

April 19, 2019

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CMH Association and Member Activities:

Leadership change at CMH Partnership of Southeast Michigan

Jane Terwilliger, a longstanding leader in Michigan’s public mental health system, and most recently the Chief Executive Officer of the Community Mental Health Partnership of Southeast Michigan (CMHPSM), has recently retired. The CMHPSM Board has named James Colaianne Interim Chief Executive Officer.

We wish Jane the best in her future endeavors and congratulations to James.

CMHAM Committee Schedules, Membership, Minutes, and Information

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

News from Our Corporate Partners:

State and National Developments and Resources:

MDHHS issues draft policy on physician recruitment and retention resource

The Michigan Department of Health and Human Services (MDHHS) has long operated the MIDOCS program – a program designed to recruit and retain physicians in Michigan, with an eye toward serving underserved communities. Below is a proposed revision the MIDOCS policy, open for response. Excerpts of the announcement are provided below.

Michigan Department of Health and Human Services Medical Services Administration
Distribution: Hospitals
Issued: June 1, 2019 (Proposed)
Subject: Graduate Medical Education Innovations Michigan Doctors (MIDOCS) Program
Effective: As Indicated (Proposed)
Programs Affected: Medicaid

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

Graduate Medical Education (GME) Innovations programs support innovative GME programs that emphasize the importance of coordinated care, health promotions, and patient-centered care for underserved populations. The purpose of this training is to develop the skills and experience necessary to provide services utilized by Michigan Medicaid patient groups. Upon SPA approval, the Michigan Department of Health and Human Services (MDHHS) will expand its GME Innovations Sponsoring Institutions program to include MIDOCS. The GME MIDOCS program supports the expansion of residencies and subsequent retention efforts for approved high need specialties in underserved areas of the state where current and future physician shortages undermine the health

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and well-being of Medicaid beneficiaries. The MIDOCS program offers physician training in integrated and patient-centered care for underserved populations that will further the state's Medicaid quality goals.

To be eligible for MIDOCS GME funding, the MIDOCS participating medical school must enter into an agreement with MDHHS specifying the number of MIDOCS residents to be supported, the total annual cost of such residencies, any post-residency expenditures to retain physicians in underserved areas of Michigan, and the amount of funding from other sources available for the program, if any. Sponsoring institutions may receive funding from other sources, but Medicaid will act as a payer of last resort to only cover costs not reimbursed through other sources. MDHHS will pay the MIDOCS participating medical school an amount equal to the amount of otherwise unreimbursed costs.

MDHHS will approve four (4) agreements with MIDOCS participating medical schools statewide each state fiscal year (FY), covering residencies for the academic year (July-June [AY]) beginning within the FY. The agreements are effective January 1, 2019 and will amount to \$1.52 million in FY 2019, \$10.73 million in FY 2020, \$19.98 million in FY 2021, \$27.75 million in FY 2022, and \$28.5 million in FY 2023.

In addition, the following requirements must be met:

- The MIDOCS participating medical school must have submitted to the state agency its MIDOCS program proposal for new or expanded residency program(s) to promote access in underserved areas of the state.
- The new or expanded program(s) must possess appropriate accreditation credentials.
- The new or expanded program(s) must meet MIDOCS curriculum standards, including those related to didactic education on patient-centered medical homes, interprofessional education, behavioral and physical health integration, and continuous quality improvement.
- The MIDOCS participating medical school must be the sponsoring institution of the residency program(s) or have an approved agreement with the sponsoring institution.
- The MIDOCS participating medical school or the sponsoring institution (if not the medical school) must have agreements with all training sites for MIDOCS residents.
- If GME distributions exceed the expenses incurred by the MIDOCS participating medical school, their affiliated sponsoring institution, and/or the clinical training sites related to the MIDOCS residencies, the size of the payment will be reduced to bring these elements into alignment.

The full announcement can be found at: https://www.michigan.gov/documents/mdhhs/1908-Hospital-P_652745_7.pdf

McKinsey issues report on value based purchasing

Recently, several associates at McKinsey (Anjali Menon; [Sarun Charumilind, MD](#); Jessica Lamb; [Jocelyn Grahame](#); and David Nuzum), published an article in McKinsey's electronic publication, on the movement of the healthcare field to value based purchasing and other alternative payment methods.

