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CMH Association and Member Activities:

CMHAM Committee Schedules, Membership, Minutes, and Information

Visit our website at <https://www.cmham.org/committees>

News from Our Corporate Partners:

3 reason why Abilita is a preferred corporate partner of the CMH Association

Three reasons why Abilita is a preferred corporate partner of the CMH Association of Michigan:

- Abilita guarantees CMHA members can reduce telecom expenses with our help. Savings average 29% and we don't get paid unless you save money!
- Abilita consults on phone system upgrades. When it is time to upgrade the phone system, you don't want to make mistakes!
- Abilita is independent and unbiased, helping clients get exactly what is needed so there are no wasted dollars or efforts.

Email us to see if we can help you as we've helped many other CMHA members, at cmha@abilita.com

Relias Webinar: Integrated Care in a Value-Based World: For Behavioral Health Organizations

In this webinar, we discuss how a rich performance management solution can work in tandem with existing clinical initiatives targeting your at-risk populations. In addition, learn how to engage your providers to ensure your success with new payment models.

Learn how we can help you:

- Get a longitudinal view of individual members
- Measure your performance and identify improvement opportunities
- Identify high-risk probability and rising risk members

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- Measure the impact of care initiatives
- Identify opportunities for providers to standardize to evidence-based practice and engage them with you in this effort

Register for this webinar at:

https://www.relias.com/resource/integrated-care-in-a-value-based-world-for-behavioral-health-organizations?alid=169166420&utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-02-04_integrated-care-vb-world-wbn-share&mkt_tok=eyJpIjoiTkdoOE1qbGxNRGxsTXpReClInQioiIjcl1J2NUhhdVI0R25lcWI0ajhMaGNlbXE2QVZNT2JmZndld3Z6QnNSOTBrZVdXV0hwNEpySlp2SlIwU2N5SkVsQkxHK1FRTlpNQmVYMHY2Y1QrRjkzNVFQSXNjaGI2cG1ycHJlZnFaYW1FXC84ZkZ3RDNOU3RnWW9kVWtGYVhYQjY0In0%3D

State and National Developments and Resources:

Michigan Medicaid bulletin issued: provider fitness criteria

Below is an excerpt from a recently issued Medicaid bulletin on provider fitness criteria:

Provider Enrollment Fitness Criteria (MSA 19-03)

Issued: February 8, 2019

Effective: April 1, 2019

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this bulletin is to notify Medicaid providers that effective April 1, 2019, the Michigan Department of Health and Human Services (MDHHS) will implement provider enrollment fitness criteria. Consistent with 42 CFR 431.51(c)(2), 42 CFR 455.452, and pursuant to Michigan's Social Welfare Act (Public Act 280 of 1939 [MCL 400.111e]), the Medicaid single state agency is required, and has the authority, to set reasonable standards and screening related to the qualifications of providers, and may define exclusions that the Medicaid Director determines necessary to protect the best interests of the program and its beneficiaries. The criteria define federal and state felonies and misdemeanors that would prohibit a provider from participating in the State's Medicaid programs.

The full bulletin can be found at: https://www.michigan.gov/documents/mdhhs/MSA_19-03_645687_7.pdf

Federal Medicaid office makes two announcements: data sets and technology innovations



Medicaid.gov
Keeping America Healthy

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At the Centers for Medicare & Medicaid Services (CMS) we are focused on transforming the healthcare system into one that delivers better value to patients through competition and innovation. To achieve this, we have three main objectives: empowering patients, focusing on results, and unleashing innovation. The Medicaid and CHIP Scorecard supports our objective of focusing on results because it brings a new level of transparency and accountability to the Medicaid program.

Today we continue to build on our efforts to strengthen accountability through improvements to the Scorecard and data transparency. As part of our commitment to robust public reporting of quality and financial metrics that drive performance improvement, we are pleased to announce the release of updated FFY 2017 Child and Adult Core Set data and resources. The updated FFY 2017 data and resources provide information on 20 frequently reported child measures and 19 frequently reported adult measures voluntarily reported by states.

