



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

March 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
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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, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

LRE issues managed care RFP

Lakeshore Regional Entity (LRE; Region 3) is inviting proposals from Managed Care Entities (MCE) to provide Managed Care functions, outlined in the MDHHS contract for the region. The selected MCE will focus on providing excellence in the administration, oversight of standards and improved quality of services and support for Medicaid beneficiaries throughout the region. The RFP can be found at <http://www.lsre.org>. The LRE encourages all entities meeting these qualifications to submit a letter of intent by March 23, 2018, 5:00pm Eastern Time.

Genesee Health System employee named to national Leadership Program

Below is a recent announcement from the National Council for Behavioral Health related to the selection of Genesee Health System (a member of this Association) to the Addressing Health Disparities Leadership Program class of 2018. Congratulations to Carrie Chanter.

I'm pleased to announce that final selections have been made for the Addressing Health Disparities Leadership Program class of 2018. This year's cohort includes participants from 17 states and the District of Columbia. The cohort will be convening in person at NatCon18 and we look forward to sharing with you opportunities to meet them there.

Name	Organization	State
Sarah Andrade	Lifeways, Inc.	Idaho

Tiffany Callender	Horizon Foundation	Maryland
Alicja Carter	Gateway to Prevention and Recovery	Oklahoma
Eledys Cedeno	Passageway Residence of Dade County, Inc.	Florida
Carrie Chanter	Genesee Health System	Michigan
Tiffany Delaney	Integrity House	New Jersey
Elizabeth Dickeson	The Arc of Anchorage	Alaska
Tonica Freeman-Foster	Central Florida Behavioral Health Network	Florida
Maileen Hamto	Aurora Mental Health Center	Colorado
Carmen Heredia	Valle del Sol	Arizona
Stacy Hodgkinson	Children's National Health System	District of Columbia
Holly Jordt	Flathead City-County Health Department	Montana
Mari Kriescher	Oneida Nation	Wisconsin
Aja Owens	Poetry for Personal Power	Missouri
Shakira Perez-Jones	Mental Health Association of New York City	New York
Lindsay Riggs	Helen Ross McNabb Center	Tennessee
Sandy Ryman	Greater Oregon Behavioral Health Inc.	Oregon
Delores Williams	Mental Health and Recovery Services Board	Ohio
Nation Wright	Santa Fe Recovery Center	New Mexico

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMS Proposes Regulation to Alleviate State Burden

Below is an excerpt from a recent press release on reduction in the federal oversight required of changes to the rates paid under Medicaid managed care.

Proposed rule furthers President Trump's commitment to "cutting the red tape" by relieving states of burdensome paperwork requirements

... The Centers for Medicare & Medicaid Services (CMS) issued a notice of proposed rulemaking (NPRM) that would provide state flexibility from certain regulatory access to care requirements within the Medicaid program. Specifically, the NPRM would exempt states from requirements to analyze certain data and monitor access when the vast majority of their covered lives receive services through managed care plans. CMS regulations separately provide for access requirements in managed care programs. Additionally, the NPRM would provide similar flexibility to all states when they make nominal rate reductions to fee-for-service payment rates.

States have raised concerns over undue administrative burden associated with meeting the requirements of the final rule, Medicaid Program; Methods for Assuring Access to Covered Medicaid Services (published in November 2015). Specifically, states with few Medicaid members enrolled in their fee-for-service program or when members are only temporarily enrolled, and states making small reductions to fee-for-service payment rates, have urged CMS to consider whether analyzing data and monitoring access in that program is a beneficial use of state resources. To respond to these concerns, the NPRM proposes the following changes:

- States with an overall Medicaid managed care penetration rate of 85% or greater (currently, 17 States) would be exempt from most access monitoring requirements.

