities
- Inpatient psychiatric services, chronic pain treatment, Medicaid Assisted Treatment
- Supportive services such as housing

Dimensions of Access

1. Presence of practitioners – supply by care type and geography
2. Practitioner capacity – availability and willingness to see patients
3. Proximity/transportation – ability of patients to get to care
4. Financial access/coverage – ability of patients to afford care
5. Cultural competency – alignment of language and cultural understanding

Period of performance: July 2018 through March 2019

Deliverables due December 31, 2018:

- Report on literature review/environment scan
- Final report to Health Fund staff – findings, data, methods
- Outline of identified data gaps

Deliverables due March 31, 2019:

- Materials to communicate findings to broader audience
- Report on public investments needed to improve access

Tasks to implement our approach

1. Conduct review of existing measures, approaches, definitions, and studies (e.g., HPSA designations indicate 29% of needs met)
2. Estimate and characterize provider supply by type and location (e.g., SAMHSA facility provider data, LARA licensure data by county, NPI data)
3. Estimate population counts and characteristics by county and other sub-state locations of interest (Census Bureau ACS data)
4. Assemble and review results of existing population, patient, or provider surveys relating to access
5. Obtain Medicaid and Medicare Limited Data Set claims/encounter data
6. Process claims/encounter data to estimate current utilization of services for populations of interest (children, older adults, vulnerable populations)
7. Model expected demand for services under alternate definitions of demand
8. Compare demand estimates with current utilization by service type, population, and location to identify potential gaps in access.
9. Consider characteristics of provider supply, findings from surveys and studies, and expert input to assess gaps and barriers by dimensions of access
10. For identified gaps, research promising policies and estimate public investments needed to improve access.

Webinar: Using Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness

CMS announces data analytics webinar focused on population health for persons with SMI

CMS's Medicaid Innovation Accelerator Program (IAP) is hosting a webinar to introduce states to a new technical resource designed to help state Medicaid agencies with using Medicaid claims and encounters data to gather specific insights about the population of adult Medicaid beneficiaries who have a serious mental illness in their state. This

technical resource serves as a first step in assisting states with understanding key demographic attributes of this population, their use of Medicaid services, and their Medicaid service costs.

The webinar will be held on **Thursday, September 6th, 3:00 pm – 4:30 pm ET**, and will feature an overview of the technical resource, example analyses, and a discussion with state Medicaid leaders from Pennsylvania, Virginia, and West Virginia who will share insights based on their experience conducting similar analyses. The strategies presented on this webinar will be of interest to state Medicaid agencies interested in developing data analytics to better understand their populations with SMI.

To register for this webinar, please visit the following link: https://www.eventbrite.com/e/using-data-analytics-to-better-understand-medicaid-populations-with-smi-registration-48563890905

Sequential intercept and Stepping Up Initiative resources released

Recently, a number of resources, at the national level, have been released regarding the use of the Sequential Intercept Model and the Stepping Up Initiative. The links to those resources are provided below:

Last month, Stepping Up released the County Self-Assessment< https://csgjusticecenter.us5.list-manage.com/track/click?u=68349a0517e51cf0191607610&id=59489f2a77&e=bf7d286c77 > The online tool is designed to assist counties interested in evaluating the status of their current efforts to reduce the prevalence of people who have mental health illnesses in jails.

This month In Focus: Implementing Mental Health Screening and Assessment < https://csgjusticecenter.us5.list-manage.com/track/click?u=68349a0517e51cf0191607610&id=3490270847&e=bf7d286c77 > was released. This brief focuses on helping counties identify the number of people booked into jails who have serious mental illnesses and better connecting them to treatment.

Learn more < https://csgjusticecenter.us5.list-manage.com/track/click?u=68349a0517e51cf0191607610&id=9423072e06&e=bf7d286c77 > about Stepping Up.

Guide for college planning for students with mental health needs released

Below is a recent announcement, from the Best Colleges organization, of its recently released "College Guide for Students with Psychiatric Disabilities: The description of and link to the guide are provided below.

The transition from high school to college is a considerable process that can prove to be a source of significant pressure for students. This transition places particular weight upon those with psychiatric disabilities. *About 30% of college students struggle with schoolwork due to a mental illness.* The challenges these students face and the accommodations they require pose a great personal strain.

It's our goal at BestColleges.com to provide students with the knowledge and resources they need to succeed. We've created a free guide to college planning for students with psychiatric impairments, an excellent source of information breaking down the transition process, accommodations, scholarships, and more that psychiatrically impaired students should be prepared with.

Have a look at our guide here:

Guide to College Planning for Psychiatrically Impaired Students -

https://www.bestcolleges.com/resources/college-planning-with-psychiatric-disabilities/

MPRO announces webinar on fighting SUD stigma

Below is a recent announcement, from MPRO and the Lake Superior Quality Innovation Network of the upcoming webinar, "Reducing the Stigma: What People Struggling with Addiction Want Clinicians to Know".

> MPRO is pleased to announce another excellent educational opportunity presented by Judge Linda Davis entitled Reducing the Stigma: What People Struggling With Addiction Want Clinicians to Know. Judge Davis sits on the 41B District Court in Macomb County and was appointed by Governor Snyder as the Chairperson of the Prescription Drug and Opioid Abuse Commission. She also founded Families Against Narcotics, Hope Not Handcuffs, and Operation Rx Macomb County. It is through this experience, that Judge Davis will share the understanding of epidemic from the perspective of the patient, including the challenges and barriers to seeking treatment.
>
> Please join us for this free webinar, hosted by the Lake Superior Quality Innovation Network on September 12th from 12:00-1:00pm ET. It has been approved for one CME for physicians and one CE for nursing. Social work continuing education is pending.
>
> For more information and to register for this event, visit the following link:
> https://www.lsqin.org/event/reducing-the-stigma/

PBS airs stories on the Michigan and national direct care worker shortage

Below are links to two recent stories, developed and carried by the PBS NewsHour, highlighting the direct care worker shortage. While these news stories focus on the direct care worker shortage among those working with seniors, the same shortage exists within the large segment of this workforce who work with persons with mental illness, intellectual/developmental disabilities, and/or substance use disorders.

Links to the first and second parts of the report are below and each segment is about 8 minutes.

PBS NewsHour-U.S. Needs More Home Care Workers-Part I-7.26.18 https://to.pbs.org/2vbbC8U
PBS NewsHour-U.S. Needs More Home Care Workers-Part 2-8.9.18
https://www.pbs.org/newshour/show/the-u-s-needs-more-home-care-workers-is-this-the-solution

Psychiatric Services publishes article on impact of whole health approach and peer-staffed crisis services

Below are the abstracts of two recent articles, carried in the journal, Psychiatric Services, that underscore the importance of a whole-health orientation to mental health work and the value of peer-staff services in addressing mental health crises.

> **Implementing a Whole Health Model in a Community Mental Health Center: Impact on Service Utilization and Expenditures:** Ellen E. Bouchery, M.S., Allison Wishon Siegwarth, M.H.S., Brenda Natzke, M.P.P., Jennifer Lyons
> , A.M., Rachel Miller, M.P.A., Henry T. Ireys, Ph.D., Jonathan D. Brown, Ph.D., Elena Argomaniz, M.A., Rochelle Doan, M.S.
>
> Published Online: 9 Aug 2018

This study examined whether implementing a whole health care model in a community mental health center reduced the use of acute care services and total Medicare expenditures. The whole health care model embedded monitoring of overall health and wellness education within the center's outpatient mental and substance use disorder treatment services, and it improved care coordination with primary care providers. Methods: This study used fee-for-service Medicare administrative claims and enrollment data for June 2009 through July 2015 for the intervention (N=846) and matched comparison group (N=2,643) to estimate a difference-in-differences model.

Results: For the first two-and-a-half years of the program, Medicare expenditures decreased by $266 per month on average for each enrolled beneficiary in the intervention group relative to the comparison group (p<.01). Intervention clients had .02 fewer hospitalizations. .03 fewer emergency department (ED) visits, and .13 fewer office visits per month relative to the comparison group (p<.05 for all estimates).

Conclusions: Overall, the whole health model reduced Medicare expenditures, ED visits, and hospitalization rates. These results may be due in part to the availability of more comprehensive medical data and staff's improved awareness of client's overall health needs. There was a lag between initial program implementation and the program's substantial impact on health expenditures. This lag may be attributed to the substantial transformation and time needed for staff to adapt to the program.

https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700450

The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization; Ellen E. Bouchery, M.S., Michael Barna, M.A., Elizabeth Babalola, M.P.H., Daniel Friend, M.S., Jonathan D. Brown, Ph.D., Crystal Blyler, Ph.D.,
Henry T. Ireys, Ph.D.

Published Online: 3 Aug 2018

Objective: This study assessed whether peer-staffed crisis respite centers implemented in New York City in 2013 as an alternative to hospitalization reduced emergency department (ED) visits, hospitalizations, and Medicaid expenditures for individuals enrolled in Medicaid.

Methods: This study used Medicaid claims and enrollment data for January 2009 through April 2016 to estimate impacts on ED visits, hospitalizations, and total Medicaid expenditures by using a difference-in-differences model with a matched comparison group. The study sample included 401 respite center clients and 1,796 members of the comparison group.

Results: In the month of crisis respite use and the 11 subsequent months, Medicaid expenditures were on average $2,138 lower per Medicaid-enrolled month and there were 2.9 fewer hospitalizations for crisis respite clients than would have been expected in the absence of the intervention (p<.01).

Conclusions: Peer-staffed crisis respite services resulted in lower rates of Medicaid-funded hospitalizations and health expenditures for participants compared with a comparison group.
https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700451

SAMHSA announces two webinars on same-day-access

SAMHSA requires Certified Community Behavioral Health Clinics (CCBHCs) to provide access to services within 10 days to clients with nonurgent needs. Many providers – both CCBHCs and those that recognize a more timely access

to services is where the field is going – have implemented Same Day Access (SDA) for initial visits coupled with Just in Time (JIT) Prescriber Scheduling to get consumers into nonurgent medical care quickly, often within 3-5 days.

To effectively implement this transformational shift requires a change mindset from top to bottom, and MTM Services has helped hundreds of organizations find that focus and get the results that matter. In this two-part "Ask the Experts" series, participants can hear the latest insights and ask questions of MTM's experts:

Same Day Access with Joy Fruth – **August 20 at 2:15 ET: R**egister and submit questions at: https://register.gotowebinar.com/register/787431037879704066?source=ncbh

Just in Time Prescriber Scheduling with Scott Lloyd – **September 6 at 12:00 ET: R**egister and submit questions at: https://register.gotowebinar.com/register/7834770607319367426?source=ncbh

HMA announces conference and changing Medicaid landscape

Below is an announcement from Health Management Associates (HMA) on its upcoming conference. "The Rapidly Changing World of Medicaid: Opportunities and pitfalls for payers, providers, and states

The Rapidly Changing World of Medicaid: Opportunities and pitfalls for payers, providers, and states
October 1-2
Palmer House, Chicago

More than 300 executives from health plans, providers, state and federal government, and community-based organizations have already registered to attend HMA's conference on The Rapidly Changing World of Medicaid: Opportunities and Pitfalls for Payers, Providers and States.

Group rates and sponsorships are available. Contact **Carl Mercurio** at **212-575-5929** or cmercurio@healthmanagement.com

Learn more about this conference and register at:
https://conference.healthmanagement.com/

EVV Update: Deadline to Implement EVV for Personal Care Services Delayed until 2020

Below are excerpts from a recent announcement, to states, from CMS, regarding the delay in the implementation of the Electronic Visit Verification (EVV) requirements. MDHHS has recently announced this delay, to CMH Association members.

On July 30, 2018, federal legislation was passed to amend Section 1903(l) of the Social Security Act to delay the timeline for states to implement electronic visit verification (EVV) for personal care services by one year. The legislation does not affect timeline for home health care services. Previously, states were required to implement EVV for personal care services by January 1, 2019, or otherwise be subject to Federal Medical Assistance Percentage (FMAP) reductions as follows:

- 25 percentage points for calendar quarters in 2019,
- 25 percentage points for calendar quarters in 2020
- 5 percentage points for calendar quarters in 2021
- 75 percentage points for calendar quarters in 2022
- 1 percentage point for calendar quarters in 2023 and each year thereafter

Under the new timeline, states are required to implement EVV for personal care by January 1, 2020, or otherwise be subject to FMAP reductions as follows:

- 25 percentage points for calendar quarters in 2020,
- 5 percentage points for calendar quarters in 2021
- 75 percentage points for calendar quarters in 2022,
- 1 percentage point for calendar quarters in 2023 and each year thereafter

States that have not implemented EVV by January 1, 2020 will be subject to FMAP reductions unless they have both made a "good faith effort" to comply and have encountered "unavoidable system delays." States with good faith effort exemptions will not be subject to FMAP reductions in 2020, however will be subject to incremental FMAP reductions beginning with 0.5 percentage points for calendar quarters in 2021 if they have not implemented an EVV system by January 1, 2021. Please be advised that the provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year. Please be advised that EVV resources published on Medicaid.gov prior to July 30, 2018 may reference dates that are impacted by this change.

Tobacco-Free Policy Bonanza: Toolkits, Samples, & More!

We are pleased to provide you with an e-digest of the latest resources and information posted on BHtheChange.org

Featured Highlight: Transitioning to a Tobacco-Free Facility: Resources and Sample Policies

Transitioning to a tobacco-free facility isn't always easy – fortunately, though, many resources are available to help support agencies who are planning for and/or moving toward a tobacco-free campus policy. In this post, you'll find a plethora of available resources from peer community behavioral health organizations and NBHN alike. Resources include planning tools such as the webinar, Implementing Tobacco-Free Policies in Community Behavioral Health Organization and sample Tobacco-Free Policy Documentation such as this one from Pittsburg Mercy.

For even more information on the impact of tobacco-free policies, and for the chance earn up to ***6 CEUs***, check out the online class from the Wisconsin Nicotine Treatment Integration Project highlighted below!

New Posts and Information:

- Online Course: Training For Systems Change: Addressing Tobacco and Behavioral Health

- Upcoming Partner Webinar: Integrated Mental Health and Cancer Care for Individuals with Serious Mental Illness

- Article: Cigarette Smoking Status and Substance Use in Pregnancy

- Archived Partner Webinar: Placing our Efforts to Promote Health Equity into the Health Impact Pyramid: How is Tobacco Control Measuring Up?

Have colleagues who want to JOIN the National Behavioral Health Network for free access to tools, resources, and more? Send them the join link today!

The Smoking Cessation Leadership Center (SCLC) invites you to join us for this webinar: ***Vaping and Ecigs among Behavioral Health Populations: Research Evidence and Research Needs***, on **Wednesday, September 12, 2018, at 2:00 pm EDT** (60 minutes)

We are honored to have **Judith (Jodi) Prochaska, PhD, MPH, Associate Professor of Medicine, Stanford University**, presenting on this important and timely topic.

Webinar Objectives:

1) Describe the use rates of vaping and ecigs among behavioral health populations
2) Review the extant of research on vaping and ecigs among behavioral health populations
3) Identify research needs to inform clinical practice guidelines regarding vaping and ecigs in behavioral health populations

REGISTER HERE: https://cc.readytalk.com/r/ckhkkrbulj2f&eom

LEGISLATIVE UPDATE

Schuette Picks Posthumus Lyons As Running Mate

This week Republican gubernatorial nominee Bill Schuette announce that former state representative and Kent County Clerk Lisa Posthumus Lyons will be his running mate and choice for Lt. Governor.

