



August 3, 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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- **CMHAM Fall Conference Call For Presentations**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**
- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **19th Annual Substance Use and Co-Occurring Conference Registration is now open!**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

Contact information of the CMH Association's Officers: The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kelleman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

CMH Association welcomes new staff member

On August 20, 2018, Bethany Rademacher will be joining CMHAM as the Association's newest Training and Meeting Planner. Bethany recently worked at the Health Care Association of Michigan where she spent five years as one of their meeting planners. She graduated with a BSW from Grand Valley State University. We are excited to welcome Bethany to our team! You can reach her at brademacher@cmham.org.

Northern Lakes Community Mental Health Authority receives 3-year national accreditation

Northern Lakes Community Mental Health Authority (NLCMHA) has met the requirements of CARF International for full accreditation for three years (through May 2021) for all twelve programs for which it applied.

"This accomplishment reflects the hard work of Northern Lakes staff who focus on what is most important – being the premier provider of behavioral health care to the people of our communities," said Karl V. Kovacs, Northern Lakes CEO. "Our staff do outstanding work on a daily basis and it is gratifying to have their efforts confirmed in this way."

The latest accreditation is the fifth consecutive three-year accreditation that CARF has awarded to Northern Lakes since its formation in 2003. This achievement is the highest level of accreditation that can be awarded to an organization and signals a service provider's commitment to continually improving services, encouraging feedback, and serving the community. Northern Lakes put itself through a rigorous peer review process and demonstrated to a team of surveyors during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of the highest quality.

According to the formal report issued by CARF surveyors, "NLCMHA is a long-standing organization with a sound reputation. There is an evident culture that strives toward excellence in delivered services, with resulting effectiveness and success for persons served. The leadership and staff are complimented and congratulated for this achievement."

Lenawee CMH kicks off advocacy effort around access to psychiatric inpatient

Below is a recent announcement from the Lenawee Community Mental Health Authority regarding an advocacy initiative that it is launching aimed at improving access to psychiatric inpatient services.

I know that you are aware of the lack of behavioral health inpatient beds around the state, but I would like to bring your attention to what we are doing here in Lenawee currently.

Last year the behavioral health inpatient mental health unit at our local hospital closed – in fact it is now out of state. Advocacy on our part for this service to be continued resulted in a new hospital being built without this service. We now find ourselves having to send people miles/hours away to all corners of Michigan, which is creating so many problems – not just for ourselves but mainly for the families involved. Costs are escalating and there is no end in sight. As a result the LCMHA Board has taken it upon themselves to educate the community about how this is negatively affecting Lenawee citizens, but also to see if they can facilitate a solution.

Please visit this link to see our online petition (preferably using Firefox or Google Chrome browser, Explorer doesn't work very well) : https://www.change.org/p/lenawee-county-residents-support-an-inpatient-mental-health-unit-in-lenawee-county?recruiter=888987839&utm_source=share_petition&utm_medium=copylink&utm_campaign=share_petition&utm_term=undefined

The intention is to print the letter, along with all of the signatures in a full-page ad in our local newspaper in August. We will then hold a Town Hall meeting sometime in September, to bring the community together for more dialogue and brainstorming. If there is anything that you can do to help spread the word about our petition we would appreciate it. Thank you in anticipation.

U.S. Department of Health and Human Services visits OCHN for mental health diversion study

Oakland Community Health Network (OCHN) was visited by the U.S. Department of Health and Human Services (HHS) on Monday and Tuesday, July 23 and 24, 2018, as part of a study identifying innovative programs for the development of future pre-booking jail diversion models and initiatives. Only five communities across the country were chosen for the study, which is being conducted in partnership with HHS by Abt Associates.

“For more than a decade, OCHN and other critical Oakland County partners have collaborated to redirect citizens with mental health and/or substance use concerns from contact with the justice system and into valuable services,” states Catherine Yunker, OCHN director of Access and Acute Care. “The positive outcomes of these efforts have been recognized across Michigan.”

OCHN has also made arrangements for Abt to visit Common Ground, Easterseals Michigan, the Resource and Crisis Center, Oakland County Jail, and with local law enforcement.

The information collected by Abt Associates will assist the federal government in policy development and program implementation strategies to support states and communities in diverting individuals with mental health and/or and substance use treatment needs from involvement in the criminal justice system.

