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

March 2, 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
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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

New leadership announced at Copper Country CMH

Below is a recent announcement, from Copper Country Community Mental Health Services, of the appointment of Cari Raboin, as the new CEO at Copper Country.

> Cari Raboin, LLP, has been appointed by the Board of Directors of Copper Country Mental Health Services to take over leadership on March 9 when Vicki Mikkola retires. Cari has been with the Agency for over 30 years, starting out as an outpatient therapist. She has held various clinical and administrative positions since then, most recently as Associate Director since 2012. Vicki is very pleased with this appointment, and knows she is leaving the Agency in good hands.

Congratulations to Cari and all the best to Vicki in her future endeavors.

Macomb County Mental Health pushes for restored funding

Below is a recent article, in the Macomb Daily, regarding the budget strains being felt by Macomb County Community Mental Health:

> As a result of a practice called "Medicaid Rebase" or "Medicaid Redistribution," Macomb County Community Mental Health (MCCMH) has lost more than $37 million in Medicaid funding since fiscal year 2016.
>
> The reduction is the result of a policy by the Michigan Department of Health and Human Services to redistribute Medicaid funds away from densely populated area like Macomb County and bring more funding to the west side of the state and rural areas in the northern part of the state.
>
> Bruce Dutton is the manager of a Warren facility called Clubhouse Michigan, one of 47 such facilities in the state that provides training, acceptance and other services for adults with mental health issues. He sees the affects of the reduced funding through his work with individuals who are mentally ill. Clubhouse members are asked to assist with chores around the facility.
>
> One day, while Dutton was helping clean the bathrooms with a clubhouse member, the subject turned to politics. The member confessed to Dutton that she had not voted in the last two state election cycles. When Dutton asked the member why she had not voted, her reply was "because we don't matter."
>
> In a society that quite often pushes the plight of the mentally ill aside, Macomb County has been pushed to a corner on the far side of the room. A cornered animal has but two choices: to give up or to fight back. MCCMH has chosen to fight back.
>
> MCCMH Executive Director John Kinch played host to a Legislator's Breakfast Educational Forum and Discussion Friday morning at the Community Care Center in Sterling Heights and outlined some of the battles the organization is and will be facing.
>
> He praised the Macomb County delegation of state senators and representatives for helping restore $5 million of lost Medicaid in 2017.
>
> He is asking for the state to return an additional $7.5 million in the 2019 state budget. That would be just enough to maintain a fund equity that would allow the MCCMH to maintain its contract with the state and be able to continue administering mental health services to the community.
>
> "We have been reduced in the number of dollars, not because of the delivery of services but because of Medicaid redistribution," he said. "A number of our dollars in Macomb County have been redistributed to the west side of the state and northern Michigan. In the process, we have lost around $37 million. Seventeen percent of our Medicaid dollars have been removed from our budget from 2016-17. That's why were asking for the $7.5 million, to help restore those dollars."
>
> The total budget for MCCMH has dropped from more than $208 million in 2015 to a projected budget of just under $169 million in 2018.
>
> The result was the need to reduce or eliminate millions of units of community based services, particularly those most vulnerable people in intellectual and developmental disabilities.
>
> Yet in Macomb County, for the past 15 years there has been a steady increase in the number of children, adolescents and adults who have enrolled in Medicaid. Add to that the increased number of people with both mental illness and substance abuse disorders and those who die of drug overdoses who leave behind the collateral damage of orphaned children.

In an attempt to find and divide federal mental health money at the state level, Kinch revealed what he called a migration of reimbursement away from the more expensive programs. It is another reason why the county is losing money. Medicaid programs are broken down into three categories:

- DAB: Disabled, aged and blind
- HMP: Health Michigan Plan
- TANF: Temporary assistance for Needy Families

MCCMH receives a monthly Medicaid capitation payment from the state Department of Health and Human Services. The amount of the capitation payment is based upon the number of Medicaid-eligible consumers in those three programs. The state has an actuary that calculates the rates for each based upon age, gender, geography and other factors.