This release updates the FFY 2017 data and resources that were posted on Medicaid.gov in September 2018 and includes additional data reported by states during a one-time extension period for reporting Core Set measures included in the Medicaid and CHIP Scorecard. CMS provided states that missed the deadline for FFY 2017 reporting with an opportunity to report these Core Set measures for possible inclusion in the next version of the Scorecard. Please see the links below for the full set of Child and Adult Core Set Measure reporting resources: <https://www.medicaid.gov/state-overviews/scorecard/index.html>

Child Core Set	Adult Core Set
Child Core Set Home Page	Adult Core Set Home Page
2018 Child Core Set Chart Pack, FFY 2017	2018 Adult Core Set Chart Pack, FFY 2017
Performance on the Child Core Set Measures, FFY 2017	Performance on the Adult Core Set Measures, FFY 2017
Child Health Quality Measures Dataset, FFY 2017	Adult Health Quality Measures Dataset, FFY 2017
Quality of Care for Children and Adults in Medicaid and CHIP: Overview of Findings from the 2017 Child and Adult Core Sets	

For Technical Assistance related to the Child, Adult, and Health Home Core Set measures, please contact MACQualityTA@cms.hhs.gov

New Innovations in technology promote patient access and could make health data exchange a reality for millions

On Monday, February 11, 2019, the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator (ONC) released proposed rules to support seamless and secure access, exchange, and use of electronic health information. The rules would increase choice and competition while fostering innovation that promotes patient access to and control over their health information.

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To view the CMS proposed rule (CMS-9115-P), please visit: <https://www.cms.gov/Center/Special-Topic/Interoperability-Center.html>

CMS' proposed changes to the healthcare system support the goals of the MyHealthEData initiative, and would increase the seamless flow of health information, reduce burden on patients and providers, and foster innovation by unleashing data for researchers and innovators.

For a fact sheet on the CMS proposed rule (CMS-9115-P), please visit: <https://edit.cms.gov/newsroom/fact-sheets/cms-advances-interoperability-patient-access-health-data-through-new-proposals>

For a fact sheet on the ONC proposed rule, please visit: <https://www.healthit.gov/topic/laws-regulation-and-policy/notice-proposed-rulemaking-improve-interoperability-health>

To receive more information about CMS's interoperability efforts, sign-up for listserv notifications, here: https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12443

For further information on the aligned ONC proposed rule "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Proposed Rule" please visit: <https://www.healthit.gov/topic/laws-regulation-and-policy/notice-proposed-rulemaking-improve-interoperability-health>

GVSU responding to rising demand for mental health services

Below is an excerpt from a recent MLive article on the strengthening of mental health resources on the Grand Valley campus.

Grand Valley State University is assessing additional ways to support the increasing demand of students in need of mental health and counseling services.

University officials has already created an additional psychologist position and expanded group therapy offerings, among other things.

Mental health has been a growing concern on college and university campuses across the nation. The number of students in need of mental health care has been increasing, particularly for depression and anxiety.

"The rate of mental health needs has risen five times faster than the rate of enrollment in this country in colleges," Loren Rullman, vice provost for student affairs and dean of students, recently told Grand Valley's Board of Trustees.

The full article can be found at: <https://www.mlive.com/news/grand-rapids/2019/02/gvsu-responding-to-rising-demand-for-mental-health-services.html>

We must end mental health stigma to stop suicide

Below is an excerpt from a recent opinion essay in Michigan Advance, written by the former Detroit-Wayne Mental Health Authority.

We must end mental health stigma to stop suicide

The news hit me hard.

There was another apparent suicide and my heart sank. I did not know Travis Weber well; in fact, I believe I only met him once briefly. That did not stop the tears from flowing when I heard the news.

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Travis Weber served as former Gov. Rick Snyder's legal counsel and was appointed by him to serve on the Northern Michigan University Board of Trustees. He recently joined the law firm of Warner, Norcross and Judd in Detroit. This week, he died of an apparent suicide.

