CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

December 7, 2018

Contents:

CMH Association and Member Activities:

Association Staffer, Carly Sanford, Earns her GMS

Carly Sanford, Training and Meeting Planner for the Community Mental Health Association of Michigan has earned her Government Meeting Specialist certificate. Government Meeting Specialist is a certificate program that provides the knowledge needed to carry out functions of a meeting professional. Congratulations Carly!

Annette Pepper Earns her MBA

Annette Pepper, Training and Meeting Planner for the Community Mental Health Association of Michigan recently earned her Master's in Business Administration from Michigan State University. Congratulations Annette!

Open house announced for Macomb CMH CEO

John Kinch Retirement Open House
Tuesday, December 18th
3:00 - 5:00 pm
Macomb County CMH Administration Building
22550 Hall Road, Clinton township

Refreshments and snacks will be served.
Any inquiries, please send to lynne.pulliam@mccmh.net

CMHAM Committee Schedules, Membership, Minutes, And Information

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

News from Our Corporate Partners:

Abilita Stresses that Harsher HIPAA Audits are to Come

Below is an update, from Abilita, a longstanding corporate partner of the CMH Association of Michigan.

In years past, the Health and Human Services Office for Civil Rights have used audits as more of a way to educate. The OCR is increasing their enforcement over the last three years and they are now looking to use new tools to "hold bad actors accountable", according to OCR Director Roger Severino. The OCR could use tactics such as organizations being forced to pay victims of a breach, corrective action plans, legal action, and statutory penalties. The OCR HIPAA audit program is self-funded by

fines they collect, giving them even more reason to increase their efforts. If you know you don't have a proper plan in place or need help, 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:

Lt. Gov. Calley: Michigan autism progress includes top 10 ranking for certified behavior analysts

Below is an excerpt from a recent press release regarding the progress that Michigan has made in expanding autism services to children, adolescents, and young adults across the state.

State Plan highlights autism successes since 2012, future needs

Michigan has gone from 33rd to 10th in the nation for the number of certified behavior analysts and has made great strides in supporting autism services since 2012, Lt. Gov. Brian Calley announced today.

"ABA therapy is often life changing for a child with autism, greatly helping them develop the skills and confidence needed to live a self-determined independent life," Calley said. "I'm so proud that we are now 10th in the nation for the number of certified behavior analysts and have 10 universities with behavior analyst degree programs. All of this work is making a difference and I look forward to seeing this progress continue."

There are now 873 behavior analysts certified in Michigan, up from 118 analysts in 2012. The improvements are highlighted in the Michigan Autism Council's Autism Spectrum Disorder (ASD) State Plan 2018 Progress and Recommendations Report, issued today by the Michigan Department of Health and Human Services (MDHHS). The report highlights the successes and future needs related to autism in Michigan.

Achievements also include:

- Ten Michigan universities now have behavior analyst degree programs
- Behavior analyst licensure legislation passed in Michigan (Dec. 2016)
- ABA services for Medicaid beneficiaries expanded to cover birth through 20 years old (Jan. 2016)

ABA services for Medicaid beneficiaries covered for 18 months through five years old (April 2013)
Passage of autism insurance reform (April 2012)
Creation of the Autism Council (July 2012)

"While impressive changes have occurred in the past several years, Michigan is diverse in its geography and population, and improvements in state systems and services need to be made more consistent throughout the state," said Amy Matthews, Vice-Chairperson of the Michigan Autism Council. "The Autism Council is eager to continue the progress that has been made so far to improve the lives of Michigan families and this report provides a wonderful blueprint for doing so in the years to come."

Recommendations in the progress report are provided across six areas:

Family engagement and involvement
Early identification and early intervention services
Educational supports and services
Adult services and supports
Physical, mental, and behavioral health
Infrastructure to meet focus area goals and recommendations.