In 2017, the state reimbursed for DAB clients an average of $253.97 per month per fiscal year, $15.54 for HMP clients and $8.05 for TANF clients. Since 2015, analysis has shown a decreasing number of DAB eligibles while showing an increase in HMP and TANF eligibles.

The changes are made when mental health clients in Macomb County reapply for services each year. Depending upon how they fill out the form, their status may change. The client isn't aware of the changes because their services don't change, only the formula to reimburse the county changes. Due to the eligibility movement out of DAB, it is calculated that MCCMH lost $5.1 million in revenue over a three-year period from 2015 through 2017. For fiscal year 2018, MCCMH is projecting a loss of $3.3 million in revenue due to the eligibility movement out of DAB.

"What the state is doing is trying to find money, so they're doing the reclassification. It's a shell game," Congressman Sander Levin, who attended the breakfast, said. "The state isn't stepping up to its responsibilities."

Marilyn Lane of the Macomb County Executive's Office said it is the county's responsibility to work with local state representatives and senators and to vote no on the upcoming budget if it doesn't include increased funding for the MCCMH.

State Rep. Jeff Yaroch, who represents the 33rd District, said the message was heard loud and clear.

"We understand, we get it. But we are 10 against 110 (Macomb County state representatives versus the rest of the state)," he said. "We need to fight to get our money back. In Macomb, we're fighting to get our money back."

Riverwood announces CIT conference

Below is an announcement from the Riverwood Center (the CMH serving Berrien County) of an upcoming Crisis Intervention Training sponsored by Riverwood:

MICHIGAN CRISIS INTERVENTION TEAM (CIT) CONFERENCE IT'S MORE THAN JUST TRAINING
September 17-18, 2018

Developing your Mental Health training in Michigan
Four Winds Casino
11111 Wilson Road
New Buffalo, MI 49117

1-866-494-6371

EVENTS AT A GLANCE

- Officer De-escalation
- Training Engagement
- Networking Mixer
- Developing your CIT program
- Mental Health and police training initiatives across Michigan
- Current trends in addictions & Mental Health

Keynote Speakers: Major (ret.) Sam Cochran; Co-Chair CIT International Board of Directors; Officer Kurt Gawrisch, CIT International Board Member, ILETSB CIT Facilitator, Chicago Police Department

Registration Fee	Early by June 15	Regular
Individual	150.00	175.00
Out of state	160.00	185.00

Monday and Tuesday includes breakfast & lunch. Monday evening networking event with appetizers.

FOURWINDSCASINO.COM :Room rate $99.00 per night ;Use Code 0918MICHIG
Free parking

To register complete registration form and make check payable to:
Berrien Mental Health Authority
1485 M 139
Benton Harbor, MI 49022
269-925-0585
Last day to register August 1st

Questions? Contact Gretchen Carlson, Riverwood Center Berrien County Mental Health Authority glc@riverwoodcenter.org 269-925-0585

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MHEF announces behavioral health grant initiative

Below is a recent announcement, from the Michigan Health Endowment Fund (MHEF0, of its 2018 Behavioral Health Initiative.

Our 2018 Behavioral Health initiative aims to improve outcomes and reduce overall healthcare costs by increasing access to high quality, person-centered, and integrated mental health and substance use disorder services for Michigan residents. The Health Fund is seeking proposals from qualifying non-profit organizations and public agencies.

2018 MHEF BEHAVIORAL HEALTH GRANT TIMELINE

February 21, 2018	Health Fund grant portal opened for applicants
March 15, 2018	Concept papers due by 5 p.m. (strongly encouraged)
April 18, 2018	Applications due by 5 p.m.
August 2018	Awards announced
September 1, 2018	Earliest start date

The RFP can be found at:

http://healthendowmentfund.org/wp-content/uploads/2018/02/HealthFund_2018BehavioralHealthRFP.pdf

The Frequently asked questions for this grant announcement can be found at::
http://healthendowmentfund.org/frequently-asked-questions/

MDHHS issues survey link for providers to assess EVV readiness

Below is a recent notice, from MDHHS, regarding an initiative to determine the readiness of the state's Medicaid mental health system to meet the requirements of the Electronic Visit Verification (EVV) system. This notice was sent, by MDHHS, to all of the PIHPs and CMHs in the state.