Schuette talked of the qualifications he was looking for as he made his selection. He noted here legislative experience and her experience as Kent County Clerk, while adding they have been friends a long time.

"She's smart. She's articulate. Experienced. She has a great record on education and knows how to get things done in the Legislature. She comes from a family that has a history of service, which I admire greatly," he said. "We are going to be a wonderful team. We are going to make sure that we roll back the (Jennifer) Granholm income tax increase. We are going to cut auto insurance rates and improve third grade reading scores."

Posthumus Lyons noted that it was 20 years ago this year that her father was nominated for the same position. Dick Posthumus was Lt. Governor under Gov. John Engler.

Where candidates for Michigan governor stand on mental health privatization

Crain's Detroit recently asked each of the major candidates for governor where they stand on the complex questions of privatization, integration, care coordination and improving behavioral health services under Medicaid. Each candidate was asked three straightforward questions in an email this week and followed up, in some cases, with short interviews.

The three questions we posed were:

- What is your position on Section 298?
- Do you support privatization and giving the $2.8 billion in Medicaid funds to health plans to manage care coordination and integration with behavioral health provider system?
- Or do you want to improve the current system?

Here are their responses:

Gretchen Whitmer: Increase efforts to reduce costs and integrate care to improve quality of services. Opposed to complete privatization of physical and behavioral health services under managed care control.

"Every Michigander deserves quality, affordable health care," Whitmer said in a statement. "Integrating services is one way we can lower costs and improve the quality of care, but there has to be accountability. If we move forward with integration, we've got to make sure our system isn't taken over by one managed care firm."

Bill Schuette: No specific position taken on Section 298 and privatization, but he believes that mental health must be a priority and that Michigan's mental health care system should be improved. The improvement must be based on the principles of increased access to care, affordability, innovation and reduced costs and efficiency.

"Bill believes there must be a top-to-bottom review of the mental health system, including Section 298 and everything else," according to a statement from Schuette's campaign. "He will make judgments at that time on what reforms are proper, necessary, innovative, and provide the best care options."

NATIONAL UPDATE

HHS Reviewing Opioid Prescribing Guidelines

The Trump Administration may soon provide additional guidance on safely limiting prescription painkillers to address concerns raised by patients in need of chronic pain treatment options. The current prescribing guidelines, issued in 2016 by the CDC, were written with the aim of curbing opioid overprescribing. Yet some health care experts say the guidelines are being misinterpreted and have caused some doctors to stop prescribing opioids entirely. HHS is reviewing the guidelines, which a spokesperson said they stand behind, and is looking to expand upon them to provide clarity.

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals 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.

Trainings offered on the following dates:

- August 22 – Lansing (training full)
- September 26 – Gaylord

- November 7 – Lansing
- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

Training Fees: (fee includes training material, coffee, lunch and refreshments.

$115 CMHAM Members
$138 Non-Members

Registration for the new dates will open soon!
Three Trainings/Three Locations!

Register for the level of training and date/location of your choice
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day

Who Should Attend? 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 Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S. Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

September 16, 2018 Pre-conference workshops

Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Click here to register Pre-Conference #1 & #2

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260
Full Conference Rate After 9/1/18	$310.00

CLICK THIS LINK TO REGISTER ATTENDEES

EXHIBITOR OPPORTUNITIES
$430. Entitles you to exhibit your products and/or services throughout this conference.
Exhibit Size: Your exhibit space is 9' x 5'. Your exhibit table is 6' long. Contact Annette if you need additional space.
Fee includes: attendance to full conference and meals; 1 table/per company for 2 people at booth no exceptions
Click here to register for 1st person at the booth
Click here to register for 2nd person at the booth

SPONSORSHIP OPPORTUNITIES

- $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1 – May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers
- 42 Substance Use Disorder Clinics reports.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Service Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rate	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	N=2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n=125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e., transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.

August 10, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- Contact Information of the CMH Association's Officers:
- Work, Accomplishments, and Announcements of CMH Association and its Members Organizations
  - Lifeways issues special thanks to Hillsdale county for approving mental health millage
  - CEI and Capital Areas Health Alliance announce integrated care forum
  - CMH Association is 1 of just 10 organizations in nation selected by RWJF Delta Center to collaborate on value-based payment models
- State and National Developments and Resources
  - Michigan loses longtime selfless leader – Pat Babcock
  - DD Council hosting peer mentor training
  - MPAS issues position statement on HCBS transition
  - Michigan Health Policy Forum announced for fall 2018
  - Webinar on the sequential intercept model: Intersection of criminal justice and mental health
  - AOT research findings as identified by Dr. Pinals
  - SBIRT in medical settings webinar announced
  - Opioid crisis film: "Stigmatic: Our Opioid Crisis"
  - CHCS announces social determinants webinar
  - PBS airs Michigan direct care worker news story
  - NCSL announces primer on mental health and corrections
- Legislative Update
  - Primary Election Highlights
  - Where candidates for Michigan governor stand on mental health privatization
- National Update
  - Suicide Hotline Bill Passes House
- CMHAM Fall Conference Call For Presentations – Deadline: Friday, August 17, 2018
- Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019
- Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort
- 19th Annual Substance Use and Co-Occurring Conference Registration is now open!
- CMHAM Association committee schedules, membership, minutes, and information
- Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Contact information of the CMH Association's Officers: 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: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

Lifeways issues special thanks to Hillsdale county for approving mental health millage

Below is a recent press release from Lifeways Community Mental Health regarding the recent passage of the mental health millage in Hillsdale County. Congratulations to Lifeways.

> On Tuesday, August 7, 2018, Hillsdale County residents took a stand for their neighbors, family, and friends who experience mental illnesses and do not have the means or insurance to cover the cost of the supports to help them get well and live the best life they can. For that, LifeWays would like to say a big thank you to each one of you! THANK YOU! The Mental Health Millage passed with 58% voting in support.
>
> LifeWays would also like to thank the grass-roots group, Citizens for Mental Health, for its tireless work educating the community on the opportunity before them. LifeWays sends its appreciation to the Hillsdale Board of County Commissions for allowing the residents to make this decision about their community. "This simply could not have happened without the commitment of those individuals who gave their time and consideration for such a cause," said Maribeth Leonard, Chief Executive Officer of LifeWays. Ms. Leonard reinforced that "treatment works and recovery is possible for every individual – our job is to make that happen!"
>
> The LifeWays team is excited to get started to accomplish the goals and objectives of the millage dollars. Millage funding will be used to provide community-based mental health safety net services not funded by Medicaid or State General Fund. Some of these services include:
>
> - Access to Mental Health Treatment for Uninsured/Underinsured
> - Social Support/Enrichment Services for People with an Intellectual/Developmental Disability
> - Supports to Jails
> - Supports to School Systems
> - Supports to First Responders
>
> Quarterly reporting on the use of millage dollars will be made to the Hillsdale Board of County Commissioners.

CEI and Capital area Health Alliance announce integrated care forum

Join the Capital Area Health Alliance (CAHA) and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI) on Wednesday, September 19, 2018 for *Integrating Physical Health and Behavioral Health Services*, a CAHA Forum addressing community collaboration to facilitate the integration of physical health, mental health, substance use and wellness and prevention services in the Capital Area region.

DATE AND TIME
Wed, September 19, 2018
7:30 AM – 12:00 PM EDT

LOCATION
Eagle Eye Conference Center
15500 Chandler Road
Bath, MI 48808

The Forum will feature presentations on integration models in other states, integration efforts underway in Michigan, and existing, viable models to integrate physical health and behavioral health services in the Capital Area. Two panels will explore the provider experience with integration models in the region and the ways in which health systems and organizations can work toward providing integrative care to individuals with complex needs.

The cost of the program is $45 per person. The program is open to all members of the community and will be of interest to clinical and administrative professionals in the Capital Area Region working for health clinics, health systems, long term care facilities, social services agencies, public health agencies, primary care and specialty medical groups, payers, employers and school based clinics.

As part of the forum, participants will be asked to write down their ideas on the question: What can we do as a community to facilitate integrated care that cannot be done by individual organizations? These ideas will be used to identify opportunities for future collaborative efforts.

Register at https://calafallforum.eventbrite.com

CMH Association is 1 of just 10 organizations in the nation selected by RWJF Delta Center to collaborate on value-based payment models

The Community Mental Health Association of Michigan (CMHAM) is one of just 10 organizations selected by the Delta Center to participate in a two-year national collaboration on value-based payment models for community health care.

The San Francisco-based Delta Center is a newly formed initiative supported by the Robert Wood Johnson Foundation, focused on inspiring innovation and change in value-based payment and care at national, state, and provider levels.

CMHAM and the Michigan Primary Care Association (MPCA) applied jointly to the Delta Center for consideration in what was a national competitive selection process. The resulting collaborative will bring together 10 grantees representing community health centers and behavioral health organizations to learn from experts and each other, with the goal of advancing value-based payment systems and related are in community settings.

Activities will focus on building state association capacity in state-level policy and advocacy, fostering novel collaboration between primary care and behavioral health at the state level, and augmenting associations' ability to support members with technical assistance and training in the skills to succeed in value-based payment and care.

"Community health centers are on the frontlines of transforming care delivery and improving health outcomes via an integrated approach," said Loretta V. Bush, MPCA CEO. "Quality behavioral health services are a critical part of that equation. We're proud to be a part of a learning collaborative that will strengthen our health centers' abilities to provide whole-person care to their communities."

Health centers and community behavioral health organizations are a cornerstone of the U.S. health care system, serving more than 27 million and 10 million Medicaid and uninsured patients, respectively, each year.

The Delta Center is led by JSI Research & Training Institute, Inc. (JSI) in collaboration with the Center for Care Innovations (CCI), and the MacColl Center for Health Care Innovation at Kaiser Permanente Washington Health Research Institute (MacColl). The National Council for Behavioral Health, the National Association of Community Health Centers (NACHC), and the Robert Wood Johnson Foundation (RWJF) serve as strategic partners for the initiative.

"Safety net providers—in both primary care and behavioral health—are acutely aware of what their communities want and need to be healthy," said Andrea Ducas, senior program officer at RWJF. "We want to position them as leaders in transforming the health care system so that it can best meet the needs of patients and their families."

The cohort will convene virtually and in-person over the next two years to discuss successes and challenges as they pursue value-based payment and care in their states. Rachel Tobey, director of JSI's California office and co-director of the Delta Center, commented, "Patient-centered care that results in improved outcomes is facilitated by a supportive policy environment and ongoing training for providers. By building capacity of state associations that provide ongoing training and influence how providers are paid, the Delta Center hopes to build a strong safety net that results in better care and health for patients, happier staff working in primary care and behavioral health, and improved total costs and reduced health disparities across the whole population."

Participating organizations include:

- Community Mental Health Association of Michigan
- Texas Council for Community Centers
- Washington Council for Behavioral Health
- New York State Council for Community Behavioral Health
- Association of Oregon Community Mental Health Programs
- North Carolina Community Health Center Association
- Colorado Community Health Network
- New Mexico Primary Care Association
- Maine Primary Care Association
- Missouri Primary Care Association
- Arizona Alliance for Community Health Centers (participating with funding from the Safety Net Advancement Center, another RWJF initiative)

"The selection of the Community Mental Health Association of Michigan and its members to participate in this cutting-edge initiative provides Michigan's publicly sponsored mental health system with an opportunity to accelerate this system's development and implementation of a wide variety of service delivery and financing innovations," said Robert Sheehan, the CEO of the CMHAM. "We look forward to this partnership with the Robert Wood Johnson Foundation, the nationally-renowned experts at the Delta Center, and the Michigan Primary Care Association in ensuring that Michigan's healthcare safety nets remain strong and vibrant."

For more information, visit www.CMHAM.org or www.Deltacenter.jsi.com

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan loses longtime selfless leader – Pat Babcock

Michigan's mental health movement lost one of its wisest, steadfast, and humble leaders, when C. Patrick Babcock passed away on August 5.

Patrick Babcock was the longtime leaders of this state's mental health system, its aging services network, its department of labor, and its office of drug abuse and alcoholism, over a career that spanned several generations and the terms of several Michigan governors, of both parties. He will be remembers for his selflessness, intelligence, commitment to the marginalized in our society, dedication to the common good, and his tireless work on behalf of all Michiganders.

We are saddened by the loss of Pat and send our thoughts and prayers to his wife, Patricia, and his daughters Lisa, Jennifer, and Jill.

Many of you have asked if there will be a service honoring for Pat; we have learned that there will not be a memorial service.

We have provided, below, a number of recent public acknowledgements of Pat and his work on behalf of Michiganders.

Excerpts from the press released, from MDHHS Director Nick Lyon.

> "C. Patrick Babcock exemplified what it means to be a true statesman. Throughout Pat's impressive career, he appreciated what it meant to be a public servant and worked tirelessly on behalf of people in need in the state of Michigan. As director of both the Department of Mental Health and Department of Social Services, Pat focused on what we at the state could do to better provide care to individuals and help them live healthy and fulfilling lives.
>
> "Pat continued his commitment to public service long after his tenure at the state had come to the end by volunteering for countless commissions and initiatives to support the people of Michigan. His work on Governor Granholm's Mental Health Commission was just one example of his commitment to service. As one of the founders of the Greater Lansing Food Bank, Pat again put the needs of the community first.
>
> "Pat's exemplary leadership and dedication to serving others has been a model for me throughout my career. On behalf of the Michigan Department of Health and Human Services, our deepest sympathies go out to his family, including his wife, Patricia, and daughters Lisa, Jennifer, and Jill."

The press release can be found at: https://content.govdelivery.com/attachments/MIDHHS/2018/08/06/file_attachments/1050918/Pat%2BBabcock%2Bstatement.pdf)

Excerpts from a remembrance of Pat, written by Tom Watkins, a longtime friend of Pat's, carried in the Education News:

> I am saddened by the news that a friend, mentor and a truly good man, C. Patrick Babcock has passed away. Pat added value and made a difference in a multitude of ways. Quite, humble, kind and compassionate. He left a mark on our great state. Here is an article I wrote about my friend a year or so back.
>
> ---
>
> Praise for Pat Babcock
> May 12, 2017
>
> Though many years have passed since he held the position, all the subsequent directors who have held the top job in Michigan's ever-evolving State mental health and human services fields stand on his shoulders. Pat Babcock – "Mr. Everything" for Governor Milliken—was a carryover to the Blanchard administration. I admired him greatly and he later became my mentor. Pat served Milliken in several capacities, including Director of the Office of Drug Abuse & Alcoholism, Director of the Office of Services to the Aging, Executive Assistant for Legislative Affairs, Special Counsel to the Governor/Secretary to the Cabinet, Director of the Department of Labor, and Director of Mental Health.
>
> In fact, Pat was so well thought of by people under the Capitol Dome that the Michigan Legislature changed the law to allow a non-MD to become the Director of the Michigan Department of Mental Health. Under Pat's tenure, he steered the state in leadership positions, assisting two governors in the provision of service to the most vulnerable citizens of Michigan. His values of integrity and human decency were the foundations of all the work he did and, indeed, the model for all who came after him.

