



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

February 23, 2018

FRIDAY FACTS

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

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](mailto:abolter@cmham.org)  
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**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.**

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## WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

### CEI publishes comprehensive "Culture of Health" plan

Below is a recent announcement, by the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI), of the recent completion of its comprehensive behavioral health prevention and wellness plan. Excerpts from that announcement are provided below:

The CMHA-CEI Behavioral Health Prevention and Wellness Promotion Committee consisting of broad representation across the organization worked throughout FY17 on defining what constitutes Behavioral Health Prevention and Wellness for CMHA-CEI resulting in a comprehensive plan titled "Creating a Culture of Health"

#### Behavioral Health Prevention & Wellness Promotion Plan Publication

CMHA-CEI's Behavioral Health Prevention and Wellness Promotion Committee is proud to present the new publication titled "Creating a Culture of Health: Changing the landscape to improve behavioral health and wellness for those we serve, our staff, and our communities".

This multi-year plan highlights our target population, the purpose behind this effort, and the CMHA-CEI Behavioral Health Prevention and Wellness Promotion Committee who were instrumental in its development. The plan also provides the underlying research, rationale, relevant national models, goals, objectives, and

strategies as well as existing examples of what we have already achieved towards this end. The identified Goal Areas are:

1. Create a Culture of Health and Wellness,
2. Expand upon Behavioral Health Prevention, Promotion, Public Relations, and Community Outreach Opportunities,
3. Initiate and Promote Early Intervention Programming,
4. Expand the Behavioral Health Education and Training Opportunities offered to area professionals,
5. Enhance Behavioral Health System Alignment Efforts, Access to Additional Funding Streams, and Integrated Care Opportunities, and
6. Compile Data and Prioritize Data Indicators and At-Risk Populations.

The plan and its executive summary can be found at:

[http://ceicmh.org/component/docman/doc\\_details/770-2017-culture-of-health-plan?Itemid=458](http://ceicmh.org/component/docman/doc_details/770-2017-culture-of-health-plan?Itemid=458)

### **St. Clair CMH announces Run for Recovery**

Below are excerpts from a press release recently release by St. Clair County Community Mental Health regarding its annual Run for Recovery:

St. Clair County Community Mental Health is holding their 10<sup>th</sup> Annual Healthy Minds, Healthy Bodies Run for Recovery on Saturday, May 12, 2018 at their 3111 Electric Avenue location. Individuals can participate in a 5K USTAF Certified run, 1 Mile Fun Walk, or 1 Mile timed run (for ages 12 and under). The 1 Mile Walk and 1 Mile Timed Run both begin at 8:30am, and the 5K run begins at 9am. The early registration fee is \$25 before April 13<sup>th</sup> and includes an event t-shirt. Registration on or after April 14<sup>th</sup> is \$30 and t-shirts are provided only while supplies last.

The Run for Recovery event proceeds will be shared between the St. Clair County Community Mental Health Lifeline Fund, the St. Clair County Community Mental Health Endowment Fund, the Peoples' Clinic for Better Health, and Mid-City Nutrition.

The Governor's Council on Physical Fitness, Health and Sports and the Michigan Fitness Foundation has endorsed the Healthy Minds, Healthy Bodies Run for Recovery as a quality physical activity event through the Pure Michigan FITness Series endorsement program. The Pure Michigan FITness Series program endorses local, regional and statewide events that are consistent with the Governor's Council and the Michigan Fitness Foundation mission to promote healthy choices while offering a physical activity event that is open to all participants, regardless of skill level or age. The Healthy Minds, Healthy Bodies Run for Recovery leads by example by providing a safe, healthy physical activity event for Michigan residents. With this endorsement, participants age 18 and above are eligible to register for the 2018 lottery for a chance to be one of only 400 runners to run over the Mackinaw Bridge on Labor Day.

Awards will be given to 1<sup>st</sup> through 5<sup>th</sup> place finishers of the 5K run and 1 Mile Timed Run for ages 12 and under by gender and age group. Awards will also be given to the overall top male and female finishers.

Online registration is available at <https://run4recovery.enmotive.com/> or the registration form may be downloaded at [www.scccmh.org](http://www.scccmh.org). Cash, check and credit card registrations are also accepted in-person at the SCCCMH Port Huron office, 3111 Electric Avenue between 8:30am and 5pm Monday through Friday.