> Please forward the below paragraph and survey link to providers of personal care, community living support, and respite care services. The Michigan Department of Health and Human Services (MDHHS) is seeking input to measure use of or readiness to implement an electronic visit verification (EVV) system. Please note that the survey closes 3/14/18. The attachment contains EVV information geared toward consumers, you may forward in addition to the below paragraph. CMS issued guidance on this topic geared toward states can be found at:
> https://www.medicaid.gov/medicaid/hcbs/downloads/training/evv-presentation-part-1.pdf
>
> In December 2016 Congress signed into law the 21st Century Cures Act. Section 12006 of the act requires all states to implement an Electronic Visit Verification (EVV) system. An EVV system is designed to validate in-home personal care services and home health services. Michigan offers personal care services through Home Help, MI Choice Waiver, MI Health Link, and Community Living Support services, as well as Home Health aide services through the Home Health program. To determine the extent to which agencies offering personal care services to participants in the above mentioned programs are aware of EVV requirements, and to find out if such agencies have taken actions to comply with the Cures Act EVV regulations, MDHHS is asking agencies to complete the following survey. If you receive this request multiple times we request that you only complete it once for each agency. Please respond to this survey no later than March 14, 2018.
>
> EVV Stakeholder Survey can be found at: https://www.surveymonkey.com/r/EVVStakeholderSurvey2_28

Resource: MDHHS leadership directory

This Association is often asked for an updated copy of the MDHHS leadership listing. The most recent list can be found at:
http://www.michigan.gov/mdhhs/0,5885,7-339-84171---,00.html

MDHHS issues key Medicaid bulletins

MDHHS recently issued a number of Medicaid bulletins and L letters of interest to this Association's members. These bulletins are listed below:

Bulletins:

Medicaid bulletin MSA 18-05 discusses MI Marketplace Option and Healthy Michigan Plan Updates, and is issued on March 1, 2018.

Medicaid bulletin MSA 18-06 discusses Updates to the Medicaid Provider Manual; MDHHS Wrap Around Code List Format Change, and is issued on March 1, 2018.

These bulletins are being sent to All Providers.

Medicaid bulletins can be accessed on the web at www.michigan.gov/medicaidproviders, click on Policy, Letters & Forms.

L letters

L 18-06, dated February 20, 2018.

L 18-06 - Michigan's Revised Statewide Transition Plan for Home and Community-Based Services Waiver Programs.

This letter was sent to Community Mental Health Services Providers, Prepaid Inpatient Health Plans, MI Choice Waiver Agents, and Integrated Care Organizations.

Medicaid Letters can be accessed on the web at www.michigan.gov/medicaidproviders >> Communications and Training >> Click 2018 under Numbered Letters.

Michigan House moves along 5 mental health bills

Below is a recent Associated Press story on the introduction of some of the bills generated by the Michigan House's CARES Task Force:

> Michigan lawmakers approved legislation Wednesday that would upgrade mental health resources in hospitals and schools as part of a slew of reform bills shuffling through the state House.
>
> One of the five bills passed in Lansing would create an electronic database for the state's inpatient psychiatric bed registry. Representatives voted 106-3 for the measure, which aims to streamline hospital placement and emergency room wait times for psychiatric patients.
>
> Overseen by Michigan's Health and Human Services department, the electronic registry would be categorized by specific patient needs, based on gender, age, severity of symptoms and diagnosis.
>
> Bill sponsor Rep. Mary Whiteford said the initiative will ensure efficient application of state resources.
>
> "This doesn't add more psychiatric beds," said Whiteford, a Casco Township Republican. "But this gives us a chance to utilize every single one."

Whiteford, who is also a registered nurse, was part of the House bipartisan mental health task force that presented a litany of recommendations earlier this year, including the bed registry initiative. She said every emergency room professional who spoke to the task force endorsed the improved bed registry.

