

## Contents:

**Searching for past articles in Weekly Update:** Weekly Update readers often remember seeing a past article or announcement that they would like to retrieve – but are unable to recall the date of the Weekly Update in which the article or announcement was published.

CMHA has now added a search feature to its website that allows the readers to search within past Weekly Update articles and announcements. This search feature can retrieve articles by key words in the title of the Weekly Update article/announcement. This feature also brings up any other resources, anywhere on the CMHA website, with that key word in their title – a useful feature given that sometimes the CMHA member or stakeholder is unclear as to the source of the information for which they are searching.

This Weekly Update search feature is accessed via the standard “search” box on the CMHA website: <https://cmham.org/> at the top right side of the website.

We hope you find this new feature useful in making the most of the information captured by the Weekly Update.

Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

<b>CMH Association and Member Activities:</b> .....	<b>2</b>
New! Care of Southeastern Michigan announces parenting conference .....	2
New! Mental health organizations reach out to first responders in need .....	3
CMHA Committee Schedules, Membership, Minutes, and Information.....	3
<b>State and National Developments and Resources:</b> .....	<b>3</b>
New! MDHHS seeking feedback during March 12 Sterling Heights town hall on opioids .....	3
New! M-Live announces mental health project.....	4
New! CHCS issues brief: Making Integration Work: Key Elements for Effective Partnerships between Physical and Behavioral Health Organizations in Medicaid .....	4
New! Health Affairs blog post: The Primary Care First Model is Flawed: CMS Can Fix it with Stronger Support for Behavioral Health Integration.....	5
New! MSU School of Social Work launches Mental Health Information for Teens website .....	6
New! Executive order on lowering cost of prescription drugs issued.....	6
<b>State Legislative Update:</b> .....	<b>7</b>
FY21 Executive Budget Proposal.....	7
<b>Federal Update:</b> .....	<b>8</b>

# CMHA WEEKLY UPDATE

White House Releases FY 2021 Budget Request.....	8
<b>Education Opportunities:.....</b>	<b>10</b>
New! Call for Presentations: CMHA 2020 Annual Spring Conference.....	10
Presentation Materials from CMHA 2020 Annual Winter Conference Details .....	11
New! Registration open for COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning .....	11
FY20 Motivational Interviewing College regional trainings .....	12
FY20 DBT Trainings.....	12
Save the Date: Self-Determination Conference .....	14
Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings.....	14
Pain Management and Mindfulness Trainings.....	14
Fetal Alcohol Spectrum Disorder Trainings .....	15
TREM and M-TREM Trainings .....	15
New! Managing Mental Health Crisis .....	16
New! MHEF offers seminar: the future of telehealth in Michigan .....	16
<b>News from Our Preferred Corporate Partners: .....</b>	<b>17</b>
TBD Solutions announces Two-Day Practicing Effective Management training .....	17
Abilita provides telecommunication guidance.....	18
myStrength: new digital behavioral health resources empower consumers to move beyond trauma .....	19
.....	19
Relias: build your staff’s competence in recovery treatment.....	19
<b>CMH Association’s Officers and Staff Contact Information:.....</b>	<b>19</b>
CMHA Officers Contact Information: .....	19
CMHA Staff Contact Information:.....	20

## CMH Association and Member Activities:

### New! Care of Southeastern Michigan announces parenting conference



The Parenting Conference hosts over 20 workshops led by industry experts and will feature keynote speaker, Jessica Lahey, who is a teacher, New York Times best-selling author and columnist who wrote the Gift of Failure.

Date: Saturday, March 7th  
Time: 8am - 3:30pm  
Location: Macomb Intermediate School District @44001 Garfield Road,

Clinton Township  
Cost: \$40.00

To register now: [Parenting Conference Registration](#)

To learn more, view the list of presenters, and sponsors: [Parenting Conference](#)

## **New! Mental health organizations reach out to first responders in need**

Below are excerpts from a recent news story on the work of Hegira in helping first responders deal with trauma and other mental health issues.

Firefighter/paramedic Michael Mattern and police Cpl. James Wade III in Dearborn are first responders who have faced danger and witnessed tragedy in the line of duty.

While Mattern and Wade know taking risks is part of their jobs to serve and protect the public, first responders also must deal with another reality: high burnout, depression, family problems, and suicide rates that are in some cases five times higher than civilians.

But a new first-responder wellness initiative is being piloted by Livonia-based Hegira Health Inc., one that fits with the peer support groups that Mattern and Wade have already created at their respective Dearborn fire and police departments to help co-workers address job stress.