The full letter can be found at: http://www.educationviews.org/c-patrick-babcock-passes-away/

Excerpts from the article in the Lansing State Journal recognizing Pat's legacy:

A former colleague of C. Patrick Babcock described him Monday as someone who had "the exterior of a cotton ball and the spine of a steel rod."

"Don't take his quiet, demure personality as a sign of weakness," said Tom Watkins, a friend of Babcock's since the early 1980s.

Watkins, a former state schools superintendent, shared Monday memories about Babcock's life after news surfaced that Babcock died Sunday. He was 77.

Watkins described Babcock as "Mr. Everything" in state government because he accepted challenges in a variety of key roles – regardless of the political environment.
Babcock, who lived in Lansing most of his life, served three governors: William G. Milliken, James Blanchard and Jennifer Granholm.

Babcock ran the state Department of Mental Health under Blanchard in the 1980s.
During Babcock's career, he also served as director of the Office of Drug Abuse & Alcoholism, director of the Office of Services to the Aging, director of Social Services and director of the Department of Labor.

"He just generally, humanly cared," said Watkins, also a former state mental health director. "It didn't matter if you were the governor or the guy delivering the mail. It didn't matter if you had an IQ of single digits or you were a genius."

Babcock also served as director of public policy for the W. K. Kellogg Foundation before he retired in 2005. He later became a senior policy consultant for Public Policy Associates in Lansing.

Neil Kuhnmuench is a former chief of staff for two speakers of the state House. She describes Babcock as a man who "lived for what he worked for."

"He served well across party lines because his commitment was to governing in order to provide the best services that government not only can but should provide to all," Kuhnmuench said.

Babcock followed state government closely after he retired, especially Michigan's mental health system. He led a 34-member commission set up by Granholm in 2004 to develop ideas on how to improve the mental health system.

State Department of Health and Human Services Director Nick Lyon said in a statement Babcock exemplified what it means to be a true statesman. Lyon's statement said Babcock was one of the founders of the Great Lansing Food Bank.

"Throughout Pat's impressive career, he appreciated what it meant to be a public servant and worked tirelessly on behalf of people in need in the state of Michigan," Lyon said.

Babcock was born June 9, 1941, in Hastings, to Ivan and Phyllis (Corrigan) Babcock, and spent the first 12 years of his life in Nashville, Michigan. He attended St. Joseph's Seminary in Grand Rapids before graduating from Muskegon Catholic Central in 1959. Babcock was the first member of his family to go to college. He earned a bachelor's degree in social work from Western Michigan University and a master's degree in social work from Wayne State University.
Babcock is survived by his wife of 53 years, Patricia, and three daughters, Lisa, Jennifer and Jill.
No memorial service is planned.

The full article can be found at: https://www.lansingstatejournal.com/story/news/2018/08/07/patrick-babcock-michigan-government/916165002/

DD Council hosting peer mentor training

The Michigan Developmental Disabilities Council is hosting a Peer Mentor 101 training September 17-18, 2018. The application can be obtained by writing Tracy Vincent, a the Michigan DD Council at VincentT1@michigan.gov. The application deadline is August 31st. The training is for individuals with intellectual and developmental disabilities and they need to be referred by their local CMHSP to attend. CMH staff are encouraged to attend the training along with the individual(s) they refer.

The 2-day training provides individuals with intellectual and developmental disabilities with tools to support their peers to become better self-advocates, make their own choices, and develop leadership skills. The Peer Mentor program targets services that promote self-determination and supports peers to direct their own lives. Peer Mentoring is a Medicaid billable service.

There is a $50 fee to attend the training which covers the curriculum, supplies, and meals.

Please let me know if you have any questions.

MPAS issues position statement on HCBS

Below is a recent position statement, issued by the Michigan Protection and Advocacy Service (MPAS), on the state's Medicaid Home and Community Based Services rules transition effort.

> Michigan Protection & Advocacy Services, Inc. (MPAS) believes that the Medicaid Home and Community Based Services regulations (HCBS) are the foundation of person-centered planning (PCP) and self-determination for people with disabilities.
>
> HCBS regulations, under Medicaid, require that all people with disabilities are assisted:
> - to live where and with whom they choose,
> - to have choices to work and/or to be engaged in rewarding activities,
> - to have honest opportunities to contribute to their community,
> - to make legal decisions, even if their decisions may seem unwise, and
> - when making decision, people with disabilities can change their mind and they can seek advice from the people they trust.
>
> At MPAS, we continue to steer away from the well intentioned, but limited, attempts of professionals who made decisions *for* people with disabilities. Like our predecessors, we can no longer get away with – "trust us, we know better".
>
> We agree that PCPs should be revocable and redesigned when there are changes in life situations, either by planned or unexpected events. Person-centered planning and self-determination must be as flexible as life is itself. The arrangement of services and supports must remain fluid and change as needs change. The array of needed services and supports will, and should be, differently designed for each individuals.
>
> Irrespective of age, the nature or degree of disability, the PCP must be implemented promptly and efficiently.
>
> Currently in Michigan, many residential and non-residential service agencies are struggling to meet the HCBS regulations. By March 2019, many people with disabilities and their families fear losing the services they have enjoyed for years. Many people with disabilities have honestly enjoyed the supports and appreciated the hard work and dedication of the service agencies. Now, with the pending HCBS Medicaid regulations, people with disabilities, their families, and the service provider networks are faced with mixed messages.
>
> The only clear message ***appears*** to be, Michigan will forfeit its lifeline to federal Medicaid funds if residential and non-residential programs fail to comply with Medicaid's standards for inclusion.

If we want to continue to receive federal Medicaid dollars to fund residential and non-residential services, Michigan with its network of Community Mental Health systems and public and private service provider agencies MUST comply with the HCBS regulations.

Is this task difficult? ....Absolutely!

Is it impossible? ....Absolutely not!

It is not impossible if we demand that the promises of person-centered planning and self-determination are finally a reality. People with disabilities must be able to receive the supports and the services ***they*** need in order to deliver the promises of Medicaid HCBS.

With a March 2019 timeline to comply with HCBS regulations, the "clock" is ticking dangerously close to forfeiting federal funds. I fear it would be unkind and unwise to again ask people with disabilities and their families to wait longer. Families have already waited decades for promised services from person-centered planning.

Like other states, Michigan has wasted precious time. We now have the opportunity to encourage our State, the Michigan Department of Health and Human Services, and the array of public and private service agencies to resume its national leadership.

Michigan's significant leadership in the de-institutionalism movement in the 1970's and 1980's was the beginning of the PROMISE to people with disabilities AND their families.
We are not done yet.

- In 1990 President George H. W. Bush signed the landmark Civil Rights Bill – Americans with Disabilities Act (ADA)
- In 1999, ADA was specifically identified in the U.S. Supreme Court decision in Olmstead v. L.C.
- In 2014, the HCBS rules embodied the Olmstead decision.

Without deliberate progress with self-determination and home and community-based services, the promise of community inclusion may never be kept.

Michigan Health Policy Forum announced for fall 2018

SAVE THE DATE: The next Michigan Health Policy Forum will be on October 29, 2018 at the Radisson Hotel in Lansing, Michigan from 1PM – 4PM. The topic will be "Searching for Sustainable Funding to Prevent Future Health Care Costs".

For decades we have acknowledged that clinical care accounts for only 10% to 15% of healthcare status. Despite an intellectual acceptance of this fact, our healthcare financing mechanisms are reluctant to invest today's healthcare dollar in order to realize a return on investment decades in the future. Consequently, we keep investing more in health care treatment, leaving the United States with the highest per capita healthcare costs in the world, but far from the best health status. The Michigan Health Policy Forum will explore the role that social determinants of health and adverse childhood events (ACEs) play in the health status of our state and examine the health status of Michigan's children today. Following the keynote presentation will be a panel discussion to address how the health financing system could be supporting efforts to provide Michigan's children with the "resilience" required to stave off negative health consequences and raising the question as to how to most effectively finance interventions for social determinants and ACEs.

Webinar on the sequential intercept model: Intersection of criminal justice and mental health

Criminal Justice Olmstead COP: Sequential Intercept Model in Olmstead County, Minnesota:

Please join JBS International on Wednesday, August 15th from 2:00 to 3:00 pm Eastern to learn about jail diversion initiatives in rural Olmsted County, Minnesota. Luke Mettheisen, the Program Supervisor, and Meghan Shueller, the Law

Enforcement Liaison from Olmsted County will discuss the programs and methods their county has implemented across the Sequential Intercept Model in order to divert individuals from the Criminal Justice System to appropriate behavioral health treatment.

Register at:
https://jbsinternational.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=jbsinternational&service=6&rnd=0.7755121216616766&main_url=https%3A%2F%2Fjbsinternational.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000040279d3f9b7a2224219093bbd5d07f914270b154d9fb8c40f287f8404a093eb9c%26siteurl%3Djbsinternational%26confViewID%3D102630295672497106%26encryptTicket%3DSDJTSwAAAARILlu--yRo6E0EAxkv9vEI16UIJBckcJLMiD_UhQstsg2%26

Should you have any questions about this webinar, require any special accommodations, or need more information about the *Olmstead* Communities of Practice, please contact Kristin Neylon at: kneylor@nri-inc.org ;

AOT research findings as identified by Dr. Pinals

Recently, Dr. Debra Pinals, Michigan's Medical Director within the Behavioral Health and Developmental Disabilities Administration within MDHHS, spoke at the Board of Directors of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), on Assisted Outpatient Treatment (AOT) approaches; the legal, social, and clinical concepts behind AOT; research on the efficacy of AOT; and Michigan's recent discussion and statutory changes related to AOT. This association is a member and officer of NACBHDD (all CMH Association members are also members of NACBHDD).

Below are several of the resources that Dr. Pinals cited during her NACBHDD presentation on AOT. They are eye-opening. The OCTET study found no difference in court ordered (AOT) versus non-court ordered patients relative to their return to inpatient care, whereas the Kendra's law study (done to examine the impact of the AOT implemented through New York's Kendra's Law) found a positive impact of AOT.

OCTET study: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60107-5/abstract

Kendra's law study: https://mentalillnesspolicy.org/kendras-law/research/nami-nys-white-paper.html

SBIRT in medical settings webinar announced

Excessive alcohol consumption accounts for one in 10 deaths among working-age adults and the opioid epidemic claims 115 lives every day. Although not widely being done now in primary care, these settings are a key access point for substance use identification, prevention and intervention.

Given the current climate, the National Council, with funding from the Substance Abuse and Mental Health Services Administration, convened a panel of experts to develop "Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT," a step-by-step guide to assessing and addressing alcohol and/or other substance use as part of standard primary care practice.

Join the National Council for a webinar on Monday, August 20 from 3 – 4 p.m. ET for an introduction to this enhanced Screening, Brief Intervention and Referral to Treatment (SBIRT) model. Learn how this resource can guide clinical and operational implementation of SBIRT for adults in primary care. Attendees will hear firsthand from members of the expert panel:

- Katharine Bradley, M.D., MPH, Senior Investigator, Kaiser Permanente Washington Health Research Institute
- Henry Chung, M.D., Senior Medical Director, Behavioral Health Integration Strategy, Montefiore Care Management Organization; Professor of Psychiatry at the Albert Einstein College of Medicine
- Sandeep Kapoor, M.D., Director, SBIRT, Division of General Internal Medicine, Department of Emergency Medicine, Department of Psychiatry/Behavioral Health, Northwell Health
- Richard Saitz, M.D., M.P.H., Chair and Professor of Community Health Sciences (CHS), Boston University School of Public Health; Professor of Medicine, Boston University School of Medicine

Operationalizing SBIRT for adults in primary care is necessary – this resource will help you effectively and efficiently integrate this practice into your existing practice.

Register for this webinar at: https://register.gotowebinar.com/register/5093893728077152002

Opioid crisis film: "Stigmatic: Our Opioid Crisis"

This feature-length documentary explores the crisis from its origins to its present scope. "Stigmatic: Our Opioid Crisis" is composed of interviews with those impacted by opiates, including law enforcement, medical professionals, and people in recovery. Their frank discussions highlight disagreements inside the activist community over controversial new strategies to combat the opiate epidemic. Each diverse perspective points to an undeniable obstacle at the center of the crisis: stigma.

Purchasing Stigmatic through our Vimeo On-Demand page will grant you access to stream the documentary at any time, as well as download it as a video file.

For those who wish to host their own screenings of the film – firstly, thank you so much for your support for not only us but this important cause. We would love to be a part of your event. Please take the time to contact us and inform us of your event so that we can share it on our social media platforms and with our friends and family! We do ask that all screenings keep admission free.

The trailer for the film can be seen at: https://stigmaticdocumentary.com/

CHCS announces social determinants webinar

Center for Health Care Strategies announces webinar: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field: August 17, 2018, 2:30-3:30 pm ET

With the recognition that social factors contribute significantly to poor health outcomes and unnecessary spending – particularly among low-income individuals – health care and community-based organizations (CBOs) across the country are increasingly entering into partnerships designed to address the social determinants of health. These partnerships are bringing together health systems and CBOs in new ways, building on complementary skills and expertise.

This webinar will explore promising strategies for creating and sustaining health care and CBO partnerships that address social determinants of health. It will include a panel discussion featuring representatives from three unique partnerships: Project Access NOW (Portland, Oregon), Hunger Free Colorado, and 2-1-1 San Diego's Community Information Exchange. The webinar is made possible through support from Kaiser Permanente Community Health and co-hosted by CHCS and Nonprofit Finance Fund.

Register for this webinar at:
https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/

PBS airs Michigan direct care worker news story

Recently, the Public Broadcasting System (PBS) aired a news story on Michigan's direct care worker crisis. While the story focuses on the crisis within the workforce serving the state's seniors, it fits with the work that this association and its allies are doing to address the same crisis with workers who serve persons with mental health and intellectual/developmental disability needs.

The news story can be found at:
https://www.pbs.org/newshours/show/why-does-one-of-the-most-needed-jobs-pay-so-poorly

NCSL announces primer on mental health and corrections

For people in the midst of a mental health crisis, the criminal justice system and jail are all too often the first or only available response – but not necessarily the best.

Today, a person who is experiencing a mental health crisis is more likely to encounter law enforcement than they are to receive medical assistance. Local jail populations reflect this reality. Rates of serious mental illness in jails are four to six times higher than in the general population.

Statewide support for system-level changes can alter how we respond to mental illness in our communities, reduce the number of people who encounter the criminal justice system, and maintain public safety. This report examines ways in which states can support diverting appropriate individuals with mental illness away from the criminal justice system entirely and looks at correctional interventions that can hold offenders accountable while also connecting them to treatment and services designed to reduce recidivism.

This report, issued by the National Conference of State Legislatures (NCSL) connects legislators to the tools they need to consider cost effective policies that respond to mental health issues and enhance public safety.

This report was prepared with support from the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge, which seeks to reduce overincarceration by changing the way America thinks about and uses jails. The full report can be found at:

http://www.ncsl.org/research/civil-and-criminal-justice/the-legislative-primer-series-on-front-end-justice-mental-health.aspx

LEGISLATIVE UPDATE

Primary Election Highlights

Below are some of the highlights from Tuesday's election and a link to the Michigan Secretary of State unofficial election results.

https://miboecfr.nictusa.com/election/results/2018PRI_CENR.html

- Over 2 million Michiganders voted in Tuesday's primary, a turnout percentage of just around 27%. This 800,000 more voters than in the 2014 primary election and is a state record.

