CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

December 21, 2018

Contents:

CMH Association and Member Activities:

Annette Pepper moving to next phase in her career

It is with mixed feelings that we are writing you with this news.

Annette Pepper, Meeting Planner Extraordinaire and our longtime colleague, has recently accepted a position as the Executive Director of Michigan Association of Osteopathic Family Physicians at NGAGE Association Management (http://www.ngagellc.com/). Annette's last day with us will be January 9, 2019.

Annette has been one of the pillars of this Association, leading the development, design, planning, and implementation of literally hundreds of conferences, workshops, and educational events. As you know, her expertise is seen as so valuable, by MDHHS, that they proposed (and we concurred) that she be dedicated, nearly exclusively, to heading up the entire substance use disorder education and training portfolio offered through the MDHHS-CMH Association partnership.

Annette's leadership extends far beyond our Association to her leadership roles within SGMP at the state and national levels. When work needs to get done – especially complex, politically- and time-sensitive, nearly-impossible, and involving a wide range of personalities (often in conflict with each other), everyone knew to call on Annette.

Her willingness and ability to take on such projects, often thankless projects, made her a tremendous asset to this association, to MDHHS, to SGMP, to the trainers and specialists with whom she works, and to the thousands of education and training participants with whom she has worked over her seventeen years with our Association.

Annette's commitment to hard work; her dedication to this organization, to us, her colleagues, to our members, and to those whom we serve; her creativity; her intelligence; her resilience; and her selflessness will be sorely missed. All of these traits are integrated with a powerful sense of fun, a love for others, and a very clever and dry wit. She leaves very large shoes to fill.

So, please join us in congratulating Annette and wishing her the best in her new role.

St. Clair County CMH Services named CCBHC

Below is an excerpt from a recent announcement, from Deb Johnson, CEO, of the receipt by St. Clair County Community Mental Health Services of a Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant. Congratulations to St. Clair County CMH.

> I am incredibly excited to announce that we have been awarded the "Improving Community Health CCBHC project" grant in the amount of $2,000,000.00 per year for the next 2 years (CY2019 & 2020)! We submitted for this grant from SAMHSA quite a few months ago and

were told we did not receive it...however, more funds have become available and SAMHSA awarded 15 more sites across the country this grant! Very simply stated this grant will allow for greater access for mental health services and access for individuals needing only SUD services.

We also hope to become a "Certified Opioid Treatment Center. We will continue to provide updates as things start to happen.

Washtenaw CMH named CCBHC

Below is an excerpt from a recent press release on the receipt, by Washtenaw County Community Mental Health, of a Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant. Congratulations to Washtenaw CMH.

Washtenaw County Community Mental Health (WCCMH) is pleased to announce being awarded through the Substance Abuse and Mental Health Services Administration (SAMSHA) a Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant for two years, beginning December 31, 2018. CCBHCs will help transform our behavioral health system by ensuring individuals have access to a high-quality, coordinated array of mental and physical health services.

This funding will better enable Washtenaw County to provide critical mental health services to uninsured or underinsured residents. Comprehensive health care means more than just physical health; it also requires attention to mental health. This grant will provide resources necessary to increase capacity and allow more people to receive the vital mental health services needed to maintain their health and well-being.
Service delivery will include:

* Crisis mental health services, including 24 hour mobile crisis teams, emergency crisis intervention and crisis stabilization
* Screening, assessment and diagnosis, including risk assessment
* Patient-Centered treatment planning, including risk assessment and crisis planning
* Outpatient mental health and substance use services
* Outpatient clinic primary care screening and monitoring of key health indications and health risk
* Targeted case management
* Psychiatric rehabilitation services
* Peer support and counselor services and family support
* Intensive, community based mental health care for members of the armed forces and veterans

Reports have shown that 1 in 10 Americans with an addiction receive the necessary treatment and only 43 percent of individuals with a serious mental illness receive behavioral health care. CCBHCs main goal is to fill the gap in unmet need and expand access to community-based treatment for these populations.

