Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.

February 2, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
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Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced**.

WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

Employment First Provider Transformation participating organizations named

The Employment First Provider Transformation initiative is a partnership between the Michigan Developmental Disabilities Council, the Community Mental Health Association of Michigan, and MARO. The State of Michigan FY 18 budget appropriated funding for this initiative to support the objectives stated in Executive Order No. 2015-15 - by providing the service provider community with technical assistance in the process of provider transformation, and to promote increased competitive integrated employment outcomes for people with disabilities throughout our state. Ten Michigan organizations have been identified, and each will work with a Subject Matter Expert (SME) to review current business practices, assess strengths and areas in need of improvement, and develop a corresponding plan of action.

Transformation occurs in the culture of participating organizations, and the competitive integrated employment outcomes persons receiving services are achieving. Short and long term transformation goals will be established; projected outcomes defined to establish benchmarks and a quality measurement framework, and competitive integrated employment woven into organizational strategic plans. External focus on customers - job seekers with disabilities and businesses looking to recruit and retain a talented workforce - will be aligned with internal focus on operations and service delivery model, to obtain greater buy-in from stakeholders, and help secure support from funding sources as well.

The programming offered through this initiative compliments and enhances previous work in Michigan funded through the US Department of Labor's Office of Disability Employment Policy. In calendar year 2016, 352 individuals with disabilities transitioned to competitive integrated employment because of this transformation process.

Nationally recognized disability employment subject matter experts will begin the process of providing technical assistance in Michigan in February; participating organizations will also engage with a Capacity Building initiative, promoting a skilled community of employment service practitioners across the entire state.

The ten organizations participating in the Provider Transformation initiative (many of whom are CMH Association members) are:

The Arnold Center in Midland
The Community Mental Health Authority of Clinton, Eaton, and Ingham Counties
Goodwill Industries of Northern Wisconsin and Upper Michigan in Marquette
HealthWest in Muskegon
Hope Network in Grand Rapids
Key Opportunities in Hillsdale
Lapeer TeamWork in Lapeer
New Horizons Rehabilitation Services in Auburn Hills
Services to Enhance Potential in Wayne County
Vocational Independence Program in Flint

Congratulations to these organizations and best of luck as they take on these leadership roles in the Employment First initiative.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Mental health service reductions in west Michigan covered by media reports

Below is an excerpt from a recent MLive report on the reductions in mental health services, in several west Michigan communities, resulting from dramatic Medicaid revenue reductions to the PIHP and CMHSPs in that region. This Association is working with these Association members, MDHHS, and members of the State Legislature to close this revenue gap and stem these service cuts..

> Mental health services are being scaled back in West Michigan as a regional board grapples with a multimillion-dollar budget deficit.
>
> Though there are disagreements on both the cause and scale of the problem, most agree a statewide revenue shift has occurred that could affect services for some of Michigan's most vulnerable residents.
>
> Network 180, Kent County's community mental health authority, recently eliminated 17 employees, froze hiring for another 15 positions and cut another $778,000 in services. That only solved a small portion of the more than $10 million problem Network 180 faces in its 2016-17 fiscal year, the local share of a $21-$23 million shortfall estimated at the regional level.
>
> Though it manifested locally, the root problem threatens both providers and recipients of mental health services statewide, Network 180 Executive Director Scott Gilman recently told a packed room of concerned citizens.
>
> "In many ways we're the canary in the coal mine," Gilman said.

The full article can be found at:

http://www.mlive.com/news/grand-rapids/index.ssf/2018/01/eroding_funding_threatens_ment.html

Michigan PIHPs announce consensus statement on MAT

Below is a recent announcement, from Michigan's public Prepaid Inpatient Health Plans (PIHP) on the release of the PIHP's consensus statement on Medication Assisted Treatment (MAT). This statement provides a clear philosophic and policy framework for the public funding and organization of MAT treatment across the state – funding that is managed by these PIHPs. This statement is a core dimension in the effort, by the public substance use disorder and mental health treatment system, to combat this state's opioid crisis.

The Substance Abuse Treatment and Prevention (SAPT) Directors group of the ten (10) Michigan PIHPs have reached consensus on the following treatment philosophy regarding Medication Assisted Treatment (MAT). The Chief Executives of the PIHPs have approved and adopt the following:

Purpose**:** Medication-Assisted Treatment (MAT) is a standard of care that is broadly recognized as an essential pillar in any comprehensive approach to the national opioid addiction and overdose epidemic. We seek therefore to ensure that no consumer is denied access to or pressured to reject the full service array of evidence-based and potentially life-saving treatment options, including MAT, that are determined to be medically necessary for the individualized needs of that consumer.

SAPT Directors' Treatment Philosophy & Recommendations**:** Disparaging evidenced-based practices is inappropriate and dangerous. It is important to follow the recommendations by:

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Centers for Disease Control and Prevention (CDC)
- American Society for Addiction Medicine (ASAM)
- National Institute for Drug Abuse (NIDA)
- Michigan Department of Health and Human Services (MDHHS)'s Office of Recovery Oriented Systems of Care (OROSC)

SAPT Directors recognize MAT as a best practice consistent with current research for an Opioid Use Disorder (OUD). In the interest of offering consumer choice, within a Recovery-Oriented System of Care (ROSC), the SAPT Directors expect the people we serve to be supported and respected in leading self-directed lives where multiple recovery pathways are viable.

Treatment options should be discussed in an objective way so each consumer can make an informed decision based on research and outcome data. The SAPT Directors of Michigan's ten (10) PIHPs expect that PIHP-contracted SUD treatment providers will do the following:

1) Adopt a MAT-inclusive treatment philosophy that recognizes multiple pathways to recovery,
2) Reject pressuring MAT clients to adopt an accelerated tapering schedule and/or a mandated period of abstinence
3) Develop and/or strengthen policies that prohibit disparaging, delegitimizing, and/or stigmatizing of MAT either with individual clients orin the public domain
4) When a consumer on MAT (or considering MAT) is seeking treatment services at the point of access, access staff will respect MAT as a choice without judgment, stigma, or pressure to change recovery pathways.

If a provider does not have capacity to work with a person receiving MAT, the provider will work with the consumer and with local PIHP or CMH Access Departments to facilitate a warm handoff/transfer to another provider, who can provide ancillary services (counseling, case management, recovery supports, recovery housing) while the client pursues his or her chosen recovery pathway.