"The State of Michigan is fortunate to have the support of the Michigan Autism Council in leading the way forward on this important issue," said Lisa Grost, Manager of the Autism Section within MDHHS. "Michigan families have greatly benefited from the commitment and dedication of the Michigan Autism Council and this report is another vital step in keeping that momentum going."

The Michigan ASD State Plan 2018 Progress Review and Recommendations can be viewed in its entirety at www.michigan.gov/autism.

MDHHS announces uses for federal State Opioid Response funds

Below is the recently distributed list of the projects that the State of Michigan is supporting with the federal State Opioid Response (SOR) dollars.

Total Annual Award: $27,914,639

Program	***Grantee/ Contracting Body***	***Requested Allocation: Year 1***	***Description***	***Direct Service Requiring GPRA?***
Administration				
Administration, Evaluation, and Data Collection.	OROSC, WSU, MPHI	$1,464,653	SOR permits up to 5% of the grant award to be spent on "infrastructure development" at the SSA level. This includes adopting or enhancing	No

			computer systems, training/workforce development, policy development, and project evaluation. This also covers staffing costs for the SSA. SOR permits up to 2% of the grant award to be spent on "data collection and performance measurement" to meet the standards of the GPRA Modernization Act of 2010.	
Prevention				
PIHP Administrative Needs	PIHPs	$881,502.00	Mandate that each PIHP hire an SOR Coordinator for the duration of the grant to coordinate SOR activities and prevent overlapping efforts with STR. Half the position (0.5 FTE) will be funded with prevention funds and half (0.5 FTE) will be funded with treatment funds.	No
Youth/Family Oriented Prevention EBPs	PIHPs	$977,000.00	Provide up to 4 youth/family-oriented Evidence-Based or Promising Practice programs; each PIHP will be able to choose 2 programs to fund during grant year 1. Programs include: Guiding Good Choice, Project Towards No Drugs, Botvins	No

			Life skills, and Prime For Life.	
OEND with Harm Reduction	PIHPs	$986,313.00	As the PIHPs will each have funding for OEND from the STR grant, this award will require PIHPs to demonstrate additional naloxone purchasing and training opportunities to receive additional funding. PIHPs will also be able to fund other harm reduction activities, such as purchasing fentanyl strips.	No
Statewide Trainings for Prevention EBPs	CMHAM	$420,674	Trainings will include: Guiding Good Choices, Botvins Lifeskills, Project Toward No Drugs, Prime for Life, and the Grief and Loss Support Curriculum	No
Media Campaign	OROSC/Department of Communications	$ 1,000,000	Develop a statewide media campaign to increase awareness of treatment options. Rebranding of OROSC.	No
Michigan CARES	Dr. Cara Poland – MSU/Spectrum Health	$783,895	Create a curriculum to train physicians to attain accreditation in Addiction Medicine (AM) via the practice pathway during the transitional phase as the American Board of Preventive Medicine creates an AM subspecialty. Also	No

			begin development of a curriculum for medical students on addiction medicine.	
Medicaid Drug Utilization Review	MDHHS Office of Medical Affairs (OMA)	$1,540,200	This program will educate prescribers who are writing scripts for dangerously high levels of opioids for chronic pain. MDHHS (through the Office of Medical Affairs) would prescreen providers' prescribing habits and identify outlier patients and prescribers. MPRO and Columbia Healthcare Analytics will design outreach specifically for those providers by incorporating another prescriber from the provider's field and 2 additional physicians. Project ECHO and other resources will be utilized as needed for additional support for prescribers.	No
Older Adult Prevention EBPs	MSU Extension	$301,044	MSU Extension would offer programming for older adults across the state through the Wellness Initiative for Senior Education, Chronic Pain and Chronic Disease Self-Management	No