This article is timely, given the work of the CMH Association, with funding from the Robert Wood Johnson Foundation, and in partnership with the Michigan Primary Care Association (MPCA) to foster the use, by Michigan's public mental health system and the state's community health centers. Excerpts from this article are provided below.

US health insurers have attempted to use network and payment levers in multiple ways to reduce medical costs. In recent years, they have returned to a strategy from the 1990s: creating more limited provider networks to shift patient volume to more cost-efficient providers and, in some cases, secure additional fee-schedule concessions. In addition, they have embraced value-based payment as a way to reward providers for delivering high-quality care at lower cost, improving performance over time,

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or both. Each approach has achieved fairly widespread use, but neither has yet realized its full potential.

Most payers today have a limited provider network for at least one line of business. These value networks, whether narrow or tiered, are used in over half of individual market offerings and are being rolled out extensively in Medicare Advantage. They have enabled premium reductions upward of 18 percent when compared with broad network products in the Individual market.¹ 1.Coe E et al. Hospital networks: Perspective from four years of the individual market exchanges, McKinsey white paper. May 2017. Many consumers find the trade-off between cost and provider choice compelling.² 2.McKinsey 2018 Employer Health Benefits Survey.³ 3.Anand P et al. Understanding consumer preferences can help capture value in the individual market. McKinsey white paper. October 2016. Adoption of value networks in the employer-sponsored insurance (ESI) market remains comparatively low, however. In recent years, pricing pressures have led payers to create a surge in offerings for the small-group market, and many employers have shown interest in them. Yet, in a recent survey we conducted, only 6 percent of employers with small-group plans reported adoption, even though many carriers are offering substantial discounts on products based on value networks.⁴ 4.McKinsey 2018 Employer Health Benefits Survey.⁵ 5.The large-group discounts for narrow-network products quoted in public rate filings span a broad range, from 5 percent to more than 30 percent. Similarly, only 9 percent of employers with large-group plans reported adoption.

Value-based payment has also been adopted broadly in some markets, although the level of financial commitment to new payment models—and, not surprisingly, the level of impact—still falls short of the potential. Recent estimates suggest that roughly 34 percent of dollars paid to providers are now in contracts that have some type of performance clause.⁶ 6.Health Care Payment Learning and Action Network (LAN). Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicaid, Medicare Advantage, and Fee-for-Service Medicare Programs. October 2018. These models are expanding in scale and complexity as they are applied to more geographies and populations. In most cases, however, the potential rewards associated with these models are relatively modest; in only a small fraction of cases (we believe less than 20 percent in Medicare models, for instance) is there downside risk associated with underperformance.⁷ 7.LAN survey results estimate that one-eighth of all healthcare spending in 2017 was associated with downside risk models. While the number of Centers for Medicare & Medicaid Services' accountable care organizations has more than tripled in the past five years, fewer than 10 percent are assuming downside risk. Similarly, a few state innovation model (SIM) programs are starting to incorporate risk. We believe the trend is similar in the commercial segment. In our experience, a provider's level of "skin in the game" is among the most important predictors of the impact of value-based payment.⁸ 8.Berg M et al. The seven characteristics of successful alternative payment models. McKinsey white paper. January 2019. Finding ways to raise the stakes (both positive and negative) for providers to adopt and perform under value-based payment models is therefore likely to be essential to transforming care delivery.

Given these facts, we believe an opportunity— even an imperative—exists to reconsider the design and implementation of both value networks and value-based payment. Doing so could enable payers to better understand the barriers that hinder the impact of each approach, and to rethink how they might capture the full potential of each. It could also allow them to contemplate the transformational impact of the two strategies in combination. Exhibit 1 contains a list of key actions health insurers should take when they are considering joint deployment of value networks and value-based payment.

The full article can be found at: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/maximizing-the-value-in-value-networks-and-value-based-payment?cid=other-eml-alt-mip-mck&hlkid=1b2feb8567d04fde8c5a9de7ac5ef913&hctky=11285700&hdpid=dab90857-75dd-498f-b208-56278a594bdf?reload>

Missouri group home staffers make less than McDonalds workers– that’s creating a crisis

Below are excerpts from a recent edition of “435 Kansas City’s Magazine” on the direct care worker shortage in Missouri. The conditions described in the article parallel those found in Michigan and underscores the nationwide nature of this issue.