The full essay can be found at: <https://www.michiganadvance.com/2019/02/15/tom-watkins-we-must-end-mental-health-stigma-to-stop-suicide/>

Effort underway to update state's mental health code

Below is an excerpt from a recent article, in Crain's Detroit Business on several efforts related to Michigan's Mental Health Code:

An effort is underway to update Michigan's 45-year-old mental health code to encourage the development of more psychiatric urgent care and crisis centers that would work more closely with hospitals, group homes and families to hold and treat people with behavioral health problems until inpatient hospital beds are available.

The state's mental health code, which was written in 1974 and had its last major update in 1996, prohibits crisis centers from holding patients against their will longer than 24 hours unless they receive treatment — even if there is a legitimate public health and safety reason.

State law also prohibits ambulances from transporting patients with psychiatric conditions to crisis centers with "pre-admission screening units," a change mental health providers would like to see made along with appropriate emergency services training.

Last fall, Partners in Crisis Services and the Michigan Association of Community Health Boards began working with health care attorney Greg Moore of Dickinson Wright PLLC in Troy to develop a white paper that they hope can help convince legislators and state officials to change state emergency medical statutes and what they believe is an antiquated mental health code.

The full article can be found at: <https://www.crainsdetroit.com/health-care/effort-underway-update-states-mental-health-code>

High Turnover, Stagnant Wages Plague Direct Support Professionals

Below is a recent article in the Bismark (North Dakota) Times on a range of issues facing direct support professionals (direct care workers)

A typical day for Megan Arthaud starts at 6 a.m.

Arthaud and the other direct support workers at a south Bismarck group home for people with intellectual disabilities start their day by helping residents with their basic care needs. This includes getting the residents out of bed, to the bathroom, helping them brush their teeth, comb their hair and preparing breakfast.

Most of the residents have wheelchairs, so many of these tasks require a lift to get them in and out of the chair.

For direct support workers, the work is challenging, yet rewarding. At Arthuado's group home, which is owned by Enable Inc., the residents and employees have become a family.

But for organizations that provide services to people with intellectual disabilities, including Enable Inc., recruiting and retaining direct support workers has been an ongoing challenge. Scant wages have led to high turnover rates. In North Dakota, the turnover rate for direct support workers currently sits at about 44 percent.

Yet thousands of people with disabilities rely on direct support so they can stay in their communities and outside of institutionalized settings.

Check out this article from Disability Scoop: <https://www.disabilitycoop.com/2019/01/29/high-turnover-wages-support/25954/>

HHS launches innovative payment model with new treatment and transport options to more appropriately and effectively meet beneficiaries' emergency needs

Below is a recent update from the U.S. Department of Health and Human Services on proposals being considered to cover a wide range of ambulance services; a change that would improve care for persons receiving mental health services.

Supporting ambulance triage options aims to allow beneficiaries to receive care at the right time and place

Today, the U.S. Department of Health and Human Services (HHS), Center for Medicare and Medicaid Innovation (Innovation Center), which tests innovative payment and service delivery models to lower costs and improve the quality of care, announced a new payment model for emergency ambulance services that aims to allow Medicare Fee-For-Service (FFS) beneficiaries to receive the most appropriate level of care at the right time and place with the potential for lower out-of-pocket costs.

"This model will create a new set of incentives for emergency transport and care, ensuring patients get convenient, appropriate treatment in whatever setting makes sense for them," said HHS Secretary Alex Azar. "Today's announcement shows that we can radically rethink the incentives around care delivery even in one of the trickiest parts of our system. A value-based healthcare system will help deliver each patient the right care, at the right price, in the right setting, from the right provider."

The new model, the Emergency Triage, Treat and Transport (ET3) model, will make it possible for participating ambulance suppliers and providers to partner with qualified health care practitioners to deliver treatment in place (either on-the-scene or through telehealth) and with alternative destination sites (such as primary care doctors' offices or urgent-care clinics) to provide care for Medicare beneficiaries following a medical emergency for which they have accessed 911 services. In doing so, the model seeks to engage health care providers across the care continuum to more appropriately and effectively meet beneficiaries' needs. Additionally, the model will encourage development of medical triage lines for low-acuity 911 calls in regions where participating ambulance suppliers and providers operate. The ET3 model will have a five-year performance period, with an anticipated start date in early 2020.