References:
1.SAMHSA Treatment Improvement Protocol #43 - MAT for Opioid Addiction in Opioid Treatment Programs
2.U.S. Surgeon General – Treatment Options
3.National Institute on Drug Abuse Effective Treatment for Opioid Addiction
4.The Center for Disease Control "Vital Signs" – Today's Heroin Epidemic
5.White House Commission on Combating Drug Addiction and the Opioid Crisis - White House Commission on Combating DrugAddiction and the Opioid Crisis – Letter to the President
6.The ASAM National Practice Guideline
7.MDHHS MAT Guidelines for Opioid Use Disorders

Mental Health Coalition announces first in a series of public forums

Below is a recent announcement, from a coalition of mental health advocates, providers, and payers, on an upcoming public forum on mental health issues. Additional forums of this type are being planned for other communities across Michigan. This association is one of the co-sponsors of this forum.

These forums were key to the discussion of the 298 privatization proposals over the last several years, providing a venue for the voices of persons served, families, advocates, and the community at large to express their concerns and hopes relative to the public mental health system.

Mental Health Peace of Mind
Community Collaboration Public Forum
Thursday, March 1, 2018
7:00 PM (Opens at 6:30 pm)
Macomb Intermediate School District
44001 Garfield, Clinton Township, MI 48038
West side of Garfield, South of M-59

This will be an open forum for discussion of potential changes in the Michigan public mental health system with a focus on Macomb County.

Agenda:

- Advocates will introduce issues and objectives.
- Legislators and local public officials will discuss their positions on mental health system reform.
- Concerned citizens will have an opportunity to comment on the needs for change and the ideas presented by community leaders and advocates.

Individual comments will be limited to 3 minutes each to enable many people to express their concerns. You may email more extensive comments to fred.a.cummins@gmail.com , President, Alliance for the Mentally Ill of Oakland County, to be shared with legislators.

Background material:
CARES Report: https://house.mi.gov/PDFs/HouseCARESTaskForceReport.pdf
Key Objectives for Change http://www.amioakland.org/18-01-21KeyObjectivesChange.docx

Everybody is welcome.

Sponsors

- Alliance for the Mentally Ill of Oakland County
- Mental Health Association in Michigan
- UAW Region 1
- UAW Region 1A
- UAW Region 1A, Retiree Chapter
- MICHUHCAN
- Parents Alliance of Metro Detroit
- ARC of Michigan

- Michigan Protection and Advocacy Service
- Michigan Disability Rights Coalition
- Michigan Alliance to Strengthen Social Security and Medicare
- Community Mental Health Association of Michigan
- Mich. AFSCME Council 25
- Michigan State AFL-CIO
- Local 412 UAW
- Michigan Alliance for Retired Americans
- South East Michigan Jobs With Justice
- Alliance for Retired Americans
- Detroit-Wayne Mental Health Authority
- Oakland Community Health Network
- Macomb County Community Mental Health
- Michigan Nurses Association

Labor donated

For more information, call 248-203-1998.

CMH Association and other stakeholders express concerns over answers in 298 RFI Q&A

MDHHS recently issued a Q&A document, responding to questions that the public, this Association, and its members posed to MDHHS relative to the Section 298 RFI. That Q&A, highlighted in a recent edition of this Association's Friday Facts, can be found at: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_76181-458391--,00.html

Two of the responses in that Q&A document stood out, in the eyes of this Association, its members, and the advocacy community, as fundamental flaws in the 298 RFI contents and process. Below is the communication sent by this Association to MDHHS outlining the Association's concerns around these two issues. Advocates from across the state are making the same points. As the discussions with MDHHS on this front progress, we will keep you informed.

CMH Association communication to MDHHS:

The recent Q&A document, released by MDHHS contained much useful guidance and clarification for those CMHs considering a submission of a response to the Section 298 Pilot RFI.

However, two of the fundamental components of the RFI, raised by our association via the Q&A process, remain to be addressed. These two issues, if **unaddressed, are contrary to the intent of the boilerplate.** These RFI components, if unchanged, **hinder health care integration and erect barriers to the submission of RFI responses by the state's CMHs.**

The MDHHS response contained in the recently issued Q&A, related to these two issues, is outlined below, followed by this association's concerns and recommendation relative to these issues.

1. **Movement of the Medicaid enrollees not enrolled with a Medicaid Health Plan from the management of the PIHP to that of private ASO or MBHO**:

   MDHHS answer in 298 pilot Q&A: "It is the intent of the MDHHS that the payment for individuals within a pilot region, but not enrolled in an MHP, will go to a contracted ASO or MBHO. The contracted entity will act on behalf of the state to ensure services are delivered in an appropriate manner."

   CMH Association concern and recommendation: This association is reiterating, here, our concerns over the RFI's planned movement of the management of the behavioral healthcare benefit for persons not enrolled in a Medicaid Health Plan, from the PIHP, where they currently have their care managed, to a Managed Behavioral Health Organization (MBHO) or an Administrative Service Organization (ASO).

   This movement:
   - **does nothing to better integrate care**
   - unnecessarily **disrupts the care for these persons**

- **adds one more managed care entity** to the already chaotic environment that will be experienced in the pilot communities when a single payer, the current PIHP, is replaced by a number of Medicaid Health Plans and, if the addition of a MBHO or ASO, one more payer
- **inflicts considerable and unnecessary fiscal harm to the PIHP** serving the pilot community
- **adds another extraneous variable** to the pilot

This association recommends that those Medicaid enrollees not enrolled with a Medicaid Health Plan continue to have their behavioral healthcare and intellectual/developmental disability services managed by their current PIHP.

2. **Requirement that CMHs responding to the RFI obtain MOUs/MOSs from half of the Health Plans in their community**:

   MDHHS answer in 298 pilot Q&A: "However, it is essential that at least 50% of MHPs within the pilot region have been involved in the development of the application. This Memorandum of Support is NOT a binding agreement on the part of the MHP. For access to the referenced document, please visit www.michigan.gov/stakeholder298."

   CMH Association concerns and recommendations: This association is reiterating , here, our concerns over the RFI's requirement that CMHs responding to the RFI obtain MOUs/MOSs from half of the Health Plans in their community.

   Requiring the support of at least 50% of the MHPs in the pilot community is impractical given the timeframe for the RFI response and the time consuming and complex nature of the discussions/negotiations that would be required, with a number of MHPs, within the applicant pilot community, all with diverse interests and modes of operations.

   The CMH, interested in being a 298 pilot site, should not have to court seek the support, even if not via a binding contract, of the Medicaid Health Plans in a community in order to be selected as a pilot site.

   Given that **MDHHS will be mandating the involvement, in the pilot, of all of the MHPs** in the selected pilot community**, requiring the CMH to obtain the written support of half of the MHPs simply places a barrier in the way of CMHs that wish to be involved in the 298 pilot.**

   This association recommends that the RFI require that a CMH's RFI response contain the written support of one MHP in the pilot community, recognizing that the involvement of the other MHPs in the community, a requirement of the boilerplate , be developed once the pilot communities are selected.