Under a \$60,000 grant from the Ethel and James Flynn Foundation, Hegira is developing a mental health crisis service program to serve all 465 police, firefighters and emergency medical service personnel employed in the Wayne County cities of Dearborn, Northville, Wayne and Inskter, said Carol Zuniga, Hegira's executive director.

The full article can be found [here](#).

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

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

## **State and National Developments and Resources:**

### **New! MDHHS seeking feedback during March 12 Sterling Heights town hall on opioids**

Below are excerpts from a recent press release from MDHHS regarding town hall sessions on strategies to address the state's opioid crisis.

The Michigan Opioids Task Force and Michigan Department of Health and Human Services (MDHHS) are hosting a town hall Thursday, March 12, 5:30-6:30 p.m., at the Sterling Heights Community Center, 40250 Dodge Park Road.

MDHHS and the Michigan Opioids Task Force will share its strategy to address the opioids crisis, seek information about how the opioid epidemic has impacted those in attendance and host a Q&A about the crisis response. The event is being co-hosted by the City of Sterling Heights.

Information gathered during this event and other town halls will help the state develop a crisis response that is flexible; effective to fit the needs of communities from Detroit to Grand Rapids to Marquette; and informed by the experiences of Michiganders affected by the crisis. About 150 people attended a similar town hall in Detroit in January.

“The opioid epidemic has impacted every community in our state,” said Dr. Joneigh Khaldun, chief medical executive and chief deputy for health for MDHHS. “We received valuable information at the January town hall, and we look forward to engaging with community members and stakeholders throughout the state as we host additional events.”

A few key questions will guide the conversation:

- How has the opioid epidemic affected you, your family or your community?
- What services, programs or policies would you recommend to help address the crisis?
- How can the state help combat stigma and change the narrative around opioid use disorder?

Additional town halls are being hosted in the following areas of the state:

Gaylord on Friday, July 24.

Escanaba on Wednesday, July 29.

Flint on Friday, Sept. 25.

Grand Rapids on Friday, Nov. 6.

For more information about the state’s opioids response and available resources, visit [Michigan.gov/opioids](http://Michigan.gov/opioids). If you would like to provide feedback to the questions above in writing, send them to [MDHHS-OpioidsTaskForce@michigan.gov](mailto:MDHHS-OpioidsTaskForce@michigan.gov).

## **New! M-Live announces mental health project**

M-Live has recently published parts of its ambitious mental health project. Links to those published segments are provided below.

Recent story on the shortage of psychiatrists can be found [here](#).

Link to 40 first-person essays about what it’s like to live with mental illness can be found [here](#):

The video promoting the project can be found [here](#).

## **New! CHCS issues brief: Making Integration Work: Key Elements for Effective Partnerships between Physical and Behavioral Health Organizations in Medicaid**



Below are excerpts from a recently issued brief, by the Center for Health Care Strategies on proven partnership approaches to fostering healthcare integration.

Medicaid enrollees with behavioral health conditions — including mental illnesses and/or substance use disorders — often have chronic physical conditions, poor social outcomes such as homelessness and unemployment, early mortality, and health care costs more than four times higher than individuals without behavioral health needs. Informed by the growing evidence that clinical integration of physical and behavioral health can improve health outcomes and quality of life as well as reduce health care costs for this population, more and more

states are seeking to advance integrated care for this population. Many of these states have transitioned to contracting with managed care or accountable care organizations that are responsible for managing all physical and behavioral health services for Medicaid enrollees. These organizations commonly involve new partnerships between physical and behavioral health plans and providers that can advance the goals of integrated care.

This brief, developed by the Center for Health Care Strategies (CHCS) for the California Health Care Foundation, identifies key elements that contribute to successful partnerships between physical and behavioral health plans and providers to support integrated care in Medicaid. It synthesizes insights from leaders representing partnerships in Arizona, Arkansas, Colorado, and Oregon. Key elements include (1) employing joint-ownership models representing both physical and behavioral health; (2) ensuring stable system transitions for consumers and providers; (3) marrying the expertise of physical and behavioral health partners to create new and enhanced capacities; and (4) allowing adequate time for planning and implementation. These lessons are broadly applicable for health care organizations and policymakers considering how to support successful partnerships to advance physical and behavioral health integration.

Read the full brief [here](#).