"The ET3 model is yet another way CMS is transforming America's healthcare system to deliver better value and results for patients through innovation," said CMS Administrator Seema Verma. "This model will help make how we pay for care more patient-centric by supporting care in more appropriate settings while saving emergency medical services providers precious time and resources to respond to more serious cases."

Currently, Medicare primarily pays for unscheduled, emergency ground ambulance services when beneficiaries are transported to a hospital emergency department (ED), creating an incentive to transport all beneficiaries to the hospital even when an alternative treatment option may be more appropriate. To counter this incentive, the ET3 model will test two new ambulance payments, while continuing to pay for emergency transport for a Medicare beneficiary to a hospital ED or other destination covered under current regulations:

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- payment for treatment in place with a qualified health care practitioner, either on-the-scene or connected using telehealth; and
- payment for unscheduled, emergency transport of Medicare beneficiaries to alternative destinations (such as 24-hour care clinics) other than destinations covered under current regulations (such as hospital EDs).
- The ET3 model encourages high-quality provision of care by enabling participating ambulance suppliers and providers to earn up to a 5% payment adjustment in later years of the model based on their achievement of key quality measures. The quality measurement strategy will aim to avoid adding more burden to participants, including minimizing any new reporting requirements. Qualified health care practitioners or alternative destination sites that partner with participating ambulance suppliers and providers would receive payment as usual under Medicare for any services rendered.

The model will use a phased approach through multiple application rounds to maximize participation in regions across the country. In an effort to ensure access to model interventions across all individuals in a region, CMS will encourage ET3 model participants to partner with other payers, including state Medicaid agencies.

CMS anticipates releasing a Request for Applications in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers. In Fall 2019, to implement the triage lines for low-acuity 911 calls, CMS anticipates issuing a Notice of Funding Opportunity for a limited number of two-year cooperative agreements, available to local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate.

For more information, please visit: <https://innovation.cms.gov/initiatives/et3/>.

INPUT SOUGHT: Medicaid coverage—and the current limits of that coverage—for incarcerated and justice-involved people

Below is a recent request from Dennis Grantham, a journalist who writes for NACBHDD (of which the CMH Association and its members are members) and Open Minds:

Dear NACBHDD Members:

For the March issue of Under the Microscope, I'm working with Ron to research/write about Medicaid coverage—and the current limits of that coverage—for incarcerated and justice-involved people.

As you know, Medicaid FFP is not available for anyone detained in a jail, even if they have yet to be adjudicated and, therefore, are presumed innocent under law. This has been a problem for years. However, Medicaid FFP is often available to people who are not in jail settings—those on probation and parole, those in home detention, those who are hospitalized for 24 hours or more, etc. So national policy is inconsistent.

I'd appreciate the chance to speak with any of you who are concerned about or working on this problem in your counties or states. Within the next 7-10 days, I would welcome your recommendations and thoughts relevant to:

- 1) Current or proposed "best practices" associated with Medicaid coverage for justice-involved people.
- 2) Current or proposed waiver activity in your state aimed at securing or expanding Medicaid coverage for these groups.
- 3) Examples or projections about the numbers of people involved or the impact(s) of improved or expanded coverage.

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If you've got something to contribute, please give me a call anytime—330-690-5349—or drop an e-mail to dgrantham@openminds.com. Input needed by Friday, February 22.

Thanks.

Dennis Grantham
330-690-5349
dgrantham@openminds.com

Federal judge: State fails to provide prompt mental health care to poor children

A federal judge sharply rebuked the state for failing to provide prompt mental health services to low-income children, saying that constant delays can lead to violent physical outbursts, removal from homes, and traumatizing and unnecessary hospital stays.

Massachusetts has repeatedly violated its own standard of providing certain mental health treatment to seriously ill children on Medicaid within 14 calendar days, with thousands of children having waited weeks, putting them at risk for "devastating setbacks," US District Court Judge Michael Ponsor found.