			Programs, and "Stress Less with Mindfulness".	
Pain Management Procedural Care	MI-OPEN (University of Michigan)	$1,907,422	This project will make further advances in opioid prescribing practices after surgery and dentistry by developing perioperative care pathways, refining and implementing prescribing recommendations through Collaborative Quality Initiatives, educating dentists by creating a new CDE curriculum, and coordinating an interprofessional network focused on improving opioid stewardship and coordinated care.	No
Prevention Total: $8,798,050.00				
Treatment				
GPRA Incentives	PIHPs	$188,335.00	Incentives to encourage providers to complete required GPRA data collection.	No
Statewide Trainings for Treatment	CMHAM	$220,674	Contracted training with CMHAM for EBPs.	No
Peers in FQHCs, Urgent Care, and other out-patient settings for SBIRT	PIHPs	$805,050.00	This project would serve to implement Peer Recovery Coaching services in outpatient settings such as FQHC's or Urgent Care.	No
Mobile Care Units	PIHPs	$920,000.00	These units would bring counseling/therapy and physical health	Yes

			services to OUD patients. The units would be retrofitted vans/buses with at least one private room for counseling. There would also be an area for intake/scheduling. There is the potential to have a bathroom incorporated for urine screening. Harm reduction activities could be incorporated with the mobile care units such as fentanyl strips and naloxone. The units could also have a telehealth component.	
OUD Treatment Costs	PIHPs	$522,500.00	This would be funding awarded specifically to cover the costs of uninsured/under-insured patients for OUD treatment services. Patients receiving these services must have data collected relevant to the GPRA Act. Treatments will need to be defined and reported on.	Yes
Opioid Health Homes Expansion	PIHP – Region 1 only	$4,000,000	Expand the OHH program currently set to start in Region 2 to Region 1.	Yes
Jail-Based MAT Expansion	PIHPs	$924,967.00	Expand the development of jail-based MAT programs, possibly modeled on programs	Yes

			developed in Regions 4, 5, 8, or others. PIHPs would need to demonstrate that expansion of jail-based MAT programs through SOR are distinct from those under STR.	
Telehealth to Support Medication-Assisted Therapies in Rural Michigan	Michigan Opioid Collaborative – Dr. Amy Bohnert (University of Michigan)	$1,006,809	MOC will conduct a needs assessment, establish nurse care-manager led care coordination, offer telehealth-based psychotherapy, and create a dissemination toolkit.	Potentially
MISSION MI-REP Expansion	Wayne State University, UMass, MDOC, PIHPs	$1,906,392	Expand the MISSION MI-REP program to Kent and Monroe County. Expand to both jails and prisons.	Yes
Direct Provider Support for Medication Assisted Treatment (MAT)	Opioid Funders Collaborative	$1,000,000	Allows the Opioid Funders Collaborative to create a grant-making program for MAT providers.	Potentially
DBT Training and Patient Follow Up	CMHAM	$125,000	Provide training on DBT and request follow up on utilization and patient outcomes.	Potentially
Acudetox Training	CMHAM	$120,000	Provide training on acudetox and request follow up on utilization and patient outcomes.	Potentially
Mindfulness Training	CMHAM	$75,000	Provide training on mindfulness and request follow up on utilization and patient outcomes.	Potentially

Hope Not Handcuffs Expansion	Families Against Narcotics, MSP	$2,877,378	Support the expansion of Hope Not Handcuffs to 8 new counties.	No
Treatment Total: $14,692,105.00				
Recovery				
Recovery Housing	PIHPs	$1,111,000.00	Cover the recovery housing costs of individuals. Assist recovery houses with bringing outpatient services to the location as needed.	Yes
Individualized Placement and Support (IPS) 18-25	PIHPs (Regions 6, 7, 9, and 10)	$210,000.00	Support training and employment placement for 18-25 year old clients with OUD.	Yes
24 Hour Peer Line	PIHPs	$500,000	Cover staffing and start-up costs for a 24hr statewide Peer Line. This phone-based service would allow people with OUD or at risk of OUD to call at any time and receive support for maintaining recovery, crisis support, and potentially referrals to other resources.	Yes
OUD Recovery Services Costs	PIHPs	$467,900.00	This would be funding awarded specifically to cover the costs of uninsured/under-insured patients for OUD recovery services. Recovery services will need to be defined and reported on.	Yes
ITC Peer Recovery Support	Inter-Tribal Council	$670,931	Implement a culturally tailored evidence-based model that integrates peer recovery support services with culturally responsive, trauma informed, co-occurring mental health and substance abuse treatment.	Yes
Recovery Total: $2,959,831				
Total Requested Grant Year 1: **$27,914,639**				