Pre-registered participants may pick up their event packet on Thursday or Friday, May 10<sup>th</sup> or 11<sup>th</sup>, between 8:30am and 5pm. Participants who do so will have their names entered in a drawing to win "Beat the Rush" prizes.

For more information, visit the SCCCMH web site at [www.scccmh.org](http://www.scccmh.org) or call St. Clair County Community Mental Health at 810-985-8900.

## STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

### **CMH Association publishes special edition newsletter on gun violence and mental health**

With the recent school shooting in Parkland, Florida, communities across the country, policy makers, high school students, families, members of the law enforcement and mental health communities are expressing their grief, often accompanied by outrage, and their commitment to addressing the causes of gun violence in this country.

In an effort to foster a fact and research based approach to addressing gun violence, this association published, earlier this week, a Special Edition of the Friday Facts, focused solely on gun violence and mental health. This edition compiled some of the best thinking on this issue.

Note, that this Association is not advocating any specific approach to reducing gun violence. Our hope is that some of the myths that drive this debate can be replaced with facts and that the information and views contained in this special edition will support clear-headed thinking and concrete action to halt gun violence in America.

This special edition of Friday Facts can be found at:

<https://www.macmh.org/sites/default/files/attachments/files/special%20edition%20-%20gun%20violence%20and%20mental%20health%20022118.pdf>

### **Okay2Say issues reminder on combating threats of violence**

Below is a recent announcement, from Michigan's Okay2Say program, reminding Michiganders of the resources available through the Okay2Say program:

In the wake of the school tragedy in Florida, many people are wondering how they can keep their schools safe. Others in Michigan, have been contacting our office for more information, resources (banners, posters, etc.) and to inquire how to [schedule a free OK2SAY presentation](#).

[https://www.michigan.gov/aq/0,4534,7-359-82918\\_80840\\_80842\\_80843---,00.html](https://www.michigan.gov/aq/0,4534,7-359-82918_80840_80842_80843---,00.html)

For those who may not be aware, in 2014 the Michigan Attorney General's office implemented a student safety initiative called OK2SAY. OK2SAY is a program that ensures every student, parent, teacher, and community member has access to a safe and confidential way to report any concerns about their safety or the safety of others. OK2SAY operates as an early warning system in our schools to help stop tragedies before they start.

Remind your students that they have a confidential way to report a safety threat. OK2SAY is operational 24/7: Submit a tip using email, mobile app, telephone, text message, or through the [OK2SAY website](#).

<http://www.michigan.gov/ok2say>

When students make the courageous decision to break the code of silence and speak out against harmful behavior, they equip authorities with the information needed to respond to threats and avert tragedy. And that's a good thing for Michigan schools, communities, and families.

### **Michigan accepts bids for 298 pilots**

Below are excerpts from a recent Crain's Detroit Business article on the Section 298 pilot initiatives.

Michigan has received bids from community health agencies to participate in up to three regional pilot projects to test combining behavioral health and physical health services in the Medicaid system.

Under what is known as Section 298, named after a budget section the Legislature approved last year, Michigan will test the pilot projects over the next several years to determine if costs can be reduced, quality improved and services expanded using a managed care approach.

Originally, Medicaid health plans lobbied legislators in 2016 to have them manage the state's \$2.6 billion Medicaid behavioral health system. The managed care organizations, some of which are for-profit companies, already manage a nearly \$9 billion Medicaid physical health system.

But state officials only allowed the quasi-public community mental health agencies, which currently manage Medicaid behavioral health services, to submit proposals. However, several Medicaid health plans will participate in the pilots in ways the state has yet to specify.

The Michigan Department of Health and Human Services plans to hear oral presentations of the proposals March 1-2; announce pilot decisions March 9; complete contracts and other details by July 1; and have the pilots fully implemented by Oct. 1.

Last year, the Legislature allowed for a fourth pilot to be allowed in Kent County, but the local mental health agency, Network 180 in Grand Rapids, was unable to find a Medicaid health plan to participate. In a statement, the Community Mental Health Association of Michigan said it supports the range of innovative submissions delivered by state community mental health organizations.