By visiting the selected sites, HHS and Abt hope to gain knowledge of: how programs are developed; use of current programmatic models and evidence-based practices; policy and funding that either support or interfere with implementation and sustainability; how to overcome barriers and other obstacles; role of collaboration in program implementation and sustainability; successes that influence federal policy and programming.

Following the visits and research gathering process, Abt will produce a short summary of each program and provide a final report with data from the site visits.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Save-The-Date: Michigan Safety and Justice Roundtable

Last year, 8,358 young people were placed under juvenile court supervision in Michigan. Their outcomes are critical to the health and safety of our communities.

Please save-the-date for the Michigan Safety and Justice Roundtable: Expanding the Continuum of Care for Justice-Involved Youth. This roundtable is sponsored by the Michigan Committee on Juvenile Justice in partnership with the Hudson-Webber Foundation.

On **Thursday, September 6, 2018**, leaders and decision-makers from around the state will convene from **9:00 a.m. to 3:00 p.m.** at the **Westin Book Cadillac Detroit** to have a bi-partisan conversation to advance fair and equitable youth justice approaches that effectively address crime, promote positive youth development and improve safety in our communities.

Topics of conversation include prevention and diversion, expanding community-based care, effectively collecting accurate and comparable data across the state, and more. We hope you will be part of the conversation. Non-transferable invites with further details will be sent later this summer.

For more information on the Michigan Committee go to: <https://michigancommitteeonjuvenilejustice.com/>

How Peers are Helping People with Substance Use Disorders Move Toward Recovery

Across much of the United States, substance use disorder (SUD) is taking a significant toll on individuals, families, health systems, and health care budgets. Because people with alcohol and other substance use disorders may visit hospitals for treatment of an injury or chronic medical condition, their underlying SUD might not be recognized. Even when SUD is identified, individuals may not get meaningful help in connecting with treatment and recovery services — resulting in continued substance use, deteriorating health, and costly repeat hospital visits.

These new resources, made available by the Center for Health Care Strategies, highlight the [Coordinating Care for Individuals with Substance Use Disorders](https://www.chcs.org/project/coordinating-care-individuals-substance-use-disorders/) initiative, (<https://www.chcs.org/project/coordinating-care-individuals-substance-use-disorders/>) a unique program in Pennsylvania's Allegheny County that seeks to reduce poor outcomes and repeat hospital visits by using community-based peer navigators to link individuals who present with SUDs in hospital settings to recovery services. Although focused on Pennsylvania, these resources can offer lessons for other programs considering the integration of peer supports. Some of the programs highlighted include:

Southwestern Pennsylvania: Peers Help People with Substance Use Disorders Move Toward Recovery - Profile exploring how Allegheny County is successfully using people in recovery to build rapport and coordinate outpatient treatment for individuals identified with SUDs in the emergency department or upon inpatient admission.

Integrating Peers into Hospital Settings to Address Substance Use: Q&A with a Peer Navigator - Blog post featuring a conversation with David Gardner, senior peer navigator at UPMC Mercy, who shares how the peer program gained the respect of health care professionals at the hospital.

Connecting to Care through Substance Use Disorder Peer Support - Profile following the personal journey of Aubree Rosenberg, a community outreach recovery specialist at Community Care Behavioral Health in Allegheny County, who felt called to work with people struggling with co-occurring mental health and substance use disorders

NACo announces video on the role of counties in fighting the opioid epidemic

Recently, the National Association of Counties (NACo) announced the creation of a video that underscores the vital and unique role played by the nation's counties in combating the nation's opioid crisis.

That video can be viewed at: <http://www.naco.org/resources/opioid-epidemic-counties-frontline>

SAMHSA announces webinar highlighting efforts to improve the health outcomes of individuals with serious mental illness

Join the Substance Abuse and Mental Health Services Administration (SAMHSA) for the webinar: *Innovative Approaches to Wellness in Behavioral Health: Announcing the Winners of SAMHSA's 2018 Recognition of Excellence in Wellness*

Register at:

https://praincevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=praincevents&service=6&rnd=0.1189120665920661&main_url=https%3A%2F%2Fpraincevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000489e2cc2e0a1be2c1c2bf895d84ea38f1a0cce09979aba54b0e2a374cb49d87e5%26siteurl%3Dpraincevents%26confViewID%3D102170935776279730%26encryptTicket%3DSDJTSwAAAASKVIGf1O-8NphcV0HunivSqHsgiqxH2sQboVpH5ppl8A2%26

SAMHSA's Program to Achieve Wellness is pleased to announce and congratulate the winners of the 2018 Recognition of Excellence in Wellness! Register for our upcoming webinar to learn more about this year's winners, and how you can incorporate some of their effective practices in your own work!

