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## **CMH Association and Member Activities:**

### **Leadership Change at Northeast CMH**

Northeast Michigan Community Mental Health recently announced the retirement of its Director, Cathy S. Meske, effective June 30, 2019. Nena Sork has been appointed to the Director position to succeed Cathy effective July 1, 2019. Nena has been with the Agency since December 2008. She has had a thirty-two year career in the mental health field. Nena has a Bachelors of Arts in Social Work from Anderson College in Anderson Indiana (1986) and a Masters of Social Work from Grand Valley State University in Allendale Michigan (1990).

We wish Cathy the best in the next phase of her life and welcome Nena to her new role.

### **Job Bank CMHA Member Benefit Now Available!**

CMHA Members may log on to [www.cmham.org](http://www.cmham.org) under Services to access the Job Bank and upload any Job Postings within their organization. Experience the ease and accessibility of being able to post what you want – when you want – and reach the maximum number of people in the State of Michigan!

If you would like to POST a job, please use the following link (REMEMBER... You must be a member in order to enjoy this benefit!): <https://cmham.org/services/job-bank/>

If you would like to VIEW current job postings, please use the following link (you do NOT have to be a member to view postings!): [https://cmham.org/job\\_postings/](https://cmham.org/job_postings/)

## Don't Forget About the 2019 PAC Campaign

Earlier this year we announced our 2019 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2019 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

For those members who qualify for the drawing for the Tiger game suite (minimum 6 contributions per agency), this year's game is on Sunday, July 21 at 1:10pm vs. Toronto Blue Jays. Members should forward the results of their campaign and donations **to the CMHA office by June 28, 2019** in order to be in the drawing for the Tiger tickets if eligible.

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).** Thank you. Please feel free to contact Bob or Alan with any questions.

## CMHA Committee Schedules, Membership, Minutes, and Information

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

## News from Our Preferred Corporate Partners:

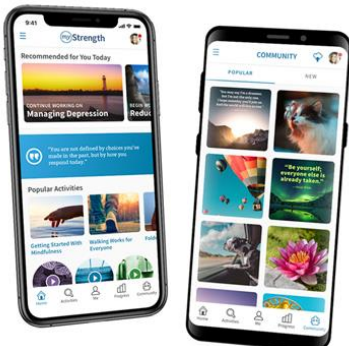
### RELIAS Lessons From the Field: Stories From Accreditation Surveyors and Consultants

Wouldn't you rather learn the potential pitfalls of preparing for an accreditation survey from others' mishaps, as opposed to experiencing them yourself?

Check out this webinar to learn how organizations have successfully (and not-so-successfully) prepared for national accreditation. Real-life examples from both the behavioral healthcare and child welfare fields are shared.

[Get the Scoop](#)

## myStrength Offers In-the-Moment Support for Comorbid Medical-Behavioral Conditions



Behavioral health conditions are disabling on their own, but they also complicate clinical improvement for the large percentage of people experiencing chronic medical conditions alongside comorbid behavioral health symptoms. For example, it is very challenging to stabilize diabetes or hypertension until depression or anxiety symptoms are successfully managed.

myStrength's digital behavioral health platform is available whenever and wherever a consumer needs, with a consistent, personalized user experience across web and mobile devices.

myStrength's mobile app promotes more frequent engagement by consumers, and use of these evidence-based tools (grounded in mindfulness, cognitive behavioral therapy, and more) helps facilitate long-term health benefits.

In addition to various pathways to access myStrength, the platform also offers immediate access to diverse tools for depression, anxiety, stress, meditation and mindfulness, sleep, pregnancy and early parenting, balancing intense emotions, and chronic pain, as well as tools for drug, opioid or alcohol recovery.

myStrength's Mobile App Offers Real-Time Support:

- Instantly unwind with 3 short audio activities presented when app is opened
- Bookmark helpful resources for quick access when real-time support is critical
- Gain personalized, integrated support for multiple conditions
- Favorite or download inspirational images in the Community for instant access

REQUEST A DEMO

## State and National Developments and Resources:

### MDHHS publishes report on BH capacity in EDs, part of Michigan Psychiatric Care Improvement Project

Below is a recent letter, to Advisory Group on this project, from MDHHS leadership on the latest steps in the state's Michigan Psychiatric Care Improvement Project:

Dear workgroup members,

The Michigan Department of Health and Human Services (MDHHS) is reaching out to you about the Michigan Psychiatric Care Improvement Project. Over the last two years, MDHHS has been working with stakeholders to address systemic barriers that individuals in psychiatric crisis experience in accessing inpatient care and other crisis services. Securing inpatient psychiatric services for individuals who present at emergency departments has become increasingly complex and time consuming over the last decade. This trend of "Emergency Department Boarding" has generated a national conversation which recognizes that psychiatric patients that are most in need of inpatient services are often made to wait the longest for a host of complicated reasons.