"We commend the community mental health organizations and leaders across the entire state," CEO Robert Sheehan of CMHAM said in a statement. "The system's value lies in our ability to develop innovative integrated health care practices in communities of all types and sizes, and we must continue to work together for the state's mental health safety net, as well as serving some of Michigan's most vulnerable public citizens."

CMHAM said themes represented in the submitted applications included:

- public and private partnerships
- advanced integrated models of behavioral and physical health care using traditional and nontraditional (housing and employment) services
- fostering person-centered care through collaboration

While only community mental health agencies were considered "qualified applicants" by the state, the Michigan Association of Health Plans submitted its own pilot proposal for discussion purposes, said Dominick Pallone, the association's executive director.

Pallone said that proposal is what the Medicaid HMOs believe should be the model for integrating behavioral and physical health care.

"Our approach would allow the health plan to contract with the community mental health (agency) and also with direct care service providers to enhance the network of credentialed behavioral health providers," Pallone said in an email to *Crain's*.

"This approach would promote individual consumer choice of provider networks and would eliminate county geographic restrictions that exist today," he said.

Under the proposal, care management and care coordination would be aligned between the health plan, community mental health agency, the provider, enrollee and family. The system would follow an "integrated care team" approach, which would be patient-centered, he said.

Medicaid health plan involvement in pilots: When devising the pilot standards, state officials concluded that enabling regulations prevented allowing Medicaid HMOs to be lead applicants for the pilots, Pallone said.

"We disagreed and suggested that the Legislature could remove any perceived statutory barrier similar to the way they acted to amend the Social Welfare Act to allow health plans to hold the contract for the purposes of the pilot," Pallone said.

However, state officials decided only community mental health agencies could apply for the pilots, but the "HMO would ultimately hold the contract."

State officials did not release the number or whereabouts of pilot proposals.

However, Pallone said he believes some of the pilot proposals have been submitted in Muskegon, Saginaw County, Ludington and Genesee County.

The four pilot proposals with which Pallone said he is familiar promote programs the agencies are already doing; they propose to give state mental health Medicaid funds to the health plans, which will reimburse the mental health agencies for services so they can pay providers.

"All propose managing their own providers (and performing) care management," he said. "All would increase co-location or reference the co-location of clinical services they are already doing, and all would suggest that they would assume the responsibility for the mild to moderate population that is currently the responsibility of the health plan.

Pallone said the Medicaid health plans have been promised by MDHHS that if the final plans for integration fail to show meaningful progress in financial, clinical and operation integration "then it's not likely the pilots actually get off the ground even if the department selects them from the RFI process. "

Section 298 has undergone several revisions over the past year, the last being Feb. 9 when the state updated its timeline for the request for information and amended its financing model.

### **CHCS publishes interview with Michigan healthcare thought leader**

Below is the announcement, by the Center for Health Care Strategies (CHCS) of the publishing of a recent interview with Michigan's former Medicaid Director and current principal at Health Management Associates, Steve Fitton:

Building a Medicaid Framework to Promote Healthy Behaviors: An Interview with Steve Fitton: Medicaid programs are increasingly interested in strategies for engaging consumers — including the use of financial incentives to promote healthy behaviors. Steve Fitton, former Medicaid director from Michigan and current Principal at Health Management Associates, ushered in Michigan's Medicaid expansion, Healthy Michigan, along with a financial incentive program to encourage such behaviors. Michigan is one of a few states that provides reduced co-payments and premiums, as well as incentives such as gift cards, to Medicaid enrollees in the expansion population who complete a health risk assessment and commit to healthy behaviors such as losing weight and smoking cessation.

CHCS recently spoke with Mr. Fitton, a former Fellow of CHCS' *Medicaid Leadership Institute*, about his experience developing this program.