### **New! Health Affairs blog post: The Primary Care First Model is Flawed: CMS Can Fix it with Stronger Support for Behavioral Health Integration**

Below is an excerpt from a recent Health Affairs blog post on the value of the Collaborative Care Model of health care integration – a model used by a number of CMHA member organizations.

In October 2019, the Centers for Medicare and Medicaid Services (CMS) postponed the launch of Primary Care First (PCF), a voluntary, risk-based initiative intended to reduce Medicare spending by preventing avoidable hospital admissions and improving quality of care, especially for patients with complex chronic conditions. Originally slated for January 2020, the rollout was moved to January 2021 to allow for more time to collect and assess stakeholder feedback. The program will use performance-based adjustments to reward high-quality, patient-focused care. PCF uses a phased approach; reductions in acute hospital utilization rates are the primary clinical measure in Year 1, and other quality measures, such as patient experience and HbA1c control, will be added in the second year.

We believe the administration should take full advantage of this delay to incorporate evidence-based strategies for behavioral health integration (BHI) within the PCF model. BHI refers to the collaboration among primary care and behavioral health clinicians to provide patient-centered, accountable care for a designated population. The Collaborative Care Model is an evidence-based BHI approach using designated care components and strategies to achieve specified health outcomes. Use of this model has doubled patient responses to depression treatment, reduced cardiovascular events in patients with depression, and improved outcomes of post-traumatic stress disorder in military personnel. The model has demonstrated cost-effectiveness and even achieved cost savings in patients with depression and severe anxiety

The full blog post can be found [here](#).

## **New!** MSU School of Social Work launches Mental Health Information for Teens website



Below is the recent announcement of the launch of the Mental Health Information for Teens website. This website will launch April 14, 2020.

The website link can be found [here](#).

## **New!** Executive order on lowering cost of prescription drugs issued

Below are excerpts from a recent press release announcing the establishment of a bi-partisan Michigan task force focused on lowering the cost of prescription drugs.

State Legislative Update: Today the Governor will be issuing her first Executive Order of 2020 to create a bipartisan Task Force focused on lowering the cost of prescription drugs. The administration is very excited to be able to share with you this important announcement and we know that you have been working hard to address the problems Michiganders face when not being able to afford needed medications. We look forward to working side-by-side on this important issue.

As the Governor discussed in her State of the State address, *Michiganders should not have to worry about being able to afford a prescription drug if they need one. Yet, drug costs have more than doubled over the last six years to treat diabetes, heart disease, depression and more. We cannot wait on Washington to fix this problem. We need a solution today so that no one has to choose between filling a life-saving prescription and paying rent.*

To help remedy this, the Prescription Drug Task Force will identify strategies and recommend legislative and administrative actions that can be taken to increase transparency in the pricing of prescription drugs and to lower costs for Michigan families.

The Prescription Drug Task Force will be housed within the Michigan Department of Health and Human Services and will consist of the directors or the directors' designees from MDHHS, DIFS, and LARA, as well as bipartisan leaders from the Michigan Legislature, including Sen. Winnie Brinks (SD-29), Sen. Curt VanderWall (SD-35), Rep. Angela Witwer (HD-71), Rep. Padma Kuppala (HD-41), and Rep. Hank Vaupel (HD-47).

The Task Force will complete its work and submit a final report to the governor detailing its findings and recommendations by August 15, 2020.

**State Legislative Update:**

**FY21 Executive Budget Proposal**

**Specific Mental Health/Substance Abuse Services Line items**

	<u>FY'19 (final)</u>	<u>FY'20 (final)</u>	<u>FY'21 (exec rec)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$130,674,200
-Medicaid Mental Health Services	\$2,319,029,300	\$2,487,345,800	\$2,566,704,100
-Medicaid Substance Abuse services	\$67,640,500	\$68,281,100	\$76,957,600
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,956,200	\$108,754,700	\$107,133,400
-Autism services	\$192,890,700	\$230,679,600	\$278,006,400
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$371,843,300	\$419,357,300
- Local Revenue (local match)	\$25,475,800	\$20,380,700	\$25,475,800

**Other Highlights of the FY21 Executive Budget:**

**\$37.5 million for Healthy Moms, Healthy Babies** (\$17.6 million general fund) to reduce infant mortality rates and racial disparities in birth outcomes through expanded maternal and reproductive health services and home visiting programs. Funding will extend Medicaid family planning benefits to women of child-bearing age up to 200% of the poverty level, expand Medicaid postpartum coverage from 60 days to 12 months after birth, increase evidence-based home visiting services to high-risk mothers and vulnerable families, and expand psychiatric support services to perinatal providers.