- Gretchen Whitmer won the Democrat vote for Governor in all 83 counties; Bill Schuette won the Republican vote in 80 counties. Both candidates are now currently considering their choices for running mates as Lt. Governor.

- Betty Jean Alexander, in Tuesday's biggest upset, will be the Democrat candidate for the 5th state Senate district, defeating incumbent David Knezek

- In the 13th Congressional district, Rashida Tlaib won the Democrat nomination for a full term beginning January 1. However, it appears that Brenda Jones won the Democrat nomination to fill the remainder of the currently-vacant term through the end of this year.

Other Highlights:

- John James is the Republican nominee for U.S. Senate (facing incumbent Democrat Debbie Stabenow)
- Lena Epstein is the Republican nominee for U.S. Congress in the 11th district.
- Haley Stevens is the Democrat nominee for U.S. Congress in the 11th district.
- Andy Levin is the Democrat nominee for U.S. Congress in the 9th district.
- Elisa Slotkin is the Democrat nominee for U.S. Congress in the 8th district (facing incumbent

Mike Bishop)

- Mike McCready is the Republican nominee for State Senate in the 12th district, defeating Jim Tedder
- Matt Hall is the Republican nominee for State House in the 63rd district, defeating incumbent Dave Maturen.
- Lori Stone is the Democrat nominee for State House in the 28th district, defeating incumbent Patrick Green.
- Aric Nesbitt is the Republican nominee for State Senate in the 26th district.
- John Bizon is the Republican nominee for State Senate in the 19th district.
- Roger Victory is the Republican nominee for State Senate in the 30th district.
- Kevin Daley is the Republican nominee for State Senate in the 31st district.
- Jeff Irwin is the Democrat nominee for State Senate in the 18th district.
- Jon Bumstead is the Republican nominee for State Senate in the 34th district.
- Poppy Sias-Hernandez is the Democrat nominee for State Senate in the 34th district.
- Curt Vanderwall is the Republican nominee for State Senate in the 35th district.
- Tom Barrett is the Republican nominee for State Senate in the 24th district.

Where candidates for Michigan governor stand on mental health privatization

Crain's Detroit recently asked each of the major candidates for governor where they stand on the complex questions of privatization, integration, care coordination and improving behavioral health services under Medicaid. Each candidate was asked three straightforward questions in an email this week and followed up, in some cases, with short interviews.

The three questions we posed were:

- What is your position on Section 298?
- Do you support privatization and giving the $2.8 billion in Medicaid funds to health plans to manage care coordination and integration with behavioral health provider system?
- Or do you want to improve the current system?

Here are their replies:

Gretchen Whitmer: Increase efforts to reduce costs and integrate care to improve quality of services. Opposed to complete privatization of physical and behavioral health services under managed care control.

"Every Michigander deserves quality, affordable health care," Whitmer said in a statement. "Integrating services is one way we can lower costs and improve the quality of care, but there has to be accountability. If we move forward with integration, we've got to make sure our system isn't taken over by one managed care firm."

Bill Schuette: No specific position taken on Section 298 and privatization, but he believes that mental health must be a priority and that Michigan's mental health care system should be improved. The improvement must be based on the principles of increased access to care, affordability, innovation and reduced costs and efficiency.

"Bill believes there must be a top-to-bottom review of the mental health system, including Section 298 and everything else," according to a statement from Schuette's campaign. "He will make judgments at that time on what reforms are proper, necessary, innovative, and provide the best care options.

NATIONAL UPDATE

Suicide Hotline Bill Passes House

The House has passed the National Suicide Hotline Improvement Act, a bill that could spur the development of a three-digit code (like 411 or 611) to act as a national suicide prevention hotline. The National Council for Behavioral Health and other bill supporters say a new three-digit code, specifically catered toward mental health crises, would help divert individuals from the unnecessary use of 911 emergency services. After passing the House overwhelmingly, the bill now heads to the Senate for consideration.

Specifically, the National Suicide Hotline Improvement Act would require the Federal Communications Commission (FCC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Veterans Affairs to study and report on the feasibility of designating a new three-digit dialing code. It would also require the three agencies to evaluate the effectiveness of the current hotline, 1-800-273-TALK. Some advocates believe a three-digit code would better help address the rising rates of suicide than the current hotline number. As New Jersey Congressman, Leonard Lance (R) explains, "We all know by heart to dial 9-1-1 during an emergency. We have faith and confidence that somebody who can help will be on the line. It shouldn't be any different for someone in a mental health crisis."

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, 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.

Trainings offered on the following dates:

- August 22 – Lansing (training full)
- September 26 – Gaylord
- November 7 – Lansing
- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Registration for the new dates will open soon!
Three Trainings/Three Locations!

Register for the level of training and date/location of your choice
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day

Who Should Attend? 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 Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

August 28-29 Courtyard by Marriot, Mt. Pleasant
2400 East Campus Drive, Mt. Pleasant, MI 48858
Phone: 989-773-1444
Hotel room block of $75 expires August 10

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S. Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

September 16, 2018 Pre-conference workshops
Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Click here to register Pre-Conference #1 & #2

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260
Full Conference Rate After 9/1/18	$310.00

CLICK THIS LINK TO REGISTER ATTENDEES

EXHIBITOR OPPORTUNITIES

$430. Entitles you to exhibit your products and/or services throughout this conference.
Exhibit Size: Your exhibit space is 9' x 5′. Your exhibit table is 6′ long. Contact Annette if you need additional space.
Fee includes: attendance to full conference and meals; 1 table/per company for 2 people at booth no exceptions
Click here to register for 1st person at the booth
Click here to register for 2nd person at the booth

SPONSORSHIP OPPORTUNITIES

- $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1 – May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers
- 42 Substance Use Disorder Clinics reports.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Service Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rate	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	N=2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n=125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e., transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

19th Annual Substance Use and Co-Occurring Disorder Conference

POSSIBILITIES, COMMITMENT AND STRETNGH FOR THE FUTURE

SEPTEMBER 16, 2018
PRE-CONFERENCE WORKSHOPS
AMWAY GRAND PLAZA HOTEL, 187 MONROE AVE NW
GRAND RAPIDS, MI 49503

SEPTEMBER 17-18, 2018
DEVOS PLACE CONVENTION CENTER, 303 MONROE AVE NW
GRAND RAPIDS, MI 49503

This event is sponsored by the Michigan Department of Health and Human Services, Behavioral Health & Developmental Disabilities Administration, Office of Recovery Oriented Systems of Care, and facilitated by the Community Mental Health Association of Michigan. If you have questions, please contact Annette Pepper at apepper@cmham.org or call 517-374-6848

Who Should Attend: This conference attracts more than 1,000 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

Conference Objectives:

- To identify ways to use data and data analytics to improve outcomes and care.
- To identify ways to communicate in a culturally competent manner with the client population.
- To identify overdose prevention strategies for opioid users.
- To identify indicators of trauma and best practices for treatment of trauma survivors.
- To increase knowledge of peer support services and their benefit to traditional programming.
- To increase the understanding of the needs of individuals in the correctional setting and re-entering the community.
- To identify tools to advocate for the health and wellness of communities and children.
- To identify strategies for successful treatment of the dual diagnosis portion of the population.
- To improve the use of outcomes and data in program planning strategies.
- To identify emerging trends in tobacco use and the dangers it represents to the adolescent population.
- To identify how to implement an SBIRT program and implications for training.
- To identify strategies for overcoming barriers, offering solutions and focusing on the role of supervision for successfully sustaining evidence-based, best and promising practices.
- To show how communities have embedded existing evidence-based, best and promising practices into their system for sustainability.
- To have increased understanding of the ways in which continuous quality improvement in evidence-based, best and promising practices can improve outcomes and performance measures.
- To increase participants' awareness, knowledge and skills, related to substance use and co-occurring disorders.
- To focus on trauma informed care for all populations.

Payment is required prior to attendance. Payment methods available in advance and onsite: credit card, check or exact cash. If payment has not been received prior to the event, fees will be collected at registration the day of the event unless alternate arrangements are preapproved by CMHAM. NOTE: Purchase orders are not considered payment. All no shows will be invoiced the full registration amount. All checks can be made out to CMHAM and sent to CMHAM, 426 S. Walnut, Lansing, MI 48933.

Cancellation Policy: Substitutions can be made at any time, by viewing your registrations, and click the edit button, to substitute with another attendee. You may cancel your registration order online; go to your confirmation; and click cancel. **All cancellations will be charged a $25 administrative fee**. **Cancellations processed after August 29, 2018 will be charged the full amount of registration** no refund will be given.

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

No handouts will be onsite. Handouts received will be posted online by October 6, 2017
https://cmham.org/education/conference-materials

The Community Mental Health Association of Michigan is approved by the Michigan Certification Board for Addiction Professionals to sponsor substance abuse training. CMHAM maintains the responsibility for the program and content. Substance abuse professionals participating in the 9/16/18 pre-conference will receive **3 Specific Contact Hours**; Substance abuse professionals participating in the 9/17-18/18 conference may receive up to **10 Specific Contact Hours**.

September 16, 2018: Pre-Conference Workshops
Amway Grand Plaza Hotel, 187 Monroe Ave, NW, Grand Rapids, MI 49503
Directions: Registration does not include parking. No validation is available.

Registration for Pre-Conference Institutes is a separate registration and fee is $10 registration /per person. Substitutions can be made at any time, by viewing your registrations, and click the edit button, to substitute with another attendee. All cancellations and no-shows will be charged the full rate, sorry no refunds.

Click here to register Pre-Conference #1 & #2
September 17-18, 2018: Conference
DeVos Place Convention Center
303 Monroe Ave NW, Grand Rapids, MI 499503
Directions: Registration does not include parking. No validation is available.

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260
Full Conference Rate After 9/1/18	$310.00

Click here to register for the 19th Annual Substance Use and Co-Occurring Disorder Conference

Exhibitor Opportunities: $450 Entitles you to exhibit your products and/or services throughout this conference. Exhibit Size: Your exhibit space is 9' x 5′. Your exhibit table is 6′ long. Contact Annette if you need additional space.

Fee includes: attendance to full conference and meals; 1 table/per company for 2 people at booth no exceptions.
Click here to register to register 1st person at the booth ;
Click here to register 2nd person at booth

Overnight Accommodations:
Amway Grand Plaza Hotel, 187 Monroe Ave., NW, Grand Rapids, MI 49503
Reservation process: reservations can be made online at https://book.passkey.com/e/49576623 to receive the $139 + tax per Rate Single/Double/Triple/Quad
Group block cut off: August 17, 2018.
Overnight rate does not include parking.

Conference Agenda

Sunday, September 16, 2018

12:30pm Pre-Conference Workshops are located at:
Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Directions: https://amwaygrand.com/contact/directions
Registration for Pre-Conference Institutes ($10 registration fee/per person)

1:00pm to 4:00pm **Pre-Conference Treatment Workshop #1: What's Next? Becoming an LGBT Affirming Organization**
– Jesse Heffernan, Recovery Coach, Consultant
Research has shown that LGBT individuals experience poorer health outcomes when compared to their heterosexual counterparts. This emphasizes the needs to not only engage LGBT individuals and communities, but also to mobilize organizations that serve these communities to develop and implement LGBT affirmative and supportive programs. **Participants will be able to:** 1. Identify two causes of minority stress; 2. Identify one of the five principals of trauma-informed care; and 3. Identify one healing centered approach that has been shown effective with LGBT populations.
About the presenter(s): Jesse Heffernan is a recovery coach & consultant with long-term substance use and mental health recovery. As a Servant Leader, program director and community worker, he works to create a meaningful and positive change through innovative solutions to complex community and individual need. He is the former director of the Iris Place Peer Run Mental Health Respite and National Outreach & Empowerment Coordinator for Faces & Voices of Recovery. In his current business Helios Recovery Services, he provides consultation and training to create a world of culturally aware, emotionally intelligent servant leaders to build thriving recovery communities.

1:00pm to 4:00pm **Pre-Conference Prevention Workshop #2: TBD**
– TBD

Click here to register Pre-Conference #1 & #2

Monday, September 17, 2018

7:45am to 3:30pm Conference Registration Open

7:45am to 8:45am Networking Breakfast

9:00am to 10:00am **Plenary Session: "Title TBD"**
- Frances M. Harding serves as Director of the Center for Substance Abuse Prevention, Substance Abuse Mental Health Services Administration

About the presenter(s): Director Harding serves as the lead for SAMHSA's Strategic Initiative on Prevention of Substance Abuse and Mental Illness, which creates environments where youth, adults, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health. In addition to representing SAMHSA on interagency efforts to prevent underage drinking, prescription drug misuse and abuse, and marijuana use among youth and young adults, Director Harding collaborates with SAMHSA's Center for Mental Health Services on program and policy issues related to the connection between substance abuse prevention and mental health promotion.

10:00am to 10:15am Exhibitor Refreshment Break

10:15am to 3:30pm Exhibits Open

10:15am to 11:45am Concurrent Workshops (1-9):

1. **LGBT Trauma-Informed Care and Healing Centered Approaches**

- Jesse Heffernan, Recovery Coach, Consultant

Minority stress results from daily and on-going negative social conditions experienced by LGBT individuals. This stress is perpetuated by general social prejudices against LGBT individuals and communities, as well as discriminatory systems and laws. This workshop will explore how this stress may result in trauma experiences and concludes with considerations for healing centered approaches to care. **Participants will be able to**: 1. List elements of spirituality as they apply to successful recovery; 2. Differentiate 12 Step spirituality concepts from other recovery models; and 3. Generalize underlying principles of spirituality that will assist long-term recovery.

2. Gambling, Drinking, Drugging: What are the Similarities?

- Michael Mooney, MA, LLP, NCGC II, CAADC, CCJP, CCS, Psychotherapist, Choices Counseling Center

- Lori A. Mello, LBSW, MA, LPC, MPA, Program Manager, Michigan Gambling Disorder Treatment and Prevention Program with Health Management Systems of America

Oftentimes, when a person shows symptoms of an addiction to something, there are other problems at play in their mind. For the addiction to be treated, the other disorders also need to be addressed. People start gambling for multiple reasons. Some enjoy the thrill, the risk-taking, and the power. Some, who feel isolated, use it to feel social. Others use it to relieve stress and anxiety or even to try to cure their depression. Yet, one addiction cannot properly heal another. This training workshop will explore the common features of these disorders and their implications for treating gambling disordered clients. **Participants will be able to:** 1. Identify the basics of gambling disorder and understand resources available to the individual with gambling disorder including the Michigan Gambling Disorder Treatment and Prevention Program; 2. Determine the prevalence of individuals with substance use disorders that may have a comorbidity with gambling disorder; 3. Summarize the diagnostic criteria for the three disorders – gambling disorder, alcohol use disorder and substance use disorder; and 4. Contrast these three addictive disorders and learn techniques for assessing/identifying gambling disordered clients.