The interview can be found at:

[https://www.chcs.org/building-medicaid-framework-promote-healthy-behaviors-interview-steve-fitton/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=597a62d861-EMAIL\\_CAMPAIGN\\_2018\\_02\\_14&utm\\_medium=email&utm\\_term=0\\_bbc451bf-597a62d861-152144421](https://www.chcs.org/building-medicaid-framework-promote-healthy-behaviors-interview-steve-fitton/?utm_source=CHCS+Email+Updates&utm_campaign=597a62d861-EMAIL_CAMPAIGN_2018_02_14&utm_medium=email&utm_term=0_bbc451bf-597a62d861-152144421)

## **NACBHDD announces Congressional policy briefing**

(While this event is taking place in Washington, DC, - and unlikely to attract many readers of the Friday Facts, this association wants to ensure that its Friday Facts readers are aware of the advocacy and policy work of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), of which this Association is a member and officer, regarding full inclusion of persons with intellectual and developmental disabilities.)

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and the National Association for Rural Mental Health (NARMH) invite you to a Congressional policy briefing:

*WHEN A GOOD LIFE IS DEPENDENT ON FEDERAL POLICY  
FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES(I/DD)*

*Tuesday, March 6, 2018*

*2:00 to 3:00 PM*

*Room SV209, US Capitol Visitors Center*

*OPEN to Hill Staff and The Public*

*Hear from a parent and experts in the I/DD field about the importance of personal independence and the key role of Medicaid funding for services, the need for a strong workforce supporting individuals, and the essential role employment plays for individuals with disabilities.*

**SPEAKERS:**

- Cheryl Dougan – Advocate, parent and National Alliance for Direct Support Professionals (NADSP) Director at Large, Board of Directors
- Mary Lee Fay - Executive Director, National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- John Butterworth, Ph. D – Director of Employment System Change and Evaluation, Institute for Community Inclusion, University of Massachusetts, Boston
- Moderator: Les Wagner – NACBHDD Board Member and Executive Director, Missouri Association of County Developmental Disabilities Services

Sponsors: Optum, ANCOR, National Alliance for Direct Support Workers, NACo, NACBHDD, and NARMH

## **CMS Office of the Actuary releases 2017-2026 Projections of National Health Expenditures and related trends**

Below is a recent press release from the federal Centers for Medicare and Medicaid Services (CMS) regarding the growth in the nation's health care costs:

Today the independent CMS Office of the Actuary released the projected national health expenditures for 2017-2026.

National health expenditure growth is expected to average 5.5 percent annually over 2017-2026, according to a report published today as an "Ahead Of Print" by Health Affairs and authored by the Office of the Actuary at the Centers for Medicare & Medicaid Services (CMS).

Growth in national health spending is projected to be faster than projected growth in Gross Domestic Product (GDP) by 1.0 percentage point over 2017-2026. As a result, the report projects the health share of GDP to rise from 17.9 percent in 2016 to 19.7 percent by 2026.

The outlook for national health spending and enrollment over the next decade is expected to be driven primarily by fundamental economic and demographic factors: trends in disposable personal income, increases in prices for medical goods and services, and shifts in enrollment from private health insurance to Medicare that result from the continued aging of the baby-boom generation into Medicare eligibility.

“Personal healthcare spending” measures spending for medical goods and services provided directly to patients. Over the projection period, growth in personal healthcare prices and growth in the use and intensity of care provided collectively explain about three quarters of the growth in personal healthcare spending. The report also found that by 2026, federal, state and local governments are projected to finance 47 percent of national health spending, up from 45 percent in 2016.

“Today’s report from the independent CMS Office of the Actuary shows that healthcare spending is expected to continue growing more quickly than the rest of the economy,” said CMS Administrator Seema Verma. “This is yet another call to action for CMS to increase market competition and consumer choice within our programs to help control costs and ensure that our programs are available for future generations.”

These projections are constructed using a current-law framework and include major health provisions from the Tax Cut and Jobs Act and funding throughout the projection period for the Children’s Health Insurance Program. These projections do not reflect other health provisions from the Bipartisan Budget Act of 2018.