- Reductions to provider payments of less than 4% percent in overall service category spending during a State fiscal year (and 6% over two consecutive years) would not be subject to the specific access analysis..
- When states reduce Medicaid payment rates, they would rely on baseline information regarding access under current payment rates, rather than be required to predict the effects of rate reductions on access to care, which states have found very difficult to do.

This notice furthers President Trump’s commitment to “cut the red tape” and is part of a series of initiatives aimed at helping states focus more resources and time on patient outcomes in their Medicaid programs. In a speech to the National Association of Medicaid Directors last year, CMS Administrator Seema Verma emphasized CMS’s commitment to “turn the page in the Medicaid program” by giving states more freedom to design innovative programs that achieve positive results for the people they serve. In total, the proposed changes are estimated to reduce state administrative burden by 561 hours with a total savings of over \$1.6 million.

These proposed regulatory changes do not change the underlying statutory responsibilities for states to ensure that Medicaid recipients have appropriate access to services. These efforts are instead designed to support CMS efforts to move away from micromanaging state programs and instead focus on measuring program outcomes and holding states accountable for achieving results.

“Today’s proposed rule builds on our commitment to strengthening the Medicaid program and assist those it serves through state partnerships that improve quality, enhance accessibility and achieve outcomes in the most cost effective manner,” said CMS Administrator Seema Verma. “These new policies do not mean that we aren’t interested in beneficiary access, but are intended to relieve unnecessary regulatory burden on states, avoid increasing administrative costs for taxpayers, and refocus time and resources on improving the health outcomes of Medicaid beneficiaries.”

In a March 14, 2017 letter to Governors, (<https://www.hhs.gov/about/news/2017/03/14/secretary-price-and-cms-administrator-verma-take-first-joint-action.html>) the Department of Health and Human Services and CMS announced a new commitment “to empower all states to advance the next wave of innovative solutions to Medicaid’s challenges – solutions that focus on improving quality, accessibility, and outcomes in the most cost-effective manner.”

For more information regarding CMS 2406-P: Methods for Assuring Access to Covered Medicaid Services – Exemptions for States with High Managed Care Penetration Rates and Rate Reduction Threshold, and to make a comment regarding the proposed rule, please visit (<https://www.medicaid.gov/medicaid/access-to-care/index.html>)

CMS nixes Idaho's ACA workaround but encourages short-term plans

Below is an excerpt from a recent Modern Healthcare edition on a decision by CMS to disallow the weakening of ACA consumer protections.

Health insurance groups were guardedly relieved by the CMS' decision to block Idaho's move to allow noncompliant plans, as they feared other GOP-led states similarly would seek to unravel the Affordable Care Act's consumer protections.

The full article can be found at:

<http://www.modernhealthcare.com/article/20180308/NEWS/180309904/cms-nixes-idahos-aca-workaround-but-encourages-short-term-plans>

Sandy Hook Promise announces new PSA

Below is a recent announcement from Sandy Hook Promise (a national advocacy group designed to reduce and eliminate school shootings) on the availability of a public service announcement developed, by Sandy Hook Promise, for use in communities across the country.

Please see our new PSA "The Other Side" that aired this morning on The Today Show and Morning Joe. This PSA continues our mission to train youth and adults to be upstanders to prevent gun violence (and all violence). Sandy Hook Promise trains schools and community organizations around the country at no-cost in our evidence-based "Know the Signs" programs. To date, SHP has trained more than 3 million students, teachers, and law enforcement officials in all 50 states. As a result, we have helped avert multiple threats - including school shooting plots, suicides, and other threats of violence, as well as helping to reduce bullying and getting hundreds of individual's mental health assistance.

Sandy Hook Promise is now launching the Say Something Anonymous Reporting System (SS-ARS) into schools across the country, including accelerated rollout in four of the most at-risk states for gun violence. SS-ARS allows students to submit secure and anonymous safety concerns to help identify and intervene when someone is at-risk of hurting themselves or others. Concerned students simply submit a tip using the SS-ARS app or website and/or call the 24/7 crisis center. Our crisis center then triages the tip and dispositions it back into participating school districts and, as needed, to law enforcement.