The Recognition of Excellence in Wellness acknowledges organizations and communities for their exemplary wellness efforts. This year's winners were selected by a committee of national experts for their meaningful work to improve health outcomes for individuals with mental and/or substance use disorders, including those with serious mental illness.

The 2018 Recognition of Excellence winners are:

- Baltic Street, Brooklyn, New York
- The Guidance Center of Westchester, Mount Vernon, New York
- Mental Health Community Centers, Inc., Sarasota, Florida
- Saratoga Community Health Center, Saratoga Springs, New York

GLHC announces 2018 Summit Series

Below is a recent announcement by the Great Lakes Health Connect (GLHC) of its 2018 summit series – focused around healthcare delivery innovations.

We are pleased to introduce the GLHC 2018 Summit Series, and to extend a warm invitation to you, your staff, and members to join us at one of our upcoming events across Michigan in the coming weeks. These engaging educational conferences provide healthcare professionals and stakeholders in Michigan a chance to gather for networking, gain insight from leading experts, share common experiences & best practices, and learn practical strategies for advancing healthcare delivery and quality. Presentations will explore the many ways REAL innovation in healthcare is happening in Michigan where it matters most – at the point of care.

The theme of GLHC's 2018 Summit Series is "Maintaining Momentum in Care Transformation". Since 2010, the American health care system has been engaged in an effort to examine and fundamentally change the way we deliver, experience, and finance care. There is little doubt at this point that the process of transforming care is a marathon; each mile is a success to celebrate and to inspire us forward. This year's Summit Series will provide strategies to help drive continued progress toward achieving a fully sustainable and integrated healthcare ecosystem.

The agendas for this year's Summits are still being finalized. However, we are excited to announce that Dr. Karen DeSalvo, Former National Coordinator for Health Information Technology, and Acting Assistant Secretary for Health in the U.S. Department of Health and Human Services will deliver the Keynote address at the Metro Detroit Summit on September 16th. We are equally enthused to welcome Susannah Fox, former Chief Technology Officer for the U.S. Department of Health and Human Services as Keynote Speaker for the West Michigan Summit on October 22nd. Both of these women are accomplished and well-respected thought leaders in healthcare practice, technology, and innovation. We feel confident that their expertise and passion for patient-centered care will inform and inspire us!

As in past years, we anticipate welcoming attendees from across Michigan to one of these events. They come from a broad cross section of professional disciplines including clinical, practice management, operations/administration/finance, information technology, training & development, and communications. The

Summit Series is also unique in that it attracts interest from across the continuum of care including acute, primary, specialty, behavioral, elder care, and community health, as well as payers and government, just to name a few.

Attendance at all of the Summit Series events is free of charge, but advance registration is required. Summit events include a buffet breakfast and lunch.

Register for any of these series events at: <https://gl-hc.org/whats-new/events/2018-seminars-summits/>

Relias announces Impact Nation 2018

Relias, a Preferred Corporate Partner of this association recently announced its annual conference, Impact Nation 2018, with a reminder that members of this association receive 20% discount on their registration for this conference. That announcement is below:

Impact Nation 2018: Get connected. Get better.
October 2-4, 2018 | Raleigh, NC

At Impact Nation 2018, we're connecting 600+ like-minded individuals who come together to exchange ideas, share best practices, and address today's toughest healthcare challenges. With more than 50 valuable sessions, 10+ technology partners, inspiring keynotes, unparalleled networking and access to Relias resources, you'll walk away from this conference with the tools you need to lead your organization for success.

Our theme in 2018, Get connected. Get better., explores how connecting individuals, teams, resources and technology can help you get better at your job, get better results at your organization, get better personal health, and get better outcomes for your clients, patients and residents.

Thank you for joining us on the journey of Impact Nation 2018! This year we are going to be connecting 600+ like-minded individuals to exchange ideas, best practices, and address today's toughest healthcare challenges.