To gain a better understanding of this problem, MDHHS commissioned TBD Solutions to survey and complete a thorough analysis of behavioral health service capacity within emergency departments across Michigan. MDHHS and TBD Solutions partnered with the Michigan Health & Hospital Association (MHA) to conduct the survey process of emergency departments. The Michigan Health Endowment Fund (MHEF) also supported this work through the provision of grant funding for the study.

TBD Solutions submitted the final copy of its report and related recommendations to the department earlier this spring. MDHHS has posted the report to the department's website to support the ongoing statewide discussion on emergency department boarding. The report from TBD Solutions contains (1) the results of the survey process, (2) excerpts from subsequent interviews conducted with subject matter experts, (3) data on the use of community benefit dollars, (4) maps that depict

the availability of inpatient services and other crisis services across Michigan, and (5) recommendations from TBD Solutions on potential strategies to address emergency department boarding. The report can be accessed through the link below.

Webpage for the Michigan Psychiatric Care Improvement Project:

[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_85156---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_85156---,00.html)

MDHHS would like to express its gratitude to TBD Solutions, MHA, MHEF, and all of the survey participants who contributed to the development of this report. MDHHS will explore opportunities to address the recommendations within its programs, policies, and initiatives. The department will also continue to collaborate with stakeholders on addressing emergency department boarding, improving access to inpatient psychiatric services, and integrating access to services across a broad spectrum of healthcare resources. If you have any questions about the report or related recommendations, please reach out to me at [estys@michigan.gov](mailto:estys@michigan.gov) or Dr. Mellos at [mellosg@michigan.gov](mailto:mellosg@michigan.gov).

### **Utah Waiver Proposal - A Bad Deal for Utah Taxpayers and Government**

Below is an excerpt from a recent editorial, by Families USA, on the State of Utah's proposed 1115 Medicaid waiver. The concerns of Families USA and other observers is that this waiver moves Medicaid, in Utah, to a block-grant-like arrangement, capping both federal and state expenditures for Utah's Medicaid program.

The Utah Department of Medicaid released its much-anticipated proposal for a Section 1115 Medicaid waiver seeking a "per capita cap" – or a limit on federal spending – on major portions of its Medicaid program. If approved by the Trump administration, it would set a new precedent that could have catastrophic effects for state budgets and Medicaid programs in the future. Capping the federal funding for Medicaid means that state taxpayers will face greater risks of rising health care costs, and will result in more pressure on state budgets.

The state is taking public comments on the proposal before submitting a formal waiver submission to the Trump administration. The state's public comment period is open until June 30, 2019. Public comments can be submitted here. Once the waiver is submitted to federal officials another comment period will open before the waiver is reviewed by the Trump administration.

The waiver proposal is the direct result of a controversial decision by Utah lawmakers to repeal and replace the voter-approved Medicaid expansion ballot initiative that passed in Utah with 54% of the vote in the November 2018 elections. Utah is the first in a small group of states pursuing proposals that would cap the federal funds they receive in the Medicaid program. Lawmakers in both Tennessee and Georgia have passed legislation directing the state agencies to pursue block grant proposals for the Medicaid program.

Utah's proposal represents a new state-based approach to undermining the funding for Medicaid programs through per capita caps — an effort that was defeated in Congress in 2017. For months, the Trump Administration has been engaged in closed-door discussions with state lawmakers in several states to strike a "deal" to impose caps – or a funding ceiling – on the level of federal funding for state Medicaid programs. This kind of proposal involves major fiscal risk for states, with the supposed quid pro quo new flexibility to cut services or take away coverage if and when they hit their new federal funding cap. Per capita caps are a bad deal for state taxpayers and for state governments. But the Trump administration has a great deal of leverage to push states in this risky direction. A new precedent could be set if Utah's waiver is approved in its current form.

Although Utah's proposal caps federal funding for low-income adults, the Trump administration has stated its intentions to apply caps to all Medicaid beneficiaries, including seniors, people with disabilities and the roughly 35 million children - nearly half of total Medicaid enrollment - who use Medicaid. Per capita caps for Medicaid's child population would be particularly concerning because the cap for children, given their relatively inexpensive coverage costs, would likely be far lower than for other Medicaid populations. With a low cap for children, states would have less "wobble room" to adjust their spending and would be less likely to adopt new initiatives to improve access to care or delivery of services for kids.

The full article can be found at:

<https://familiesusa.org/product/utah-waiver-proposal-bad-deal-utah-taxpayers-and-government>

### **Making the promise of mental health parity a reality**

Below is an excerpt from recent news story on the value of mental health insurance parity and the importance of parity efforts, such as the long-running effort in Michigan.

A young woman said, "I thank my stars every day that I'm standing here before you." A mom said, "This disease has touched so many families, including mine." A father said, "Our son was killed by fentanyl-laced heroine. Addicts need help." And another mother said, "If drug addiction was treated like other physical diseases, my son might be alive today."