CMHAM Committee Schedules, Membership, Minutes, And Information

Visit our website at **https://www.macmhb.org/committees**

News from Our Corporate Partners:

How Your Organization Could Become the Target of a HIPAA Audit

We often hear from smaller entities they aren't as concerned about being audited because they are small. Although they may be less likely to be selected for a random audit, there are many other ways your organization can become the subject of an audit. Disgruntled employees that may know of a valid HIPAA violation or breach can cause trouble by reporting it. Security experts are constantly monitoring the dark web for patient data and comparing it against known breaches to see if it's related to an unreported breach. Security experts have also found completely unsecured servers open to the public, usually by mistake. If an investigation is opened and it's found that the organization knew about a possible breach and didn't report it, you're very likely to see a much higher penalty. Reach out to the CMHA to get you help!

Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition, we reduce your telecom costs by 29% with no upfront costs or risk. Abilita is an independent consulting company with offices across Michigan and North America! As one of the largest independent Communications Technology consulting firms in America, Abilita has the experience needed to help members by not just identifying, but by managing the implementation of recommendations you approve. For additional information, contact: Dan Aylward, Senior Consultant, Abilita at 888-910-2004 x 2303 or dan.aylward@abilita.com .

State and National Developments and Resources:

Michigan Health Endowment Fund Partners with Altarum to Evaluate Behavioral Health Access for Michigan Residents

Over the past several months, the Michigan Health Endowment Fund (MHEF) has been engaged, with the Altarum consulting firm, in measuring behavioral health access in Michigan. This Association and other statewide healthcare organizations serve as members of the Advisory Committee for this effort.

Because the findings of this study will directly impact our system (hopefully in positive ways), Michigan policy, and those served by our system and that policy, we wanted you to be aware of this effort. As the deliverables are available for review, we will share them with you.

A short summary of this effort is provided below:

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, Medication Assisted Treatment
Supportive services such as housing

Dimensions of access to be measured
Presence of practitioners – supply by care type and geography
Practitioner capacity – availability and willingness to see patients
Proximity/transportation – ability of patients to get to care
Financial access/coverage – ability of patients to afford care
Cultural competency – alignment of language and cultural understanding

Project timeline and deliverables
Period of performance: July 2018 through March 2019
Deliverables due December 31, 2018:
Report on literature review/environmental 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

The press release announcing this initiative provides additional detail:

> People living with mental illness or addiction die an average of 25 years earlier than the general population, yet many Michigan residents face barriers to critical treatment. The Michigan Health Endowment Fund (Health Fund) has commissioned a study to review and report on access to mental health and substance use disorder treatments for Michigan residents.
>
> The Health Fund has contracted with Altarum to assess available data from every county in Michigan, identify service gaps, and make recommendations for public investment that can help more residents access life-saving treatments. The Health Fund expects the report to be complete by spring of 2019.
>
> The study is evaluating access along several lines, including whether or not a person has insurance coverage or can afford to pay for services; the availability and cultural competency of practitioners; and the proximity or transportation options for physically getting to a service location.
>
> "A service might exist in a county or metropolitan area, but that doesn't mean everyone in the region has access to it," explained Senior Program Officer Becky Cienki, who directs the Health Fund's Behavioral Health Initiative. "If there are language barriers, or the available providers don't participate in either Medicare or Medicaid, then effectively that patient doesn't have access to that service. We also know there are many areas of the state with significant behavioral health workforce shortages."
>
> The study will include individuals with mild, moderate, or serious mental illness, substance use disorders or co-occurring disorders. The study will also specifically analyze access for the

Health Fund's two priority populations, children and older adults, as subsets of analysis regarding the broader population.

The goal of the study is ultimately to guide policy and investments around Michigan's mental health system. The study will complement ongoing work at the State level around inpatient psychiatric services and medication-assisted treatment to help provide a fuller and more detailed view of how Michigan residents are or are not accessing critical healthcare.