MDOE, MRS, BSBP, and DDC announce technical assistance grant to support school to work transition initiatives

Below is a recent announcement of an opportunity for organizations to receive technical assistance on efforts to support school to work transitions for persons with disabilities.

Invitation to Apply – Technical Assistance
Seamless Transition – Employment First

The School-to -Work Employment First Workgroup is pleased to announce an opportunity for your local transition community to receive technical assistance and training to implement the Seamless Transition Model for students with intellectual/developmental disabilities enrolled in secondary education.

The FY18 State of Michigan budget has allocated funds to support objectives stated in Executive Order No. 2015-15. This project opportunity falls under an umbrella of work that is supported by these funds. This project is a collaboration between the Michigan Department of Education/Office of Special Education, Michigan Rehabilitation Services, Bureau of Services for Blind Persons, the Developmental Disability Council and other stakeholders.

Please review the project materials and application by going to: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897-306627--,00.html
and scrolling to the bottom of the page to find the 2018 Seamless Transition Pilot documents.

Participation is limited to 4 teams. Applications must be received by Friday, February 16, 2017.

Please address questions to:
Janet Timbs timbsj@michigan.gov from Michigan Department of Education, Office of Special Education
Cynthia Wright wrightc1@michigan.gov from Michigan Rehabilitation Services
Shannon McVoy mcvoys@michigan.gov from the Bureau of Services for Blind Persons

Michigan's SIM effort to receive continued federal support

Below is a recent press release from MDHHS regarding the federal extension of Michigan's State Innovation Model (SIM) effort.

Michigan receives approval for continuation of State Innovation Model; continues effort to reinvent state's health care system

The Michigan Department of Health and Human Services (MDHHS) is continuing its quest to provide Michiganders with a better quality, lower cost health care system thanks to the continuation of Centers for Medicaid and Medicare Services (CMS) funding for its State Innovation Model (SIM).

In 2015, CMS awarded MDHHS nearly $70 million over four years to test and implement a model for delivering and paying for health care in the state. The award was based on Gov. Rick Snyder's Blueprint for Health Innovation, in which he envisioned an efficient, effective and accountable government that collaborates on a large scale to provide quality service. CMS recently approved MDHHS's Operational Plan for year three of the project which began today.
"Reinventing Michigan's health care system is one of the state's top priorities," said Nancy Vreibel, MDHHS chief deputy director. "Michigan's model recognizes that better health requires a comprehensive approach involving safe and healthy communities, workplaces, homes and lifestyles."

The state has organized its SIM initiative into three categories: population health, care delivery and technology. Each category also focuses on improving outcomes for three priority populations: individuals at risk of high emergency department utilization, pregnant women and babies and individuals with multiple chronic conditions.

Implementing the population health component of the initiative are Community Health Innovation Regions (CHIRs). These broad partnerships of community organizations, local government agencies, business entities, health care providers, payers and community members work together to identify and implement strategies that address social determinants of health. CHIRs are being piloted in five areas of the state: Jackson, Muskegon and Genesee counties, the Northern Region and the Livingston-Washtenaw county areas.

A strong correlation between housing issues and homelessness and high emergency department utilization and poor health was observed across all CHIRS. Year 3 activities will focus on developing programs to help communities identify individuals in need of housing assistance, developing a sustained model for housing coordination funding and addressing housing shortages.

The care delivery component revolves around a Patient-Centered Medical Home (PCMH) initiative and the promotion of alternative payment models. PCMHs coordinate patient treatment through partnerships between patients and their primary care physicians to ensure they receive the necessary care when and where they need it, in a manner they can understand.

PCMH Year 3 activities will continue development, refinement and sustainability of clinical-community linkages, which will support patient linkage and coordination between clinical care and community-based social services.

On the technology front, the state is leveraging new and existing statewide infrastructure and related health information exchange initiatives including the Relationship and Attribution Management Platform (RAMP). RAMP supports several aspects of care management and coordination, including a health provider directory, a system for tracking active care relationships between patients and health care providers, the exchange of quality-related data and performance results and the transmission of admission, discharge and transfer notifications.

Year 3 will expand RAMP to allow it to be used in support of broader statewide health initiatives; establish a roadmap for increasing quality and detail of patient-level attribution data within Medicaid; and develop a use case for the collection and reporting of social determinants of health data.

For more information about Michigan's State Innovation Model, visit Michigan.gov/SIM.

CMH Association joins coalition in expressing concern over weakening of federal Office of Drug Control Policy

Below is a letter, signed by dozens of substance use disorder advocacy, prevention, and treatment organizations from across the country, including this association, expressing concern over proposals, recently made by the federal Office of Management and Budget, that would weaken the policy impact of the National Drug Control Policy (ONDCP).

RE: OMB proposed shrinking of ONDCP

We the undersigned represent the major groups across all disciplines working on a comprehensive response to the drug crisis facing our nation, to include prevention, treatment, recovery supports, medicine, overdose reversal, law enforcement, and criminal justice reform.

As you know, the White House Office of National Drug Control Policy (ONDCP) oversees and manages the Drug Free Communities (DFC) and the High Intensity Drug Trafficking Area (HIDTA) programs. DFCs provide critical drug prevention funding directly to community coalitions capable of reducing youth drug use, while the mission of the HIDTA program is to disrupt the market for illegal drugs by dismantling or disrupting drug trafficking organizations through the coordinated efforts of federal, state, and local law enforcement.

According to a recent report, the White House Office of Management and Budget (OMB) is considering moving these vital programs out of the ONDCP to other federal agencies. **We strongly oppose any attempt to move either the DFC or HIDTA programs out of ONDCP.**

The DFC program is the only federal drug prevention program that goes directly to communities to deal with all of their most pressing local drug issues. It is unique, in that it requires participation of all community sectors, across the supply - demand reduction split to plan, implement and evaluate locally tailored comprehensive strategies capable of dealing with the full range of drug issues and trends. The program requires a local match in order to leverage all available resources. The DFC program has consistently reduced youth drug use in funded communities to levels lower than national averages through its data driven, comprehensive, multi-sector approach. Moving the DFC program out of ONDCP would markedly reduce its

effectiveness by limiting the full range of essential partners and strategies, to include local law enforcement, needed to achieve population level reductions in youth drug use rates.