These are direct quotes. They're from people in South Jersey, and they are things I've heard over and over again throughout the past few years. The last, painfully honest, quote really hits on something I've been focused on - getting others to understand that addiction is a disease and that we must combat the stigma surrounding addiction. As vice-chair of the Bipartisan Addiction Task Force, one of the largest bipartisan groups in Congress, I will keep shining a light on the fact that addiction is a medical condition - not a moral or criminal issue.

Back in 2008, Congress rightly began requiring mental health parity - which means, under law, insurance plans must provide the same level of coverage for mental health and substance-use disorders that they provide for physical health conditions. However, we've hit a snag - the enforcement mechanism for the 2008 law is severely lacking. Insurance companies can get away with not following parity laws, even though lives are on the line. I recently proposed the Parity Enforcement Act to fix this. My bill would allow the Department of Labor to fully investigate and issue penalties against health insurers that knowingly break the law.

The full article can be found at: <https://www.modernhealthcare.com/article/20180519/NEWS/180519900/as-families-struggle-to-get-behavioral-health-coverage-enforcement-of-parity-laws-lags>

### **CMS offers integrated care technical assistance webinar**

New Quality Measures Related to Medicaid Beneficiaries with Physical and Mental Health Integrated Care Needs and Adult Beneficiaries with Complex Care Needs (BCN)

The Centers for Medicare & Medicaid Services' (CMS) Medicaid Innovation Accelerator Program is hosting a national learning webinar on **Wednesday, July 10, 2019, from 2:00 PM - 3:30 PM (ET)** to introduce three new Medicaid quality measures related to Medicaid beneficiaries with complex care needs and high costs

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(BCNs) and beneficiaries with physical and mental health (PMH) care integration needs. The following measures will be discussed:

- All-Cause Emergency Department Utilization Rate for Medicaid BCNs
- All-Cause Inpatient Admission Rate for Medicaid BCNs
- Follow-Up Care for Adult Medicaid Beneficiaries who are Newly Prescribed an Antipsychotic Medication (NQF 3313)

In this webinar, Mathematica (the measure developer) will describe the purpose of the measures, walk through the steps for calculating each measure, and discuss issues states should consider when implementing the measures. The discussion will be followed by a question and answer session. This effort is part of a larger CMS project that is intended to develop quality measures for certain groups of Medicaid beneficiaries who have the highest costs and greatest needs for health care and social support.

This webinar will include a question & answer session.

To Register for the webinar go to:

<https://event.on24.com/eventRegistration/EventLobbyServlet?target=reg20.jsp&referrer=https%3A%2F%2Flinks.govdelivery.com%2F&eventid=1982089&sessionid=1&key=9FABC038D1BE5534F228DC50E72D1553&regTag=&sourcepage=register>

### **The Farmer Mental Health Crisis: Understanding A Vulnerable Population**

Join APA and Farm Aid for a special webinar on the mental health crisis among farmers and how psychologists can make a difference. This webinar is geared toward psychologists who are interested in working with this population. Panel experts will help you understand the realities that farmers face, their unique stressors, and the use of effective language to help farmers overcome some of the barriers to seeking mental health care.

The farm economy is in crisis and farmers are under intense stress. Calls to Farm Aid's farmer hotline increased by 109% between 2017 and 2018. And according to the Department of Health and Human Services, 111 million people live in areas with a shortage of mental health professionals.

If you have thought about working with farmers in your county and state, this is an opportunity to learn about the farming culture as well environmental and economic conditions affecting their mental health and well-being. The one-hour webinar will also highlight resources to help you connect with the farming community.

DATE

Wednesday, July 31, 2019

TIME

12 p.m.–1 p.m. EDT

Register at: <https://register.gotowebinar.com/register/4633165377397709314>

### **CHCS announces resources for treating trauma to address substance use disorder**

Experiencing trauma strongly correlates to health-risk behaviors later in life, including substance use. With this understanding, many providers are seeking ways to acknowledge and address trauma as a hidden, underlying risk in patients' lives.

### **Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment**

- This recent webinar, cosponsored by the Center for Health Care Strategies (CHCS) and ACEs Connection, highlighted how two providers operating in vastly different settings have incorporated trauma-informed care into substance use disorder treatment, and how doing so has shaped the experiences of their patients and staff. Learn more »

[https://www.chcs.org/resource/integrating-trauma-informed-approach-into-substance-use-disorder-](https://www.chcs.org/resource/integrating-trauma-informed-approach-into-substance-use-disorder-treatment/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

[treatment/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=b6df762c9c-](https://www.chcs.org/resource/integrating-trauma-informed-approach-into-substance-use-disorder-treatment/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

[ATC+Round-up+CHCS+Main+6%2F25%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-b6df762c9c-152144421](https://www.chcs.org/resource/integrating-trauma-informed-approach-into-substance-use-disorder-treatment/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)