"The Health Fund's support will enable us to produce a comprehensive assessment of access to behavioral health care across the state, and to determine where additional public investment may be needed," says Emily Ehrlich, project lead and deputy director of Altarum's Center for Behavioral Health.

The Health Fund has committed more than $250,000 to conduct the study and produce a report, and is leaving open the possibility of a "phase 2" to fill in data gaps that emerge during the initial scope of work. As Cienki explained, the Health Fund is "committed to understanding the big picture of behavioral health access as well as granular needs of communities within Michigan."

New Faces of the Complex Care Workforce: Reflecting and Connecting with Patients

The Center for Health Care Strategies (CHCS) recently announced a set of resources exploring the wide range of non-traditional and emerging roles in the workforce whom serve persons with complex mental health and physical healthcare needs. Excerpts from the recent CHCS announcement are provided below.

An exciting trend in complex care is how its workforce has evolved to better address patient needs. Today, organizations increasingly recognize the value of employing individuals who share experiences with the patients they serve, and who can provide a more personal approach to engagement and care coordination. Those experiencing substance use disorder, homelessness, and/or mental illness, for example, may feel stigmatized and alone, and often face numerous obstacles to accessing health care. However, with support from an individual who has "been there," many patients can receive more consistent, coordinated care, and achieve improved health outcomes.

The *New Faces of the Complex Care Workforce* series, developed by the Center for Health Care Strategies, features individuals working at complex care programs across the nation. These profiles explore the role of these "non-traditional health workers," the types of patient populations they have successfully engaged, and the challenges of sustaining these types of programs. Their titles vary — community health worker, care navigator, community paramedic,

peer specialist — but the core benefit they provide to patients is the same: a knowledgeable care provider, often with lived experience, and an advocate for better health.

The full set of resources can be found at:
https://www.chcs.org/resource/new-faces-of-the-complex-care-workforce-reflecting-and-connecting-with-patients/?utm_source=CHCS+Email+Updates&utm_campaign=5818e4f114-NTWF+Series+Profiles+121918&utm_medium=email&utm_term=0_bbced451bf-5818e4f114-152144421

America's crisis isn't opioids—it's ignorance

Below is a recent editorial, by Ryan Hamilton, originally published in The Hill) Ryan Hampton is a person in recovery from heroin addiction and author of "American Fix: Inside the Opioid Addiction Crisis—and How to End It," published by St. Martin's Press. He's a nationally recognized activist and founder of the nonprofit advocacy organization The Voices Project.

I grew up in Florida, within miles of the epicenter of what we now call a national opioid crisis. I got hooked on prescription painkillers in Florida, buying green and blue tablets from the pill mills that spread through Miami. I learned to shoot heroin in Florida. I ate at the homeless shelters there, begged for change at the gas stations, and tried one treatment center after another. I experienced the opioid crisis up close and personal: I lived it.

After leaving Florida in 2013 and finding sustained recovery four years ago in California, I'm still experiencing the effects of the epidemic. Now, I see it from the other side. I work in policy, pushing for recovery related reform at the national level. I work hand-in-hand with grassroots groups across the nation to ensure that our voices are heard. This year, I've learned that if recovery is not represented at the decision-making table, it quickly falls by the wayside

I'm able to be such a vocal activist in part because I'm white. I'm the guy in the Warby Parker glasses, the hoodie, and the backpack, trying to force change everywhere I go. I see few advocates of color at the table and at higher levels of leadership — especially when funding is in play. I do my best, but I can't speak for a community I'm not part of. I *can* call out systematic problems that exclude people who are in need. The fact is, in our focus on fixing America's "opioid problem," we've fallen into the same old ignorant patterns. White, suburban, middle-class opioid users are receiving an overwhelming amount of media attention. People who look like me are in the limelight: the addiction crisis is hot right now, but only certain aspects of it actually make it to the mainstream.