Please help us continue to spread our work and message and share this PSA with your networks and schools in your community.

New PSA - "The Other Side"

Created by BBDO NY and the same director of "Evan" and "Tomorrow's News", our new 30 second PSA "The Other Side" continues the theme of the need to know the signs and act on them, this time pointing to the Say Something Anonymous Reporting System and urging viewers to go to SaySomething.net to register to bring the system to their school. This begins our rollout of SS-ARS nationally.

The link to the PSA is here: <http://qlnk.io/ql/5ab2ed03e4b0a364c2df4faa>

Social Media for "The Other Side"

- Tell your school to take action and adopt the #SaySomething Anonymous Reporting System today at SaySomething.net.
- This powerful new spot shows why it is so important to learn the signs and take action. Visit SaySomething.net to learn how. #SaySomething
- Learn the signs. Take action. With the #SaySomething Anonymous Reporting System.

Mental Health and Aging Conference announced

The Mental Health & Aging Project will present the 30th annual Mental Health & Aging Conference at Michigan State's Kellogg Center on May 15 and 16, 2018.

Attendees of the Conference will have the opportunity to choose from 19 workshops. Continuing education hours are available for nurses and social workers. Click here to see the brochure:

https://www.lcc.edu/mhap/PROGRAMS/2018_MHAP_Conference_Brochure_FINAL.pdf Click here to register on-line: https://www.lcc.edu/mhap/forms/conf_regis_2018.aspx or you may fax or mail the registration form. Registration deadline is May 4th.

Note: Community Mental Health staff responsible for PASRR evaluations are eligible for reimbursement (to their agency) for the costs of attending this Conference, using the regular PASRR billing process through the MDCH Office of Nursing Homes/OBRA Programs.

Please forward this email to other colleagues who may be interested in attending. CE's are available for social workers and nurses.

For additional information, contact: *Matt Beha; Mental Health & Aging Project; Phone: 517-483-1529*
Email: BEHAM@LCC.EDU; Website: WWW.LCC.EDU/MHAP

Report on medical and behavioral health needs of formerly incarcerated persons re-entering community life issued

California Health Policy Strategies published a detailed report examining the medical and behavioral health needs of people who are reentering their communities following incarceration. The authors make recommendations on how to overcome barriers to improving care and lowering costs, especially for those who have complex care needs, a serious mental illness, or both.

The report can be found at:

<http://calhps.com/reports/Overview-and-Policy-Briefs.pdf>

Medical Schools Adding Focus On Developmental Disabilities

Below is an excerpt from recent article, from the American Academy of Developmental Medicine and Dentistry on the growth of medical school curricula focused on intellectual and developmental disabilities.

An innovative new program is aiming to ensure that the next generation of doctors is far more prepared to treat the needs of those with intellectual and developmental disabilities.

A half-dozen medical schools across the country are already part of the effort dubbed the National Curriculum Initiative in Developmental Medicine. Led by Dr. Priya Chandan at the University of Louisville, the group will ultimately expand to include 12 schools that will each design and implement their own curriculum covering communication and clinical skills.

“Having more providers trained in developmental medicine and taking care of this population across the lifespan will result in better access to care and also better quality of care,” Chandan said.

Since the program began at the University of Louisville last year, for instance, all second-year medical students now meet with Special Olympics athletes to learn about their needs. A fourth-year elective rotation at a clinic treating patients with intellectual and developmental disabilities has drawn students whose specialties vary from general surgery to obstetrics/gynecology, Chandan said.

The four-year initiative is a partnership between Special Olympics International and the American Academy of Developmental Medicine and Dentistry, which award each participating medical school a \$25,000 grant. In addition to the University of Louisville, the other five schools are the Baylor College of Medicine, the University of Colorado, The Ohio State University, Case Western Reserve University and Georgetown University. Six more will be selected.