### **At the Front Lines in Tennessee: Rural Clinic Offers Trauma-Informed Treatment for Substance Use Disorder**

- This blog post highlights a rural clinic in Tennessee that uses trauma-informed care to treat patients struggling with substance use disorder — many of whom have achieved significant results. Read more »

[https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-](https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

[substance-use-](https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

[disorder/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=b6df762c9c-](https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

[ATC+Round-](https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

[up+CHCS+Main+6%2F25%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-b6df762c9c-152144421](https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/?utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)



### **CHCS announces. ¡Trauma-Informed Care Informational Videos Available in Spanish!**

Two videos produced by the Center for Health Care Strategies (CHCS) on trauma-informed care are available in both English and with Spanish subtitles. The 3-4 minute videos are available for free online and can be used to introduce trauma-informed care in meetings, employee trainings, and presentations.



“What is Trauma-Informed Care?” - This animated video provides a clear and compelling message about the lifelong impact of trauma on health, and how trauma-informed care can create a more welcoming care environment for patients, providers, and staff. [ENGLISH](#) » | [SPANISH](#) »

“Trauma-Informed Care: From Treaters to Healers” - This video features providers and patients discussing the value of trauma-informed care and how trauma can be more effectively addressed in a health care setting.

**ENGLISH:** [https://www.youtube.com/watch?v=8wxnzVib2p4&utm\\_source=CHCS+Email+Updates&utm\\_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-b6df762c9c-152144421](https://www.youtube.com/watch?v=8wxnzVib2p4&utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

**SPANISH:**

[https://www.youtube.com/watch?v=TKh2P4eakBk&utm\\_source=CHCS+Email+Updates&utm\\_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-b6df762c9c-152144421](https://www.youtube.com/watch?v=TKh2P4eakBk&utm_source=CHCS+Email+Updates&utm_campaign=b6df762c9c-ATC+Round-up+CHCS+Main+6%2F25%2F19&utm_medium=email&utm_term=0_bbc451bf-b6df762c9c-152144421)

### **Report: Drug ODs, Suicides Soaring Among Millennials**



Below is an excerpt from a news story on a recent report issued by the Well-Being Trust on the rising suicide rate among millennials and the causes behind that spike in suicides.

So-called "deaths of despair" are skyrocketing among millennials, with thousands of 18- to 34-year-olds losing their lives to drugs, alcohol and suicide each year, a new report says.

During the past decade, drug-related deaths among that age group increased by 108%, alcohol-induced deaths by 69%, and suicides by 35%, according to the report from the Trust for America's Health and Well Being Trust.

Millennials are more heavily affected than older generations by each of these causes of death, the report states:

- In 2017, there were nearly 31 drug overdose deaths for every 100,000 18- to 34-year-olds, but fewer than 23 drug deaths per 100,000 across all age groups.
- Alcohol-induced death rates doubled for millennials between 1999 and 2007.
- Young adults experienced a 35% increase in suicide rates between 2007 and 2017, compared with a 14% increase for 35- to 54-year-olds; a 24% increase for those 55 to 74; and 14% uptick for people older than 75.

"We lost over 150,000 lives last year to drugs, alcohol and suicide. When we dive down deep into those data, the millennial generation just pops out," said Benjamin Miller, chief strategy officer of Well Being Trust, a national foundation focused on mental, social and spiritual health.

"This is a call to action," Miller said of the new report. "It's unacceptable for us to continue to lose as many lives as we are losing to preventable causes. We have to do something different. What we are doing is simply not working."

The full article can be found at: <https://www.usnews.com/news/health-news/articles/2019-06-13/drug-ods-suicides-soaring-among-millennials-report>

### **CHCS issues resources to improve access to SBIRT in Primary Care for Adolescents**

Adolescence is often a period for risky behavior and experimentation with alcohol and drugs. Misuse of alcohol and drugs can be major contributing factors to serious health problems, mental illness, and suicide. Primary care providers (PCPs) are well-positioned to identify and prevent problematic substance use in adolescents. However, PCPs often do not recognize the role they can play in mitigating adverse outcomes or feel they do not have the training to administer effective prevention practices.

Recognizing this opportunity, CHCS partnered with the Association of Community Affiliated Plans, through support from the Conrad N. Hilton Foundation, to coordinate Improving Access to Screening, Brief Intervention, and Referral to Treatment Services for Adolescents. Under this learning collaborative, seven Medicaid health plans -- serving more than 430,000 adolescents -- designed and tested strategies to incorporate Screening, Brief Intervention, and Referral to Treatment (SBIRT) into primary care practice for targeted at-risk teens.

This brief and companion resource center draw from the experiences of the health plans participating in the learning collaborative. These resources outline considerations, strategies, and practical tools for integrating SBIRT into primary care settings for adolescents around key topics, including: (1) provider engagement and support; (2) provider training; (3) coding and billing for SBIRT; and (4) measurement.