We've ignored communities of color, alternate pathways to recovery, harm reduction, and substances other than opioids. As a result, meth is on the rise, as well as benzos such as Xanax. Well-intentioned advocacy from both policy leaders and grassroots groups has actually created more victims because it fails to include *all* people with substance use disorder. The divide between policy and the day-to-day struggle of people in active addiction is widening. Who cares what legal protections we have if they don't actually save lives? What's the point of creating progressive health care systems if those systems aren't accessible to *everyone* who needs them?

Furthermore, the media misrepresents small steps forward as the "finish line" while sensationalizing opioid use in specific regions. Instead of becoming more inclusive, our definition of recovery is narrowing. That squeezes out the most vulnerable members of our communities, while those with more privilege—who fit the mold of the "model addict"—get sympathy and support on their journeys to wellness. That means that, on the same day, a headline about the opioid crisis in Appalachia shares a page with a story about Senate leadership unanimously backing the new opioid bills. It doesn't make sense. These stories are linked. They are one and the same. The average addict looks nothing like the rural poor of West Virginia—the drug epidemic affects one in three American homes. Yet, just as the media chose to sensationalize the crack epidemic as a "black problem," addiction is once again becoming "someone else's problem." When we see addiction represented as something that happens to *other people*, we don't deal with the problem that's in our own backyards, living rooms and classrooms.

Yet, there are examples of people working hard to address the crisis without shame, stigma, or discrimination. Dayton, Ohio recently made headlines for cutting its overdose rate in half by focusing on giving help freely, to anyone who needed it. The city removed barriers to treatment by investing in public health, supporting harm reduction measures like fentanyl test kits and clean syringes, and offering diverse options for recovery support.

Miami-Dade County in Florida—the place where I hit the bottom of my addiction—is making incredible strides too, by making naloxone available literally *everywhere* and putting it in the hands of people who already use opioids. The county is also the home of the state's first and only syringe exchange program. These two places are reversing the opioid epidemic by treating it like a public health crisis—and not shutting out people in need because they "don't fit" the way we see addiction in the media or in budgeting meetings. Instead of assuming that a rising tide of recovery will lift all boats, they decided to build a boat that has a seat for everyone.

This year, the drug crisis worsened, even as we made incredible strides forward in leadership, policy, and breaking the stigma of addiction. Clearly, what we're doing isn't working broadly, for people of diverse backgrounds and needs. We can't leave them behind and then pat ourselves on the back. We need to look at movements like AIDS activism and focus on helping people survive. Not just white people, not just straight people, not just wealthy people, not just employed people, not just housed people. *All* people.

I'm as guilty as the next person of losing sight of that goal. I, too, spent a lot of this year focused on opioids, and how they affected only the people I know. In 2019, I want to do better. We have a larger problem than opioids: we have a problem with our perception of addiction, our education about the illness and our response to this crisis. That includes the community of pain patients who are being pushed out of the discussion on opioids and penalized by stricter prescribing guidelines. In fact, we can find common ground between recovery advocates and pain patients, instead of leaving anyone on the sidelines.

This is not a problem that can be solved by separating and specializing it to death. We have the data, the tools, and the evidence that are proven to work. We need to use them and make them accessible by actually meeting people where they are. In 2019, I'm committing to making

harm reduction and *saving all lives* my focus. You can't help someone if they're dead. All the well-crafted legislation in the world won't bring back the fathers, mothers and children who we've lost to drug-related causes. What we can do is bring help to those in need. We can give them their dignity. We can see them from the other side of the crisis, and meet them wherever they are.

The issue isn't opioids: it's ignorance. What are we actually trying to fix? Are we solving the problem, or simply eliminating the people we don't think deserve help?

I've looked at this epidemic from both sides. I know where I stand. I hope others will stand with me, and lend their voices to a movement that includes everyone and offers real, meaningful solutions. This doesn't have to be complicated. Simple measures like making naloxone widely available, offering 24/7 access to safe injection sites with fentanyl test kits and clean syringes, and connecting people with help the minute they need it ensures that they can get through 2019 alive. Together. In one piece, recovered.