Alan Bolter, associate director of the Community Mental Health Association of Michigan, said his organization's members were "finding when they call to place someone in an inpatient hospital setting that they're having to make nine, 10 phone calls."

"It can be quite a long time that someone's waiting to find a bed at a time when they are in crisis," Bolter said.
Testimony on the legislation revealed Michigan psychiatric patients have waited in emergency rooms for weeks on end for a hospital bed assignment at times, sometimes even being moved out of state.

Another bill requiring all public schools in Michigan to adopt a mental health first-aid course for teachers also cleared the House by a 107-2 vote. The legislation would implement an optional course on recognizing and responding to mental illness symptoms as part of training for teachers.

Teachers electing to enroll would familiarize themselves with mental illness risk factors and warning signs as well as protocol on administering aid to individuals undergoing a mental health crisis. The bill was sponsored by Rep. Sylvia Santana, also a member of the mental health task force.

The Democrat from Detroit said the proposal intends to curb both adolescent suicide and campus gun violence, a topic once again brought to national attention this month following the mass shooting at a school in Parkland, Florida.

"This is a way we can help identify some of those key areas — depression, anxiety, things of that nature — that might trigger a student to react negatively," Santana said. "When it comes to gun violence that is a key issue that we need to address as a nation."

The bill does not mandate suicide prevention training for teachers, a standard enacted in just over half of all states but not Michigan.

Three bills that enact time limits on psychological evaluations for court defendants and potential prison parolees also passed.

NAMI reminds partners of NAMI Honors Black Tie Gala

Below is a recent announcement, from NAMI- Michigan of its annual NAMI Honors Black Tie Gala

NAMI Michigan Friends,

Our magical evening of celebration is quickly approaching. I invite you to join us as we walk the red carpet Saturday, March 17, 2018 at the NAMI Michigan Honors Black-Tie Gala. NAMI Michigan Honors has become the standard of recognition for those dedicated to improving the lives people affected by mental illness in Michigan. Seventeen individuals and organizations will receive awards, in addition to four Special Honorees: Sen. Debbie Stabenow, Dr. Farha Abbasi, Andrea Cole and the Michigan Association of Student Councils & Honor Societies. The Awards Gala takes place at the Ann Arbor Marriott Ypsilanti at Eagle Crest, located at 1275 S. Huron St. To purchase your tickets today, and for additional information, please visit us at www.namimi.org/honors.

Senators unveil bipartisan bill to fight opioid epidemic

Below is a recent media report on the efforts of a bipartisan group of Congresspersons to address the nation's opioid crisis:

> A bipartisan group of senators is introducing legislation Tuesday to address the opioid epidemic, framing it as a follow-up bill to the Comprehensive Addiction and Recovery Act (CARA) signed into law in 2016. Dubbed CARA 2.0, the legislation includes a host of policy changes, such as establishing a three-day initial prescribing limit on opioids for acute pain, beefing up services to promote recovery and aiming to increase the availability of treatment.
>
> The legislation is a mixture of policy changes and increased funding authorizations, in light of a two-year budget deal passed earlier this month that includes $6 billion for the opioid and mental health crises. Those introducing the bill include Sens. Rob Portman (R-Ohio), Sheldon Whitehouse (D-R.I.), Shelley Moore Capito (R-W.Va.), Amy Klobuchar (D-Minn.), Dan Sullivan (R-Alaska), Maggie Hassan (D-N.H.), Bill Cassidy (R-La.) and Maria Cantwell (D-Wash.).
>
> The bipartisan bill includes some measures similar to those removed from the original CARA bill passed in 2016, such as an initiative to bolster youth recovery support services and a provision requiring physicians and pharmacists to use their state prescription drug monitoring program before prescribing or dispensing opioids.
>
> Additionally, the legislation would let states waive the cap on the number of patients a physician can prescribe buprenorphine -- a medicine used to treat opioid addiction -- and increase penalties for opioid manufacturers failing to report suspicious orders.

CARA 2.0 authorizes $1 billion in additional funding.