The report can be found at:

[https://www.chcs.org/resource/improving-access-to-screening-brief-intervention-and-referral-to-treatment-in-primary-care-for-adolescents-implementation-considerations/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=79d5de27f1-SBIRT+6%2F26%2F19&utm\\_medium=email&utm\\_term=0\\_bbc451bf-79d5de27f1-152144421](https://www.chcs.org/resource/improving-access-to-screening-brief-intervention-and-referral-to-treatment-in-primary-care-for-adolescents-implementation-considerations/?utm_source=CHCS+Email+Updates&utm_campaign=79d5de27f1-SBIRT+6%2F26%2F19&utm_medium=email&utm_term=0_bbc451bf-79d5de27f1-152144421)

### **OMB proposes to redefine poverty**

Recently the federal Office of Management Budget (OMB) proposed a change to the definition of poverty. . The OMB's proposal to change how the federal poverty level is calculated would cut the health benefits for millions, according to the Center on Budget and Policy Priorities. The change would use a lower inflation rate to determine economic poverty. As a result, fewer people would qualify for benefits as the poverty line rises more slowly than under today's calculation. The change would affect traditional beneficiaries of Medicare and Medicaid (including CHIP) as well as those enrolled under ACA Medicaid expansion and the marketplace subsidy program.

### **Federal anti-discrimination changes proposed**

The HHS Office on Civil Rights (OCR) has issued draft regulations to roll back the Obama Administration's 2016 antidiscrimination regulations implementing Section 1557 of the ACA. The section prohibits discrimination on the basis of race, color, national origin, sex, age, or disability. The proposed rule could adversely affect health care access not only for the LGBT community, but also for people with physical or behavioral disabilities and those with extensive health needs.

OCR says the rule is needed because the Obama-era regulation exceeded its authority, was confusing, and imposed unjustified burdens. Moreover, OCR contends the regulatory changes could save \$3.6 billion over 5 years primarily by eliminating what are known as "language access" requirements that translate consumer print and electronic communications to meet the needs of our language-diverse population. Of greater concern, however, are other provisions related to healthcare civil rights. The proposed regulations are far narrower than those approved in 2016. Section 1557 protections would apply to people insured through plans purchased through Medicaid, CHIP, Medicare, or marketplace subsidies. Those insured through nonsubsidized individual or employer-sponsored plans would lose these protections.

Further, the entire definition section of the current rule would be deleted from the regulations, removing definitions of "covered entity" and "on the basis of sex." Nondiscrimination protections specific to sex and gender identity would be dropped. Appeals would be made more difficult because compliance coordinators and written grievance procedures would be eliminated. Curiously, the proposed OCR regulations would also make so-called "conforming amendments" to other HHS regulations unrelated to Section 1557, such as nondiscrimination standards for qualified health plans and ACA marketplaces. Comments on the highly controversial and potentially damaging proposed regulations are due by August 13, 2019.

Additional information on this proposed change and the site for submitting comments is:

<https://www.federalregister.gov/documents/2019/06/14/2019-11512/nondiscrimination-in-health-and-health-education-programs-or-activities>

### **NAMI Michigan announces NAMI Walks**

NAMI Michigan (National Alliance on Mental Illness) invites you to the 2019 NAMI Walks Michigan Kick-Off Rally on July 10th at Emagine Theater - Royal Oak in Royal Oak, MI.





of Medicaid alone will have to prove they are working at least 80 hours per month. They can also be in a post-secondary education, high school equivalency or job training program; conducting volunteer or community service; participating in an internship; or undergoing substance abuse treatment.

Exemptions were carved out for those over age 63 or disabled, pregnant women, parents of a dependent child younger than six, full-time students, recipients of unemployment benefits and anyone younger than age 21 who had been in a foster care program.

The bills will enter students or those who are already working into a database so they would not need to call in monthly to verify their eligibility. As more people re-verify their eligibility and are working, more people would migrate over to the database. Other recipients would have the whole month to check in and verify their status from the previous month rather than the 10-day window provided in the current law.

### **Governor Announces Michigan Opioid Partnership**

On Monday Michigan Governor Gretchen Whitmer announced recipients of grant funding through a newly created Michigan Opioid Partnership in an effort to decrease opioid overdoses and deaths.

"Our goal is to implement medication-assisted treatment programs in hospitals, emergencies rooms and jails to get more people on track to recovery," Whitmer said at an afternoon press conference at Wayne State University.

The partnership will give a combined \$1.3 million in grant funding to Munson Medical Center in northern and lower Michigan and Beaumont Hospital in southeastern Michigan to increase medication-assisted treatments.

Additionally, \$1.5 million has been committed to expanding medication-assisted treatment and enhance identification of substance use disorders at jail intake. Wayne State University, Center for Behavioral Health and Justice will receive a grant to coordinate the effort. County jails will also be selected for funding, to work in partnership with the WSU team to serve inmates with addiction.