State Legislative Update:

Final 2018 Lame Duck Update

This morning the House and Senate wrapped up their lame duck session. The Senate adjourned around 7:30am and the House adjourned around 8am (session started at 10am Thursday 12/20/18). Below is a run down of what passed and what did not:

Items that PASSED IN LAME DUCK

SB 601 – FY19 Supplemental Budget, Items included in the FY19 Supplemental budget related to Behavioral Health services:

- Michigan CARES Behavioral Health Hotline Includes $3.0 million GF/GP to develop, operate, and maintain a hotline pilot program to connect individuals experiencing a behavioral health crisis with local behavioral health providers. **Gross (GF/GP) $3,000,000 ($3,000,000)**

- Emergent Peer Recovery Coach Services Pilot Project – One-Time Provides $500,000 GF/GP to Growth Works for an emergent peer recovery coach services pilot project in conjunction with a hospital with at least 5 beds dedicated to stabilizing patients suffering from addiction. Pilot will provide a specialized trauma therapist and peer support specialist to assist with treatment and counseling. **Gross (GF/GP) $500,000 ($500,000)**

- Autism Alliance of Michigan – One-Time Provides $466,000 GF/GP to the Autism Alliance of Michigan to pilot a fidelity review and secondary approval for children receiving Medicaid who are evaluated for autism services. **Gross (GF/GP) $466,000 ($466,000)**

- Direct Care Wage Increase Includes $16.0 million Gross ($5.1 million GF/GP) to increase direct care behavioral health worker wages by $0.25 per hour. Funding supports the wage increase beginning April 1, 2019. **Gross /Federal (GF/GP) $16,000,000 10,899,500 ($5,100,500)**

- Lakeshore Regional Entity – One-Time Includes $3.5 million GF/GP for the Lakeshore Regional Entity PIHP. **Gross (GF/GP) $3,500,000 ($3,500,000)**

- Autism Train the Trainer – One-Time Includes $45,000 GF/GP for the Walled Lake School District for an autism train the trainer certification program to train employees on applied behavior analysis. **Gross (GF/GP) $45,000 ($45,000)**

SUD Licensing Rules – the JCAR (Joint Committee on Administrative Rules) committee voted 10-0 to waive the 15-day legislative requirement for the Substance Use Disorder Service Program rules. LARA plans to start drafting a second round of rules in February to address this concern from the field regarding detox services.

HB 4066 & 4067 – The bills would create a new section of the Michigan Public Health Code to enact into law the "Interstate Medical Licensure Compact." The interstate compact will allow physicians to be licensed in many states simultaneously and promptly, after the respective state legislatures enact the 'model language' of the compact into state law.

HB 5152 & 5153 – creates a nonopioid directive form, which would allow patients to opt out of being administered or prescribed an opioid & HB 5153 allows a guardian to execute a nonopioid directive form.

HB 5818 – 5820 – Including guardians to mental health code, related to court order treatment.

HB 5806 – 5808 – Creates legislative framework on juvenile mental health court.

HB 5810 – revising Kevin's Law, court-appointed outpatient and inpatient care, increasing accessibility. As we mentioned earlier in the week **key language was removed from the bill** that would have required the state pay for any additional costs this bill would require:

SEC. 308A. IF THERE IS AN INCREASE IN THE NUMBER OF PERSONS REQUIRING TREATMENT UNDER SECTION 401 AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION, THE STATE MUST PAY ALL OF THE ADDITIONAL COSTS ASSOCIATED WITH THE INCREASE.

HB 5505, 5506 & 6400 - clarify when you need to license an adult foster care home. HB 5505 proposes by not requiring licensure for settings of up to 4 adults receiving benefits from a CMH services program. HB 5506 includes transferring the cost of the FBI criminal history checks to AFC licensees beginning July 1, 2020.

HB 5439 – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website.

HB 5828 – Creates the school safety commission.