**\$20.3 million for long-term care services and supports options counseling** (\$8.5 million general fund) through a network of independent, conflict-free providers. Services supported by this funding will provide beneficiaries with information on all long-term care options available to them, allowing them to seek the care best suited to their needs.

**\$11.7 million for Social Determinants of Health infrastructure** (\$7.1 million general fund) to invest in community-based systems and technological infrastructure to support data sharing across programs and providers and appropriately connect individuals to state and local services. Funding will establish a standard screening tool to determine health related social needs (e.g., food security and housing stability) and make referrals to community-based resources. Local partnerships across eight regions will coordinate services, identify gaps in community-based programs, and guide resource investment.

**\$12.3 million to expand DHHS's response to the opioid crisis** (one-time, \$10 million general fund). This funding will support initiatives involving data-driven quick response teams, a predictive analytics system, substance use disorder treatment outcomes monitoring, and a revolving loan fund for recovery housing providers. Funding will also support training for community providers and criminal justice diversion grants.

**\$5 million to increase psychiatric care staffing** (general fund) to improve the quality of care and staff and patient safety at state psychiatric hospitals. Funding supports 63 new positions across four facilities. An additional \$30 million in one-time general fund is recommended in the budget for the Department of Technology, Management and Budget to address a backlog of facility maintenance needs.

**\$86.5 million to expand the MIDocs medical residency program** (one-time, \$21.6 million general fund). This investment will improve access to critical services in rural and medically underserved areas of the state by providing loan forgiveness to physicians committed to serving in those areas. One-time funding when combined with base funding will support 48 residency slots within cohorts beginning residencies over the next five years.

**\$5.1 million for Non-Medicaid Community Mental Health Services programs** (general fund) to enhance community-based services and supports for individuals with mental illness, serious emotional disturbance, and developmental/intellectual disabilities who do not meet Medicaid eligibility criteria. Around 52,000 Michigan residents currently access these services.

**\$2.5 million for first responder and public safety staff mental health** (one-time general fund) to provide firefighters, police officers, paramedics, dispatchers, and corrections officers with services to support their mental health. This funding will provide greater resources to address post-traumatic stress disorder, suicidal ideation, and other mental health crises.

**\$5 million for behavioral health system redesign efforts** (\$3 million general fund) that support policy development and projects that will strengthen and improve the behavioral health system by protecting safety net programs and integrating physical and behavioral health payments and clinical services.

**\$5 million to create a Medicaid Transformation Office** (\$2.5 million general fund). Effective value-based payments are a powerful tool for states to increase the quality of Medicaid services while also containing state costs. Funding will support the development of innovative programs and payment mechanisms in Michigan's physical health and behavioral health managed care programs.

### **REDUCTIONS**

**\$182.9 million from Medicaid pharmacy reimbursement reform** (\$45.8 million general fund) tied to implementation of a single, statewide Medicaid preferred drug list (PDL). The PDL will help maximize federal rebates and provide DHHS greater leverage in negotiating lower prices with drug manufacturers. Savings will be used, in part, to increase pharmacy reimbursement rates to further enhance access to provider networks throughout the state.

**\$5.1 million from Community Mental Health local match funds** (general fund). Funding was included for fiscal year 2020 to offset county match requirements for Medicaid behavioral health and shift the costs to the state general fund. The Executive Budget instead redirects this funding to allow for expanded non-Medicaid behavioral health services.

## **Federal Update:**

### **White House Releases FY 2021 Budget Request**

On Monday the Trump Administration released its Fiscal Year (FY) 2021 budget request which totals \$4.8 trillion. The proposal includes significant nondefense discretionary cuts including a nine percent cut to the Department of Health and Human Services (HHS) and its agencies. The proposed budget does, however, include \$906 million to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program as well as \$225 million in CCBHC expansion grants. These funds would enable CCBHCs to continue offering the full range of required mental health and addiction treatment services. Despite the



positive signal of support for CCBHCs, the budget also includes major cuts to Medicaid and other critical behavioral health programs that would significantly harm Americans living with mental illness and addiction.

National Council for Behavioral Health President and CEO Chuck Ingoglia released a statement affirming that “We applaud the White House and bipartisan leaders in Congress for their continued efforts to expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far.”