3. Implementing a Group-Based Brief Intervention: Lessons Learned

- Louise Harder, BS, CWP, Michigan Higher Education Network Coordinator, Prevention Network

- Jessica Miller, MA, LPC, DP-C, Program Supervisor for Central Michigan Collegiate Recovery, Education and Wellness, Ten16 Recovery Network

Alcohol and drug misuse continues to be a problem among college students. According to the Fall 2017 National College Health Assessment, 61.7% of college students report consuming alcohol in the last 30 days, 17.3% of students report using marijuana in the last 30 days and 10.1% report misusing prescription medications (ACHA, 2018). Central Michigan University is no exception. The school has seen an increase in alcohol and other drug violations in recent years. Due to the increasing rates, prevention became a top priority for the school. For this reason, the University decided to partner with a local agency, Ten16 Recovery Network to implement prevention and treatment programming for students. This interactive session will highlight the partnership of community agencies and the University, the rationale for using Prime for Life as a brief intervention, and documented outcomes. Jessica and Louise will present their findings in an interactive PowerPoint presentation. Attendees will leave with new ideas for implementing evidence-based prevention efforts on college campuses. **Participants will be able to:** 1. Identify partnerships and collaborations (both interdepartmental and external) that would be beneficial to evidence-based prevention efforts; 2. Describe the general requirements for implementation of Prime for Life and analyzing a needs assessment for the campus community; and 3. Discuss evaluation outcomes from the pilot program and determine future steps.

4. State Targeted Response Grant: Creating Collaboration and Capacity within Emergency Departments to Address the Opioid Crisis

- Susan Styf, LMSW, CAADC, CCS, CEAP, Chief Program Officer, CARE of Southeastern Michigan

- Paul Sarris, CPRM, CPRC, Director of Peer Recovery Services, CARE of Southeastern Michigan

- Joseph Callan, CPRM, CPRC, Supervisor Peer Recovery Services, CARE of Southeastern Michigan

CARE of Southeastern Michigan has successfully embedded peer recovery coaches in three local emergency departments in Macomb and Wayne counties. The State Targeted Response grant to address the opioid epidemic has been fully implemented and peer recovery coaches have met with over 1,500 people in the hospitals this past year. This workshop will review the planning stages of partnering with a large hospital system; how to identify staff that are fit for an emergency department setting and how to produce and report meaningful outcomes to both systems. **Participants will be able to:** 1. Recognize five necessary steps to take before initiating services in a hospital system; 2. Describe three key components to successfully hiring peer recovery coaches to work in the emergency department; and 3. Summarize three data points to consider when defining outcomes.

5. Michigan Re-entry Project: An Innovative Program for Returning Citizens with Opioid Use and Mental Health Issues

- Beth Boyd, MA, LPC, CAADC, Substance Abuse Service Manager, Michigan Department of Corrections

- Julie Hanna, MSW, MI-REP Project Director/System Broker, Michigan State University

- Joseph Dominick, CCAR Certified Recovery Coach, Peer Support Specialist, Oakland Family Services – Day One Division

The Michigan Re-entry Project (MI-REP) was implemented in 2017 with funding from SAMHSA's State Targeted Response to the Opioid Crisis to fill a service gap for individuals in prison who have co-occurring mental health and opioid use disorders. The program is a collaboration between Michigan Department of Corrections, MI Department of Health and Human Services, the MSU evaluation team, and University of Massachusetts. MI-REP uses the MISSION model, which was developed by UMass and is on the National Registry of Evidence-Based Practices. MI-REP teams, comprised of a CMH case manager and peer support specialist, provide 3 months of in-reach and 6 months of post-release services. In this workshop, we will present an overview of the program as well as perspectives from different stakeholders. Beth Boyd, the MDOC Substance Abuse Services Manager, will discuss the need in Michigan facilities and logistical issues that have been addressed. Julie Hanna, Project Director/System Broker, will provide preliminary evaluation findings. Joseph Dominick, Peer Support Specialist, will provide first-hand insights from working on a provider team with participants. **Participants will be able to:** 1. Explain three components of the MISSION MI-REP model; 2. Describe three challenges to implementation that were successfully addressed; 3. Describe three findings from the program evaluation; and 4. Summarize four key insights on barriers and predictors of success from the peer support specialist's perspective.

6. Using Facebook for Prevention: Advertising and Data Collection
- Elizabeth Agius, BA, Manager of Community Research, Wayne State University School of Social Work
- Jennifer Ellis, MA, Project Assistant /Clinical Psychology PhD Candidate, Wayne State University School of Social Work
- Stella Resko, PhD, Associate Professor, Wayne State University School of Social Work
Prevention staff and local coalitions are always looking for new tools to reach their target populations. Facebook and social media usage continues to be a main vehicle for communication. It is a powerful tool if you know how to use the app to its full potential. Advertising on Facebook is cost effective when used properly. This workshop will show participants the reach of Facebook and other social media. In addition, we will walk through the advertising function in Facebook, show how to create and set up ads, links for surveys and using polls to engage followers. **Participants will be able to:** 1. Describe the three main audiences and reach of Facebook; 2. Explain how to use Facebook for advertising; and 3. Explain how to set up surveys and polls in Facebook.

7. Understanding Modifications for Fetal Alcohol Spectrum Disorders
- Mary Schalk, CPC-R, Program Coordinator, Partners in Prevention
Fetal Alcohol Spectrum Disorders result in myriad behavioral, physical and mental health challenges. Recent studies estimate 2% to 5% of people in the United States have an FASD, yet most of these are not identified or diagnosed. Are you working with a child or adult who doesn't respond as you expect? Is it possible they have challenges because of prenatal alcohol exposure? Learn to recognize signs, acknowledge co-occurring disorders, resources for diagnosis, and strategies to help people succeed. **Participants will be able to:** 1. Identify markers that may indicate pre-natal alcohol exposure; 2. Recognize the connection between brain changes and behavior and learning challenges; and 3. Demonstrate an understanding of strategies that can help a person succeed.

8. CareConnect360: Informing Integrated Care
- Jackie Sproat, MSW, CSWM, Manager-Data, Payment & Integrity Section, MDHHS Behavioral Health & Developmental Disabilities Administration
- Skye Pletcher, MA, LPC, CAADC, Utilization Management Specialist, Mid-State Health Network
CareConnect360 (CC360) is a web-based, statewide integrated care tool hosted by MDHHS, available free to PIHPs, CMHs, and their provider networks. It's a view into the MDHHS data warehouse: claims/encounters, eligibility, pharmacy, vital records, ADTs, etc. CC360 shows the chronic medical conditions, medications and ER/IP utilization for consumers. Care managers can be automatically notified if a consumer visits the ER. Mid-State Health Network (MSHN) supports the use of CC360 by SUD treatment providers through an innovative incentive program. This session will provide 1) an overview of information available in CC360 supporting integrated care, 2) details on how Cristo Rey Community Center uses CC360 to provide integrated care, and 3) highlights on how CC360 fits in with MSHNs value-based incentive program. **Participants will be able to:** 1. Summarize information available in CC360 that supports the provision of integrated care; 2. Describe how Cristo Rey Community Center uses information in CC360 to provider better care for consumers; and 3. Explain how a PIHP is supporting contracted SUD treatment providers to have access to CC360.

9. The Teenage Brain: How Normal Adolescent Development Presents Increased Risk for Addiction
- Alisha Lauchie, LMSW, Outpatient Therapist, BRAINS
- Jennifer Reminga, LMSW, Outpatient Therapist, BRAINS
The developing adolescent brain is vulnerable in ways much different than adults. At this stage of development teens are more likely to respond to situations from the "feeling" part of their brain instead of the "rational" part. This is because the teen brain has not yet fully developed the critical skills necessary for managing these chemical responses caused by pleasurable stimuli. In addition to the effects of this normal stage of development, teens are experiencing new challenges in this ever-growing technological age. Increased amounts of screen time and technology have the potential to further hinder the development of the skills needed to prevent addiction. In the wake of teen suicides, videogame and substance abuse, it's clear – our teens are struggling. This workshop will focus on ways to identify risk factors unique to teenagers along with ways to promote healthy development and the prevention of addictions. **Participants will be able to:** 1. Describe at least 7 skills that are not fully developed in the teenage brain; 2. Identify at least 5 risk factors for mental health, substance abuse, and other challenges faced by teens; and 3. Describe at least 5 strategies to help promote healthy development and prevent addiction in teens.

12:00pm to 1:00pm **Group Lunch**

1:00pm to 2:00pm **Plenary Session: "TBD"**
- TBD

2:15pm to 3:45pm **Concurrent Workshops (10-18):**

10. How Wellness Helps Integrate Prevention throughout the Services (Prevention, Treatment, Recovery)
- John Kroneck, MA, LPC, CPC-R, Health Promotion County Coordinator, Cherry Health
A Wellness model is presented which provides both context and experiential opportunities to explore how prevention may be reframed as wellness programming. There are three levels of consideration; Societal (Environmental), Systems, and Personal. The specifics of each level will be easily recognizable and familiar with participants. With a focus on the Personal level, this workshop will present a model which may be used with a multitude of groups. As a work in progress, this model pulls from SAMHSA programs, risk and protective factors, shared protective factors and other materials inform the focus of the key areas of Wellness. It is also designed to be simplistic in its initial presentation to audiences to allow participants to realize it is the simple things that touch our hearts which also increase our health and well-being. **Participants will be able to:** 1. Identify the three levels of a Wellness program.; 2. Experience the power of simple approaches to introducing wellness to audiences; and 3. Identify the Core Tools of the Personal Wellness dimension of the model.

11. Supervision: Reflective Thinking as Skills to Reduce Counselor Vicarious Traumatization and Increase Counselor Wellness

- James Schepper, PhD, Adjunct Professor, Madonna University

Trauma informed care has become a necessary component of human services and culture in general. Greater research is being produced concerning the effects and influences of vicarious traumatization on the human services population. With this understanding in mind, it is especially incumbent upon supervisors in the human service field to develop skills that cope with vicarious traumatization so that this phenomenon does not lead to employee burnout or increase the potential for mental illness symptoms. This training will look at vicarious traumatization in the human service field and describe how this effect can interfere with functioning. The training will give an understanding of how supervisors can evaluate and identify symptoms of burnout that are associated with vicarious traumatization within those they supervise. Finally, the training will look at developing reflective thinking and wellness principles that enhance supervision activities. **Participants will be able to:** 1. Develop an understanding of 5 components of vicarious traumatization in the therapeutic setting; 2. Identify wellness skills to support staff activities; and 3. Formulate 2 models of supervision to prevent burnout.

12. Engaging Resistance in Integrated Treatment

- Michelle Nerkowski, LMSW, CAADC, Program Supervisor, St. Clair County Community Mental Health

- Danielle Hall, LMSW, CAADC, Clinician, St. Clair County Community Mental Health

- Doug Miller, BA Criminal Justice, Peer Support, St. Clair County Community Mental Health

This workshop will explore treatment resistance, which is commonly faced by clinician's working with co-occurring clients within an integrated treatment model. This workshop will explore common barriers, including structural barriers and personal characteristics that impede upon effective engagement. The facilitators will present skills that can be used at each stage of change to increase client motivation. Clinical bias, including perceptions, ideas, emotions, attitudes, and beliefs, and its impact upon engagement will be examined and discussed. **Participants will be able to:** 1. Identify 5 barriers that impede upon client engagement; 2. Identify 5 skills that can be used to increase client engagement at each stage of change in recovery; and 3. Identify 4 types of clinical bias that impede upon client engagement.

13. More than Lived Experience: Effective Supervision of Peer Supports and Recovery Coaches

- Thomas (Tom) L. Moore, LMSW, LLP, CAADC, MAC, CCS, Owner and Principal, Two Moons LLC

Does a substantial difference exist between supervising licensed clinical staff and peer supports/recovery coaches? Can the needed competencies of supervisors for recovery coaches and peer support personnel be defined? To effectively supervise peer supports/recovery coaches, which issues represent the greatest potential liability? Which areas represent the greatest potential professional development? This workshop will explore existing standards for supervisors of peer support/recovery coaches; examine essential knowledge, skills and attitudes; and describe methods of attainment. **Participants will be able to:** 1. Name the four primary sectors (categories) of core competencies for supervisors; 2. Determine current strengths as a peer support/recovery coach supervisor; and 3. Identify competencies where improvement is warranted, create a professional development plan (for self) for increasing supervisor competency.

14. Complex Problems Demand Complex Solutions – The Intersection of Maternal Substance Use, Child Welfare, and Home Visitation Services

- Joann Hoganson, MSN, RN, Community Wellness Division Director, Kent County Health Department

The number of pregnant women and mothers of infants who use substances is climbing, and this increases the risk to the unborn child as well as any infants and children in the home. Substance Use Disorder is a well-recognized disease, yet often the stigma and subsequent poor decision-making prevent women from seeking the help they need. This puts the child or children at a significant risk. The purpose of this presentation is to delve into the intersection of Substance Use Disorder, child welfare, and home visiting through evidence-based programs. The focus is on creative and readily available interventions that will prioritize the safety of the child while keeping the family intact as it fights to overcome the many challenges. **Participants will be able to:** 1. Identify the risks to the unborn child, infant, and children in the home of a mother or father who is using substances; 2. Explore the negative impact of child removal on the long-term health of the child and of the parent who is using substances as well as the benefits of maintaining families intact during the treatment and recovery stages; 3. Identify evidence-based support services and referrals for pregnant women and moms/dads of infants while monitoring the well-being of the infant; and 4. Identify specific interventions used by home visitors including referrals to other agencies that have proven effective for mothers with addiction.

15. Integrating Harm Reduction and Overdose Prevention into Existing SUD Practice
- Brandon Hool, BS, Development, Overdose Prevention and Response Trainer, Hepatitis C Educator, HCV Advocate, HIV Test Counselor, Recovery Program Manager, The Grand Rapids Red Project
In this workshop, participants will learn the basics of harm reduction and overdose prevention practices. Participants will learn how these practices can be integrated into the existing services they provide and the cultural and administrative changes that may need to be considered to recognize the benefits of these practices. The workshop will draw on national best practices as well as local best practices and practical application. It will deliver and direct participants to easily adaptable sets of tools that they can use to inform practice at the agencies that they represent. The workshop will give the participants the tools to develop programming to offer overdose prevention and response with naloxone for people actively using substances, people in recovery from substances, people using opioids for pain, community members, law enforcement, public school staff, and medical service providers. The workshop will also give and direct participants to the tools to begin offering services for people actively using substances, such as: syringe access, hepatitis C services, wound and vein care clinics, support groups and recovery coaching with out-of-treatment individuals and those referred from non-traditional sources. **Participants will be able to:** 1. Explain what harm reduction is and the benefits of harm reduction programming; 2. Demonstrate where to find and how to use the tools that will help them integrate harm reduction into existing programming or create harm reduction-centered programming; and 3. Advocate for cultural and administrative change that will foster a more inclusive environment for people seeking non-traditional SUD services.

16. How Marijuana is Changing the Landscape of our Communities
- Ken Stecker, JD, Traffic Safety Resource Prosecutor, Prosecuting Attorneys Association of Michigan
- Andy Fias, D/F/Lt., WEMET Section Commander, Michigan State Police
Today's culture around marijuana is ever changing and more states and jurisdictions are allowing recreational use. This workshop will teach participants about use trends, show examples of unregulated advertising using sex sells as a hook, health consequences, and lessons learned from states who have legalized marijuana for recreational purposes**. Participants will be able to:** 1. Identify one new way in which marijuana products are being used; 2. Describe the various ways in which marijuana is being marketed; and 3. Describe how marijuana is changing the face of our local communities.