Dr. Joneigh Khaldun, chief deputy director for Health and chief medical executive for DHHS, said outpatient treatment for addiction should be no different than treatment for other diseases, such as diabetes. She said the usual treatment for overdoses in the emergency room does not provide sufficient outpatient care.

"We watch them for a few hours, and you know what we do? We send them home," Khaldun said. "We send them home with the usual stack of difficult to understand discharge instructions. No medication, no treatment, no appointment to see someone who can help them."

The Michigan Opioid Partnership includes:

- Michigan Department of Health and Human Services
- Michigan Health Endowment Fund
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of Michigan Foundation
- Ethel and James Flinn Foundation
- The Jewish Fund
- Superior Health Foundation
- The Community Foundation for Southeast Michigan

### Federal Update:

#### **Bipartisan Bill Introduced to Train More Doctors to Combat Opioid Epidemic**

U.S. Representatives Brad Schneider (D-IL), Susan W. Brooks (R-IN), Annie Kuster (D-NH), and Elise Stefanik (R-NY) introduced bipartisan legislation to train more doctors equipped to combat the opioid epidemic.

H.R. 2439, the Opioid Workforce Act of 2019, would create 1,000 additional residency positions over five years to hospitals with addiction medicine, addiction psychiatry, or pain management programs.

This legislation to expand graduate medical education (GME) aims to alleviate the worsening physician shortage, which is anticipated to be as high as 121,000 physicians by 2032 according to a study by the Association of American of Medical Colleges. This shortage is particularly acute in the field of addiction medicine and substance use disorder (SUD) treatment. This shortfall of doctors threatens to harm our efforts to reverse the opioid epidemic.

“Turning the tide on the opioid crisis requires treating addiction like the disease that it is, and to do that, we need doctors,” said Schneider. “Our medical professionals on the frontlines of this epidemic are already stretched too thin. Our bipartisan legislation aims to educate more physicians equipped with the latest training in addiction medicine and psychiatry to help the estimated 20 million Americans who need substance use treatment get much needed care.”

“In order to combat the devastating opioid, heroin and fentanyl epidemic that continues to plague communities across our country, a critically important piece of the puzzle is to ensure we have more trained professionals, particularly physicians, who can prevent and treat addiction and substance abuse disorder,” said Brooks. “This bipartisan bill will help provide more residency positions to hospitals that have programs focused on addiction medicine, addiction psychiatry or pain management. The opioid crisis will not stop taking innocent lives overnight, but without more trained doctors ready to help people who are struggling because of substance abuse, drug and opioid related overdose deaths will continue to claim more lives in Indiana and beyond.”

“The opioid epidemic is impacting communities across New Hampshire and the country,” said Kuster. “We know that to address this crisis we must bolster the capacity to treat individuals with substance use disorder and our bill will increase the number of physicians who can take on this challenge. The opioid epidemic requires an all-hands-on-deck response and our legislation will help to step up efforts on the frontlines to get individuals the help they need.”

“Every single person knows of a family that has been devastated by the opioid crisis, and deaths related to overdoses have outpaced car accidents as the number one killer of young people,” said Stefanik. “The number of health care professionals focused on the treatment and prevention of opioid abuse directly translates to the number of people who can be saved. In my district, so many families are suffering due to the wide-spread impact of this public health crisis, which is why I’m co-leading this bipartisan and life-saving bill.”

The Opioid Workforce Act is endorsed by the Association of American Medical Colleges, the Greater New York Hospital Association, the American Hospital Association, American Society of Addiction Medicine, American College of Academic Addiction Medicine, and Indiana University.

[The text of H.R. 2439 is available online.](#)

## Sen. Warren, Rep. Kennedy Reintroduce Bill to Strengthen Parity

Earlier this week, Senator Elizabeth Warren (D-MA) and Representative Joe Kennedy III (D-MA) reintroduced the Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) with the aim of strengthening Americans' access to mental health and substance use disorder (SUD) treatment. Specifically, the bill would increase oversight and enforcement of the federal parity law, which requires that insurance coverage of mental health and SUD services be equal to the coverage of medical and surgical health services.

### BACKGROUND

The Mental Health Parity and Addiction Equity Act of 2008 established parity between the coverage of behavioral health and medical/surgical benefits. While the law has led to gains in behavioral health coverage, many individuals and families continue to report being denied or charged more for necessary mental health and SUD treatments by their health care plan. A [survey by the National Alliance on Mental Illness \(NAMI\)](#) found that respondents experienced a rate of denials for mental health care that was nearly twice the rate of denials for general medical care. The bill's reintroduction also comes on the heels of a [federal judge's ruling](#) that found that the nation's largest insurer, UnitedHealth, unlawfully denied beneficiaries access to mental health and SUD treatment in an effort to cut costs.