Missouri’s low unemployment rate and tight state budget have brought a shortage of caregivers to the brink.

“Most of them—they only have us,” says Ashley Crawley, her voice shaking a little as she describes her clients, adults with developmental disabilities.

Crawley is a Direct Support Professional, or DSP, who cares for three people living in a group home operated by Life Unlimited, a nonprofit contracted by the state of Missouri.

Crawley makes \$11 an hour. Working full time, Crawley’s salary equates to just \$21,120 per year—before income tax or social security. Her health insurance runs \$300 a month.

“My best friend works at McDonald’s,” Crawley says. “She makes \$15 an hour, and her benefits are so much better than mine.”

Crawley isn’t alone, and her situation points to a brewing crisis in Missouri’s social services.

Given the low unemployment rate, strong economy and Missouri’s tight state budget, organizations like Life Unlimited are finding it increasingly difficult to find qualified caregivers.

As the salary for fast food workers continues to climb to \$15 across the country and the fracking boom lures workers to North Dakota and West Texas, Missouri has been shaving its already thin budget to care for people with developmental disabilities.

Two years ago, the state cut funding by 3 percent, and while 1.5 percent of the funding was restored last year, the situation remains dire.

Crawley works in a group home. Her labor-intensive, emotionally demanding job requires rigorous training and extensive background checks.

“There’s nothing that compares to what DSPs do,” she says. “We are teachers, medical care providers, chauffeurs, cooks, financial managers and counselors.”

Given the low pay and difficult work, the turnover rate for DSPs like Crawley stands at 60 percent, according to Mark Bertrand, vice president of external relations for Life Unlimited. A quarter of the positions are open at all times, and applicants are few and far between.

“Many leave the profession within their first year because they cannot afford to stay,” Bertrand says. “Then painstaking candidate searches and training programs must start all over again.”

The full article can be found at:

<https://www.435mag.com/missouri-care-make-less-than-mcdonalds-workers-thats-creating-a-crisis/?fbclid=IwAR0YzuOtedGog0JPe424YR0hvaG9sHOsWfsC-yKUyzqtk-vrr3pzrutbWyk>

State Legislative Update:

House Passes CARES Hotline Bill

This week the full House passed HB 4051, sponsored by Rep. Mary Whiteford, which would establish the Michigan CARES (Community, Access, Resources, Education, and Safety) hotline for individuals experiencing a mental health crisis. The hotline would be a telephone referral system available 24 hours a day, 7 days a week.

The Legislature previously approved a plan authorizing a temporary pilot program in at least three geographically diverse areas. Whiteford's new legislation would make a permanent round-the-clock phone hotline available across Michigan, enabling operators to immediately refer individuals to local services with appropriate care providers to address concerns.

"The hotline will be a place for people to go who do not know where to turn when experiencing a mental health crisis," said Whiteford, chair of the Health and Human Services Appropriations Subcommittee. "It has the potential to keep families together, make them stronger, and even save lives. We must establish this hotline and fund it appropriately so people across the state can get the help they need."

Whiteford said the legislation was inspired by the many individuals she heard from during the 2017-18 statewide House C.A.R.E.S. Task Force tour and by her own experience as a former emergency room nurse.

House Bill 4051 now moves to the Senate for further consideration.

Federal Update:

Legislation Would Improve Mental Health Services in Schools

The Mental Health Services for Students Act (S. 1122/H.R. 1109), introduced in the Senate earlier this week and in the House earlier this year, would increase access to evidence-based comprehensive mental health programs for the nation's youth in local schools and communities. The bill would build on youth-focused programs that incorporate promising practices in education, social services, local primary health care, and trauma-informed behavioral health care to help communities take action to help youth and adolescents in need. The National Council applauds Senator Tina Smith (D-MN) and Representatives Grace Napolitano (D-CA) and John Katko (R-NY) for their leadership on this important issue.

Expanding access to mental health services in schools has been a long-standing priority of the National Council, as 17 million youth have had a diagnosable mental health disorder, and one in four have substance use conditions, but less than 35 percent receive treatment. Given the early onset of emotional, mental health and substance use disorders and their subsequent direct and indirect costs, investments in prevention and early intervention programs are necessary.