Why don't consumers have more access to supported employment?

Below are excerpts from a recent analysis conducted by Open Minds (a nationally renowned mental health consulting group and publisher), on supported employment access.

> Accessing supported employment services can be a challenge for consumers with serious mental illness (SMI). Only about 2.1% of consumers with SMI who received mental health services through their state mental health agency had access to supported employment (SE) in 2016—with accessing ranging across states from nearly 28% in Vermont to 0% in 11 states (see 2% Of People With SMI Receiving Public Mental Health Services Receive Supported Employment Services).
>
> There are two primary funding streams for supported employment. The Department of Education's Vocational Rehabilitation Program, which provides funding to state vocational rehabilitation agencies for supported employment services through Title IV-B or Supported Employment for Individuals With the Most Significant Disabilities grants, provided total funding of around $27 million in 2017 (see Supported Employment State Grants: Funding Status). State Medicaid programs provide funding for supported employment as an optional service - states can choose to provide the service, but are not required to (see How Are Supported Employment Services Funded & Delivered?). The question we wanted to answer is: Why are there so few consumers with SMI receiving supported employment services? I turned to our team at OPEN MINDS. They offered several possible explanations.
>
> First, historically the focus on SE has been on the intellectual/developmental disabilities (I/DD) population, not the SMI population. This means that provider organizations serving SMI consumers may not have the awareness or training needed to provide SE. This lack of awareness may lead to provider organizations looking to other supports and service for consumers. Second, in spite of funding, resources are limited. SE may not be a priority in every organization's portfolio of services—and Medicaid and grant funding for SE needs to be supplemented by the provider organization to cover non-reimbursable components of SE programs. Fear and resistance to employment from consumers and their families, coupled with stigma about the mental health community from employers, also created barriers.
>
> *OPEN MINDS* senior associate George Braunstein was surprised at the low percentage, considering the importance of the service, and he questioned whether SE was the primary way most provider organizations seek employment for consumers. He noted that there are several ways of getting employment for consumers—such as vocational rehab and job training—that can be more affordable ways for consumer to get access to vocational training. This is especially true through peer run organizations.
>
> I also reached out to *OPEN MINDS* senior associate Bob Dunbar, who has extensive experience as the chief executive officer of an organization that he described as "a comprehensive community mental health center that provided award winning supported employment services to people with serious mental illness." His organization received a SAMHSA grant to financially support the development and operation of supported employment, in partnership with Dartmouth, to train staff in the model. He noted:
>
> > I think there are many factors that contribute to the scarcity of supported employment (SE) services for people with SMI. First, although it's a SAMHSA-identified and evidence-based practice, vocational services have historically been available in the I/DD

system but not in mental health system (see Supported Employment Evidence-Based Practices (EBP) KIT). Mental health staff are generally not trained in the SE model, and they typically don't view vocational services such as SE as a critical component of their business model or continuum of services. In many respects I view the lack of training and failure to identify SE as an essential service as the primary factor impacting the availability of SE in mental health services.

Then there are financial issues. Most mental health providers organizations will encounter financial barriers to the provision of SE services. Medicaid may reimburse for certain components of SE, but many critical elements of SE including job search, job placement, and on-site coaching are often not reimbursable. Also, many state mental health authorities do not identify SE as an essential mental health service eligible for public mental health authority funding. In some states the public mental health authority and/or publicly-funded mental health providers have collaborated with state vocational rehabilitation agencies to access services in support of SE, but this is not common.