It is important to remember that this is a proposal and represents President Trump and his Administration’s goals and priorities but is not likely to be enacted into law as written. Congressional appropriators do not have an obligation to enact the President’s budget and are considering their own priorities and calculations. Members of Congress are currently working on their budget by engaging with stakeholders, including the National Council, on their requests. We anticipate that appropriations committee hearings will be completed by the end of March and that subcommittee markups will begin in April.

Health care requests in the President’s budget include:

- **Mental Health:** Although the President calls on the importance of addressing mental health in his budget, he is simultaneously proposing a cut of \$139 million to the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to the **\$906 million to extend the CCBHC Medicaid demonstration, there is \$225 million for CCBHC expansion**, an increase of \$25 million over last Fiscal Year. The budget allocates \$156 million, an increase of \$2 million, for school-based mental health programs such as Project AWARE, Healthy Transitions, and Mental Health First Aid. The budget modifies the Medicaid Institutes for Mental Diseases (IMD) exclusion to provide targeted flexibility to states to provide inpatient mental health services to Medicaid beneficiaries with serious mental illnesses, as part of a comprehensive strategy that includes improvements to community-based treatment. Further, Qualified Residential Treatment Programs (QRTPs) would be exempt from the IMD exclusion, allowing children in foster care to have Medicaid coverage in these facilities.
- **Integrated care:** The President’s budget proposes eliminating the Primary and Behavioral Health Care Integration (PBHCI) program “due to other funding sources available for integrated care.” Discontinuing this program would disrupt progress in this area that has been building since it began in 2009 addressing the intersection between primary care and treatment for mental illness and co-occurring addiction.
- **Opioids:** State Targeted Opioid Response grants received a request increase of \$85 million to support prevention, treatment, and recovery support services. States are also given flexibility to use these funds to address the emerging drug issue, which is the increasing number of overdoses related to psychostimulants, including methamphetamines.
- **Medicaid and Medicare:** The Administration proposes almost \$1 trillion in cuts over ten years from its proposals to reform Medicaid, the Children’s Health Insurance Program (CHIP), and Medicare. The budget proposes cuts by instituting nationwide Medicaid work requirements and allowing asset tests for individuals who are eligible for Medicaid based on their modified adjusted gross income and for reducing the maximum allowable home equity for Medicaid eligibility. Additionally, the budget has proposed changes to Medicare including site-neutral payments and tying future funds available for Medicare payments for uncompensated care to FY 2019

uncompensated care funding levels. The budget does also propose prohibiting states from terminating Medicaid coverage for the first six months of a person's incarceration, and instead suspending that coverage during incarceration to ease individuals' transition back into the community upon release.

- **Drug Pricing:** The drug pricing proposals in the budget were left intentionally vague to allow continued negotiations in Congress. The Administration projects \$135 billion in savings over ten years from potential drug pricing reforms, pointing to some of the estimated savings from plans in Congress. This number is similar to estimates for reforms proposed by Senate Finance Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) to restructure the Part D benefit and to place inflation caps on drug prices in Parts B and D. This proposal by Senators Grassley and Wyden includes a two year extension and 11 state expansion for CCBHCs.
- **Telehealth:** The budget calls for expanding the telehealth benefit in Medicare fee-for-service, permitting more providers to participate in telehealth.

Additional details on the President's HHS budget request are outlined in the Department's budget-in-brief document. Further policy details have yet to be released that would outline how the President proposes to achieve the level of cuts to public health care programs included in the proposal. The National Council will monitor the appropriations process and will continue to share updates in Capitol Connector.

## Education Opportunities:

### **New! Call for Presentations: CMHA 2020 Annual Spring Conference**



***New Location for Annual Spring Conference: Grand Traverse Resort, Traverse City, Michigan! The conference will be held on:***

#### **2020 Annual Spring Conference**

June 8, 2020: Pre-conference Institutes

June 9 & 10, 2020

Grand Traverse Resort, Traverse City

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

**Deadline to Respond to Call for Presentations: Friday, March 13, 2020**

Conference Registration & Hotel Reservations are not available at this time.

## Presentation Materials from CMHA 2020 Annual Winter Conference Details



You'll find all the presentation materials on our website [By Clicking Here!](#)

**Community Mental Health Association of Michigan**

**Annual Winter Conference**  
***"Charting the Course Together"***

**February 4 & 5, 2020**  
**Radisson Plaza Hotel, Kalamazoo, Michigan**

## **New! Registration open for COD Regional Trainings: Co-Occurring, Opioid Use, and Cannabis Use Disorder Treatment Planning**

### **Course Description:**

Treatment planning for adults with complex mental health, substance use, and physical health needs involves understanding stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate.

Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. In Michigan, in 2017, there were 1,600 opioid overdose deaths, an increase of 57% from 2016. It is now the #1 cause of accidental death for people under 50. The Centers for Disease Control (CDC) have issued recommendations that include a preference for non-pharmacological therapy. This presentation will provide an overview of a biopsychosocial model of pain, current best practices in pain management, and treatment planning and interventions. Finally, social justice issues for pain management will be addressed with constructs to improve organizationally and individually.

### **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**. 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 level of practice. This training is designed for persons providing COD services in Adult Mental Health and Substance Use services, including Integrated Dual Disorder Treatment teams.

### **Dates/Locations:**

- May 4, 2020 – Delta Hotels Kalamazoo Conference Center | [CLICK HERE](#) for more information and to register now
- July 23, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

*Be sure to register as soon as possible, training space is limited and will fill up quickly!*

**Training Fee:**

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

## **FY20 Motivational Interviewing College regional trainings**

Registration is now open for the FY20 Motivational Interviewing College regional trainings which includes Basic, Advanced, Supervisory, and the TNT course: Teaching Motivational Interviewing! [For more information and to register now, click the links below.](#)

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.

**Dates/Locations:**

**April – DoubleTree Detroit – Dearborn**

**Basic:** [Monday & Tuesday, April 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, April 20-21, 2020](#)

**Supervisory:** [Tuesday, April 21, 2020](#)

**Teaching MI:** [Wednesday & Thursday, April 22-23, 2020](#)

**July – Hotel Indigo, Traverse City**

**Basic:** [Monday & Tuesday, July 20-21, 2020](#)

**Advanced:** [Monday & Tuesday, July 20-21, 2020](#)

**Supervisory:** [Tuesday, July 21, 2020](#)

**Times:**

Registration starts at 8:30am & the training will run from 9:00am-4:15pm for all trainings.

**Training Fees:**

\$125 per person for all 2-day trainings / \$69 per person for the 1-day Supervisory training. The fee includes training materials, continental breakfast and lunch each day.

*Be sure to register as soon as possible, training space is limited and will fill up quickly!*

Please be sure you're clicking on the correct registration link in the brochure for the date/location you want; unfortunately, full refunds cannot be made when registering for the incorrect date.

## **FY20 DBT Trainings**

### **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:

- March 30-31, 2020 – Hilton Garden Inn Lansing West | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- April 14-15, 2020 – Great Wolf Lodge, Traverse City | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list

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.

## 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 18-22, 2020 – Holiday Inn Grand Rapids Airport West | **SOLD OUT** – email Bethany Rademacher at [brademacher@cmham.org](mailto:brademacher@cmham.org) to be placed on a waiting list
- June 8-12, 2020 – Park Place Hotel & Conference Center, Traverse City | [CLICK HERE](#) for more information and to register now

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:

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

## Save the Date: Self-Determination Conference

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Date & Time:

May 5, 2020  
8am – 5pm  
Lansing, MI 48933

Location:

Lansing Center  
333 E. Michigan Ave.

Who Should Attend?:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

Registration available soon, check [CMHA website](#) for more information and updates.

## Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings

Community Mental Health Association of Michigan is pleased to offer 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.***

***This training fulfills the MPA requirements for psychologists.***

Trainings offered on the following dates:

March 18, 2020 – Lansing | **Registration Full!**

April 15, 2020 – Kalamazoo | [CLICK HERE](#) for more information and to register now

April 22, 2020 – Detroit | [CLICK HERE](#) for more information and to register now

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

\$115 CMHA Members

\$138 Non-Members

## Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

*Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.*

Trainings offered on the following dates:

March 17, 2020, 2:00pm-4:00pm – Lansing | [CLICK HERE](#) to register **Only 1 spot left!**

April 23, 2020, 9:00am-11:00am – Detroit | [CLICK HERE](#) for more information & to register

Training Fees: (fee includes training material)

\$39 CMHA Members

\$47 Non-Members

### Fetal Alcohol Spectrum Disorder Trainings

Fetal Alcohol Spectrum Disorder Training: Improving Outcomes for Youth, Families, and Agencies by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD) and Other Neurocognitive Impairments. Featuring Presenter: Daniel Dubovsky. This is a free training.

Monday, March 2, 2020 – Bay City = <https://cmham.org/events/?EventId=5585>

Monday, March 16, 2020 – Gaylord = <https://cmham.org/events/?EventId=5591>

Monday, April 6, 2020 – Jackson = <https://cmham.org/events/?EventId=5592>

Time: 9:00am\* – 5:00pm (registration at 8:30am)

Who Should Attend?