State Legislative Update:

Senate Committee Holds First Confirmation Hearing for DHHS Director

On Thursday, the Senate Advice and Consent Committee held their first confirmation hearing for Health & Human Services (DHHS) Director Robert Gordon. Much of the questioning centered around work requirements and whether he and his department would uphold the law passed late last year.

"Last week, based on new evidence from Arkansas, (Gov. Gretchen Whitmer) released a letter expressing concerns about potential harm to Michiganders from the (work requirement) statute and saying she wished to work with the Legislature on changes that would protect coverage and at the same time encourage work and reduced red tape," Gordon said. "At the same time, she made clear her commitment to follow the law and that is my commitment to you. I've taken an oath to uphold the Constitution of the United States and the Constitution of Michigan. "I have a duty to federal and state laws," he continued. "The work requirements are in state statute that I'm bound to follow."

Sen. Aric Nesbitt (R-Lawton) asked Gordon, would he "pursue administrative or other methods to reverse the Medicaid work requirements that were signed into law?" "We will apply the law," Gordon said forcefully. "Will you give us a firm commitment that you will not attempt to change the law through administrative process or policy process internally in the department?" Nesbitt asked.

"We will all apply the law," Gordon asserted. "We will not take actions that are inconsistent with the statute."

Nesbitt also asked Gordon what standards he thought should be required for people to receive taxpayer-funded health care. "I think health care is fundamental for people's health and security," Gordon replied.

Gordon then spoke about how difficult it is for most everyone to pay their bills and so on. But then finally he said -- "These things are for you (the lawmakers). I want to make very clear. The Governor has expressed her views. I am here as a program administrator. That will be my job. As long as the law is on the books, I will enforce it."

Sen. Peter Lucido (R-Shelby Twp.), chair of the Senate Advice and Consent Committee, indicated this would not be the only hearing with Director Gordon. The committee has 60 days to finalize their confirmation process.

Federal Update:

Congress Works to Avert Govt. Shutdown with Spending Deal

On Wednesday, the Congressional spending leaders laid out plans for resolving the seven unfinished appropriations bills for FY 2019. (As a reminder, most federal health spending for FY 2019 was finalized [back in September.](#)) The plan includes \$1.3 billion for a U.S./Mexico border wall, far less than the \$5 billion President Trump had demanded. The House and Senate passed the measures on Thursday. Now the package heads to the President Trump's desk for signature. The President has committed to backing the compromise, while also promising to declare a national emergency to access more funds for a border wall.

Education Opportunities:

Michigan's 11th Annual Gambling Disorder Symposium



The Michigan Department of Health and Human Services invites you to join us for a day of increased awareness of Gambling Disorders:

MICHIGAN'S 11TH ANNUAL GAMBLING DISORDER SYMPOSIUM
"GAMBLING.....HOW DO YOU SEE IT?"

Friday, March 1, 2019
Diamond Center at Suburban Collection Showplace
46100 Grand River Avenue, Novi, MI 48374

Symposium Registration Fee: \$35/person [TO REGISTER, CLICK HERE!](#)

Who Should Attend: CEOs, COOs, CFOs, medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all levels of practice (beginning, intermediate and/or advanced).

Technical Assistance in the Area of Best Practices to Promote Recruitment and retention of Direct Support Professionals

The State of Michigan has secured Technical Assistance from the Department of Labor's Office of Disability Employment Policy (ODEP), in the area of best practices to promote recruitment and retention of direct support professionals. One element of this TA will be two separate one-day training sessions - one in the Metro Detroit area on March 21 and one in Lansing on March 22. The Subject Matter Expert and presenter for these sessions will be Kelly Nye-Lengerman, Research Associate at the University of Minnesota. Additional information about the training is available through the link below. Here is an excerpt from the outline of this element of the Technical Assistance: *A cross-systems statewide awareness-raising and knowledge acquisition initiative which targets providers in Michigan which serve both individuals with mental illness and intellectual and developmental disabilities, and people with dual diagnosis. This initiative proposes two regional trainings, which will each be one day in length and will present a comprehensive overview of research-informed best and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).*

For additional information, and to register:

<http://campaign.r20.constantcontact.com/render?m=1102591619935&ca=58703865-e507-496e-81d9-9c05ec232a78>

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:

February 21-22, 2019 | Detroit Marriott Livonia – *TRAINING FULL*

March 18-19, 2019 | Great Wolf Lodge, Traverse City

May 13-14, 2019 | Kellogg Center, East Lansing – *TRAINING FULL*

Who Should Attend?