Chandan said her interest arose because she has an older brother with Down syndrome and she saw the challenges he faced as he aged out of pediatric care.

“It’s always a difficult situation to go from a provider that really knows you and has seen you your whole life to have to transition to the adult system,” Chandan said. “The majority of the training historically has been in pediatrics, which was appropriate at the time, but this population is going into adulthood and also aging.”

David Ervin, chief executive for The Resource Exchange, a Colorado Springs, Colo. nonprofit service provider that is collaborating with the University of Colorado on the effort, called the initiative unprecedented.

“How many times do we see a young adult with a developmental disability and the doctor turns and faces the caregiver and starts asking the caregiver all the questions?” Ervin said.

He said barriers to quality health care for patients with disabilities have ranged from financial to functional, such as extremely short appointment times and lack of training for doctors.

Ervin noted that a primary care doctor treating an adult with Down syndrome should be aware of the higher prevalence of cardiovascular and Alzheimer’s diseases.

“If you don’t know that those are common conditions among folks with Down syndrome, you never know to ask,” he said.

In one project, Ervin said Colorado medical students are developing smoking cessation tools specifically for people with intellectual and developmental disabilities.

“The ultimate hope is we have people who happen to have disabilities who are just experiencing better health,” he said.

The full article can be found at:

<https://www.disabilityscoop.com/2018/03/12/medical-schools-focus-dd/24838/>

Record Numbers of College Students Are Seeking Treatment for Depression and Anxiety — But Schools Can't Keep Up

Below is an excerpt from a recent article in Time magazine on the growing incidence of depression and anxiety on America’s college campuses.

Not long after Nelly Spigner arrived at the University of Richmond in 2014 as a Division I soccer player and aspiring surgeon, college began to feel like a pressure cooker. Overwhelmed by her busy soccer schedule and heavy course load, she found herself fixating on how each grade would bring her closer to medical school. “I was running myself so thin trying to be the best college student,” she says. “It almost seems like they’re setting you up to fail because of the sheer amount of work and amount of classes you have to take at the same time, and how you’re also expected to do so much.”

Spigner is one of a rapidly growing number of college students seeking mental health treatment on campuses facing an unprecedented demand for counseling services. Between 2009 and 2015, the number of students visiting counseling centers increased by about 30% on average, while enrollment grew by less than 6%, the Center for Collegiate Mental Health found in a 2015 report. Students seeking help are increasingly likely to have attempted suicide or engaged in self-harm, the center found. In spring 2017, nearly 40% of college students said they had felt so depressed in the prior year that it was difficult for them to function, and 61% of students said they had “felt overwhelming anxiety” in the same time period, according to an American College Health Association survey of more than 63,000 students at 92 schools.

The full article can be found at:

<http://time.com/5190291/anxiety-depression-college-university-students/>

LEGISLATIVE UPDATE

Senate Committee Holds Hearing on Medicaid Work Requirements Bill

During Wednesday’s Senate Competitiveness Committee, chair and SB 897 bill sponsor, Sen. Mike Shirkey announced pregnant women would not be required to work to receive Medicaid coverage under a change made to the Senate work

requirement bill that received its first committee hearing this week. Sen. Shirkey offered the amendment after a couple of spirited meetings that drove him to the conclusion that taking pregnant women out of requirement to solidify their health care coverage needs was "the right thing to do."

Shirkey conceded more changes are likely as he meets with various groups during the two-week legislative spring break. However, he sees the basic crux of the bill to stay the same -- able-bodied adult recipients should be entering the workforce, training or schooling to receive the taxpayer-funded benefit. Other changes may include making it clear that able-bodied recipients are expected to find employment after receiving the benefit for 48 months. Shirkey is also open to allowing recipients to continue receiving Medicaid for a small window after they get a job to cut down the chances a person will see a gap in coverage.