### BILL SUMMARY

The Behavioral Health Coverage Transparency Act (H.R. 2874/S. 1576) would require insurance providers to disclose the analysis they utilize in making parity determinations as well as the rates and reasons for mental health/SUD claims denials versus medical/surgical denials. It also would require the Department of Health & Human Services, the Department of Labor and the Department of Treasury to undertake a minimum of 12 random audits of health plans per year to discourage noncompliance with existing parity laws. The results of the audits would be made public. Finally, it would establish a Consumer Parity Unit, giving individuals a centralized online clearinghouse to get information about their rights and to submit complaints with assurance of timely responses.

"Patients with behavioral health concerns deserve the same access to care as patients with physical health conditions, but for far too long, insurance companies have unfairly denied behavioral health care services to cut costs," said [Senator Warren in a statement](#). "Our bill would put a stop to these discriminatory practices and make sure patients get the treatment they need."

### REACTION FROM THE FIELD

The bill has received widespread support from mental health and addiction advocacy organizations, including the National Council for Behavioral Health and Massachusetts behavioral health provider association, the Association for Behavioral Healthcare (ABH). Vic DiGravio, President and CEO of ABH explained why his organization supports the legislation saying, "As providers of behavioral health services, our members see first-hand the difficulty their clients face in accessing timely treatment because of insurance barriers. Our members frequently note that these barriers are in sharp contrast to when their clients are seeking physical health care. Senator Warren and Congressman Kennedy are right to fight to strengthen parity laws. Behavioral health care must be made as accessible as physical health care."

The National Council echoed support for the bill as part of the Mental Health Liaison Group (MHLG), a nonpartisan, nationwide coalition of mental health and addiction advocacy organizations, in [this letter](#) sent to bill sponsors.

## Education Opportunities:

### **Required for Licensure Renewal: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

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

**July 17, 2019 – Lansing [Click Here to Register!](#)**

**August 21, 2019 – Lansing [Click Here to Register!](#)**

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

\$115 CMHA Members

\$138 Non-Members

### **Employment First Conference: “When Everyone Who Wants A Job, Has A Job!”**

Join us for the Employment First Conference! Hear from national homegrown experts about how Michigan can ensure that “everyone who wants a job, has a job!” Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Dates: July 31 & August 1, 2019

Location: Suburban Collection Showplace, Novi

Who Should Attend: Staff who are involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Registration Fee: \$50 (registration open soon)

[Click here for more information and to register!](#)

Sponsored by the Michigan Developmental Disabilities Council with support from Michigan’s Employment First Partnership.

### **11<sup>th</sup> Annual Anti-Stigma Event Day – July 25, 2019 at LCC Downtown**

The 11th Annual Anti-Stigma Event Day will be held Thursday, July 25, 2019 at the Lansing Community College - Downtown Lansing Campus in the Gannon Building. The event will be held from 9:00am to 4:00pm. Do you have anti-stigma initiatives at your CMHSP? Please contact Colleen Jasper [jasperc@michigan.gov](mailto:jasperc@michigan.gov) or 517-373-1255 to present your anti-stigma program. Or just come, and we will have time for CMHSPs initiative updates that very day. Registration is open online at <https://cmham.org/events/?EventId=5302>



## Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

### 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.

#### Training Fee:

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

#### Dates/Locations:

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

### Co-Occurring College Registration Now Open!

Registration is now open for the 2019 Co-Occurring College! Click [HERE](#) for all the details, CE information and registration link.

The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide conference focusing on people who have substance use disorders as well as mental health disorders. These individuals are diagnosed as having co-occurring disorders, or dual disorders. This is also sometimes called a dual diagnosis. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

**Date:** Tuesday, July 30, 2019

**Times:** Registration check-in begins at 8:00am | Education will run from 9:00am-4:15pm

**Location:** DoubleTree by Hilton Hotel Bay City - Riverfront (1 Wenonah Park Place, Bay City, MI 48708)

**Training Fee:** \$125 per person. The fee includes training materials, breakfast and lunch.

#### **Hotel Reservations:**

To make your overnight reservations at the discounted State rate, call 989-891-6000 and mention the Community Mental Health Association of Michigan to receive a \$85/ + tax per night rate. Parking is complimentary. **Deadline for discounted hotel rate: July 8, 2019.**

### Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

## **CMHA WEEKLY UPDATE**

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- 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](http://www.cmham.org) for more information.

### **20<sup>th</sup> Annual Substance Use Disorder and Co-Occurring Disorder Conference Save-the-Date!**

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

More information including hotel reservations and registration links coming soon!

### **45<sup>th</sup> Annual National Association for Rural Mental Health Conference**

August 26-29, 2019

45<sup>th</sup> Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at [www.narmh.org](http://www.narmh.org).

**About Our Conference:** The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45<sup>th</sup> year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

**Our Conference Theme:** The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

## **CMHA WEEKLY UPDATE**

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There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at [www.narmh.org](http://www.narmh.org) to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

**Questions & General Information:** If you need additional information after visiting the NARMH 2019 conference website at [www.narmh.org](http://www.narmh.org), please contact Brenton Rice, NARMH Event Planner, by email at [brenton@togevents.com](mailto:brenton@togevents.com) or by phone at 651.242.6589.