The HIDTA program is an essential component of the National Drug Control Strategy. It is clear that federal, state, local, and tribal law enforcement plays an integral role in a balanced strategy to reduce drug abuse and its harmful consequences. The HIDTA program enhances and coordinates federal, state, local, and tribal anti-drug abuse efforts from a local, regional, and national perspective, leveraging resources at all levels in a true partnership. The HIDTA program gives federal, state, local and tribal criminal justice leaders a balanced and equal voice in identifying the regional threat, developing a strategy, investing in the strategy, and assessing performance. This unique feature of the HIDTA program creates the ability for each HIDTA to quickly, effectively, and efficiently adapt to emerging threats that may be unique to a given region providing for the greatest level of impact. Moving the HIDTA program out of ONDCP would all but eliminate the balanced voice found in the long-standing law enforcement partnerships, and the many other innovative approaches that are essential components of an effective drug policy.

Not only would such a move drastically weaken these vitally important programs, and force them to compete for priority, direction, and funding in larger agencies with competing and higher priorities, but it would significantly impact ONDCP's ability to effectively carry out its mission. ONDCP oversees federal efforts to combat every drug problem facing our nation, to include the opioid overdose epidemic, methamphetamines, synthetic drugs, cocaine, marijuana, etc., by coordinating all federal agencies responsible for reducing drug trafficking and use, and ensuring their adherence to the President's priorities. No other agency has this unique responsibility to coordinate efforts across the federal government to execute one shared drug strategy. This oversight is instrumental in eliminating waste and fraud by preventing duplicative programs and strategies among the various federal agencies. Cutting ONDCP's budget would significantly harm the effectiveness of this unique mission.

According to the Centers for Disease Control, more than 63,000 Americans died of a drug overdose in 2016, a staggering 21 percent increase from 2015. With 174 people dying from drug overdose each day there is no doubt the opioid epidemic is an urgent and serious problem impacting families across our nation. This reported budget proposal would create an unnecessary distraction from efforts to save lives. We urge you to continue to allow the ONDCP to use its expertise to administer these programs with its full funding intact.

MDHHS improves assistance application

Below is a recent press release from MDHHS regarding improvement to the public assistance application – improvements designed to make it easier for applicants to complete and submit.

MDHHS reforms assistance application to be more user friendly
New document is less than half the size of previous version

Michigan has debuted a more user friendly application for public assistance that is more comprehensive and less than half the size of the previous form.

The streamlined application for food assistance, Medicaid and other benefits now has 18 pages – down from 42 pages in the previous application that was the was the lengthiest in the United States. It has 80 percent fewer words – with 3,904 – and 80 percent fewer questions – with 213.

The Michigan Department of Health and Human Services Project Re:form resulted in the improved application, which is easier to navigate due to an updated design that includes the use of colors and improved headings

and organization. The Detroit design studio Civilla worked with MDHHS and based the improvements on input from MDHHS clients and staff who tested and led the application redesign effort.

"As our staff experience significant reductions in time spent reviewing and correcting application forms that had become too complicated, they will be able to better assist our clients in removing barriers to self-sufficiency and finding jobs to support their families," said MDHHS Director Nick Lyon. "Clients will find it is easier to receive the help that they need."

MDHHS piloted the new application in 2017 in its Hamtramck office in Wayne County and in its office in Eaton County. Civilla monitored the pilot and engaged nearly 400 clients and numerous staff members in conversations about how to improve the form.

As a result, clients in the pilot counties spent an average of 20 minutes completing the application, compared to 45 minutes for the previous application. Staff spent 20 minutes less time reviewing each application, seeking additional information and making corrections.

MDHHS began using the new application statewide Jan. 22. It combines into a single form application for food assistance, Medicaid, cash assistance, State Emergency Relief and child care assistance.

MDHHS has been working with Civilla on the improved application for more than two years. In addition to the design work and engaging clients who use the form, Civilla was involved in staff training, analysis of data that showed improved outcomes from use of the new form and months of meetings with MDHHS staff, stakeholders and community partners to introduce the new application and seek feedback.

The new application reflects client needs rather than program needs – a main concept behind the creation of MDHHS in 2015.

Lessons the department learned from Project Re:form will be incorporated into the online MI Bridges public assistance application process in the coming months.

The new Assistance Application form can be found on the MDHHS website. It is available to applicants for public assistance benefits at local MDHHS offices. Michigan residents also can apply for assistance online at www.michigan.gov/mibridges.

MPCC and MiHIN announce Coordinating the Care Coordinators Workshop

2018 Coordinating the Care Coordinators Workshop #1
Sponsored by the Michigan Health Information Network (MiHIN) Shared Services and the Michigan Primary Care Consortium

DATE AND TIME
Tue, February 20, 2018
12:00 PM – 4:00 PM EST

LOCATION
The Cadillac Room
1115 South Washington Avenue
Lansing, MI 48910

DESCRIPTION
Workshop #1

Objectives:

1. Develop a care coordinator registration process for a statewide directory
2. Establish types of care coordinators to be included in the statewide directory

Outcomes:
1. Reduce the burden of maintaining contact information for care coordinators connected to a person
2. Help care coordinators recognize other types of care coordinators working with a person

Register at: https://www.eventbrite.com/e/2018-coordinating-the-care-coordinators-workshop-1-tickets-42498694740

CHCS offers webinar on social determinants and Medicaid ACOs

The Center for Health Care Strategies recently announced (announcement is provided below) an upcoming webinar on the impact that Medicaid Accountable Care Organizations (ACOs) are having on the social determinants of persons served through these ACOs.

Addressing Social Determinants of Health through Medicaid Accountable Care Organizations: Early State Efforts
Date**:** February 14, 2018, 11:30 am – 1:00 pm ET

Accountable care organizations (ACOs) have become increasingly prevalent in state Medicaid programs as a way to improve health care quality and control costs. Some states are beginning to use their ACO programs to address social determinants of health (SDOH) — such as living environment and access to healthy food — that ultimately affect health outcomes. Expanding the services covered by Medicaid ACOs may be critical to their success, given that many of the highest-need, highest-cost Medicaid patients have complex social needs that are often not addressed in the current fragmented health care system.

This webinar, made by possible by The Commonwealth Fund, will explore early efforts to address SDOH through Medicaid ACO programs — such as partnership requirements and social needs screening. It will feature innovations from two state Medicaid ACO programs: Minnesota's Integrated Health Partnerships and Rhode Island's Accountable Entities.

State officials, policymakers, and other interested stakeholders can join this 90-minute webinar to gain a better understanding of how ACO programs may serve as a vehicle to help states better address the social determinants among Medicaid beneficiaries.