His comments came after an hour-long hearing kicked off by Michigan Chamber of Commerce President Rich Studley, who drew parallels between the current debate and the last time controls were put into the expanded Medicaid program -- Healthy Michigan -- five years ago. At that time, the attempt to expand Medicaid coverage to adults making between 100 and 133 percent of poverty, was sold to the Chamber as a reward for lower-income employees and "the working poor," who may not be receiving health coverage from their employers.

"I'm not one to cry over spilled milk, but now, almost five years later . . . there are big gaps," Studley said. "We're increasingly concerned that the program that was implemented is out of control. It is over-enrolled. It is underfunded. It does not contain many of the common sense reforms to encourage and support individuals as they work."

Nearly 20 various groups -- many health-related entities -- came out opposed to the bill today. Leading the charge was Gilda **JACOBS**, CEO of the Michigan League for Public Policy, who reminded the committee "Medicaid is a health insurance program, not a work program."

These "harsh restrictions" would likely "balloon" government spending for Michigan, as they have done in Kentucky, Tennessee and Virginia, three states that have implemented similar requirements, she said. In Kentucky, the initial costs to set up work requirements will cost nearly \$187 million in federal and state funding, she said, and it has much fewer Medicaid recipients than Michigan. Also, Kentucky's waiver request was met with federal lawsuit, raising the specter of additional legal costs for a requirement that is on wobbly legal footing.

SB 897 will likely move out of committee after the Legislature returns from spring break recess, which will be the week of April 9.

Guns Not Mentioned In New School Safety Proposal

Eight groups from law enforcement, education, and the school counseling ranks announced a school safety proposal Thursday that focuses solely on building safety and improving services to students who may need help to avoid more mass shootings.

A series of state grants would be offered, providing an armed uniformed officer or school resource officers (SRO) in schools that do not have one now.

Also, grants would be created that are aimed at beefing up mental health services in the school by hiring more social workers and counselors and grants to have local police departments walk through the schools and make suggestion on how to improve safety. This might include putting protective film on all the windows that would make them bullet proof.

The proposal to be released Thursday also focuses on how to deal with students who make terroristic threats. There is a mandatory requirement in the proposal that schools report these threats to law enforcement. Instead of sending these students off to prison under the 20-year felony provided in the law, they would be offered services to deal with their problems be they mental or otherwise.

The coalition, which included the Michigan Association of Chiefs of Police and Michigan Sheriffs Association wanted to

add mandatory background checks to the package, but after a lengthy discussion on that and other gun-related issues, it was decided to set the gun questions aside to prevent splitting up the coalition.

The group's objective was to put forth a united front, which would enhance the chances that the legislature would endorse the groups' recommendations.

There is no price tag on the grants, but the notion is some of the funds would come from the state's General Fund and other dollars from the School Aid Fund.

In addition to the two law enforcement groups, the coalition also includes the Michigan Association of School Administrators, the Michigan Association of School Board, the Michigan Association of School Psychologists, Michigan Association of School Social Workers, the Michigan School Counselors Association and the Prosecuting Attorneys Association of Michigan.

NATIONAL UPDATE

National Council Hosts Integration Briefing on Capitol Hill

The National Council for Behavioral Health hosted a congressional staff briefing on Wednesday highlighting government programs and initiatives that promote the integration of primary and behavioral health care. The panel featured four grantees from the Promoting Integration of Primary and Behavioral Health Care grant program, two of whom are also participants in the Medicaid Certified Community Behavioral Health Clinic demonstration program.

Panelists for this briefing included: Beth Ann Meints, Kalamazoo Community Mental Health & Substance Abuse Services, Michigan; Robert Cole, Connecticut Mental Health Center, Connecticut; Bridget Brown, Wallowa Valley Center, Oregon; Nathaniel Dell, Places for People, Missouri. Both Wallowa Valley Center and Places for People are also participating in the Excellence in Mental Health Act CCBHC Medicaid program.