By attending, you will be able to get inspired from keynote speakers, learn from over 50 speakers about best practices within the healthcare industry, earn necessary continuing education credits, network and connect with peers and industry leaders, and discover the newest technologies that are going to help develop their industries.

Please use this code **Partner20** to receive 20% off the current registration price. You can register at: <https://www.relias.com/impactnation>

National behavioral health workforce conference announced.

National Behavioral Health Conference Scheduled in New Orleans, October 28 – 31, 2018
Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions

The 2018 59th Annual National Dialogues on Behavioral Health (NDBH) annual conference will be held in New Orleans at the Renaissance Arts Hotel from October 28 -31, 2018, and is titled "Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions". The pre-conference program will be held Sunday October 28.

Conference topics are designed for: psychiatrists, social workers, nurses, psychologists, counselors, addiction counselors, case managers, administrators, policy makers, behavioral Healthcare providers, peer recovery workforce, state and county behavioral healthcare administrators, judiciary justice system administrators, law enforcement/justice system stakeholders departments, emergency/disaster response professionals, educators and school based counselors.

National Dialogues Conference partners are the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), the Western Interstate Commission for Higher Education (WICHE) Mental Health Program and the National Association of State Mental Health Program Directors (NASMHPD).

The focus of this year's conference is particularly timely as it addresses issue of behavioral health workforce shortages and challenges. The future of the behavioral health workforce is dire. By 2025, shortages are projected for psychiatrists, behavioral health social workers, psychologists, school counselors, and marriage and family therapists. These shortages are not evenly distributed: Sixty-two million people live in rural or frontier counties and 75 percent of these counties have no practicing psychiatrists, psychologists or social workers today. That is, the emphasis on workforce shortages in the future is misleading. The workforce crisis exists today, and the current situation is alarming, if not unacceptable.

It is notable that a large proportion of persons with mental illness and substance use problems remain unserved. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), only 19.6 million of the 43.8 million adults who have mental illness receive any mental health services. Similarly, of the 22.7 million adolescents and adults that have an illicit drug or alcohol use problem, only 4.1 million receive any treatment for their problems. The needs of children and people who are elderly, veterans and their families, those incarcerated and recently released from incarceration, and rural populations are particularly noteworthy.

Besides the issue of shortages, the current behavioral health workforce is characterized by being part of an aging population (for example, over 50% of male psychiatrists and 25% of female psychiatrists are over 60 years old), high turnover, maldistributed, and as receiving inadequate compensation. At the same time, behavioral health systems are evolving so that there is a priority on the delivery of evidence-based services, a recovery orientation, quality and accountability, and integration with primary care. The current training infrastructure is ill-equipped to address the needs of this changing behavioral health environment. These system inadequacies have resulted in shifting the responsibility to other social service and law enforcement agencies. The workforce at these agencies, in large part, has not seen such responsibilities as part of its mission, and, consequently, staff have not been trained to address behavioral health needs.

The National Behavioral Health Conference which begins Monday, October 29, will address the following questions across two and a half days:

- How can one "resource shift" and better utilize the current workforce?
- How can technology and telehealth be used as workforce extenders, especially in rural areas?
- How can the use of peer specialists, family caregivers, school counselors, primary care providers, and providers in the child welfare and criminal (and juvenile) justice systems be optimized?
- How can effective behavioral health community collaboratives be formed?
- What are effective funding and reimbursement strategies to support needed workforce initiatives?

The pre-conference program, which will be offered on Sunday, October 28, from 9:00 a.m. to 1:30 p.m., is titled: Is A.I. (Artificial Intelligence) or Artificial Intelligence-Assisted Therapy the Next Evolution of the Behavioral Health Workforce? The underlying premise of this program is that Artificial Intelligence or AI is used by virtually everyone---from the Google Assistant on your Android Phone/Tablet to Siri on your iPhone/IPAD to Cortana for Windows computers, to online customer support, to Netflix and Pandora---AI is the software that underlies and supports these applications. The last decade has seen the rise of the development of numerous applications (apps) that use AI to support or carry out many tasks in arguably more efficient and effective ways than ever before. The behavioral health field is not exempt from the adoption and utilization of AI. A variety of applications have been developed to support or provide increased access to behavioral health care. Conference participants attending this session will have an opportunity to see demonstrations of a variety of applications that have been developed to address and/or support behavioral healthcare needs. Discussion will focus on the use of such applications that have expanded the ability of individuals to access care.