Register for this webinar at:

https://www.chcs.org/resource/addressing-social-determinants-health-medicaid-accountable-care-organizations-early-state-efforts/?utm_source=CHCS+Email+Updates&utm_campaign=2768f6ec22-EMAIL_CAMPAIGN_2018_01_29&utm_medium=email&utm_term=0_bbced451bf-2768f6ec22-152144421

New US HHS Secretary sworn in

Below is a recent Associated Press announcement of the appointment of the new Secretary of the US Department of Health and Human Services.

Alex Azar (AY'-zahr) has been sworn in as President Donald Trump's second health secretary.

The former drug company executive and official in George W. Bush's administration succeeds former Republican Georgia congressman Tom Price, who resigned last fall following an outcry over his use of costly private charter aircraft for official travel.

Azar's nomination as secretary of Health and Human Services was approved by the Senate last week, largely along party lines.

Azar has said his priorities include curbing the cost of prescription drugs, making health insurance more affordable and available, and confronting the opioid addiction epidemic.

President Trump says, "He's going to get those prescription drug prices way down."

Azar spent a decade at Indianapolis-based drugmaker Eli Lilly and Co.

Final opportunity for 2018 Governor's Service Awards nominations

The Michigan Community Service Commission is seeking nominations for the 2018 Governor's Service Awards. The Governor's Service Awards are given annually by the governor to individuals, organizations and businesses to acknowledge their commitment to serving their communities through volunteerism. This event is hosted by the Michigan Community Service Commission. The awards celebration will be held June 5 in East Lansing.

The 2018 Governor's Service Awards nomination is an online application available at www.michigan.gov/governorsserviceawards. Because of numerous requests following the holidays, the nomination deadline has been extended to Feb. 16.

"These awards serve as a unique opportunity to highlight Michiganders helping Michiganders," Gov. Rick Snyder said.

"We want to hold up Michigan's best volunteers and show them off as role models for others. I hope you will help recognize the outstanding individuals, organizations and businesses in Michigan by nominating them for the Governor's Service Awards."

In 2018, awards will be presented in 10 categories which reflect the diverse nature of volunteers throughout the state. The categories are:

- **Governor George Romney Lifetime Achievement Award**: honors an individual who has shown a lifelong commitment to community involvement and volunteerism.
- **Lifetime Humanitarian Award**: honors individuals or families that have demonstrated a lifetime of outstanding civic and charitable responsibility to a community or organization.
- **Senior Volunteer of the Year Award**: honors individuals age 65 and older who have taken action to make their community a better place to live through service.
- **Volunteer of the Year Award:** honors an individual who strives to improve the lives of neighbors, friends, community or congregation through volunteerism.
- **Youth Volunteer of the Year Award:** honors individuals who are age 25 or younger who have already begun making a significant difference in their community through service.
- **Mentor of the Year Award**: honors an individual who provides youth (25 and under) with the confidence and assets to be successful.
- **Outstanding Volunteer Organization Award**: honors service clubs, nonprofit, faith-based, veteran, disaster preparedness and other organizations that make a demonstrated difference in their community.
- **Education Service Leader Award:** honors schools, colleges, universities and other organizations that support youth making a difference in their communities.
- **Outstanding National Service Program Award**: honors organizations that provide a high-quality national service program that yields a significant impact in a Michigan community.
- **Corporate and Small Business Community Leader Award**: honors corporations and businesses that excel in community involvement and demonstrate excellent corporate citizenship by giving back to their community in a variety of ways.

This will be Gov. Snyder's eighth year of involvement in the Governor's Service Awards, which were launched by Gov. John Engler in 1992 and maintained by Gov. Jennifer M. Granholm during her terms in office.

For additional information or questions, please contact the MCSC at 517-335-4295 or gsa@michigan.gov.

Recent announcement of healthcare initiative by Amazon, Berkshire Hathaway and JPMorgan stirs range of views

Below are three articles discussing the potential impact of the initiative, recently announced by Amazon, Berkshire Hathaway and JPMorgan, to join forces to impact the cost and quality of healthcare. The range of reactions and projections of the impact of this joint effort are represented in the three articles provided below.

New York Times: Amazon, Berkshire Hathaway and JPMorgan Team Up to Try to Disrupt Health Care
Nick Wingfield, Katie Thomas and Reed Abelson

Excerpt of article:

Three corporate behemoths — Amazon, Berkshire Hathaway and JPMorgan Chase — announced on Tuesday that they would form an independent health care company for their employees in the United States. The alliance was a sign of just how frustrated American businesses are with the state of the nation's health care system and the rapidly spiraling cost of medical treatment. It also caused further turmoil in an industry reeling from attempts by new players to attack a notoriously inefficient, intractable web of doctors, hospitals, insurers and pharmaceutical companies.
It was unclear how extensively the three partners would overhaul their employees' existing health coverage — whether they would simply help workers find a local doctor, steer employees to online medical advice or use their muscle to negotiate lower prices for drugs and procedures. While the alliance will apply only to their employees, these corporations are so closely watched that whatever successes they have could become models for other businesses.

Full article:
https://www.nytimes.com/2018/01/30/technology/amazon-berkshire-hathaway-jpmorgan-health-care.html

Bloomberg View: Can Amazon Transform Health Care? It's Not a Crazy Idea
Megan McArdle, Bloomberg View

Excerpt of article:

But as customers with a combined employment base of over a million people, Amazon and JPMorgan and Berkshire Hathaway may have the incentives, and the expertise, to do it right.

That said, there are other companies in the industry, with an incentive to get technology right, and so far, few of them have managed to overcome all of the obstacles that the system puts in their way. The dysfunctional incentives of third-party payer, where the people making the decisions seldom have any reason to reward efficiency … the incredible fragmentation of the market, which makes it hard to come up with big, unified solutions … the fierce resistance of providers to adopting new ways of doing things … and if you somehow manage to surmount all of those obstacles, and actually start rationalizing things, the tendency of legislators and regulators to come steaming in with some new law or regulation that renders your idea illegal.

Most importantly, you are dealing with human beings at their most stubborn and vulnerable. Your regime of evidence-based medicine will founder on the fact that human bodies are not very well standardized, and go wrong in all sorts of perplexing ways that will resist any attempt to neatly categorize them. Your behavioral modifications will run up against the fact that human behavior is awfully hard to change. And your attempts to beat down costs will run aground when you discover that many market participants enjoy being the only game in town -- like rural hospitals and pharmaceutical manufacturers -- and that you cannot avoid dealing with them unless you want some combination of legal trouble or employee revolt.

So while there are some reasons to think this company might succeed, there are also plenty of reasons to think that it will fail. The one thing we can say, however, is that if it succeeds, its success may help usher in an era of even tighter employer control over employees' lives.

Right now, even when our employer is functionally purchasing health-care services for us, that transaction is arms-length: We decide on the services, and an intermediary actually pays the bill.