SB 962 - The bill would allow certain facilities to be dually licensed as adult foster care facilities and substance use disorder programs so that an individual seeking treatment for a substance use disorder and mental health issues could be treated at a single facility, as long as the facility was approved as a co-occurring enhanced crisis residential program.

SB 1171 – Revised version of minimum wage bill passed in September – already signed by the Governor.

SB 1175 – Earned Sick time – Changes the maximum amount of paid sick leave a person can earn to 36 hours a year, as opposed to the 72 hours in the original proposal and exempt businesses with 50 or less employees – already signed by the Governor.

Items that DID NOT PASS in Lame Duck

HB 5625 – allows mediation to start immediately with a rights dispute and not waiting until after the investigation is closed.

HB 6252 – create a Suicide Prevention Commission to work with state departments and nonprofit organizations on researching causes and underlying factors of suicide, and to prepare a report for the legislature with recommendations for reducing risk factors with yearly updates thereafter, and would sunset the Commission at the end of 2026.

SB 641 – The bill would redefine limited licensed phycologists as a "psychological associate".

Raise the age package (HBs 4607, 4653, 4662, 4664, 4676, 4659, 4650 & 4685) – Michigan is one of only four remaining states in the United States where 17-year-olds are automatically considered

adults for criminal offenses. To align with standard national practices, Michigan should raise the age of juvenile court jurisdiction to 18.

SB 1243 – Designed to make the new recreational marijuana law look more like the regulation that governs medical marijuana so Michigan does not have two different sets of regulation.

SB 1245-1247 – Bills would give law enforcement officials the ability to access the MAPS (Michigan Automated Prescription System) when they deem it necessary in an investigation. The bills were introduced by the Michigan State Police and being pushed by the Governor's office.

HOUSE CARES TASK FORCE

HB 5085 – dedicates 4% of the unmarked money raised through Michigan's liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than $17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders.

HB 5460 – require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers.

HB 5461 – Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460.

HB 5524 – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid.

HB 5487 – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan.

HBs 5450-5452 – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes).

HB 6202 – MI CARES hotline would create a statewide 24 hour/7 day a week referral system for individual who are seeking services.

Federal Update:

Court Ruling Creates Uncertainty for ACA

Late last week, Judge Reed O'Connor found the Affordable Care Act (ACA) to be unconstitutional following Congress' repeal of the individual mandate penalty in 2017. Most importantly, the law remains in effect pending what is likely to be a lengthy appeals process. Nonetheless, the ruling will likely have significant impacts on the health care debate in Washington and around the country. The decision is expected to be appealed to the Court of Appeals for the Fifth Circuit, which will likely consider it at some point in 2019, and the case could eventually be heard by the Supreme Court.

DECISION

In February 2018, 20 states with Republican Governors or Attorneys General filed a lawsuit, *Texas vs. Azar*, alleging that the zero-ing out of the individual mandate made the entire ACA unconstitutional. Congress removed the tax penalty for individuals who did not obtain insurance as part of their larger 2017 tax reform package.

In his ruling, Judge O'Connor sided with the plaintiffs on two critical points by finding that:

1. The ACA's individual mandate separate from its tax penalty is unconstitutional, and
2. The other provisions of ACA are inseverable from the individual mandate and thus the entire law is invalid.

O'Connor's decision injects a new round of uncertainty in the health insurance marketplace, and for the health care sector more generally, given the sweeping nature of the December 16th ruling. This uncertainty is driven by ambiguity around the timing for proceeding and ultimately, the outcome of the legal process.

LEGAL OUTLOOK

The Affordable Care Act will remain in effect pending a "final" decision by Judge O'Connor and subsequent appeals in *Texas v. Azar*. Legal experts are overwhelmingly skeptical that Judge O'Connor's ruling will be upheld through the appeals process.

The decision is expected to be appealed to the Court of Appeals for the Fifth Circuit — with jurisdiction over Texas, Louisiana, and Mississippi — which will likely consider it at some point in 2019. While some observers argue that the case is unlikely to make it to the Supreme Court, ACA critics including White House Press Secretary Sarah Huckabee Sanders have said "we expect this ruling will be appealed to the Supreme Court."