17. "It Takes a Village…" Skills for Building a Substance Abuse Prevention Community Coalition
- Lauren Stankovich, BS, Psychology, Certified Prevention Specialist, Supervisor, Community Organizing
- CARE of Southeastern Michigan
- Paddy Laske, Certified Prevention Consultant, Director, Community Programs, CARE of Southeastern Michigan
Coalition development is far from a new practice yet so many communities struggle with understanding, developing, and successfully sustaining these groups. This session will provide a comprehensive review of the who, what, where, when, why and most importantly how of community coalitions. Through the application of the strategic prevention framework, attendees will be prepared to pull together their "village" to successfully grow and develop substance abuse prevention initiatives. **Participants will be able to:** 1. Define two methods of incorporating the Public Health Model approach as a foundation for community anti-drug coalitions; 2. Understand how the seven strategies to affect community change is applied when working with community coalitions; and 3. Utilize SAMHSA's recommended five elements of Strategic Prevention Framework to assist coalitions in developing the infrastructure needed for community-based, public health approaches leading to effective and sustainable reductions in alcohol, tobacco and other drug use and abuse.

18. Multiple Pathways of Recovery
- Tory Werth, BSW and CADC, Recovery Supports Coordinator, NMSAS Recovery Center
- Joyce Fetrow, CPRM, Recovery Coach, Community Health Worker, Health Department
NMSAS Recovery Services has been providing Recovery Supports services throughout northern Michigan for the past six years. So far NMSAS Recovery Services has sponsored 16 CCAR Trainings and has trained over 300 recovery coaches. During the CCAR training, people are introduced to Multiple Pathways of Recovery. Not everyone attains and sustains recovery the same way, although many referral agencies have used a singular approach to addressing people with alcohol and drug addictions by using the 12-step model. This presentation will provide information about the importance of multiple pathways as well as the different types of pathways. With the emergence of aof mutual aid groups such as: SMART, LifeRing, Refuge Recovery, All-Recovery, Women for Sobriety, etc., we need referral agencies to apply a more comprehensive approach utilizing multiple pathways. We need to take into consideration a person's values and belief system when helping find pathways that resonate with that individual. **Participants will be able to**: 1. Explain the importance of Multiple Pathways; 2. Describe the different types of Multiple Pathways; and 3. Understand the current Referral Model.

7:45am to 2:15pm Conference Registration and Exhibits Open

7:45am to 8:45am Networking Breakfast

9:00am to 10:00am Plenary Session: "TBD"
– TBD

10:00am to 10:15am Exhibitor Refreshment Break

10:15am to 11:45am Concurrent Workshops:

19. Twenty-one to Buy. Not Supply (Alcohol to Minors)

– *Diane Dovico, Certified Worksite Wellness Specialist – CWWS, Integrative Wellness Program Administrator, Alliance of Coalitions for Healthy Communities*

21 To Buy, Not Supply is a state-wide public service campaign to curb underage alcohol access. The campaign aims to explain the risks and consequences of providing alcohol to minors. The target audience is Michigan young adult, who recently turned 21, and now have increased legal privileges and responsibilities. The "21 to Buy, Not Supply" campaign provides the opportunity to reach the largest possible young adult population in our efforts to increase awareness of the legal and financial ramifications of buying and supplying minors with alcohol. The consortium representatives from Michigan are: Michigan Liquor Control Commission (MLCC), Michigan Secretary of State (SOS), Michigan State Police (MSP), Michigan Office of Highway Safety Planning (OHSP), Oakland County Health Division (OCHD) and the Alliance of Coalitions for Healthy Communities (ACHC). The years long advocacy has been focus on college campuses that support the "21 To Buy, Not Supply" campaign. This venue has significantly increased the number of those we reach with this important prevention message. **Participants will be able to:** 1. Gain a working knowledge of the legal, financial, and social consequences of providing alcohol to minors; 2. Have access to resources detailing the laws, financial risks, and related social consequences of supplying alcohol to minors as a reference tool; and 3. Learn the legal, social, and financial ramifications of use and/or possession by a minor.

20. Mindfully Speaking, What's Dialectical Behavioral Therapy (DBT) Got to Do with It?

- Dawn Sandoval, MA, LPC, CAADC, NCC, Clinical therapist, Lapeer County Community Mental Health

This workshop will examine the steady evolving diversity in the paths of persons that are struggling with co-occurring issues, especially when it comes to rebuilding their overall wellness. While Motivational Interviewing is a solid intervention for use with this population, DBT has also proved effective with helping in developing solid skills for overall behavioral, emotional, cognitive, and interpersonal change. Only some of the co-occurring population are referred to DBT services, with most being funneled down the co-occurring track, not always being exposed to the benefits of these skills. This workshop will provide a DBT informed approach to utilize not only in individual therapy sessions, but also pliable enough for usage in group settings. With the integration of DBT informed skills, an overall emphasis on mindfulness, building self-efficacy, and acceptance and change, wellness and sustained recovery can flourish. **Participants will be able to:** 1. Compare the differences between Motivational Interviewing and DBT; 2. Identify the DBT informed skills for use in co-occurring populations; and 3. Apply DBT informed skills to co-occurring populations.

21. Beyond Boundaries & Bias: Medication Assisted Recovery

- Katherine Blakley, MA, MBA, ABD, CCS-M, CPS-M, CADC-M, Chief Operating Officer/Facilitator, New Light Recovery/ University of Phoenix

Despite the overwhelming evidence of the effectiveness of Medication Assisted Treatment. Beliefs and attitudes about time limits, boundaries, and bias continue to prevail in the behavioral health care system. To reduce bias and stigma associated with Opiate Treatment Program (OTP) recovery concepts should be integrated. This workshop will explore the benefits of integrating Medication Assisted Recovery into OTP. **Participants will be able to:** 1. Recognize the impact boundaries and bias has upon consumers in Medication Assisted Treatment Programs; 2. Define medication assisted recover; and 3. Explain the value of medication assisted recovery integration into substance abuse treatment.

22. How Marijuana is Changing the Landscape of our Communities (repeat of workshop #16)

- Ken Stecker, JD, Traffic Safety Resource Prosecutor, Prosecuting Attorneys Association of Michigan

- Andy Fias, D/F/Lt., WEMET Section Commander, Michigan State Police

Today's culture around marijuana is ever changing and more states and jurisdictions are allowing recreational use. This workshop will teach participants about use trends, show examples of unregulated advertising using sex sells as a hook, health consequences, and lessons learned from states who have legalized marijuana for recreational purposes. **Participants will be able to:** 1. Identify one new way in which marijuana products are being used; 2. Describe the various ways in which marijuana is being marketed; and 3. Describe how marijuana is changing the face of our local communities.

23. Systems Level Approach to Addressing Neonatal Abstinence Syndrome
- Krista Hausermann, LMSW, CAADC, Project Manager, Michigan Public Health Institute
- Janey Joffee, MBA, Manager, Upper Peninsula Health Care Solutions
- Colleen Sproul, MSA, LMSW, Director of Health Home and Integrated Care, Saginaw County Community Mental Health Authority
Part of the tragedy of America's opioid crisis is that no age group is spared. This workshop will explore the impact of Neonatal Abstinence Syndrome (NAS) and the opportunities and challenges that communities face as they struggle with this issue. It will showcase two communities' efforts to better support families through workforce development and system building activities. Key resources and evidence-based best practices will be highlighted. This is a Michigan Health Endowment Fund grant. **Participants will be able to:** 1. Define Neonatal abstinence syndrome and its prevalence in Michigan; 2. Name 3 resources, 5 key community partners and 2 evidence-based best practices that are critical to impacting NAS at a community level; and 3. Explain how stigma can negatively impact pregnant women addicted to opioids and families with babies with neonatal abstinence syndrome.
24. Integrating Physical & Behavioral Health: What does it REALLY mean?
- Sara L Paxton, LMSW, CAADC, CCS, Executive Director, Recovery Allies of West Michigan
- Bill Paxton, MSW, MM, President, Exalta Health.
This workshop will provide information on the intricacies of integrating Physical & Behavioral Health in a primary care setting. The presentation will cover issues/concerns that may arise from both the medical and social service fields and ways to address them. It will also identify barriers that may be encountered and how to minimize them. The presentation will address issues related to opioids and other high-risk medications when prescribed for both chronic and acute issues. Participants will have an opportunity to identify concerns, issues, and barriers that they have encountered and identify possible solutions. The presenters will provide examples of how to transition into a truly integrated setting. **Participants will be able to:** 1. Define integrated physical and behavioral healthcare for practical use; Recognize at least 3 barriers to integrated care and solutions for them; 3. Explain how to address the use of high risk medications for acute and chronic physical health conditions; and 4. Describe 5 key factors in implementing integrating physical and behavioral health care.
25. Issues for the Treatment of Comorbid Substance Use, Mental Illness and Trauma
- Colleen Jasper. ME, Consumer Relations, Michigan Department of Health and Human Services, BHDDA
- Mark M. Lowis, LMSW, EBP Specialist, Michigan Department of Health and Human Services, BHDDA
This workshop will provide a description of co-morbidity regarding Trauma, SUD and Mental Illness, its prevalence, challenges for treatment due to exacerbating effects, and approaches, including trauma specific methods, and trauma informed care. Review of Adverse Child Treatment Study as it pertains to SUD and Trauma. Patterns of trauma as they exist or occur in the public as compared to individuals with SUD are addressed. **Participants will be able to:** 1. Identify specific treatment approaches for SUD/MI/Trauma; 2. Describe the prevalence of Trauma and vulnerability to traumatic events for persons with disabilities; and: 3. Describe the findings of the Adverse Child Experience Study as it pertains to individuals with co-morbidity.
26. Crime on the Brain: Helping Criminal Justice Clients Think Their Way Free
- Joshua Colby, MA, LPC, CAADC, Therapist, Arbor Circle
Increases in the rates of incarceration have led to a focus on reducing the population involved in the Criminal Justice System. While reducing this population will require intentional policy changes on a macro level, interest in interventions that reduce the risks for the individuals who are interacting with the criminal justice system have also been of concern. This training will focus on intervening with individuals who are part of the criminal justice system including those with co-occurring disorders to reduce their risks of further involvement. This workshop will explore individual risk factors for criminal behavior, beliefs that facilitate criminal behaviors, and interventions that have been shown to reduce the risk of recidivism. Complex interactions between biology, human development, and structural issues in society will be explored as factors contributing to both criminal behavior and risk of sanction for criminal behaviors. The Risk, Need, Responsivity model will be suggested as a frame work and several Cognitive, Behavioral, and Social Learning Strategies will be explored. Finally, participants will practice a cognitive restructuring task that can be used with individuals to develop more adaptive thinking in response to potentially risky situations. **Participants will be able to**: 1. Examine biological, genetic, and environmental factors that have been associated with higher risk of antisocial/Criminal behavior; 2. Describe the three key components of the Risk, Need, Responsivity Model and 8 Criminogenic Needs; 3. Describe 9 Thinking Patterns that increase risk of criminal/antisocial behavior; and 4. Practice using a Cognitive Restructuring task useful for identifying and implementing ways of thinking that will reduce risk of criminal behavior.

27. Advancing Remission through Application of Mindfulness Approaches in Treatment

- Thomas (Tom) L. Moore, LMSW, LLP, CAADC, MAC, CCS, Owner and Principle, Two Moons LLC

Initially emphasized in DBT, Mindfulness represents an effective method for stabilization and modulation of life's roller coaster. Mindfulness while 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. Learning to suspend judgment, witnessing, and gaining acceptance equally apply to substance use disorders, chronic pain, and health-related issues. A plethora of recent publications in peer-reviewed journals, books, and videos advocate for Mindfulness approaches. In this workshop, participants will be engaged at the cognitive, affective and experiential level. Several Mindfulness strategies will be explained and demonstrated, including, but not limited to: Body Scan, Sober Space, Urge Surfing, Savoring, understanding Impermanence, and addressing craving and triggers. Participants (by personally identifying one specific anonymous service recipient) first prioritize, then determine a list and sequence of Mindfulness exercises. **Participants will be able to**: 1. Define Mindfulness in terms of application to substance use disorders; 2. Experience a minimum of three Mindfulness activities; and 3. Identify an activity appropriate for at least one client.

12:00pm to 1:00pm Networking Lunch

1:00pm to 2:00pm Plenary Session "TBD"

– TBD

2:15pm to 3:45pm Concurrent Workshops

28. The Teenage Brain: How Normal Adolescent Development Presents Increased Risk for Addiction (repeat of workshop #9)

- Alisha Lauchie, LMSW, Outpatient Therapist, BRAINS

- Jennifer Reminga, LMSW, Outpatient Therapist, BRAINS

The developing adolescent brain is vulnerable in ways much different than adults. At this stage of development teens are more likely to respond to situations from the "feeling" part of their brain instead of the "rational" part. This is because the teen brain has not yet fully developed the critical skills necessary for managing these chemical responses caused by pleasurable stimuli. In addition to the effects of this normal stage of development, teens are experiencing new challenges in this ever-growing technological age. Increased amounts of screen time and technology have the potential to further hinder the development of the skills needed to prevent addiction. In the wake of teen suicides, videogame and substance abuse, it's clear – our teens are struggling. This workshop will focus on ways to identify risk factors unique to teenagers along with ways to promote healthy development and the prevention of addictions. **Participants will be able to:** 1. Describe at least 7 skills that are not fully developed in the teenage brain; 2. Identify at least 5 risk factors for mental health, substance abuse, and other challenges faced by teens; and 3. Describe at least 5 strategies to help promote healthy development and prevent addiction in teens.

29. Sex Workers and Recovery from Addiction: Push and Pull Factors

- Terri R. Jones, LLMSW, CADCM, LSU Therapist, SHAR Inc.

- Marni M. Mix, Clinical Intern (Pending), SHAR, Inc.

Many women seeking or mandated to intensive inpatient SUD treatment have a life history of extensive involvement of street-level prostitution. Each woman's life is unique, but this lifestyle has several common factors that both inform and complicate SUD treatment, and must be addressed for treatment to be successful and recovery possible. Unless these factors are identified, explored, processed and overcome, these women remain in a cycle of relapse as they return repeatedly to "the life". There are several push/pull factors of the lifestyle and push/pull factors of recovery. These factors include social dynamics, co-occurring disorders (including depression and PTSD), family dynamics; financial; social service; and life skills. This workshop will cover an examination of the push/pull factors effecting former sex workers in addiction treatment may face. We will also cover comprehensive inpatient treatment and effective after care for women with a history of street-level sex work and substance use disorders must include identification, evaluation, and replacement-or at least mitigation. **Participants will be able to**: 1. Identify 5 'Pull' and 5 'Push' factors of "the Life"; 2. Identify 5 'Pull' and 5 'Push' factors of Treatment/Recovery; and 3. Utilize identified factors in a Clinical Exercise for Treatment Planning.

30. Technology in Prevention

- Pamela G. Voss-Page, MED, Executive Director; Co-Principal Investigator, Student Leadership Services, Inc.

- Dawn Flood, LMSW, CPC-R, Student Leadership Services, Inc.