Additional findings from the report:

- **Total national health spending growth:** Growth is projected to have been 4.6 percent in 2017, up slightly from 4.3 percent growth in 2016, as a result of i) accelerating growth in Medicare spending, ii) slightly faster growth in prices for healthcare goods and services, and iii) increases in premiums for insurance purchased through the Marketplaces. In 2018, total health spending is projected to grow by 5.3 percent, driven partly by growth in personal healthcare prices. Growth in personal healthcare prices is projected to rise to 2.2 percent in 2018 from 1.4 percent in 2017, reflecting, in part, faster projected prescription drug price growth as the dollar value of drugs losing patents in 2018 is smaller than in prior years. National health expenditure growth is projected to average 5.5 percent for 2019-2020 largely due to expected faster average growth in Medicare partially offset by slower average growth in private health insurance spending. For 2021-2026, average national health spending growth is projected to increase by an average of 5.7 percent, or 0.2 percentage point faster compared to average growth in 2019-2020. During this timeframe, Medicare spending growth is projected to continue to outpace growth in private health insurance spending, mostly due to enrollment growth (as baby boomers continue to age out of private insurance and into the Medicare program).
- **Medicare:** Among the major payers for healthcare over the 2017-2026 period, Medicare is projected to experience the most rapid annual growth at 7.4 percent, largely driven by enrollment growth and faster growth in utilization from recent near-historically low rates.
- **Private health insurance:** Private health insurance spending is projected to average 4.7 percent over 2017-2026, the slowest of the major payers, reflecting low enrollment growth and downward pressure on utilization growth influenced by: i) lagged impact of slowing growth in income in 2016 and 2017, ii) increasing prevalence of high-deductible health plans, and iii) to a lesser extent, repeal of the penalty associated with individual mandate.
- **Medicaid:** Medicaid is projected to average 5.8 percent annual growth over 2017-2026, which is slower than the average observed for 2014-2016 of 8.3 percent, when the major impacts from the Affordable Care Act’s expansion took place.
- **Personal healthcare spending:** Over 2017-2026, growth in personal healthcare spending is projected to average 5.5 percent. Among the factors, personal healthcare price growth is anticipated to be the largest factor at 2.5 percentage points, growth in the use and intensity of goods and services is expected to contribute 1.7 percentage points of total growth, and population growth (0.9 percentage point) and changing demographics (0.5 percentage point) account for the remaining growth.
- **Prescription drug spending:** Among the major sectors of healthcare, spending growth is projected to be fastest for prescription drugs, averaging 6.3 percent for 2017-2026. This is due in part to faster projected drug price growth, particularly by the end of the period, influenced by trends in relatively costlier specialty drugs.

- **Insured share of the population:** The proportion of the population with health insurance is projected to decrease from 91.1 percent in 2016 to 89.3 percent in 2026, due in part to the elimination of the penalty payments associated with the individual mandate and also to a continuation of a downward trend in the offering and take-up of employer-sponsored health insurance.

The Office of the Actuary's report will appear at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>

An article about the study is also being published by Health Affairs and is available here: <http://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1655>

## LEGISLATIVE UPDATE

### Upcoming DHHS Committee Meetings

#### House DHHS Budget Committees

DATE: Wednesday, February 28, 2018

TIME: 12:00 PM

PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

AGENDA:

Public Health, Health Policy, Aging and Adult Services -Department Presentation on FY 2018-19 Executive Budget Recommendation -Public Testimony

DATE: Thursday, March 1, 2018

TIME: 1:30 PM or after committees are given leave by the House to meet, whichever time is later.

PLACE: Room 352, House Appropriations, State Capitol Building, Lansing, MI

AGENDA:

Medicaid and Healthy Michigan Plan

-Department Presentation on FY 2018-19 Executive Budget Recommendation -Public Testimony

#### Senate DHHS Budget Committee

Committee: Senate Health and Human Services Appropriations Subcommittee

Location: Room 1100, Binsfeld Senate Bldg, 201 Townsend Street, Lansing MI

Date: Tuesday, February 27, 2018

Time: 1:00 – 2:30PM

Agenda 1. Population Health, Health Policy Aging and Adult Services

## 2. Public Testimony

### House CARES Update

Over the past couple of weeks a number of bills have been introduced from the House of Representatives' CARES (Community, Access, Resources, Education and Safety) Task Force, which convened last summer to explore Michigan's mental health system. Below is a list of the bills that have had at least a committee hearing in the past month and a link to the full task force report.