PROMOTING INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE (PIPBHC)

Data show that persons living with serious mental illness and substance use disorder die, on average, 25 years earlier than those without. However, it is often untreated co-morbid, chronic physical health conditions like diabetes, heart disease, hypertension and HIV/AIDS that are the leading cause of early death. Through the Promoting Integration of Primary and Behavioral Health Care grant program, state agencies partner with behavioral health providers and health centers to provide integrated primary and behavioral health care to populations that need it most.

Each panelist explained how this grant has changed their organization's ability to meet the diverse and complex needs of their community. Robert Cole, Chief Operating Officer of CMHC in Connecticut called the PIPBHC program, "training wheels", saying that the grant money and expert technical assistance offered by the SAMHSA-HRSA Center for Integrated Health Solutions were the support system CMHC needed to build working relationships with primary care physicians and facilities to offer truly integrated care in New Haven, CT. CMHC graduated the grant program in 2014 and still offers the key integrated care services.

Beth Ann Meints and Nathaniel Dell offered data demonstrating improvement in overall physical health and social outcomes for their patients. From lower body mass index (BMI) and blood pressure to increased medication adherence and more stable housing, the integrated care model immediately yielded positive results.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCs)

Both Bridget Brown from Wallowa Valley Center in Oregon and Nathaniel Dell from Places for People in Missouri are PIPBHC grantees and current participants of the Excellence in Mental Health Act CCBHC Medicaid program. Each panelist spoke about how the PIPBHC grant served as a foundation and a platform to become a Certified Community Behavioral Health Clinic. Dell called the PIPBHC grant a "spring board" for becoming a CCBHC, highlighting increased

staff competencies and data reporting requirements that were already implemented at Places for People prior to becoming a CCBHC.

The National Council hosted the briefing to advocate for both level funding of the Promoting Integration of Primary and Behavioral Health Care grant program in FY2019 and the passage of the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/ H.R. 3931) which would extend the eight current CCBHC states by one year and allow two new states to participate in the CCBHC program.

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates.

- April 25 - Lansing
- May 30 - Lansing
- June 27 –Kalamazoo
- July 11 - Troy
- August 22 – Lansing

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

\$115 CMHAM Members

\$138 Non-Members

To register: [CLICK HERE TO REGISTER FOR ETHICS TRAININGS!](#)

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.

SMOKING CESSATION LEADERSHIP ANNUAL COLLECTIONS: 2016 AND 2017 RECORDED WEBINARS

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at <https://www.macmhb.org/committees>

In celebration of the SCLC's 15th Anniversary, we are giving away FREE CME/CEs, for a *limited time*, for two webinar collections: 2016 & 2017 recorded webinars.

- **2017:** This Collection of recorded webinars from SCLC includes all 10 webinars released during 2017, for a total of 13.50 CE credits. Topics include lung cancer screening, engaging health professionals, state and community approaches to tobacco control, quitlines, behavioral health, smoking mothers, cessation efforts in

public housing community health centers, smokeless tobacco, behavioral health/public health partnerships, young adult smokers, and tobacco harm reduction.

For more information and to register for this collection, [click here.](#)

Use the discount code SCLC@15 to waive the \$65 fee.

- **2016:** This Collection of recorded webinars from SCLC includes all nine webinars released during 2016, for a total of 14.0 CE credits. Topics include social smoking among young adults; social media interventions for cessation; tobacco use among African-Americans; pharmacotherapy; tobacco use among the homeless; smokers with mental health conditions; thirdhand smoke; and example smoking cessation programs from Kaiser Permanente and the Truth Initiative.

For more information and to register for this collection, [click here.](#)

Use the discount code SCLC@15 to waive the \$65 fee.

Expires 03/31/2018

Note: You are still able to take an individual webinar if you wish, however, payment will be due to receive the CE credit. If you register for a Collection, it will be complimentary, and you don't have to take all of the webinars in the Collection to receive credit.

Have a Great Weekend!