The goal of the Students Leading Students, "SLS Technology in Prevention Project", called "SLS Tech Talk", is to train students to use mobile friendly technology to impact three adolescent issues: physical health and safety (i.e. alcohol and other drug use, prescription drug abuse, nutrition, exercise, self-harm, and safe driving behaviors); relationship skills and mental health. This workshop will feature student created technology projects in video, photography, graphic arts and a training workshop on Cyber Bullying developed by students, for sc-based and community populations. **Participants will be able to:** 1. Demonstrate 4 innovative strategies to engage youth as collaborative partners in health and safety; 2. Identify 2 relationship and mental health concerns of Michigan youth; and: 3. Apply 8 critical ingredients of evidence-based and validated research in youth-led programming.

31. Lessons Learned from Incorporating Prevention Strategies into Primary Care Settings
- Lisa Coleman, BA, Certified Prevention Consultant, PFS Project, Coordinator/Departmental Prevention Specialist, MDHHS/Office of Recovery Oriented Systems of Care
- Brianna Sabol, MSW, PFS Evaluation Project Manager, Wayne State University
- Kimberly Martini-Toth, LMSW, CPC-R, QIDP, Substance Use Disorder Prevention Project Coordinator, Bay-Arenac Behavioral Health Organization
Alcohol and illicit drug use remains highly prevalent among youth and young adults in the United States. Michigan's Partnership for Success 2015-2020 grant project is targeted toward developing infrastructure within communities, by leveraging and realigning resources, to address alcohol and prescription drug misuse and abuse among youth and young adults. The main components of the grant include: coalition development and/or enhancement; developing relationships with primary care providers; implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) at primary care sites; and establishing a referral system to intervention programs within the community. Throughout the grant's progression, sub-recipient communities have provided useful lessons and strategies for implementing each component of the grant. This presentation will draw from academic literature, provide case study examples, and include a sub-recipient's account of their progress through the project. As a result, this presentation will provide methods to effectively and sustainably integrate prevention strategies within primary care settings, as well as acknowledge common barriers and challenges to integrating those strategies. **Participants will be able to:** 1. Recognize three common barriers and challenges to integrating prevention strategies in primary care settings; and 2. Recall five effective and sustainable strategies for integrating prevention strategies in primary care settings.

32. Update on the Section 298 Initiative
- Phil Kurdunowicz, MHSA, Analyst, Michigan Department of Health and Human Services
- Nancy Miller, MS, Consultant, Michigan Public Health Institute
- Dave Schneider, MPA, Behavioral Health Specialist, Medical Services Administration, Michigan Department of Health and Human Services
The Section 298 Initiative is a statewide effort to improve the coordination of physical health services and behavioral health services in Michigan. As part of the Section 298 Initiative, the Michigan legislature directed the Michigan Department of Health and Human Services to develop and implement up to three pilots and one demonstration model for this purpose. During this presentation, MDHHS staff will provide an overview of the pilots and demonstration project, provide an update on the implementation process, and explain how the pilots will impact the financing and management of substance use disorder treatment services. **Participants will be able to:** 1. Describe the current financing structure for the delivery of specialty behavioral health services (including substance use disorder treatment services); 2. Summarize the structure of the pilots and demonstration project; and 3. Identify the impact of the pilots and demonstration project on the management of substance use disorder treatment services.

33. Examining Initial Outcomes of Peer Coaching/Specialized Detoxification Program – Developing a Research Based Curriculum for Integrated Care
- Brian Spitsbergen, PhD, Education, Counseling, Director of Community Relations, Growth Works Incorporated
The Specialized Detoxification/Peer Recovery Coaching Extended Treatment Pilot Program has shown promising results in connecting persons with opioid use disorders to withdrawal management followed by rigorous extensive follow up services for up to 1 year. The next step in successfully addressing the opioid epidemic is analyzing the efficacy of new clinical and system-based approaches to determine the effectiveness for those entering services successfully maintaining a recovery-based lifestyle. This presentation will provide in depth explanations toward: Steps toward the Integration of multiple substance use disorder systems, hospital-based detoxification and community-based treatment. **Participants will be able to:** 1. Examine initial outcomes from implementing Specialized Detoxification/Peer Recovery Coaching Extended Treatment Pilot; 2. Discuss process of enhancing current integration of care protocols to include partnerships with Health Care Providers and public safety; and 3. Differentiate specific trauma-based approaches to care across the continuum of services aimed toward increasing retention and decreasing relapse.

34. Three Strategies for Improving Treatment for People with Opioid Use Disorder
- Rachel Kollin, MA, Evaluation Project Manager, State Targeted Response to the Opioid Crisis, Wayne State University
- Brittany Leek, MPH, State Targeted Response to the Opioid Crisis Grant Coordinator, MI Dept of Health and Human Services
- Megan Walsh, MPH, State Targeted Response to the Opioid Crisis Program Assistant, MI Dept of Health and Human Services
This workshop highlights three strategies for increasing access to and improving opioid use disorder treatment that are currently in the planning and implementation phase in several counties throughout Michigan. The strategies include: peer recovery coaches conducting SBIRT in Emergency Departments [Bernstein, Bernstein, & Levenson, 1997]; Motivational Interviewing training for Medication Assisted Treatment (MAT) clinicians [DiClemente, Corno, Graydon, Wiprovnick, & Knoblach, 2017] and transportation assistance for MAT clients. Presenters share an overview, demonstrate the rationale and need, talk through common implementation barriers and their solutions, and present successes for each of the three strategies. **Participants will be able to:** 1. Describe 3 initiatives to improve Opioid Use Disorder treatment; 2. Recognize when and where implementing each initiative is appropriate; and 3. Identify common implementation challenges and solutions.

35. The Role of Peer Supporters in Mental Health and Substance Use Recovery
- Jose Salinas, ICRC, CPRC, MHFA Instructor, PRC Trainer, Recovery Coach, network180
- Tricia Kregg, BS, CPSS, Peer Support Specialist, network180
Peer Support Specialists and Peer Recovery Coaches offer a hope that there is life beyond an illness or addiction; they break a societal stigma that says people are ill and will likely stay ill. But, how can you offer peer support services to individuals in your clinical settings? We will discuss the terminology, role definitions, and history of these evidence-based practices. The impact of Peer Supporters on both individuals and organizations will be explored, along with information specific to the Michigan CMH system. Participants will leave with an understanding of best and promising practices for integration of Peer Supporters into already existing clinical settings. **Participants will be able to:** 1. Define both the role of Peer Support Specialists and Peer Recovery Coaches within the CMH system; 2. List at least 3 ways peer support services have shown evidence of positively impacting the recovery of others; and 3. Identify at least 1 best and promising practice they can take advantage of in their practice.

36. Spirituality, Religion, and Twelve Step Programs
- Jesse Washington Jr., MA/ICADC, Supervisor, AWBS
- Frank Day, CADCM, CPRM, ACE Trainer, Recovery Coach Professional, AWBS
In the 1930s psychologist Dr. Carl Jung corresponded with Alcoholic Anonymous' founder Bill Wilson to discover a cure for the disease of alcoholism. Dr. Jung's conclusion was (in basic terms) that alcoholic spirits were an attempt to fill the thirst for the spirit of God. The remedy then, he concluded, was a spiritual one because a spiritual problem cannot be resolved with a material solution. This presentation on Spirituality, Religion, and Twelve Step Programs will explore and explain the necessity of including spirituality in the recovery process, the intangible craving that underlies all addictions, the spiritual states of consciousness that substances mimic, as well as some solutions and the ways to attain them. In addition, the presentation will include clarifications on spirituality vs. religion, an examination of the concepts of faith (both secular and sacred), surrender, grace, God, atheism, agnosticism and theism within the context of addiction in our postmodern society. It will also discuss Alcoholics Anonymous, and by extension, 12 step programs, that are based on spiritual principles. **Participants will be able to:** 1. Distinguish the difference between authentic spirituality, religion, and Twelve Step Programs; 2. Describe 2 basic principles of spirituality in recovery; and 3. Identify 3 effective strategies to implement spirituality with clients and families.

3:45pm Conference Adjourns

Speaker Bios:

Elizabeth Agius is a Program Evaluator with nearly 25 years of experience. Her evaluation experience focuses on substance abuse prevention and treatment, particularly with adolescents and young adults. For the past 8 years she has worked with the Office of Recovery Oriented Systems of Care on several grant initiatives. At Wayne State she helps to facilitate faculty research.

Katherine Blakley Katherine's extensive experience in opiate dependence, management, administration, and clinical supervision for over 20 years. She is currently Chief Operating Officer/Clinical Director of New Light Recovery Center and instructor at the University of Phoenix. Katherine is a Certified Addiction Drug Counselor, Prevention Specialist, Clinical Supervisor with MA and MBA. Katherine has completed all course work toward her doctorate in Educational Leadership from University of Phoenix.

Beth Boyd has been working in the field of substance use and the criminal justice system for 10+ years, initially working with CMH and the court system before transitioning to work with the Michigan Department of Corrections. Her passion and focus has been to assist individuals to overcome their addiction so that they can lead successful lives.

Joe Callan has been a valuable supervisor in launching the integration of peer recovery services in local emergency departments. He has hired the staff to work in a primary care setting, acted as a liaison with the hospital personnel, and continuously monitors outcomes. He is an active member of the community and provides support to both youth and adults in their recovery journey.

Joshua Colby has worked for the last 8 years in the Valued Community Member Program (VCM) for Arbor Circle. VCM is an innovative jail reentry program focused on high risk individuals with substance use and co-occurring disorders beginning 70-90 days prior to release and continuing for 6 months following release from the Kent County Correctional Facility. Josh believes that understanding the belief systems of high risk offenders is the key to conceptualizing, intervening with, and maintaining positive regard for the people he serves. Josh is a trained "Thinking for a Change" facilitator, has worked with 100s of clients both before and after their release from jail, He presents often to professional and community organizations about the unique risk factors that lead to crime and the unique struggles of people trying to live with a criminal record.

Lisa Coleman received her has worked in the behavioral health field, mainly prevention, for the past 19 years. Throughout her career she has implemented youth educational programs, parenting classes, jail services, kinship caregiver support groups, and family management programs. She has coordinated a prevention coalition, organized community events and town hall meetings, provided oversight to several prevention related media campaigns, and managed both SUD Prevention and Naloxone Provider Networks. In addition, she has been a Families and Schools Together (FAST) trainer, Substance Abuse Prevention Skills Training (SAPST) facilitator, and Mental Health First Aid (Adult and Youth) instructor.

Joseph Dominick is a CCAR-certified Recovery Coach, and Peer Support Specialist in long-term recovery. He finds great reward in being able to use his experience in helping others to help themselves. Becoming a Peer Support Specialist has allowed him to turn his passion into a career. Joseph believes that spiritual, mental, and physical wellness are all important for a balanced life. He is currently working on completing his degree at Schoolcraft College.

Diane Dovico is the Integrative Wellness Program Administrator at the Alliance of Coalitions for Healthy Communities. She creates and facilitates educational programs, initiatives, and campaigns for all who live in Oakland County. Diane spent 21 years as the Executive Director of the Royal Oak Community Coalition and has over 40 years of experience facilitating successful collaborations between individuals, families, businesses, schools, and social organizations to address challenging social conditions and creating sustainable solutions.

Jennifer Ellis is a PhD candidate in clinical psychology at Wayne State University and a research assistant in the School of Social Work at Wayne State University, where she is involved in an evaluation of the State's Targeted Response for the Opioid Crisis in Michigan. She is also a practicum student at the Tolan Park Research Clinic, a methadone clinic located in Detroit, MI. Her research interests involve understanding individual-level factors (e.g., comorbid psychopathology, pregnancy) and systemic factors (e.g., access to treatment) which can influence the treatment of addictive disorders.

Joyce Fetrow worked as NMSAS's Multiple Pathway Liaison in 2017 which was based on a grant that covered three counties in northern Michigan. Through this position, she was instrumental in educating communities about multiple pathways as well as helping to get groups established by providing support, resources and advertising.

Speaker Bios:

Lt. Andy Fias has been with the MSP for 23 years and has spent over half of his career in narcotic investigations. He has worked on street level traffickers all the way up to large scale drug trafficking organizations. He has prosecuted cases at the state and federal level, working multi-state cases. He currently oversees the largest multijurisdictional drug task forces in the State of Michigan.

Danielle Hall, Danielle earned her Bachelor of Social Work from Wayne State University in Detroit and a Master of Social Work from Michigan State University. She has been working in the field of addiction for the past decade. As a person in long-term recovery, Danielle understands firsthand the barriers that client's face in treatment and the long process of recovery. Danielle is passionate about educating individuals, groups, and communities about the disease of addiction and advocating on behalf of those in recovery to reduce the stigma attached to co-occurring disorders.

Julie Hanna has been working in the social work field for 15+ years with a focus on mental health, trauma, and substance use evaluation. She received her MSW and Post-Master's Certificate in Social Welfare Research in Evaluation from Wayne State University and is currently pursuing her PhD in Social Work. Julie has a passion for turning research findings into actionable items and applying data visualization principles to present data in a user-friendly way to all audiences.

Louise Harden, Prevention Specialist, Michigan Higher Education Network (MIHEN) coordinator, Prevention Network. Louise oversees a group of over 130 College/University professionals and local coalition partners in Michigan aimed at discussing evidence-based prevention efforts on school campuses. Louise graduated from Oakland University in 2017 and has a background in implementing evidence-based wellness strategies to students and faculty at a Division 2 University. Her degree is in Wellness, Health Promotion, and Injury Prevention and is a Certified Wellness Practitioner through the National Wellness Institute.

Krista Hausermann has a Master's in Social Work and a Certificate of Integrated Behavioral Health and Primary Care from University of Michigan. She is also a licensed Substance Use Disorder Therapist. She has over 20 years of experience in the Mental Health field as a clinician, Clinical Supervisor, and Program Manager. Currently she is a Project Manager at MPHI where she uses her behavioral health experience on several projects, such as Systems Level Planning for Neonatal Abstinence Syndrome, and Michigan Psychiatric Inpatient Denial Database.

Jesse Heffernan is a recovery coach & consultant with long-term substance use and mental health recovery. As a Servant Leader, program director and community worker, he works to create a meaningful and positive change through innovative solutions to complex community and individual need. He is the former director of the Iris Place Peer Run Mental Health Respite and National Outreach & Empowerment Coordinator for Faces & Voices of Recovery. In his current business Helios Recovery Services, he provides consultation and training to create a world of culturally aware, emotionally intelligent servant leaders to build thriving recovery communities.

Joann Hoganson, Joann's position as the Director of Community Wellness at the Kent County Health Department gave her the leverage and resources she needed to develop a collaboration with the local MDHHS office to provide evidence-based home visiting services to these young families who desperately need the services.

Brandon Hool has been the program manager for The Grand Rapids Red Project's Clean Works, Overdose Prevention, and Recovery Coaching programs since January of 2013. Brandon began his relationship with the Red Project as a client of the Clean Works syringe access program in 2008. In 2010, Brandon became a regular outreach volunteer of the program and was eventually hired as a part-time site manager. Brandon's personal opioid use and overdose experience, as well as his formal education and training, make him uniquely qualified to lead Red Project's efforts to directly address opioid related health issues in 7 West Michigan counties and provide technical assistance to similar programs across Michigan.