The conference will include the opportunity for participants to have direct dialogue and discussion with the expert speakers during both the morning and afternoon sessions. This year, the experts who will present include:

- Brett Atwood, Senior Manager, Marketing, Linden Lab
- Gary Belkin, M.D., Executive Deputy Commissioner, New York City Department of Health and Mental Hygiene
- Gina Brimmer, Senior Consultant, Western Interstate Commission on Higher Education
- Grant Drawve, Ph.D., Associate Professor, Department of Criminal Justice and Sociology, University of Arkansas
- Rini Gahir, Co-founder and CBDO Mozzaz Corporation

- Brian Grady, M.D., Director, TelePrimary Care/TeleMental Health Hub
- Connie Goodson, LMSW, Director, Coordinated System of Care, Office of Behavioral Health, Louisiana Department of Health
- Rochelle Head Dunham, M.D., FAPA, Executive Director/Medical Director of Metropolitan Human Services District, New Orleans, LA
- James E. Hussey, M.D., Medical Director, Office of Behavioral Health, Louisiana Department of Health
- Trina Ita, M.A. Deputy Associate Commissioner, Health and Human Services Commission, Texas
- Sheila Jordan, Louisiana Coordinated System of Care Family Lead, Office of Behavioral Health
- Logan Kinamore, Patient and Communication Specialist, Open Health Caring Clinic (Former President)
- Janice Williams Petersen, Ph.D., Deputy Assistant Secretary, Office of Behavioral Health, Louisiana Department of Health
- Harvey Rosenthal – Executive Director, New York Association of Psychiatric Rehabilitation Services Inc.
- Kristin Savicki, Ph.D., Psychologist, Office of Behavioral Health, Louisiana Department of Health
- John Straus, M.D., Medical Director Special Projects of the Massachusetts Behavioral Health partnership and Founding Director of Child Psychiatry Access Programs
- Representatives from the following Managed Care Organizations will also speak in several sessions: Beacon Health Options, Magellan Health and Optum.

The fee for the general conference Monday through Wednesday is \$325. The pre-conference fee for Sunday October 28 is \$175. Registration can be secured and program and speaker details accessed at <http://nationaldialoguesbh.org/>.

Conference registration, detailed topic descriptions and presenters, and information on hotel registration can be accessed at nationaldialoguesbh.org. Questions may be directed to Brittany Copithorn at bcopithorn@wiche.edu. Early registration is The 2018 “Alternatives to Hospitalization: Crisis Residential Conference” is coming to San Diego, CA, October 11th & 12th!

This conference is open to anyone who works in or partners with residential alternatives to hospitalization, including Crisis Residential, Crisis Stabilization, Crisis Respite, and Peer Respite, as well as the payers & funders of these services.

- Connect with crisis service providers, advocates, and thought leaders from across the country
- Learn about emerging best practices and clinical practice standards in crisis stabilization
- Network with innovative leaders in mental health who are shaping the conversation around diversion from psychiatric hospitals, emergency rooms, and jails

National alternatives to hospitalization conference announced

Below is an announcement, from TBD Solutions, on the first national alternatives to hospitalization conference.

Join crisis service providers, advocates and behavioral health leaders for the inaugural Crisis Residential Conference!

The inaugural *Alternatives to Hospitalization: Crisis Residential Conference* takes place October 11th & 12th in San Diego, CA!

This conference will gather providers, advocates, peer supports, and thought leaders from across the country to talk about experiences, innovations, and challenges in subacute crisis stabilization settings.

Join us as we discuss best practices in clinical treatment, care coordination, operations, and more!

With opportunities to network with fellow crisis services providers and advocates, this conference promises to be a valuable and enriching experience! We look forward to seeing you in San Diego in October!

Registration is now open online at www.picatic.com/CrisisResCon2018.

Sponsorship opportunities are now available! Visit <http://www.crisisresidentialnetwork.com/sponsorship.html> to learn more.

Have more questions? Visit the conference website at www.crisisresidentialnetwork.com/conference, or email TravisA@TBDSolutions.com.