Children's Services Staff from CMHSP and their network providers' (specifically Children's Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information.

### TREM and M-TREM Trainings

Michigan Department of Health and Human Services and Community Mental Health Association of Michigan present: TREM AND M-TREM TRAININGS Featuring: Community Connections, Washington, DC. Based on both clinical experience and research literature, TREM has become one of the major trauma recovery interventions for women and men. TREM and MTREM are fully manualized group interventions for trauma survivors served by behavioral health providers.

LOCATION, DATES AND AGENDA

- Holiday Inn Airport - Grand Rapids - April 28-30, 2020
- Community Mental Health Association of Michigan (CMHAM), Lansing - June 2-4, 2020

Registration: 8:30a.m. - 9:00 a.m.; Training: 9:00 a.m. - 4:00 p.m.

Open to individuals working in the public Mental Health System. Note: The trauma policy is now an amendment to the CMHSP contract. PARTICIPANTS: Master's prepared clinicians (men and women), their clinical supervisor from CMHSPs. CMHSPs that currently DO NOT have trained TREM/M-TREM clinical staff will be prioritized for the training.

Cost is \$150 per participant. Registration fees, hotel, travel and additional meals are at the agency's expense.

EXPECTATION: Clinicians and Clinical Supervisors registering for the training will be expected to:

1. Participate in 3-day TREM/M-TREM training
2. Participate in 12 monthly coaching calls (1-hour calls)

Clinicians will be expected to: Conduct 2 TREM or M-TREM groups in the year following the training

Teams are comprised of 1 limited licensed supervisor and, at a minimum, 2 limited licensed clinicians. All team members are expected to attend the three days of training. Participate in the monthly coaching calls; and implement 2 TREM/M-TREM groups in the next year.

Please email [awilson@cmham.org](mailto:awilson@cmham.org) for information. No continuing education credits available.

### **New! Managing Mental Health Crisis**

Program Overview:

This course is designed to provide participants with a better understanding of mental illness as it relates to law enforcement. Managing a Mental Health Crisis (MMHC) is a culmination of knowledge and skills developed by law enforcement and mental health professionals with the intention of promoting effective and high-quality responses to mental health related incidents.

Dates:

March 17th – 18th, 2020 - Bay College – Joseph Heirman University Center

April 15th – 16th, 2020 - M-TEC University Center

**For more information and to register, see training flyers [HERE](#).**

### **New! MHEF offers seminar: the future of telehealth in Michigan**

How telehealth could change the world (and why it hasn't yet)

Telehealth has the potential to drastically increase access to health services throughout Michigan by reaching areas and populations that would otherwise go without care. The impact spans across ages, socioeconomic status, and geography. It can break down barriers like transportation, stigma, and others, yet it is often misunderstood and underutilized.

Please join the Michigan Health Endowment Fund for a free, interactive telehealth conference that will bring together community organizations, state MDHHS staff, and national experts to discuss common barriers and myths around telehealth implementation. Have you hit stumbling blocks while implementing telemedicine programs? Come to share the good, the bad, and the ugly. We want the conference to be an opportunity for you to learn from experts and peers, to ask questions, and to get the answers you need to support your projects.



## Agenda

- State Medicaid and policy leaders to share the latest and greatest updates on telemedicine in Michigan
- National expert from the Upper Midwest Telehealth Resource Center to provide highlights from across the region, recommend best practices, and share resources for implementation
- Perspective from commercial insurer Blue Cross Blue Shield of Michigan on efforts to embrace telemedicine reimbursement
- Stories from the field, including school-based health services, FQHCs, emergency room and hospital use, rural implementation, and in-home services
- Lunch will be provided (with a special surprise guest performance to keep you entertained!)

Location, time, date:

Radisson Hotel, Downtown Lansing;

April 16, 2020

9:00 a.m. to 3:00 p.m.

Registration and breakfast start at 8:00 a.m.

If lodging will be needed, guests can make reservations by contacting the Radisson Hotel. Space is limited—reserve your spot today!

Register [here](#).

## News from Our Preferred Corporate Partners:

### TBD Solutions announces Two-Day Practicing Effective Management training

#### Two-Day Practicing Effective Management Training

TBD Solutions wants to help you create a **profound** impact in your workplace. This two-day training provides you with the skills to reach your **full potential** as a manager and leader. Return to work with new **tools**, fresh **perspectives**, and the **resolve** needed to face your toughest workplace challenges. **12 Social Work CEs are offered for this training.**

#### Who Should Attend:

Managers and supervisors of all levels looking to improve relationships and results in their workplace.