This event is sponsored by the adult mental health block grant and is only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:

\$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Dates/Locations:

May 20-24, 2019 | Detroit Marriott Livonia

June 3-7, 2019 | Best Western, Okemos

August 12-16, 2019 | Great Wolf Lodge, Traverse City

Training Fee:

\$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

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[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

DBT Summit Call for Presentations

The 2019 DBT Summit will be held Wednesday, May 1, 2019 at the Kellogg Hotel & Conference Center in East Lansing, Michigan. The Community Mental Health Association of Michigan (formerly MACMHB) is now accepting presentation proposals for speaker slots at this year's Summit! Topics can include a range of education related to Dialectical Behavioral Therapy.

Presentation Proposal Deadline: Wednesday, February 27, 2019

Summit Overview: The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide training opportunity for practitioners interested in advancing their Dialectical Behavioral Therapy skills. Dialectical Behavioral Therapy is an evidence-based method that targets the conditions and symptoms of persons who have Borderline Personality and other character disorders. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

Summit Attendance: This summit will attract up to 250 attendees who have interest in the learning and dissemination of Dialectical Behavior Therapy (DBT) in a Community Mental Health Service Provider (CMHSP) or Pre-Paid Inpatient Health Plan (PIHP) setting or an agency who is a provider for CMHSP or PIHP. This includes administrators, clinical directors, case managers, clinicians, and peer support specialists. This educational opportunity is intended for publicly funded providers at all levels of practice (beginning, intermediate and/or advanced).

To submit your proposal now, please see the Workshop Submission Form on the event page [HERE](#), fill out completely, and return via email to brademacher@cmham.org no later than **Wednesday, February 27, 2019**.

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Dates/Locations:

April 26, 2019 | Hotel Indigo, Traverse City

June 19, 2019 | Okemos Conference Center

Training Fee:

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

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[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:

February – DoubleTree Bay City

Basic: Monday & Tuesday, Feb. 25-26, 2019

Advanced: Monday & Tuesday, Feb. 25-26, 2019

Supervisory: Tuesday, Feb. 26, 2019

Teaching MI: Wednesday & Thursday, Feb. 27-28, 2019

March – Weber's Ann Arbor

Basic: Monday & Tuesday, March 11-12, 2019

Advanced: Monday & Tuesday, March 11-12, 2019

Supervisory: Tuesday, March 12, 2019

Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon

Basic: Monday & Tuesday, April 8-9, 2019

Advanced: Monday & Tuesday, April 8-9, 2019

Supervisory: Tuesday, April 9, 2019

Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette

Basic: Monday & Tuesday, June 10-11, 2019

Advanced: Monday & Tuesday, June 10-11, 2019

Supervisory: Monday, June 10, 2019

Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)

\$125 per person for all 2-day trainings (Basic, Advanced)

\$69 per person for the 1-day Supervisory training.

[CLICK HERE](#) for full training details, CE information, overnight accommodations and registration links.

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

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Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

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.

- 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

Pain Management for Social Work and SUD Professionals Coming Soon!

Check back soon for more information and save-the-dates!

Workshop: finding possibility in a sea of challenges: building a quality direct support workforce

Finding possibility in a sea of challenges: building a quality direct support workforce

Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

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This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development
- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is \$30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098

Click here to register: <https://maro.org/events/dsp-training-ochn/>

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here

to register: <https://maro.org/events/dsp-training-lansing/>

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.

Second Annual Michigan CIT Conference Save-the-Date



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Crisis Intervention Teams (CIT) were established in 1988 in response to an officer killing a young man experiencing a mental health crisis. Since that event, crisis interventions teams across the country have formed to develop better ways to actively intervene real time with individuals in a mental health crisis and establish improved community partnerships that support community members to obtain mental health treatment first rather than involvement with the judicial system.