SAMHSA and HRSA announce webinar on methods to prevent burnout at integrated care settings

The SAMHSA—HRSA Center for Integrated Health Solutions announces:

Webinar: Improving Workplace Experience and Reducing Burnout in Integrated Care Environments - with Dr. Steven Hayes

Combine a competitive employment atmosphere with a high-stress, high-demand healthcare environment and issues such as burnout, stress, and turnover become significant issues. The unique elements of integrated primary and behavioral health settings -- shifting between different tasks and patient needs, managing complex relationships between different provider types, and navigating multiple job functions requires a high level of moment-to-moment awareness and attention.

In this unique opportunity, attendees will join a live virtual webinar with renowned expert and scholar, Steven C. Hayes, PhD. Dr. Hayes has authored 44 books and over 600 scientific articles, developed the Relational Frame Theory and guided its extension to the popular evidence based therapy, Acceptance and Commitment Therapy (ACT). He will show how ACT and its underlying model can be of use in the integrated care environment, expanding the impact mindfulness processes for both providers and recipients of care.

After this webinar, participants will:

- Develop an understanding of the sources of stress reactivity in the work environment.
- Review the six psychological flexibility processes and their links to mindfulness, psychological distress, and human prosperity.
- Learn key strategies for building acceptance, mindfulness, and values into the workplace for the benefit of recipients of care and providers alike.

Presenter: Steven C. Hayes is a Nevada Foundation Professor in the Behavior Analysis program at the Department of Psychology at the University of Nevada. An author of 44 books and nearly 600 scientific articles, his career has focused on an analysis of the nature of human language and cognition and the application of this to the understanding and alleviation of human suffering. He is the developer of Relational Frame Theory, an account of human higher cognition, and has guided its extension to Acceptance and Commitment Therapy (ACT), a popular evidence-based form of psychotherapy that uses

Please note the following:

- Registration is free and closed captioning is available upon request.
- The audio for this webcast is via computer speakers and not telephone. We recommend using external speakers for desktop computers to ensure best audio quality.
- The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.

Register free: https://goto.webcasts.com/starthere.jsp?ei=1202407&tp_key=13de7cd38c

SAMHSA-HRSA announces health IT best practices webinar

Best Practices for Sustaining Behavioral Health Integration Models in Health Centers using Health Information Technology
Wednesday, August 22, 2018
3:00pm- 4:30pm EST

HRSA's Bureau of Primary Health Care (BPHC) is pleased to offer a webinar hosted by the SAMHSA- HRSA Center for Integrated Health Solutions that will address strategies to leverage health information technology and technologies that support population health management and data aggregation to facilitate and sustain behavioral health interventions.

Presenters will share best practices for health centers in streamlining and sustaining behavioral health workflows and maximizing their electronic health record to ensure comprehensive and accurate billing and coding.

After this webinar, participants will:

- Understand appropriate workflows that support sustainability of behavioral health screening, referrals, and treatment
- Identify best practices in utilizing electronic health records (EHRs) to ensure accurate and comprehensive billing of behavioral health
- Identify best practices in working with Health Center Controlled Networks (HCCNs) and using Health Information Technology (HIT) to support population health management and data aggregation

Presenters

- Simon Smith, President and CEO, Clinica Family Health, Lafayette, Colorado
- Janet Rasmussen, Vice President Integrated Services, Clinica Family Health, Lafayette, Colorado
- Jason Greer, CEO, Colorado Community Managed Care Network (HCCN), Denver, Colorado

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Presenters: Simon Smith, President and CEO, Clinica Family Health, Lafayette, Colorado; Janet Rasmussen, Vice President Integrated Services, Clinica Family Health, Lafayette, Colorado; Jason Greer, CEO, Colorado Community Managed Care Network (HCCN), Denver, Colorado

Register free: https://goto.webcasts.com/starthere.jsp?ei=1199456&tp_key=1615747024

myStrength underscores value of its product line for federal SUD grant applicants

Below is a recent reminder, by myStrength, a Preferred Corporate Partner of this association, of the fact that its digital platform and related tools can be key resources to organizations applying for any of a number of federal funding opportunities.

If your organization is applying for any of the funding listed below, enhance your application by including myStrength. We can help your organization prepare an application and conduct required clinical trials. This includes providing information on how myStrength's web and mobile tools are a scalable, clinically-proven and cost-effective option to extend care and improve outcomes.

myStrength's evidence-based digital platform offers proven self-care tools for Substance Use Disorders (SUDs), Opioid Management and Chronic Pain, as well as the comorbid behavioral health conditions (stress, depression, insomnia and more) that amplify the challenges of SUDs. myStrength offers consumer-centered, in-the-moment resources 24/7 for prevention, treatment and recovery

GRANT: HRSA Rural Communities Opioid Response Program (RCORP) - Planning

DEADLINE: July 30, 2018

FUNDING: 75 grants totaling \$15,000,000

BRIEF DESCRIPTION: Grants to support treatment for and prevention of SUD, including opioid use disorder, in rural counties at the highest risk for SUD.