And, there are consumer and caregiver perceptions to deal with. People with serious mental illness and/or their family member care givers may resist SE because they fear that paid employment will jeopardize receipt of disability, Medicaid, and other benefits. SE providers must engage SMI consumers and caregivers in an assessment of the impact of paid employment on continued receipt of benefits.

Finally, there is stigma—more broadly and within the health care community. Job-finding and placement is a key component of all SE programs. The ability of a SE provider to successfully place a person with SMI in a paid position is impacted by "stigma" as well as the "job market." While stigma and the job market will impact SE placements, effective SE programs are able to locate and partner with select organizations committed to making opportunities available to disadvantaged populations, who will also add value to the employer. There certainly are mental health organizations that don't believe that people with SMI have the capacity for paid employment. However, organizations with a history of prioritizing services to people with serious mental illness realize that with proper training and support employment is a realistic and worthwhile goal.

Employment is an important part of recovery for consumers with SMI. As we move towards a more value-based market that is focused on "whole person" outcomes and consumer-directed care, meeting both the health care and social support needs of consumers will become essential. Supported employment is an evidence-based, a reimbursable program that is currently being under-utilized in mental health care. This is one path that executive teams of specialty provider organizations can utilize as part of their comprehensive care strategy.

State Legislative Update:

2018 Lame Duck Legislation

The third week of lame duck session is complete, one more week is scheduled. This was a very busy week, below is a brief update regarding the legislative items of interest to the public mental health system (highlighted is the action that took place this week):

SUD Licensing Rules – On Tuesday, 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. – **Passed the full Senate on Thursday and sent back to the House for concurrence.**

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. – **Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

HB 5625 – allows mediation to start immediately with a rights dispute and not waiting until after the investigation is closed. – **Referred to Senate Health Policy Committee, but no further action.**

HB 5818 – 5820 – Including guardians to mental health code, related to court order treatment. – **Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

HB 5828 – Creates the school safety commission – **NO ACTION this week.**

HB 5806 – 5808 – Creates legislative framework on juvenile mental health court – **Passed out of the Senate Judiciary Committee, waiting action by full Senate.**

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 – **Passed the full House on Wednesday and referred to the Senate Health Policy Committee.**

SB 745 - clarify when you need to license an adult foster care home… We want to make sure home that are currently unlicensed (if you own or rent your own home) remain unlicensed. – **Not going to move, HB 5505 is moving and has the same language to resolve the AFC licensing issue as SB 745 proposes by not requiring licensure for settings of up to 4 adults receiving benefits from a CMH services program, BUT HB 5506 is also moving and it 5506 includes transferring the cost of the FBI criminal history checks to AFC licensees beginning January 1, 2020. This cost transfer is proposed under HB 5506 – HB 5505 & 5506 Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

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. **Passed the full House on Tuesday and headed to the Governor.**

SB 641 – The bill would redefine limited licensed phycologists as a "psychological associate". **NO ACTION this week.**

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 – **NO ACTION this week and officially dead in lame duck.**

SB 1171 – Revised version of minimum wage bill passed in September – **Passed both Chambers and sent to the Governor.**

SB 1175 – Earned Sick time – **Passed both Chambers and sent to the Governor. 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 – Passed both Chambers and sent to the Governor.**

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 – **NO ACTION this week and officially dead in lame duck.**

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 – **Passed out of the House Health Policy Committee and waiting for action on the House floor.**

FY19 Supplemental Budget – NO ACTION, this will move next week.