#### Location and Dates:

Grand Rapids, MI on April 15th & 16th

#### Training Fee:

\$500 with lunch included

#### Details:

Register at <http://aprilpem.eventbrite.com>

## Abilita provides telecommunication guidance



There are many secrets we have learned and refined over the years as communications technology consultants. Here are our top 6 cost reduction secrets:

### 1. Start with the easy stuff

Sometimes there's SO MUCH to do, you don't know where to start. Start with the no brainer, slam dunk, home-run tasks: telecom bills that are largest. These have the most potential for savings and will make the biggest impact.

### 2. Look at the bills....and don't just assume if the bill is the same as last month, all is good!

We at Abilita normally find ourselves working in between finance and IT. Finance looks at the bills, but doesn't know what the services are for. IT doesn't look at the bills, but generally knows what the bills are for. Document what each telecom bill is for and the services received.

### 3. Keep contract copies

A LOT of our clients simply don't keep track of their contractual documents with their telecom providers. Having a countersigned copy of the contract is particularly rare, but necessary. Some contracts have an auto-renew clause. Make sure you keep track of contract end dates so you can negotiate better rates upon contract renewal.

### 4. Make sure everything is under contract

Contract rates will be lower than off-the-shelf pricing. All of your circuits and services should be included in your contract to receive the lower rates.

### 5. If you don't know what it is, cut it

We consistently find savings on unused and unnecessary services. We suggest you request a CSR (customer service record) to help determine the location and description and eliminate those no longer needed.

### 6. BUT....be careful what you cut

I realize this contradicts #5, however you will want to identify all of your circuits and Monthly Recurring Costs (MRC). One technique we use is to either unplug or have the LEC "busy out" a circuit. Then if still needed we can turn it back up in a matter of minutes.

All this can be complicated and time-consuming. That's where Abilita can help you and your staff! As leaders in the communications technology consulting industry, we average 28% savings for our clients, and there is great satisfaction in knowing your inventory is up-to-date and your pricing is as low as possible. For help on this or any other communications technology project, contact your Abilita consultant today.

You can also schedule a 10 minute phone call to explore how we can help to reduce costs at your organization. Please forward and share this email with any other interested staff.

Dan Aylward, Managing Consultant

517-853-8130 [daylward@abilita.com](mailto:daylward@abilita.com)

## myStrength: new digital behavioral health resources empower consumers to move beyond trauma



Click at left for a video overview of the new Moving Beyond Trauma program

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals Move Beyond Trauma. Leveraging gold-standard, evidence-based approaches including cognitive behavioral therapy (CBT) and mindfulness, these web and mobile resources:

- Address a wide range of trauma types from military deployment and assault, to natural disasters, accidents and other traumatic events.
- Empower individuals to manage discomfort and distress with actionable, in-the-moment coping skills to manage their daily symptoms
- Normalize thoughts, feelings and experiences to help consumers understand that there is a way forward that has been proven to work for so many others
- Complement Livongo's whole-person platform, which addresses chronic physical and behavioral health conditions including diabetes, stress, hypertension, and more.

[Click here to request a demo.](#)

## Relias: build your staff's competence in recovery treatment

Training on substance use disorders, integrated care, peer support, and evidence-based treatment plans can help your staff achieve better outcomes, remain in compliance with regulations and standards, and improve the awareness and reputation of your behavioral health organization.

Relias provides training on substance use disorders, including the use of screening tools and risk assessments, prevention and treatment. [Request a meeting to discuss how we can help your staff provide better care to those in recovery.](#)

P.S. The substance use treatment profession is changing. Watch our recent webinar, The Substance Use Professional of the 2020s, to hear Aaron Williams from the National Council discuss how organizations can help their staff possess and apply the core competencies needed to care for those in recovery in the coming decade.

## 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

## **CMHA WEEKLY UPDATE**

---

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  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
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)  
Audrey Daul, Administrative Assistant, [adaul@cmham.org](mailto:adaul@cmham.org)  
Dana Ferguson, Senior Accounting Specialist, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Janessa Nichols, Accounting Clerk, [jnichols@cmham.org](mailto:jnichols@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)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)  
Madi Sholtz, Training and Meeting Planner, [msholtz@cmham.org](mailto:msholtz@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)