Colleen A. Jasper, Director of Consumer Relations, has worked for the MDDHS for the past 25 years in this capacity. As Co-Chair of the statewide Trauma subcommittee, she has promoted Trauma Informed care throughout Michigan. The peer-run drop-in centers TA center is under her oversight. She holds a BA from the University ty of Minnesota, & a M.Ed. from Michigan State University.

Janey Joffee is the Manager at Upper Peninsula Health Care Solutions, the non-profit hospital network serving the Upper Peninsula region. Ms. Joffee joined Upper Peninsula Health Care Solutions in 2016, and currently manages many network initiatives and grant funded programs that advance the quality of health services for residents across the Upper Peninsula (UP) region.

Speaker Bios:

Terri R. Jones has worked in SUD treatment with at-risk and marginalized female populations for 19 years. She currently works as the Primary Therapist for the Ladies' Specialty Unit at SHAR, Inc, a residential drug treatment facility. She has also offered volunteer services at the Hamilton Crossing Housing Community in Ypsilanti, MI with the Family Empowerment Program. Terri provides Christian Counseling and is the CEO of From the Bottom to the Top Ministries, Inc.

Rachel Kollin MA has a background in Community Psychology and is working on a Graduate Certificate in Research and Evaluation. She has experience implementing and evaluating programs related to the prevention of sexual violence and substance abuse at the State level and at University settings. She is currently the Evaluation Project Manager of Michigan's Targeted Response to the Opioid Crisis grant.

Tricia Kregg is a Certified Peer Support Specialist for the State of Michigan and has worked in the public mental health system for the last 7 years. She is passionate about Trauma-Informed Care and strives to create the safest spaces possible for everyone she supports and her co-workers. Tricia is a Certified Wellness Recovery Action Plan (WRAP) Facilitator and trained as both a Whole Health Action Management (WHAM) group facilitator and Seeking Safety group leader. Outside work, she serves as President on the Board of Directors for the Kent County drop-in center, Unlimited Alternatives.

John Kroneck has close to 40 years in the field of substance use disorder prevention and public health education. He was named the Michigan Prevention Association's (MPA) Preventionist of the Year in 2012. John has served as the Co-Chair of the MPA from 2012 to 2014 as well as the Marijuana Task Force Chair since 2011. Having served as a local city commissioner, on a Charter Elementary School Board, and being a father and grandfather, John brings a broad interest in reaching people with a positive message to engage their involvement in their health.

Phil Kurdunowicz is an analyst within the Policy and Strategic Initiatives Section at the Michigan Department of Health and Human Services. Phil helps with coordinating health policy initiatives across state agencies and external partners. Prior to his time with the Department, Phil served as a policy intern at the U.S. Department of Homeland Security and a research assistant at the University of Michigan. Phil graduated from the University of Michigan with a Bachelor of Arts in Public Policy in 2010 and a Master of Health Services Administration in 2017.

Paddy Laske is a Certified Prevention Consultant, Certified Prevention Specialist. Patty has been working for CARE of Southeastern Michigan for over 25 which includes supervising a variety of programs, employing and training of staff, and teaching a diverse group of educational programs. She oversees CARE's community organizers who provide technical assistance for community coalitions as well as CARE's public information specialists who provide a variety of educational presentations to students and community groups on alcohol and other drug prevention awareness.

Alisha Lauchie has a master's level social worker with a clinical license and a certified prevention specialist. She is currently employed at BRAINS as a behavioral health therapist where she specializes in the treatment of anxiety and depression disorders among teenage girls and adults. In addition to this scope of practice, Alisha also provides treatment in the areas of executive functioning deficits, self-esteem issues, trauma and other mood disorders. Her professional background includes providing in-home and school-based therapy and working as a program coordinator for substance use prevention programming.

Brittany H. Leek is an MPH with a specialization in Public Health Administration. She serves as the STR Program Coordinator for the Office of Recovery Oriented Systems of Care with the Michigan Department of Health and Human Services. In her current role, she facilitates the coordination of 14 programs spanning across prevention, treatment and recovery to address Michigan's opioid crisis, but has worked on coalition enhancement projects and effective collaboration research as well.

Mark Lowis is a Licensed Master Social Worker in Michigan, who began his career as a Law Enforcement and Corrections Specialist in the United States Air Force. During his 10 years of service Mr. Lowis performed as a Law Enforcement and Corrections Supervisor and Training NCO, and later as a Master Instructor in the Air Force Police Academy. Following the Air Force, he completed a bachelor's' degree in Psychology at the University of Michigan, and a Master of Clinical Social Work at Michigan State University. He is a member of the international Motivational Interviewing Network of Trainers and carries advanced credentials in other evidence-based practices. In 40+ years of human services.

Speaker Bios:

Kimberly Martini-Toth, LMSW, CPC-R, QIDP is the Substance Use Disorder Prevention Project Coordinator for the Partnership for Success (PFS) 2015 Grant with Bay Arenac Behavioral Health. In this capacity, she provides coordination of prevention services to persons with substance use disorders in Bay County. She is responsible for the development, implementation, monitoring and evaluation of evidence-based prevention services related to the PFS 2015 Grant to address underage drinking and prescription drug misuse/abuse. Kimberly also facilitates collaboration with primary healthcare providers to screen and provide services to persons with substance use disorders.

Lori Mello is currently the Program Manager of HMSA's Gambling Treatment Program. She was formerly the Manager of Clinical Best Practice at Training & Treatment Innovations, Inc. for 4 ½ years. Prior to TTI, Lori worked as the Community Education Coordinator at HAVEN, an agency that deals with domestic violence and sexual assault. She has also worked in fundraising and campaign at United Way, served as Associate Director of Women's Survival Center in Pontiac, and did extensive case management in Detroit and in Oakland County at CareGivers.

Doug Miller is a Certified Peer Support Specialist employed at St. Clair County CMH since 2016. He is also in long term recovery and has maintained his sobriety/recovery since 12/10/2010. He is active in the recovery community and is highly driven to use his own personal lived experience in recovery to help others in their recovery journey.

Jessica Miller, Program Supervisor, Central Michigan Collegiate Recovery, Education and Wellness (CMCREW). Jessica supervises the daily operations for CMCREW which include alcohol and drug misuse prevention, early intervention and recovery support services for students at Central Michigan University. In addition, she works with University and Community partners to decrease stigma associated with substance use disorders and develop programming specifically for collegiate students.

Nancy Miller has more than 20 years of progressive public policy and strategic leadership experience. She has worked in behavioral health, higher education, and corrections. Most recently, Nancy served as the Chief Executive Officer for Mid-State Health Network, a twenty-one county Michigan prepaid inpatient health plan. In a consulting role, Nancy works with the Michigan Department of Health and Human Services on public policy and planning.

Marni M. Mix is currently pursuing her degree in Social Work while completing the requirements for CADC-M. She is the Clinical Intern at SHAR, Inc.

Michael Mooney, MA, LLP, NCGC II, CAADC, CCJP, CCS brings his near three decades of experience in working with gambling disordered and alcohol/other drug disordered individuals to the stage. He currently serves as CEO and senior psychotherapist at Choices Counseling Center which provides outpatient chemical dependency, gambling disorder, and mental health services to individuals and the criminal/offender population.

Tom Moore is currently the owner and founder of Two Moons LLC, a training and consulting organization following 36 years in the service delivery field. He continues as a part-time instructor for Western Michigan University in the Alcohol and Drug Studies program and has instructed a course in clinical supervision in the SUD field. Tom has supervised field placement students, clinical staff, and peer support/recovery coaches for four decades.

Michelle Nerkowski is a licensed clinical and macro social worker who graduated with her MSW from Michigan State University. She has worked in many different areas of the public mental health system including day treatment, jail mental health services, intake, case management, outpatient and ACT. She currently supervises an outpatient IDDT treatment team as well as an ACT team. Michelle is passionate about providing the highest quality services to individuals while working to reduce stigma toward any co-occurring disorder within the community. Michelle also works for Michigan State University as a field liaison and enjoys working with students preparing to enter the field of social work.

Bill Paxton has 40 years of experience in the management and service delivery of mental health and substance use disorder prevention and treatment services. He currently is the President of Exalta Health, a non-profit that provides primary medical and dental services to low income families. Bill was the Behavioral Health Coordinator for integrating behavioral health at Exalta Health and another non-profit health clinic in Grand Rapids. The project was one of six throughout the state funded through the generous support of Blue Cross Blue Shield of Michigan Foundation, the BCBSM Social Mission Department, the Ethel and James Flinn Foundation, and the Michigan Department of Health and Human Services.

Sara Paxton is currently the Executive Director of Recovery Allies of West Michigan. She has worked for 20 years in social services at varying levels of care. Sara has extensive experience in direct clinical work, clinical supervision, administration, and training (including research, design, and delivery) related to substance use and co-occurring disorders.

Speaker Bios:
Skye Pletcher is a utilization management specialist at Mid-State Health Network (MSHN) with a particular focus in the areas of substance use treatment, population health and integrated care. Prior to coming to MSHN Skye worked in the SUD treatment field for 10 years in a variety of treatment settings including residential, intensive outpatient and outpatient programs. Skye is passionate about using advances in population health data and technology to increase the quality of life and wellness for individuals with co-occurring disorders.

Jennifer Reminga is currently employed at BRAINS as a behavioral health outpatient therapist. She has a wide range of experience working with a variety of issues, including substance use, marriage and family, Autism Spectrum Disorders, trauma, neurodevelopmental health, adolescents, depression, anxiety and personality disorders.

Dr. Stella Resko's interests focus on substance abuse treatment and prevention, violence and sexual risk-taking behaviors among adolescents and adult women. Specifically, she is interested in how different risk behaviors (e.g. substance use, violence, and sexual risk taking) are interrelated and how substance use contributes to adverse health outcomes including sexual risk taking and violent behaviors.

Dave Schneider is the Behavioral Health Specialist within the Medical Services Administration in the Michigan Department of Health and Human Services. Dave works on behavioral health related issues, such as: Medicaid Parity, integrated care, shared metrics, and addressing the opioid crisis. Prior to joining MDHHS in 2017, Dave spent 30 years in Michigan's public behavioral health system, serving as the CEO of a PIHP and Associate Director of a CMHSP. Dave holds a Master's in Public Administration degree from Western Michigan University.

Brianna Sabol received her Bachelor of Science degree in Women's Studies from the University of Michigan, and her Master of Social Work degree from Wayne State University. Brianna has experience working at a variety of human service and nonprofit agencies throughout Southeastern Michigan. She currently works at Wayne State University in the School of Social Work as an evaluator on Michigan's Partnership for Success 2015-2020 grant project.

Jose Salinas is certified as an International Recovery Coach, Certified Peer Recovery Coach and has been working for Network180/Access Center for over three years. Works with individuals who are in crisis related to Substance Use as well as Mental Illness. Jose is passionate about sharing his story of resilience, to inspire hope and motivate others in their personal recovery. Jose is very involved in giving back to the community, by volunteering for community organizations. Jose is also an Instructor for the Mental Health First Aid, a course that teaches individuals in the community in effort to bring Mental Health awareness and reduce stigma. He is also a Trainer in the State of Michigan for Certified Peer Recovery Coaches.

Dawn Sandoval is currently a clinical therapist in the Intensive Recovery Services program, as well as a group therapist in the Integrated Dual Diagnosis program of Lapeer Community Mental Health. Dawn graduated from Oakland University in 2014, and in that time has worked for MAT programs as well as outpatient dual diagnosis programs.

Paul Sarris is the director of Peer Recovery Services at CARE of Southeastern Michigan and is also a certified trainer with the Connecticut Community for Addiction Recovery. Paul has been an active member in the recovery community for over 29 years. He has experience mentoring and assisting individuals with their recovery, as well as, providing support and guidance to individuals to sustain long-term recovery from an addiction to alcohol or other drugs. His passion and dedication to serve and help others has helped to develop and expand the Peer Recovery Coaching program at CARE.

Mary Schalk, CPC-R, has coordinated a project on FASD in northeast lower Michigan for 20 years. She has a passion for preventing pre-natal alcohol exposure as well as supporting individuals and families who have been impacted. "I've had the privilege of learning from leading experts and researchers, but I consider our families my best teachers." Ms. Schalk is the Program Coordinator for Partners in Prevention serving Alcona, Alpena, Montmorency and Presque Isle Counties.

Dr. James Schepper has been teaching in the addiction studies department at Madonna University since 2007. Dr. Schepper is currently working as the Clinical Director for Catholic Charities of Genesee & Shiawassee Counties. Before that he worked at Livingston County Catholic Charities. Dr. Schepper for the past 19 years has been the volunteer Chaplin at Brighton Center for recovery.

Brian Spitsbergen is the Director of Community Relations at Growth Works Incorporated. Brian has worked in the SUD treatment field for over 25 years providing executive leadership in the development innovative community based behavioral health and SUD treatment initiatives. Brian obtained his Ph.D. at Oakland University in Counselor Education and working on researching the efficacy of systemic changes at a policy level toward improving the process and outcome of detoxification and treatment for opioid addiction. He has been in long term sustained recovery for over 30 years.

Speaker Bios:
Colleen Sproul is the Director of Health Home and Integrated Care at Saginaw County Community Mental Health Authority. She leads the integration of integrated health care priorities of the organization including health home, community hubs, collocated and integrated health services.

Jackie Sproat has been with the state for 2.5 years and is a business owner of CC360. She previously worked at a PIHP/CMH for ten years. She has worked at the intersection of behavioral health and technology for 25 years. Her current projects include HIE, integrated care, and pay for performance initiatives

Lauren Stankovich has a Bachelor of Science in Psychology from Georgia Southern University, Certified Prevention Specialist, Lauren has had the opportunity of taking on many roles within CARE of Southeastern Michigan including: public information specialist, community organizer, and grant manager. Currently, as the Community Organizing Supervisor, she works with individuals who provide technical assistance for the development and overall success for 11 Macomb County based community coalitions.

Kenneth Stecker is a graduate of Loyola Marymount University and the University of Detroit School of Law. Since March 2008, Kenneth Stecker has served as a Traffic Safety Resource Prosecutor for the Prosecuting Attorneys Association of Michigan's TSRP. From 1992-2008, he was Chief Assistant Prosecuting Attorney, and an assistant prosecuting attorney, for Branch County. From 1990-1992, he was an assistant prosecuting attorney for the Kalamazoo County Prosecutor's Office.
Susan Styf is the Chief Program Officer for CARE of Southeastern Michigan. She believes in the importance of developing trauma informed services, implementing effective evidenced based practices, and building cooperative relationships in the community. In addition to leading the implementation of the STR grants, she regularly presents the impact the opioid epidemic has on our communities and workplaces.

Pamela Voss-Page, MED is a Master Educator, Prevention Program Developer, Research Director and Executive Director with Student Leadership Services (SLS). Dawn Flood, MSW, is the Program Director of Student Leadership Services. Since 2004, Dawn coordinates and trains students, chapter advisors and school administration in professional development trainings to implement evidence-based youth capacity building.

Megan Walsh is the STR Program Assistant for the Office of Recovery Oriented Systems of Care with the Michigan Department of Health and Human Services. Her role involves providing technical support to 14 different programs funded by the grant. Megan has an MPH in epidemiology and previously studied infection prevention before joining the STR Team.

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