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. **NO ACTION**

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. **NO ACTION**

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. **NO ACTION**

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. **NO ACTION**

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. **NO ACTION**

HB 5487 – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan. **NO ACTION**

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) . **NO ACTION**

HB 5810 – revising Kevin's Law, court-appointed outpatient and inpatient care, increasing accessibility. **Passed out of the Senate Health Policy Committee, waiting action by full Senate.**

HB 6202 – MI CARES hotline would create a statewide 24 hour/7 day a week referral system for individual who are seeking services. **NO ACTION**

Federal Update:

New Federal Analysis of Behavioral Health Care Workforce Released

The Health Resources & Services Administration (HRSA) recently released national-level behavioral health workforce estimates for 2016 through 2030. The analysis, which was mandated by the 21st Century Cures Act, highlights how workforce shortages and an unequal distribution of providers have intensified access to care challenges for patients. HRSA reiterated that continued analysis on the behavioral health care workforce was essential to combatting the ongoing opioid crisis and noted that these findings aim to provide information on trends within the mental health and substance use disorder provider workforce.

OVERVIEW

In the report, HRSA explains that the magnitude of provider shortages can vary greatly, as certain areas of the country have few or no behavioral health providers available, according to HRSA analysis. Further, the shortage of a qualified behavioral health workforce is exacerbated by high turnover rates, a lack of professionals, aging workers and low compensation.

Among the key details of the report, HRSA calls to align efforts to build the behavioral health workforce with other work to address social determinants of health and improve delivery of mental health and substance use disorder treatments services. Greater integration of behavioral health services with other health services was stressed, and the health agency reported that the extent to which primary care providers are preventing, screening, or referring for mental health and substance use disorder services is an area still under active study.

HRSA explained that the following factors could help increase access to behavioral health services: (1) the use of health information technology; (2) elevation of prevention and recovery-oriented systems; (3) strengthening the quality of care and services delivered; (4) easing administrative burdens for physicians; (5) facilitating shifts in health care delivery models towards team-based care; (6) fully embracing telemedicine modalities; and (7) focusing attention on the value of using peers and paraprofessionals in behavioral health care delivery.

On Capitol Hill, the National Council and its members have worked to create policies to better help community-based mental health and addiction treatment providers attract and retain a well-trained workforce. In the recently-enacted Opioid package (H.R. 6), the National Council secured a provision to create a new federal student loan forgiveness program for individuals working in addiction treatment and recovery support. Additionally, the National Council has supported legislation to create a similar program for mental health professionals. The National Council has also been a longtime advocate of the Mental Health Access Improvement Act (S. 1879/ H.R. 3032), which would allow licensed professional counselors and marriage and family therapists to bill Medicare for their services.

DETAILED ANALYSIS

HRSA produced the following occupation-specific analyses on the behavioral health care workforce:

- Addiction Counselors — At the national level, the supply of addiction counselors is projected to increase 6 percent between 2016 and 2030. Demand for addiction counselors may increase anywhere between 21 to 38 percent by 2030, resulting in a deficit of addiction counselors. (Fact Sheet)

- Marriage and Family Therapists — At the national level, the supply of marriage and family therapists is expected to increase by 41 percent between 2016 and 2030. Demand for marriage and family therapists may increase by 14 percent by 2030, suggesting the U.S. will have a sufficient supply to meet projected demand. (Fact Sheet)

- Mental Health and School Counselors — At the national level, the supply of mental health counselors is projected to increase by 13 percent between 2016 and 2030, with demand increasing by 18 to 20 percent over the same time period. This would result in a deficit of mental health counselors by 2030. The supply of school counselors is projected to increase by 101 percent between 2016 and 2030 and increase in demand by one to three percent. This would allow for a modest surplus of school counselors by 2030. (Fact Sheet)

- Psychiatric Technicians and Psychiatric Aides — HRSA did not predict changes in supply, due to unique challenges in determining future competitiveness of wages, benefits, and workplace characteristics in the model used. Demand for psychiatric technicians is expected to increase anywhere from 13 to 16 percent, whereas demand for psychiatric aides may increase by 16 percent. (Fact Sheet)