### **CRA Announces 2<sup>nd</sup> Annual Crisis Residential Conference Registration**



Registration is now open for the 2<sup>nd</sup> **Annual Crisis Residential Conference**, October 3<sup>rd</sup> & 4<sup>th</sup> in Grand Rapids, MI!

Hosted by the Crisis Residential Association, this conference is open to providers, payers, and advocates for residential alternatives to psychiatric hospitalization for youth and adults.

Plenary Speakers include:

**Dr. Debra Pinals, MD,**

Medical Director of Behavioral Health and Forensic Programs  
Michigan Department of Health & Human Services

**Marilyn Kresky-Wolff, MSW, MPH**

Executive Director (Retired)  
Open Arms Housing, Inc., Washington, D.C.

**Dr. William Beecroft, MD**

Medical Director of Behavioral Health  
Blue Cross Blue Shield of Michigan

- Register at <https://www.crisisresidentialnetwork.com/2019-cra-conference.html>. Discounts available for CRA members.
- Our Call for Presentations has been extended! Interested presenters can submit their workshop proposals <https://tinyurl.com/CrisisResConCFP>.
- Sponsorship opportunities are also available! Visit the CRA website to learn more.

*About CRA*

## CMHA WEEKLY UPDATE

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The Crisis Residential Association exists to support the operational and clinical functions of Crisis Residential programs around the world. Founded in 2018 and rooted in the values of empathy, recovery, and continuous improvement, the association seeks to connect providers with the best ideas in behavioral health treatment to transform the way people receive mental health care. Learn more at [www.crisisresidentialnetwork.com](http://www.crisisresidentialnetwork.com).

### CMH Association of Michigan and the National Council Announce Michigan Practice Transformation Academy: Request for Applications



**Background:** While the term “value-based payment” is ubiquitous in today’s health care industry, it leaves many of us wondering: What is it, and what does this mean for the public behavioral health system? Value-based payment (VBP) arrangements are those that move from fee-for-service arrangements to those that foster client/patient and population health outcomes. These VBP arrangements use a range of payment approaches, including pay-for-performance, case-rates, and capitated payments, with varying degrees of risk, from no-risk to up and downside risk. We know this is the wave of the future, and fragmented systems will soon become obsolete. Payers and providers need to know: What steps should we take - in our communities - to get ready?

The CMH Association and the National Council for Behavioral Health are proud to announce a **Michigan-specific Practice Transformation Academy (PTA) for interested CMHA members and Associate members**. This Academy runs from August 2019 through July 2020. All of the dates are listed later in this Request for Applications (RFA). ***Applications are due June 28, 2019. Application instructions are provided later in this RFA.***

The Practice Transformation Academy will train and coach teams of payers and providers to develop the competencies needed to deliver value-based care and prepare for alternative payment arrangements. As the PTA progresses, **teams will be developing their own strategies for transitioning to value-based payment and will emerge from the Academy with a concrete, realistic plan for how to get there.**

With a faculty of national and local experts in health care finance and contracting, quality improvement, and both payer and provider value-based payment methodologies, the Practice Transformation Academy aims to provide organizations with the tools they need to bring population health management into their organization and prepare for payments and services more closely associated with health care outcomes. The curriculum provides simultaneous attention to quality and cost, allowing organizations to respond to system changes associated with value-based payment arrangements or quality-based contracts with managed care organizations.

The Michigan Practice Transformation Academy curriculum and delivery model is tailored to payer-provider teams. [Please note: For the purpose of this Academy, “providers” are public and private organizations that directly provide services within a PIHP/CMHSP network. “Payers” are defined as PIHPs and CMHSPs who contract with providers along any of segments of spectrum of service and support modalities.] Taking into consideration the unique needs of their communities, these teams will develop and work on goals together throughout the course of the Academy, developing a shared understanding of how to bring a value-based approach into their organizations.

The Michigan Practice Transformation Academy Request for Applications (RFA) and application can be found on the Community Mental health Association’s website at:

## **CMHA WEEKLY UPDATE**

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**Michigan Practice Transformation Academy Request for Applications (RFA):** <https://cmham.org/wp-content/uploads/2019/06/Michigan-Practice-Transformation-Academy-RFA-V4.pdf>

**Michigan Practice Transformation Academy Application:** <https://cmham.org/resources/important-information/> Go to the 2<sup>nd</sup> listed document entitled “Michigan Practice Transformation Academy Application” to open the application as a Word Document. Click on this document and select “Open” from the choices given. If required to “Allow” access to the document, select “Allow”. This will allow you to complete the application as outlined in the Request for Applications.

### **Miscellaneous News and Information:**

### **CMH Association’s Officers and Staff Contact Information:**

#### **CMHA 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](mailto:Stonejoe09@gmail.com); (989) 390-2284  
Second Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

#### **CMHA 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](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
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Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)