BHWRC announces recommendations for HRSA/SAMHSA sponsored research

Behavioral Health Workforce Research Center (BHWRC) recently issued its recommendations for HRSA/SAMHSA sponsored research in the coming years. That announcement is provided below:

> On behalf of the Behavioral Health Workforce Research Center (BHWRC), I'd like to thank you again for your participation in our recent meeting and valuable contributions to our grant renewal planning process. As a reminder, we were required by HRSA and SAMHSA to submit ten projects, from which they will choose eight. We've listed the projects chosen for the renewal in the attached table. We're still working out the methods and research teams, but feel these ten projects seem the most feasible to propose given the grant requirements and budget limitations. The remaining projects will be referenced in our proposal for future years. We will be reaching out to organization representatives individually to talk about next steps and aim to have a draft of each of the ten projects by mid-March. If you have any questions or comments, please feel free to reach out to me.
>
> ### Research Topics of Interest Identified by HRSA/SAMHSA
>
> Examples of research areas related to this topic include:

- Strengthening the behavioral health workforce to address the consequences and impact of substance use disorders and mental illness:
    - Improve behavioral health workforce training, planning, and policy to address severe substance use disorders (e.g., opioid addiction) and serious mental illness (SMI) through a better understanding of demographics, unemployment rates, unfilled jobs, and other socioeconomic factors.
    - Develop evidence-based strategies for strengthening the behavioral health workforce to provide care and treatment for individuals and populations with severe substance use disorders and mental illness, including serious mental illness (SMI).

- Addressing behavioral health workforce shortages and maldistribution:
    - Strengthen behavioral health workforce development and planning to meet future behavioral health workforce demands and address provider shortages.
    - Identify methodologies for improving demand and supply projection estimates across multiple behavioral health professions.
    - Implement and utilize minimum datasets (MDS) to improve behavioral health workforce planning and projections.
    - Identify strategies and practices to strengthen behavioral health workforce training, recruitment, and retention, especially in rural and underserved areas.
    - Assess the use of incentives to attract and retain behavioral health providers, especially in rural and underserved geographies and in meeting the needs of vulnerable and at-risk populations (e.g., American Indians/Alaska Natives, young adults).

- Improving service delivery and reimbursement:
    - Identify new and evolving models of behavioral health services delivery.
    - Identify competency-based initiatives that may be incorporated into training programs so that future behavioral health providers are ready to work within new service delivery models that utilize evidence-based practices and provide culturally competent care.
    - Improve behavioral health practitioners' understanding and implementation of telehealth and related technology-assisted care models to better reach underserved areas and populations by enabling virtual diagnosis, care, and monitoring.
    - Assess behavioral health integration into primary care.
    - Develop methods for evaluating workforce practices in new and evolving models of care, including continuum of care models.
    - Identify reimbursement models and billing practices that may be currently in use or that may be appropriate for adoption by behavioral health providers.

Applicants may suggest other research topics that directly relate to current and emerging behavioral health workforce topics.