ELIGIBILITY: All domestic public or private, non-profit or for-profit, entities, including faith- and community-based organizations, tribes, and tribal organizations, who will serve rural communities at the highest risk for SUD and who meet the specifications.

LEARN MORE: <https://www.hrsa.gov/grants/fundingopportunities/default.aspx?id=35ee358e-d42f-4c7a-ba6e-d71f228eb1a9>

GRANT: SAMHSA Tribal Opioid Response Grants

DEADLINE: August 20, 2018

FUNDING: 263 grants totaling \$50,000,000

BRIEF DESCRIPTION: Grants to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment that reduces unmet treatment need and opioid overdose-related deaths through prevention, treatment and/or recovery activities.

ELIGIBILITY: Federally-recognized American Indian or Alaska Native tribe or tribal organizations.

[LEARN MORE: https://www.samhsa.gov/grants/grant-announcements/ti-18-016](https://www.samhsa.gov/grants/grant-announcements/ti-18-016)

GRANT: HHS Science-Based Quality Measurement and Management Development for Opioid Use Disorder Treatment (Clinical Trial Required)

LETTER OF INTENT DUE DATE: October 7, 2018

APPLICATION DEADLINE: November 7, 2018

FUNDING: 5-6 awards totaling \$2,500,000

BRIEF DESCRIPTION: This FOA solicits applications proposing phased research projects, with transition milestones, to develop and rigorously test the effects of strategies to improve opioid treatment quality measures, both on changes in the measures themselves and on patient outcomes.

ELIGIBILITY: Higher education institutions, non-profits, for-profit organizations, governments, and other.

[LEARN MORE https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-005.html](https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-005.html)

Nominations for the Directors' Awards and the Cookie Gant Spirit Award

Michigan Department of Health and Human Services, Office of Recipient Rights is accepting nominations for its annual Directors' Awards and Cookie Gant Spirit Award. Office of Recipient Rights is pleased to announce its call for nominations recognizing excellence in Recipient Rights Community by honoring individuals that deserve recognition in the areas of innovation, advocacy and empowerment. There are four awards presented each year at the Recipient Rights Conference. Each award has its own criteria and is summarized below:

Director's Award for Innovation and Rights Protection: Nominees will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a difference way of approaching old problems, creating a new solution for a systemic problem.

Director's Award for Advocacy on Behalf of Mental Health Recipients: Nominees will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services.

Director's Award for Consumer Empowerment: Nominees will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy.

Cookie Gant Spirit Award: This award is issued by the State Recipient Rights Advisory Committee and is presented to an individual who exhibits the dedication, demonstrates tenacity, and advocates diligently for persons with mental illness or developmental disabilities.

Please take the time to nominate an individual within the rights system, a colleague, an organization, who deserves to be celebrated-consider nominating individuals or organizations whose accomplishment has yet to be publicly acknowledged. A nomination form to submit your referral for Directors' Awards and the Cookie Gant Spirit Award is attached. ***All nominations are due August 1, 2018.***

LEGISLATIVE UPDATE

Polls Shows Tighter Gubernatorial Primaries

The day after an EPIC-MRA poll showed Republican Bill Schuette and Democrat Gretchen Whitmer up big in their respective gubernatorial bids, Marist-NBC News reported a survey showing a much tighter race.

Whitmer is up 31 to 27 percent over Shri Thanedar with Abdul El-Sayed at 22 percent. The July 15-19 survey of 442 Democratic primary voters has a 5.5 percent margin of error. EPIC-MRA showed Whitmer up 27 points.

The live-operator poll included landlines and cell phones. The EPIC-MRA survey and an earlier survey done by Target Insyght were automated surveys.

On the Republican side, Schuette "narrowly edges Brian Calley" 33 to 26 percent, including those who are undecided yet leaning toward a candidate. Patrick Colbeck received 11 percent. Another 30 percent are undecided. Jim Hines was not included in the survey of 337 potential Republican primary voters. It has a margin of error of +/- 6.3 percent.