- Psychiatric Nurse Practitioners (NPs) and Psychiatric Physician Assistants (PAs) — Between the years 2016 and 2030, the national supply of psychiatric NPs and PAs is projected to grow by 67 percent. Demand for psychiatric NPs and PAs in expected to increase by 17 percent, resulting in a sufficient supply of NP and PA services by 2030. (Fact Sheet)

- Psychiatrists — At the national level, approximately 39,180 psychiatrists were active in the U.S. workforce in 2016, but by 2030, the supply of psychiatrists is expected to decrease by approximately 27 percent given the number of psychiatrists entering, leaving, and changing work hours. Demand for psychiatrists is expected to increase by six percent, resulting in a shortage of psychiatrists by 2030. (Fact Sheet)

- Psychologists — At the national level, approximately 92,990 psychologists were active in the U.S. workforce in 2016, but by 2030, the supply of psychologists is expected to increase by approximately 13 percent. Demand for psychologists is expected to increase by seven percent, resulting in a shortage of psychologists by 2030. (Fact Sheet)

- Social Workers — Between 2016 and 2030, the national supply of social workers with a graduate degree is projected to grow from 232,900 FTEs to 520,450, or 123 percent. Demand is expected to increase by 15 percent, resulting in a sufficient supply of graduate degree-prepared social workers to meet projected demand growth in 2030. (Fact Sheet)

Additionally, HRSA conducted analysis on state-level projections of supply and demand for behavioral health occupations from 2016 to 2030. The health agency also estimated of the number of new entrants into the behavioral health workforce between 2016 and 2021, and predicts an additional 276,400 behavioral health workers by 2021.

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 *(27 spots left)*

January 23, 2019 - Drury Inn & Suites, Grand Rapids *(7 spots 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

Hotel Reservations and Conference Registration will open on Wednesday, December 19, 2018.

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
>
> 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:
>
> 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.

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.

Upcoming Webinars in the HCBS TA Fall 2018 Series:

As a friendly reminder, ACL is hosting a third webinar this Thursday, December 13th from 2:00-3:30 p.m. ET on "HCBS Systems Change after STP Final Approval". Speakers include Patti Killingsworth with State of Tennessee's TennCare, and Dr. Lisa Mills (a consultant to several states in advancing progressive reimbursement methodologies to incentivize increased community integration among Medicaid HCBS beneficiaries). You can still register at the following link: https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings&Conference_ID=8297364&passcode=3425402.

This will be our third and final webinar for the HCBS TA Fall 2018 Series, but stay tuned for more information on our 2019 HCBS Virtual Technical Assistance Series, which will launch in 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

C o l l e g e o f Human Medicine and C o l l e g e o f Nursing

SAVE THE DATE
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

SAMHSA announces sequential intercept mapping workshops

Sequential Intercept Mapping Workshops Focusing on Improving and Expanding Diversion Opportunities at Intercepts 2 and 3

Sequential Intercept Mapping (SIM) Workshops are designed to allow local, multidisciplinary teams of people from jurisdictions to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice, mental health, and substance use systems can be reduced and to begin development of integrated local strategic action plans. This year's SIM Workshops will be focused on improving and expanding diversion opportunities at Intercept 2 and 3 of the Sequential Intercept Model, with particular emphasis on specialty/treatment courts (e.g., drug/recovery courts, DUI/DWI courts, mental health courts, veterans treatment drug courts, family treatment drug courts, tribal healing to wellness courts) and improving coordination and collaboration among judges, prosecutors, defense attorneys, treatment court coordinators and case managers, community corrections, behavioral health treatment provider agencies and organizations, and other community-based services and supports. The GAINS Center will offer the SIM Workshops free of charge to selected communities between March and August 2019.

To apply for a SIM workshop, please download the solicitation and submit a completed application form no later than December 21, 2018

Download the SIM Workshop Solicitation

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:

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