"The Mental Health Services for Students Act builds on the great success of our youth suicide prevention program in Los Angeles County, where we are raising mental health awareness, reducing harmful stigma, and connecting our future leaders to life-saving care," Rep. Napolitano (D-CA) said at the introduction of the House version of the bill earlier this year. "Improved access to services for prevention, early identification, and intervention has helped countless youth in our communities thrive in school, at home, and in life, and it is a model that should be expanded to serve families across America."

Education Opportunities:

Practicing Effective Management: A Two-Day Training for Improving Relationships and Results

TBD Solutions is hosting its next Practicing Effective Management Training May 8th & 9th at the Grand Rapids Chamber of Commerce. This training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.



Since 2016, TBD Solutions has proudly trained over 250 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, maintaining a 98% satisfaction rate.

Cost for this two-day training is \$500, and lunch is provided. Group discounts are also available.

To learn more or register for the training, visit www.eventbrite.com/e/practicing-effective-management-training-registration-58010345505. For questions about the training, email training@TBDSolutions.com.

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** *This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.*

April 25, 2019 - 9:00am – 11:00am (registration at 8:30am) **3 spots left!**

Location:

Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)

\$39 CMHAM Members

\$47 Non-Members

To Register:

[Click Here to Register for the April 25 from 9-11 Training!](#)

CMHAM Annual Spring Conference

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.

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

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- 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.

Training Fee:

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

Dates/Locations:

May 20-24, 2019 | Detroit Marriott Livonia | [REGISTER HERE](#)

June 3-7, 2019 | Best Western, Okemos | [REGISTER HERE](#)

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

2019 DBT Summit Registration Open

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.

Who Should Attend?

This summit is for 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 CMHSPs or PIHPs. 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).

Date/Location:

May 1, 2019

Kellogg Hotel & Conference Center | 219 S Harrison Rd, East Lansing, MI

Conference Fee:

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

[CLICK HERE](#) for more information and to register now!

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

Course Description:

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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.

Training Fee:

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

Dates/Locations:

June 19, 2019 | Okemos Conference Center | [REGISTER HERE](#)

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.

Remaining Dates/Locations:

June – Holiday Inn Marquette

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

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

Supervisory: Monday, June 10, 2019

TNT: 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.

Register Now for Fetal Alcohol Spectrum Disorder Trainings

Register now for three Fetal Alcohol Spectrum Disorder Trainings with presenter Dan Dubovsky, MSW – a National FASD Specialist. Registration online at www.cmham.org -

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May 6 – Mackinaw City
May 8 – Ann Arbor
May 9 – Kalamazoo (FILLED TO CAPACITY)

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

Visit www.cmham.org for more information.

CALL FOR PRESENTATIONS: 20th Annual Substance Use and Co-Occurring Disorders Conference

The Annual Substance Use Disorder/Co-Occurring Disorder Conference brought in over 1,300 attendees last year. We would love for you to join us by sharing your expertise, research or showcasing a successful program!

20th Annual Substance Use Disorder/Co-Occurring Disorder Conference
“Innovative Strategies for Today’s Challenges”
September 15, 2019: Pre-Conference Institutes
September 16 & 17, 2019: Full Conference
Cobo Center, Detroit, MI

[Click Here to Download the Presentation Submission Form.](#)

Submit your completed form to Alexandra Risher arisher@cmham.org by **Friday, May 10, 2019.**

Note: Hotel reservations and Conference registration is not available at this time.

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 date.

- April 24 – Troy [Click Here to Register for April 24](#) **Still time to register!**

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

\$115 CMHAM Members
\$138 Non-Members

Miscellaneous News and Information:

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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: 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>.

Job Opportunity: Healthy Transitions Youth/Young Adult Peer Coordinator at ACMH

Association for Children's Mental Health (ACMH) is currently accepting applications for a Healthy Transitions Youth/Young Adult Peer Coordinator. To apply, mail or email a cover letter and resume to: Jane Shank, Executive Director | 6017 W. St. Joe Hwy, Suite 200, Lansing, MI 48917 acmhjane@sbcglobal.net

To learn more see the complete job posting below or download it here: [Healthy Transitions Posting final](#)

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:

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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