The first annual Michigan CIT conference was hosted by Riverwood Community Mental Health in Berrien County. After this conference, a state collaborative was formed to support Michigan CIT programs and to establish standards for CIT initiatives across the state. The next conference will be hosted by Summit Pointe Community Mental Health in Battle Creek. Law enforcement personnel, corrections personnel, behavioral health professionals, persons living with behavioral health disorders, family members, advocates, judges / court personnel, public defenders / prosecutors and policy makers are encouraged to attend!

Mark your calendars and join us in Battle Creek for the second annual CIT: Crisis Intervention Team Conference October 2-4, 2019. Hear from various presenters on strategies to start your CIT in your community, or ways to improve your existing program. Also, learn more about how CIT is benefiting communities in our state and how to collaborate with other counties. CIT is more than just a training! We look forward to seeing you at our conference as we 'Bring it All Together'. For more information, please email MICITConference2019@gmail.com.

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. <https://www.rosehillcenter.org/>

Job Opportunity: Project Coordinator for Arc Michigan

The Arc Michigan is seeking applicants for a new, full-time position!

Job Title: Project Coordinator

Location: The Arc Michigan, Lansing MI

Job Description: The Project Coordinator and the Arc Michigan will partner with the Michigan Department of Health and Human Services (MDHHS) to enhance and support the department's quality assurance and improvement activities. The project coordinator will 1) supplement the MDHHS site review process by interviewing people who receive CMH services about their experience with the person-centered planning process and 2) support MDHHS efforts to meet the training needs of Pre-paid Inpatient Health Plans (PIHPs), Community Mental Health entities (CMH), other providers, families and people with disabilities, by developing,

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coordinating and delivering training on the key topics of Person-Centered Planning, Self Determination and Independent Facilitation.

Primary Duties and Responsibilities:

- Conduct interviews with individuals who receive Person Centered Planning services.
- Secure and coordinate subcontractors who will conduct interviews with people who receive mental health services and provide support during the MDHHS site review process.
- Collaborate with evaluation contractor for analysis of interviews.
- Participate in MDHHS department groups related to training areas and support MDHHS in finalizing training policy
- Develop a statewide training plan in partnership with MDHHS
- Help plan yearly Self-Determination conference
- Develop initial training curriculum
- Host train the trainer events
- Evaluate training: refine curriculum and incorporate system updates
- Develop a statewide multi-year training plan in partnership with MDHHS
- Host quarterly technical assistance sessions for trainers

Desired Qualifications:

- Knowledge of, and experience interacting with, MDHHS's behavioral health care system
- Experience working with, for and on behalf of people with disabilities
- Knowledge of person-centered planning, independent facilitation, self-determination and other issues pertinent to people with mental illness and/or intellectual and developmental disabilities who receive state-funded services
- Event planning skills
- Excellent written and oral communication skills
- Computer skills with knowledge of Microsoft programs like Word, Excel and Publisher

Salary Range and Benefits: Salary commensurate based on experience and education

Benefits include: 403B plan with employer match, available medical, dental and vision coverage, paid personal, sick and vacation leave and amazing co-workers!

To Apply:

Submit cover letter, resume and salary requirements to Sherri Boyd, Arc Michigan Executive Director and CEO, at sherri@arcmi.org or 1325 S. Washington Avenue, Lansing MI 48910 by February 15, 2019.

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over \$140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: <http://www.network180.org/en/employment/employment-opportunities>.

CMHAM Welcomes New Training and Meeting Planner Alexandra Risher

Alexandra comes to CMHAM with 5 years of association event planning experience. She graduated from Michigan State University with a Bachelor of Arts in Hospitality Business and earned her Certified Meeting Professional (CMP) certification in 2017. In 2016, Alexandra moved to Texas to pursue a master's in clinical Mental Health Counseling but had to return to Michigan before completion. She is excited to begin this new role as a Training and Meeting Planner at CMHAM because it allows her to further pursue her passion for

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mental health advocacy and event planning. In her spare time, she enjoys renovating her new house and spending time with her husband and 7-month-old son.

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