There are probably considerable savings to be had if employers use their power to guide employees toward better decisions about everything from ER use to smoking.

But one big reason that our health care system is such an expensive mess is that Americans hate being told what to do. They demand maximal, expensive, freedom of choice about their health care. They rebel if they can't get it. Worse still, if they are denied it, they call their legislators, who do things like telling insurers to stop denying so many claims for experimental treatments of dubious worth.

Full article:
https://www.bloomberg.com/view/articles/2018-01-30/can-amazon-transform-health-care-it-s-not-a-crazy-idea

Washington Post: Amazon already has huge amounts of our data. What happens when you add health care to the mix?
Abha Bhattarai, Washington Post

Excerpt of article:
"Amazon already has huge amounts of our data — we give it to them in exchange for two-day shipping," said I. Glenn Cohen, a Harvard Law School professor who specializes in health law policy. "But what happens when you add in actual health care data? Many people are already concerned about who has access to that information, and this exacerbates those concerns."

Amazon declined to comment for this story. Its announcement comes a week after the company opened its cashier-less supermarket, Amazon Go, to the public. In place of cash registers, the store has a network of cameras, scanners and infrared sensors that allow the store to automatically charge customers for items they place into their bags.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits health insurance companies and other entities from sharing personally identifiable medical data. There are also federal restrictions on using medical data for marketing purposes or to make lending decisions by banks. But, even if the new joint venture is subject to HIPAA rules, experts said there are exceptions to exactly what is covered.

"The law covers traditional health insurance and provider health care, but it doesn't cover many of the other sources of health-related data that today's technology generates," said Peter Swire, a professor of law at Georgia Tech and White House coordinator for HIPAA under President Clinton. "It doesn't cover, for example, the books you buy about health care or the many fitness and health care apps you may have on your phone."

He and others added that even if companies aren't collecting — or sharing — medical records, there are a number of other ways a patient's habits and history could be used to glean important information about their health. (There are also signs that Amazon is considering possible privacy concerns: It recently posted a job opening on its site for a HIPAA expert who can "own and operate the security and compliance elements of a new initiative.")

"You could say, 'This patient uses our system to book doctors' appointments six times a year,' and compare that with that person's purchase history to make certain connections," said Cohen of Harvard. "Non-healthcare data can often be a rich source of information."

Companies could also market cold and flu medicines to someone who always books doctor's appointments at the beginning of flu season, he said, or recommend obstetricians to a shopper who recently ordered pregnancy tests or prenatal vitamins.

Research shows that increased access to patients' medical records and history reduces the cost of health care. But it also raises privacy concerns, particularly as companies use predictive technology to guess which patients may end up with a certain illnesses or chronic disease, said Idris Adjerid, a professor who specializes in health technology and privacy at the University of Notre Dame's Mendoza College of Business.

"Amazon is a data-centric company that's good at artificial intelligence and machine learning, so it doesn't take much to see that that's what they'll bring to the health care industry," he said. "It's all very tantalizing but there is also a constant tension between the pros of predictive health care data and the challenges."

Full article:
https://www.washingtonpost.com/news/business/wp/2018/01/30/amazon-already-has-huge-amounts-of-our-data-what-happens-when-you-add-healthcare-to-the-mix/?utm_term=.ed7302ee6479

LEGISLATIVE UPDATE

SUD Funding Bill Passed House Committee

This week, HB 5085 introduced by State Rep. Steve Marino (Harrison Township), which would increase funding for substance use disorder services passed unanimously out of the House Health Policy Committee this week.

HB 5085 would dedicate 4% of the unmarked money raised through Michigan's liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than $17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders.

"Substance abuse is a major problem in Michigan," Marino said. "This bill will deliver more resources to agencies on the front lines of this fight."

Last month, the final report was released of the House of Representatives' CARES (Community, Access, Resources, Education and Safety) Task Force, which convened last summer to explore Michigan's mental health system. Increasing funding for substance use disorder services was one of the 50 recommendations in that final report.

HB 5085 was referred to the House floor for consideration.

NATIONAL UPDATE

Legislation of Potential Import to NACBHDD

Behavioral Health Services

- **Behavioral Health Coverage Transparency Act (S. 2647; HR 4276).** Introduced by Senator Elizabeth Warren (D-MA) and Rep. Joe Kennedy III (D-MA) and originally cosponsored by 12 Senators and 8 Representatives, all Democrats. *Measure would hold insurers accountable for providing adequate mental health benefits (parity) and increase transparency for consumers seeking coverage for mental and substance use disorders.*
- **Medicare for All Act of 2017 (S. 1804).** Introduced by Senator Bernie Sanders (I-VT). *Measure would establish a universal Medicare program, including transitional Medicare buy-in option and transitional public option. Premium assistance/cost-sharing subsidies would be available. Establishes a Universal Medicare Trust Fund using funds from*

Medicare, Medicaid, FEHBP and TRICARE. Individuals must be covered without regard to pre-existing condition or nature of medical issue (e.g., parity for behavioral health) Coverage includes, among other provisions, preventive care and all necessary inpatient and outpatient care to prevent, diagnose, treat and maintain recovery from behavioral disorders.