Despite the addition of conservative judges to the Supreme Court in recent years, it is worth noting that all five Justices who initially upheld the individual mandate against an earlier legal challenge, *NFIB v. Sebelius,* (Roberts, Ginsberg, Breyer, Sotomayor, and Kagan) remain on the Supreme Court.

POLITICAL OUTLOOK

With the ACA already top of mind for Democrats, the decision has sharpened their focus on potential "fixes" without meaningfully reducing the appetite for other health care issues on their agenda, such as drug pricing, transparency, and cost containment. The decision also has the potential to put Republicans in an awkward position, dividing the caucus between those who want to fully eliminate the ACA and more middle-of-road members who represent parts of the country where the ACA is relatively popular. This divide is also playing out in the Administration where the President Trump has praised the decision, while key federal agencies have sought to reassure individuals, providers, and the health care industry generally that the health insurance exchanges are open for business and the Centers for Medicare and Medicaid Services (CMS) demonstration programs are proceeding as planned.

During this time of uncertainty, the National Council will remain vigilant about protecting Medicaid and the Affordable Care Act, in particular, its provisions that are most important for individuals with mental health and addiction disorders. Together with our 2,900 members, we will continue our advocacy on Capitol Hill and across the country to defeat proposals that would limit access to care while fighting for new innovations, like Certified Community Behavioral Health Clinics, that promise to help communities meet the unmet need for mental health and addiction treatment in this country.

Education Opportunities:

CMHAM & Michigan Health Endowment Fund Present New Training Series: Managed Care Contracting from a Position of Strength!

Many behavioral health agencies mistakenly believe that they lack leverage with the MCOs to negotiate fair provisions in their participation agreements, overlooking legal protections available under state and federal law. In addition, many behavioral health agencies fail to position themselves to participate under value-based payment arrangements with MCOs, foregoing potential revenue streams. This full-day training will assist behavioral health agencies negotiate favorable participation agreements with MCOs. The training will address the following topics:

- Preparing for contract negotiations by identifying and assessing potential leverage points, such as regulatory leverage, market power, and competing on value;
- Evaluating managing care contracts using a team-based approach, considering an MCO's operational and financial stability;
- Negotiating strategies and tips to make the most persuasive case; and,
- Understanding common contract terms and what language is most advantageous.

FEATURING: ADAM J. FALCONE, JD, MPH, BA, PARTNER, FELDESMAN TUCKER LEIFER FIDELL, LLP Based in Pittsburgh, PA, Mr. Falcone is a partner in FTLF's national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. He counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters.

WHO SHOULD ATTEND:

- Nonprofit mental health providers and those mental health providers serving within the public mental health network interested in negotiating contracts with managed care organizations
- Limited attendance: only 2 people per agency may attend

REGISTRATION: $100 per person. The fee includes training materials, continental breakfast and lunch.

ADDITIONAL INFO: https://macmhb.org/education, cward@cmham.org; or 517-374-6848.

TO REGISTER, CLICK ON YOUR DATE & LOCATION:

January 15, 2019 - Detroit Marriott, Livonia*(full – registration closed)*

January 16, 2019 - Holiday Inn & Suites, Mt. Pleasant*(18 spots left)*

January 23, 2019 - Drury Inn & Suites, Grand Rapids*(1 spot left)*

January 24, 2019 - West Bay Beach Holiday Inn*(28 spots left)*

CMHAM Annual Winter Conference

The CMHAM Annual Winter Conference, "Together…We All Win!"

February 4, 2019: Pre-Conference Institutes
February 5 & 6, 2019: Full Conference
Radisson Plaza Hotel, Kalamazoo

Conference Registration will open next week. Hotel Reservations are open now:

Radisson Plaza Hotel & Suites, 100 W. Michigan Ave., Kalamazoo, MI 49007
2019 Room Rates: $132 plus taxes (Single/Double)

When making your reservations, you will be charged one-night NON-REFUNDABLE deposit. There will be NO PHONE reservations.