<https://house.mi.gov/PDFs/HouseCARESTaskForceReport.pdf>

**HB 5085** – dedicates 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.

**HB 5439** – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website.

**HB 5460** – require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers.

**HB 5461** – Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460.

**HB 5524** – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid.

**HB 5487** – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan.

**HBs 5450-5452** – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes)

### NATIONAL UPDATE

#### Mental Health and Addiction Groups Call on Congress to Prioritize High-Impact SUD Programs

Alongside the most recent budget deal, Congress allocated \$6 billion over the next two years to address the nation's opioid epidemic. In response, 27 mental health and addiction groups, including the National Council, called on Congress to direct the money into nationally-recognized, evidence-based programs and practices. These programs and practices include: mental health and substance use block grants, the Certified Community Behavioral Health Clinic program, the Opioid State Target Response grants and SAMHSA.

As it stands, the funding package is set to provide states with grants to fight drug use, and expand substance use and mental health treatment. States that have been particularly hard-hit by opioid overdose deaths will see additional

assistance. In their letter to key Congressional leaders, the 27 leading behavioral health organizations voiced support for and recommended action on the following programs:

- Substance Abuse Prevention and Treatment (SAPT) Block Grant: The SAPT block grant supports about 2 million individuals receiving treatment for substance use disorders (SUD) each year and accounts for almost a third of public funds expended for SUD prevention and treatment. The President suggested adding \$13 million to the block grant in his Fiscal Year 2019 budget proposal. Advocates say this proposal will not be enough to overcome years of insufficient funding, and therefore are asking for some of the \$6 billion to help bolster this important program.
- Opioid State Targeted Response (Opioid STR) Grants: These grants were created under the 21<sup>st</sup> Century Cures Act, and are meant to support states based on their identified unmet need for opioid use disorder treatment and prevention of drug overdose deaths. Advocates are calling on Congress to continue funding for these grants beyond their current expiration in 2018.
- Excellence in Mental Health and Addiction Treatment Act: This two-year, eight-state demonstration program expands Americans' access to mental health and addiction care through the establishment of federally-recognized Certified Community Behavioral Health Clinics (CCBHCs). In the first year of the demonstration, the participating states have shown increased treatment capacity, the ability to offer more evidence-based treatments, and better collaboration with other community stakeholders. Advocates are urging Congress to allocate funding to expand the demonstration to more states and for more years.
- SAMHSA's Centers for Substance Abuse Prevention and Substance Abuse Treatment: These two offices in the Substance Abuse and Mental Health Services Administration (SAMHSA) support regional and national programs to improve the adoption of evidence-based addiction care, bolster prevention activities, and ensure the availability of recovery supports. Funding for these offices has also stagnated in recent years, therefore advocates have suggested providing funding increases for these critical offices.

### **CMHAM ANNUAL SPRING CONFERENCE: NEW DATE/LOCATION & CALL FOR PRESENTATIONS**

Update your calendars! The CMHAM Annual Spring Conference will now be held on:

Monday, April 30, 2018 – Pre-Conference Institutes  
Tuesday, May 1 and Wednesday, May 2, 2018 – Full Conference  
Diamond Center at Suburban Collection Showplace in Novi, Michigan

Click here for Call for Presentations: <https://macmh.org/annual-conferences>  
Deadline Friday, March 2, 2018

### **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

### **SOCIAL WORK ETHICS, ADDICTION & PAIN MANAGEMENT TRAININGS FOR 2018**

Community Mental Health Association of Michigan is pleased to offer 6 Social Work Ethics, Addiction and Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC, on the following dates. Registration will open on February 26<sup>th</sup>.

- March 21 - Lansing
- April 25 - Lansing
- May 30 - Lansing
- June 27 – Battle Creek/Kalamazoo Area
- July 11 - Novi/Detroit area
- August 22 - Lansing

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

### **EMDR Training**

Trauma Recovery/EMDR Humanitarian Assistance Programs presents Eye Movement Desensitization and Reprocessing (EMDR). EMDR Basic Training consists of Weekend I (April 11-13, 2018) and Weekend II Training. Each training event is three days of didactic and supervised practice. To complete Trauma Recovery/HAP's EMDR Training, each participant is required to complete 10 hours of consultation. Each participant/agency must arrange for consultation hours on their own, through the HAP Consultant Directory. If you have staff interested, please email [awilson@cmham.org](mailto:awilson@cmham.org) for more information.

***Have a Great Weekend!***