- **Mental Health and Substance Abuse Treatment Act of 2017 (HR 1253).** Introduced by Rep. Derek Kilmer (D-WA) *The measure would allow HHS to make loans/loan guarantees for construction or renovation of psychiatric or substance abuse treatment facilities, and to refinance such loans and loan guarantees. Revenues from the loans/loan guarantees in excess of program costs would be placed in a Mental Health and Substance Use Treatment Trust Fund and be made available for block grants for community mental health services*.
- **Trauma-informed Care for Children and Families Act of 2017 (S. 774).** Introduced by Senator Heidi Heitkamp (D-ND) *Measure promotes development, testing, dissemination, and application of best practices in trauma-informed identification, referral, care and support for trauma-exposed children and families through a task force, funding through the NCTSI, and specific responsibility for dissemination of identified best practices by a range of HHS agencies and offices.*
- **CHIP Mental Health Parity Act (S. 22543; HR 3192).** Introduced by Senator Debbie Stabenow (D-MI) and Rep. Joseph P. Kennedy III (D-MA). *Measure would ensure access to mental health services under the Child Health Insurance Program, including all services "necessary to prevent, diagnose, and treat a broad range of mental health symptoms and disorders, including substance use disorders."*
- **ACE Kids Act of 2017 (S. 428, HR 3325)).** Introduced by Senator Chuck Grassley (R-IA) and Rep. Joe Barton (R-TX). *The measure amends Medicaid to enable, but not require, States to provide coordinated care to children with complex medical conditions through enhanced pediatric health homes using, as necessary, alternative payment mechanisms. Two MACPAC reports to Congress are to be developed—one (within 2 years) making recommendations on the program, the second (in 5 years) on the program's conduct, recommendations for the future, and potential expansion.*
- **CONNECT for Health Act of 2017 (S. 1016; HR 2556).** Introduced by Senator Brian Schatz (D-HI) and Rep. Diane Black (R-TN). *Measure would amend Medicare to allow ACOs, FQHCs, Native American health service facilities, and rural clinics to engage in and be reimbursed for telehealth services, including for stroke, patient monitoring, and expanded mental health care.*
- **Medicaid Bump Act of 2017 (HR 324).** Introduced by Rep. Joseph Kennedy III (D-MA) *Measure would provide a higher federal matching rate for increased expenditures under Medicaid for mental and behavioral health services, and require the Medicaid and Chip Payment and Access Commission to report to Congress annually on Medicaid mental and behavioral health services payment rates and service utilization*.
- **Road to Recovery Act (HR 2938).** Introduced by Rep. Brian Fitzpatrick (R-PA). *Measure would remove barriers to residential substance disorder treatment services provided in specialty substance use treatment facilities under Medicaid and CHIP for individuals under the age of 65.*
- **Family-based Care Services Act (S. 1357, HR 2290).** Introduced by Senator Tammy Baldwin (D-WI) and Rep. Rosa DeLauro (D-CT). *Measure would amend Medicaid to provide a standard definition of therapeutic family care services*, to wit: services for children under 21 who, due to mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, need the level of care provided in an institution (including a psychiatric residential treatment facility) or nursing facility, the cost of which could be reimbursed under the State plan but who can be cared for or maintained in a community placement, through a qualified therapeutic family care program.
- **National Suicide Hotline Improvement Act of 2017 (S. 1015, HR 2345).** Introduced by Senator Orrin Hatch (R-UT) and Rep. Chris Stewart (R-UT*). Measure would require the FCC to coordinate with SAMHSA and the VA to examine: (1) designating a 3-digit dialing code for a national suicide prevention and mental health crisis hotline system; and (2) the effectiveness of the National Suicide Prevention Lifeline (1-800-273-TALK), including how well it addresses the needs of veterans.* [NOTE: Passed Senate, Nov. 7, 2017.]

OPIATE-SPECIFIC

- **Opioid Addiction Prevention Act of 2017 (S. 892; HR 4408).** Introduced by Senator Kirsten Gillibrand (D-NY) and Rep. John Katko (R-NY). *Measure would require clinicians to restrict initial prescribing of opiates for acute pain to 7 days as a condition of registration under the Controlled Substances Act.* [A similar bill, with a 10-day limit, HR 3964, was introduced by Rep. Phil Roe (R-TN)].

- **Youth Opioid Use Treatment Help Act of 2017 (YOUTH Act**) **(HR 3382).** Introduced by Rep. Katherine Clark (D-MA) *Measure would amend the PHS Act substance abuse program provisions to include **young adults** as well as children and adolescents, including access to prevention and treatment programs, including MAT.*
- **Safer Prescribing of Controlled Substances Act (S. 1554)**. Introduced by Senator Edward Markey (D-MA) *Measure would require health care professionals who want to receive or renew registration for prescribing opiates to complete training regarding best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids; responsible prescribing of pain medications; ways to diagnose, treat and manage a substance use disorder, including medications and evidence-based non-pharmacologic therapies; linking patients to evidence-based treatment for substance use disorders; and tools to manage adherence and diversion of controlled substances.*
- **Medicare Beneficiary Opioid Addiction Treatment Act (HR 4097).** Introduced by Rep. Richard Neal (D-MA). *Measure would make methadone available under Medicare Part B.*

JUSTICE-RELATED ISSUES

- **Law Enforcement Mental Health and Wellness Act of 2017 (S. 867, HR 2228).** Introduced by Senator Joe Donnelly (D-IN) and Rep. Susan Brooks (R-IN) **THIS HAS BEEN SIGNED INTO LAW (PL 115-113)**. *Under the new law, grants available under the Community Oriented Policing Services program can be used to establish peer mentoring mental health and wellness pilot programs at the state, local and tribal levels. The Department of Justice (DoJ) will (1) review existing crisis hotlines, recommending improvements; examine the behavioral health needs of federal officers; and assure privacy is maintained; (2) working with HHS, develop materials for mental health providers to educate about the culture of law enforcement and relevant therapies for common problems; and (3) report on DoD and VA mental health practices and services that could be adopted by law enforcement agencies, and on programs to address the mental health and wellbeing of law-enforcement officers.*
- **Veterans Treatment Court Improvement Act of 2017 (S. 946, HR 2147).** Introduced by Senator Jeff Flake (R-AZ) and Rep. Mike Coffman (R-CO). *Measure would require the VA to hire at least 50 Veterans Justice Outreach Specialists to serve at an eligible VA medical center to serve as part of a veterans treatment court justice team or other veteran-focused court. The individuals would work with veterans with active, ongoing, or recent contact with some component of a local criminal justice system.*
- **Keeping Communities Safe through Treatment Act of 2017 (HR 1763).** Introduced by Rep. Sean Maloney (D-NY). *Measure would require the Department of Justice to conduct a pilot program to provide grants to eligible entities to divert individuals with low-level drug offenses to pre-booking diversion programs*

SERVICE PROVIDERS

- **Mental Health Access Improvement Act of 2017 (HR 3032).** Introduced by Rep. John Katko (R-NY). *Measure would provide Medicare coverage for services of mental health counselors and marriage and family therapists within their scopes of practice.*
- **Medicare Mental Health Access Act (S. 448).** Introduced by Senator Sherrod Brown (D-OH). *Measure would expand Medicare's definition of 'physician' to include state-licensed, clinical psychologists for the purpose of providing services within a psychologist's scope of state licensure.*
- **Prescriber Support Act of 2017 (HR 1375).** Introduced by Rep. Katherine Clark (D-MA) *Measure would establish a grant program to states or groups of states through HHS to establish, expand or maintain a comprehensive regional, State, or municipal system to provide training, education, consultation, and other resources to prescribers relating to patient pain, substance misuse, and substance abuse disorders.*
- **Strengthening the Addiction Treatment Workforce Act (S. 1453).** Introduced by Sen. Joe Donnelly (D-IN). *The measure makes certain substance abuse treatment facilities, both inpatient and outpatient that meet specified criteria (e.g., use of MAT, counseling or other evidence-based services) eligible for National Health Service Corps (NHSC) service.*
- **Addiction Treatment Access Improvement Act of 2017 (HR 3692).** Introduced by Rep. Paul Tonko (D-NY). *Measure would amend the Controlled Substances Act to provide greater flexibility in the use of MAT for opioid use disorders by eliminating any time limitations for nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse midwives, and physician assistants to become qualifying MAT practitioners*