Proposed Research Topics

Research Priority 1: Strengthening the behavioral health workforce
Peer Support: How have peers working directly with overdose survivors in EDs improved service delivery? Can peers help engage overdose survivors and get them into treatment? Why aren't more places doing this? Funding? Licensing? How is it improving service delivery? Do we want to encourage more of this practice?
CARA: Why do different education requirements exist for physicians and PA/NP's to receive waivers? Is this impacting service delivery?
Recruitment/Retention: Examine the characteristics of providers, training programs, and communities that have managed to successfully place and retain behavioral health professionals in underserved communities. Assessment of short-term and long-term strategies.
Research Priority 2: Shortage and maldistribution
CCBHCs: Investigates CCBHCs and service delivery reform. Examine staff recruitment/retention and, number of people served, number of new programs, average caseload size in CCBHCs vs. other. How have CCBHC's expanded provider roles and number of behavioral health workers serving communities?
Maldistribution: Use county-level NPI data by behavioral health profession (SW's, Counselors, MFT's, NPs, Psychologists, Psychiatrists, PAs) to determine shortages and maldistribution. Determine impact on access to care for those with SUD. How is the addictions workforce defined? What role do mental health counselors play in SUD prevention/treatment? Where is this care being delivered? How can MDS help with workforce planning to address maldistribution?
MAT: Looking at barriers to utilizing telehealth for MAT. Gaining a better understanding of the maldistribution of MAT providers in rural settings
Research Priority 3: Improving service delivery and reimbursement
Reimb/OU tx: Determine what percentage of US counties don't have Medicare providers (due to restrictions). Determine whether behavioral health providers are reimbursed by both Medicaid and Medicare and equity of rates. [Ex: capacity for opioid care in rural areas] Examine wage rates in context of reimbursement.
Collaborative care: To what extent is collaborative behavioral health care being implemented in urban, semi-urban, and rural settings and what providers/specially trained in the behavioral health workforce are involved? Does the use of RN, LPN's, and medical assistants, etc. change reimbursement models? What mechanism do major payers use to reimburse these different types of providers?
Parity law impact: Private insurance is increasingly covering BH treatment, especially out-of-network care. What are the drivers for this? Is there a geographic explanation, or are other factors at play? What are typical out of pocket costs? How does this impact care?
PCPs: What are primary care practitioners are doing in terms of behavioral health service provision?
Future Years
Priority Area 1: Community-initiated BH: Describe WF characteristics of successful and unsuccessful community-initiated models (what works/how struggling) Create a guide for best practices.
Priority Area 2: Burnout: Understanding factors that contribute to behavioral health workforce burnout. Consider adding burnout questions to the existing MDS or building survey instrument.
Priority Area 2: SW: Builds upon social work MDS pilot studies and congruent studies by GW/Ed Salsberg to conduct a deeper analysis of social workers with experience in behavioral health and SUD
Priority Area 2: NHSC: Quantifying the challenges behavioral health workforce and organizations have participating in the National Health Service Corps
Priorities Area 2: Psychology Specialties: Track psychology specialties using models from other disciplines (e.g. NPI data, American Board of Specialty Psychology data, link it to APA survey data)
Priority Area 3: BHI: Assess the feasibility of widespread integration of behavioral health services into primary care practices –is this a reasonable strategy given the challenges facing primary care? Does the primary care delivery system have the capacity to provide BH care? Understanding the access and impact of integration of BH into primary care through the 42

integrated care clinics that have been established by UNMC, 24 of which are rural communities 18 are urban settings
Priority Area 3: Prescribing: Does having psychologists who are able to prescribe improve service delivery?

LEGISLATIVE UPDATE

Upcoming DHHS Committee Meetings

House DHHS Budget Committees

Committee: House Health and Human Services Appropriations Subcommittee

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

Date: Wednesday, March 7, 2018

Time: Noon – 1:30PM

Agenda 1. Child Welfare – Herman McCall

2. Public Testimony

** Please note the House had a proposed meeting scheduled for Monday, March 5 at 1pm just for public testimony, that meeting has been cancelled.

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, March 6, 2018

Time: 1:00 – 2:30PM

Agenda 1. Behavioral Health & State Hospitals – Lynda Zeller

2. Public Testimony

First Bills From Mental Health Task Force Pass House

The first House CARES task force bills were passed by the full House this week. Bills to create an electronic bed registry, add mental health first aid into teacher's professional development program, and setting time limits on psychiatric evaluations either as a question of competency to stand trial or evaluations prior to parole hearings all passed.

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 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.

House Bill 5246 would establish a time limitation for when an examination to determine whether a defendant is competent to stand trial must be completed, allow for an extension if good cause is shown, allow the Department of Corrections to certify additional facilities to conduct the examinations, and allow a court to issue an order to complete the examination as soon as possible. House Bill 5244 would grant a one-time extension for the completion of a written report that is required to be submitted to the court and both parties regarding the examination.

Other CARES recommendations are expected to move in the near future.

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 21st 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.

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 this week.

- 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 for more information.

Have a Great Weekend!