The head-to-head matchup of 886 registered adults had Whitmer up on Schuette 47 to 38 percent among registered voters in the race to replace term-limited Gov. Rick Snyder. The final 14 percent are undecided.

Primary Election day is next Tuesday, August 7.

NATIONAL UPDATE

Suicide Hotline Bill Passes House

The House has passed the National Suicide Hotline Improvement Act, a bill that could spur the development of a three-digit code (like 411 or 611) to act as a national suicide prevention hotline. The National Council for Behavioral Health and other bill supporters say a new three-digit code, specifically catered toward mental health crises, would help divert individuals from the unnecessary use of 911 emergency services. After passing the House overwhelmingly, the bill now heads to the Senate for consideration.

Specifically, the National Suicide Hotline Improvement Act would require the Federal Communications Commission (FCC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Veterans Affairs to study and report on the feasibility of designating a new three-digit dialing code. It would also require the three agencies to evaluate the effectiveness of the current hotline, 1-800-273-TALK. Some advocates believe a three-digit code would better help address the rising rates of suicide than the current hotline number. As New Jersey Congressman, Leonard Lance (R) explains, "We all know by heart to dial 9-1-1 during an emergency. We have faith and confidence that somebody who can help will be on the line. It shouldn't be any different for someone in a mental health crisis."

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: <https://macmhb.org/save-the-date/2018-fall-conference-call-presentations>

ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

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.

- August 22 – Lansing (training full)
- September 26 - Gaylord
- November 7 – Lansing
- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

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

\$115 CMHAM Members

\$138 Non-Members

Registration for the new dates will open soon!

Three Trainings/Three Locations!

Register for the level of training and date/location of your choice.

2-day Motivational Interviewing Basic training - \$89

2-day Motivational Interviewing Advanced training - \$89

1-day Motivational Interviewing Supervisory training - \$49

Agenda for all trainings:

Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day.

Who Should Attend? This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, Clinical Directors, Supervisors, Case Managers, Support Coordinators, Therapists, Crisis Workers, Peer Support Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

Dates	Location
July 30-31	Doubletree by Hilton, Grand Rapids 4747 28th Street SE, Grand Rapids, MI 49512 Phone: 616-957-0100 Hotel room block of \$75 per night expires July 19
August 28-29	Courtyard Marriott, Mt. Pleasant 2400 East Campus Drive, Mt. Pleasant, MI 48858 Phone: 989-773-1444 Hotel room block of \$75 expires August 10
September 11-12	Great Wolf Lodge, Traverse City 3575 N. US Highway 31 S, Traverse City, MI 49684 Hotel room block of \$75 per night expires August 17 Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop:

Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!

See full conference details here: <https://macmhb.org/recipient-rights>

To register, click here:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516>

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

(pre-Conference workshops are not open for registration, registration will be open next week)

September 16, 2018 Pre-conference workshops

Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503

September 17 & 18, 2018

Full Conference

DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	\$105
1 Day Rate After 8/25/18	\$160
1 Day Rate After 9/1/18	\$210
Full Conference Rate – Early Bird	\$190
Full Conference Rate After 8/25/18	\$260
Full Conference Rate After 9/1/18	\$310.00

[CLICK THIS LINK TO REGISTER ATTENDEES](#)

EXHIBITOR OPPORTUNITIES

\$430. Entitles you to exhibit your products and/or services throughout this conference.

Exhibit Size: Your exhibit space is 9' x 5'. Your exhibit table is 6' long. Contact Annette if you need additional space.

Fee includes: attendance to full conference and meals; 1 table/per company for 2 people at booth no exceptions

[Click here to register for 1st person at the booth](#)

[Click here to register for 2nd person at the booth](#)

SPONSORSHIP OPPORTUNITIES

- \$500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- \$500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apecpper@cmham.org

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1– May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers.
- 42 Substance Use Disorder Clinics reported.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Services Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rates	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	n = 2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n = 125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e. transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.
- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:
 - Transportation for the providers' service population
 - Rural location of offices
 - Determining financing and insurance issues for immunizations
 - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A
- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.
- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:
 - The use of mobile units to educate, screen, and provide vaccination
 - A MDHHS webinar to inform providers about the hepatitis outbreak
 - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
 - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: <http://www.mi.gov/hepAoutbreak>