- **Ensuring Children's Access to Specialty Care Act of 2017 (S. 989).** Introduced by Senator Roy Blunt [R-MO]. *Measure would add pediatric subspecialties (including child psychiatrists) to the roster of physicians eligible to participate in the NHSC, with relevant loan forgiveness.*

VETERANS' ISSUES

- **Mental Health Care Provider Retention Act of 2017** (**HR 1064).** Introduced by Rep. Beto O'Rourke (D-TX) *Measure would ensure that an individual transitioning from treatment through DoD to VA to continue receiving treatment from the DoD mental health care provider.*
- **Community Care Core Competency Act of 2017 (S. 1319).** Introduced by Senator Sherrod Brown (D-OH) *Measure directs the VA to establish a 5-year, no-cost online program of continuing medical education for non-VA medical professionals designed to (1) increase knowledge and recognition of medical conditions common to veterans, and (2) improve outreach to veterans and family members. CME topics include working with veterans and their family members; identifying and treating their common mental and physical conditions; and the VA health care system.*
- **Honor Our Commitment Act of 2017 (S. 699).** Introduced by Senator Christopher Murphy [D-CT]. *Measure would require the VA to provide behavioral health services to individuals discharged/released from active service under other than honorable conditions.*
- **Veteran Urgent Access to Mental Healthcare Act (HR 918).** Introduced by Rep. Mike Coffman (R-CO) *Measure would require the VA to give former members of the Armed Forces an initial mental health assessment and mental health services to treat a member's urgent mental health care needs, including risk of suicide or harming others. Such mental health services can be provided at a non-VA facility if VA care is clinically inadvisable or geographically untenable.* [NOTE: Passed House Nov 7, 2017.]

CMHAM WINTER CONFERENCE – HOPE TO SEE YOU THERE!

The Community Mental Health Association of Michigan's 2018 Annual Winter Conference is February 6 & 7, 2018 at the Radisson Plaza Hotel & Suites, Kalamazoo. The conference will feature 4 powerful keynote addresses, a wide variety of workshops, as well as a pre-conference institute on Enhancing Employment: The Workforce Innovation and Opportunity and Opportunity Act and Other Developments.

Keynote Addresses:

Current Efforts toward Behavioral Health and Justice Collaborations for Better Outcomes
- *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

I Have Been Running my Entire Life - I am Finally Free
- *Dominic Carter, Veteran Newsman, Mental Health Advocate, Author, and Speaker*

What's Hot in Behavioral Health - A National Update
- *Charles Ingoglia - Senior Vice President, Public Policy and Practice Improvement, National Council for Behavioral Healthcare*

The Life, the Game, the Pain and the Transition
- *Adrian Muldrow, Founder, We Can Achieve Youth Advocacy Project*

Pre-Conference Institute:
February 5, 2018 from 1:00pm – 4:00pm
Enhancing Employment: The Workforce Innovation and Opportunity and Opportunity Act and Other Developments
- *David Michael Mank, Ph.D., Professor Emeritus, Indiana University*

For a detailed conference brochure, click here: https://macmhb.org/education

To Register for the Full Conference, click here: https://goo.gl/ATd6pb

To Register for the Pre-Conference Institute, click here: https://goo.gl/3UeQDc

TENTH ANNUAL GAMBLING DISORDER SYMPOSIUM

MDHHS & CMHAM Present: Michigan's Tenth Annual Gambling Disorder Symposium, ""A Holistic Approach to Gambling Disorder Treatment…Mind, Body & Spirit." The Symposium will be held on Friday, March 2, 2018 at the Diamond Center at Suburban Collection Showplace in Novi, Michigan.

Registration Fee: $35 per person and includes all materials, continental breakfast, lunch and refreshments.
To Register Click Here!

Symposium Highlights:
- Assessment and Treatment of Gambling Disorder with an Emphasis on High Risk Populations
- Problem Gambling: A Growing Epidemic Among Youth & Using Adverse Childhood Experiences (ACE) in Treatment
- Neurobiology of Gambling and Other Addictions
- Prevention: An Open Panel Discussion
- Treating Gambling Disorder with Mindfulness and Spirituality
- The Problem Gambler and the Criminal Justice System
- Insider's View of Gamblers Anonymous: Open Meeting
- Gambling Behavior - it's Functional

CMH Association committee schedules, membership, minutes, and information go to our website at
https://www.macmhb.org/committees

WEBINAR: BUSINESS OR EXPLOITATION?" EXPOSURE OF THE TOBACCO INDUSTRY'S EXPLOITATION OF INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

The Smoking Cessation Leadership Center (SCLC) is excited to be hosting our **75th webinar** with our partners, the National Behavioral Health Network for Tobacco and Cancer Control (NBHN), and the Truth Initiative®. We invite you to register for this **One-Hour Power Break** webinar: ***"Business or Exploitation?" Exposure of the tobacco industry's exploitation of individuals with mental health conditions*** on **Thursday, January 18, 2018, at 1:00pm EST** (60 minutes).

We are honored to have the following speakers presenting on this topic for us:
- **Margaret Jaco Manecke, MSSW,** Project Manager, Practice Improvement, National Council for Behavioral Health
- **Ashley Persie,** Senior Brand Marketing Associate, Truth Initiative®
- **Judith (Jodi) Prochaska, PhD, MPH,** Associate Professor of Medicine, Stanford University

Webinar Objectives:
1. Explain why people with mental health conditions (depression and ADHD, for example) and substance use disorders have been historically targeted by the tobacco industry.
2. State whether adults with mental health conditions and substance use disorders smoke more than adults without those conditions.
3. Describe the morbidity rates of people with mental health conditions and name specific causes of death that can be attributed to tobacco use.
4. Explain the impact of the **truth®** campaign among its target audience.

5. Describe evidence-based approaches for treating tobacco use and tobacco addiction in persons with co-occurring mental illness.
6. Describe how you can leverage the National Behavioral Health Network for Tobacco & Cancer Control's tools, resources, and network to combat tobacco use & cancer disparities among individuals with mental illnesses and addictions and network members.

REGISTER HERE: https://cc.readytalk.com/r/eyjfkcfgqogs&eom

CME/CEUs will be available for participants who join the **LIVE** session, on **January 18, 2018**. You will receive instructions on how to claim credit via the post webinar email.

Have a Great Weekend!