To Make Your Reservations: Visit: www.radissonkz.com

Enter: check in and check out dates (conference dates only)
Click: more search options
Select: promotion code for rate type
Enter: CMHA19 for code
Click: search and **Complete reservation**

Deadline for Reduced Rate: January 13, 2019

Cancellation Deadline: Guests have until 24 hours prior to arrival to cancel without penalty. If a reservation is canceled prior to the 24 hours the one-night non-refundable charge will still apply but there will not be any additional charges. If a guest cancels within 24 hours prior to arrival, in addition to the one-night non-refundable charge, a one-night stay fee will apply.

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace

Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Administration for Community Living (ACL) announces HCBS resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

> As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.
>
> Dan Berland; Director of Federal Policy; NASDDDS
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> Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)
>
> For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: https://www.surveymonkey.com/r/P25Z8TR. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.
>
> We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:
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> Click on the link below, or if your email program does not allow linking, copy and past the link into the address field of your Internet Browser.
> https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8
>
> Once you have been redirected to the Download page, select the "Download" button. When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".
>
> Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.
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> Please find the link to a copy of Minnesota's "Provider's Guide to Putting the HCBS Rule Into Practice".
>
> A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

IPSSR announces next in series to focus on opioid abuse and suicide

Michigan State's University's Institute for Public Policy and Social Research (IPPSR) will host its first 2019 luncheon public policy forum on January 16, 2019 from 11:30 a.m. to 1:30 p.m. in downtown Lansing.

Two leading causes of death in Michigan, highest among males, are opioid overdose and suicide. While the conversation is a difficult one to have, professionals who are working with those who are vulnerable to these tragic endings, and their families, are eager to discuss possible policy changes that are likely to help curb, if not prevent, the trending crises.

Please join us for IPPSR's January forum, **Lending Light to Michigan's Double Crisis – Opioid Use and Suicide**, taking place in the Anderson House Office Building, 124 N. Capitol Ave., directly across from the Michigan Capitol grounds in downtown Lansing. As previously noted, the forum discussion will run from 11:30 a.m. to 1:30 p.m. and is free and open to the public. Pre-registration is strongly encouraged online at http://bit.ly/IPPSRForum as open seats and lunch is on a first-come, first-serve basis. January's panel includes:

Jennifer E. Johnson, PhD, C. S. Mott Endowed Professor of Public Health; Professor of OBGYN, Psychiatry and Behavioral Medicine with the College of Human Medicine at Michigan State University
Juli Liebler, Ph.D., Assistant Professor and Director of Outreach with Michigan State University School of Criminal Justice, Former Chief of Police for the City of East Lansing, and FBI National Academy Graduate

In addition to the January 16 forum, IPPSR also will host Public Policy Forums on February 13, March 13, April 17, and May 8. Previous forums may be viewed on the IPPSR website. We hope you will take this opportunity to learn, contribute, and network with others who have interest in forum topics.

Social determinants of health to be focus of MSU Colleges of Medicine and Nursing seminar

SAVE THE DATE

Michigan State university's College of Human Medicine and College of Nursing present:
Social Determinants of Health: A Call to Action
Speaker: Dr. Mona Hanna-Attisha

Conrad Auditorium
Polycom G029 DMC, UC3 208 Macomb, 120 Secchia Grand Rapids
Wednesday, January 16, 5–7:30 p.m.
Dinner 5-6 p.m., Program 6-7:30 p.m.
RSVP to: https://bit.ly/2Lc7gpQ

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.

- *Training Full:* 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

Miscellaneous News and Information:

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: $57,000 to $73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

• Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or

another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.

- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: https://www.mpas.org.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: 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

CMHAM Staff Contact information:

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

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

Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Owens, Accounting Clerk, dowens@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Annette Pepper, Training and Meeting Planner, apepper@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org