



September 14, 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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 - **Senate Reaches Opioid Deal, Vote Delayed**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**
- **Annual Home and Community Based Waiver Conference – Save the Date - November 13-14**
- **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 Kellerman; 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

Newaygo CMH to honor Mike Geoghan as he departs from CEO role



CMH Association receives SAMHSA funded contract to foster evidence-based practices

Below is a recent press release from the CMH Association on its recent formation of a partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center.

*\$250,000 SAMSHA Grant Supports Mental Health Services in Michigan
Community Mental Health Association of Michigan Receives Award to
Serve as Mental Health Technology Transfer Center*

The Community Mental Health Association of Michigan (CMHAM) today announced they will receive a \$250,000 grant from the University of Wisconsin as part the UW's initiative with the federal Substance Abuse and Mental Health Services Administration (SAMHSA)

Under the grant, the CMHAM will serve as the Michigan partner with the University of Wisconsin's newly formed Great Lakes Mental Health Technology Transfer Center. This center will foster the development of the mental health treatment and recovery services systems in Michigan, Illinois, Indiana, Minnesota, Ohio and Wisconsin. The CMHAM will work directly with the regional SAMSHA technology transfer site, to be housed at the University of Wisconsin, as a part of the multi-state regional partnership, slated to run for five years.

In its new role, the association will serve as the connector and facilitator between Michigan's mental health system and the regional center. The program aims to:

- Accelerate the adoption and implementation of mental health related evidence-based practices across the nation
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of individuals living with mental illness
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field, including Center for Mental Health Services grant recipients

Each Mental Health Technology Transfer Center (MHTTC), including the Great Lakes Center, will offer intensive technical assistance in a variety of formats: web-based and face-to-face learning series, organizational development and systems change projects, and targeted projects with organizations and states.

"Our association looks forward to this partnership with the University of Wisconsin and SAMHSA. Through this partnership, we aim to add to, accelerate, and build upon the clinical innovations taking place throughout Michigan's mental health services community," said Robert Sheehan, the CEO of the CMHAM. "The ability to weave together the evidence-based and promising practices implemented in our state with those from across the Great Lakes region and the nation, provides Michigan's mental health system with powerful resources to best serve Michiganders in communities across the state."

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Dr. Mellos named head of BHDDA

Dr. George Mellos named as the Senior Deputy Director for Behavioral Health and Developmental Disabilities Administration replacing Lynda Zeller: Below is a recent announcement from MDHHS Director Nick Lyons, regarding the appointment of the new Senior Deputy Director for Behavioral Health and Developmental Disabilities Administration (and the appointment of Karen MacMaster to take the role, on an interim basis, as Director for Population Health Administration.

Please join me in congratulating Senior Deputy Director for Population Health Sue Moran on her retirement from state government and Senior Deputy Director for Behavioral Health and Developmental Disabilities Lynda Zeller, who is leaving for the private sector.

Sue will be retiring Sept. 28 as the Senior Deputy Director of the Population Health Administration. With more than 20 years of service and many contributions to the department, both in Population Health and her prior work in the Medicaid program, Sue has helped shape the work we do for the citizens of Michigan.

Lynda will be leaving state government Sept. 10 to join the Michigan Health Endowment Fund. Lynda's expertise in the field of behavioral health has been instrumental to Michigan's ability to provide services to children and adults. During many years in state government at both MDHHS and the Department of Corrections, Lynda has demonstrated her commitment to improving the lives of the people of the state of Michigan.

I am pleased to announce that Dr. George Mellos will serve as the Senior Deputy Director for Behavioral Health and Developmental Disabilities, effective Sept. 9. Dr. Mellos has more than 36 years of diverse experiences in psychiatry. He began working as an attending psychiatrist in 1987 at the Hawthorn Center and went on to hold positions as the Chief of Psychiatry, Chief of Clinical Affairs and Hospital Director. Most recently, he has served as the Bureau Director for the Bureau of State Hospital and Behavioral Administrative Services, overseeing all MDHHS hospitals and centers.

Dr. Mellos is a board-certified member of the American Board of Psychiatry/Neurology in both General Psychiatry and Child and Adolescent Psychiatry. He has affiliations with both the Wayne State University Department of Psychiatry and Behavioral Neurosciences and William Beaumont Hospital. He earned a Bachelor's in Biology degree from Michigan Technological University and graduated with honors from the Wayne State University School of Medicine in 1982.

I am also pleased to announce I have asked Karen MacMaster to serve as the Acting Deputy Director for Population Health Administration. Karen currently serves as the Administrative Deputy for Population Health, where she provides administrative leadership and oversight of the Office of Performance Improvement Management. Previously, Karen served as Director for the Bureau of Health and Wellness, where she provided direction to the divisions of Chronic Disease and HIV/STD Programs. Karen has worked for the State of Michigan for close to 30 years, having spent three years with the Michigan State Police and the remainder at MDHHS and the former Michigan Department of Community Health, working in various positions within environmental health, public health laboratories, emergency preparedness and epidemiology.

She received a Bachelor of Science degree in Medical Technology from Michigan State University and a Master's of Public Administration degree from Western Michigan University, with a health care concentration.

Summary of recent MDHHS Stakeholder meeting

Quarterly MDHHS calls together the state associations that represent the stakeholders of the Department to review a number of MDHHS developments. This Association is among those invited to these meetings. Attached is a summary of the segments of that meeting that are most relevant to the membership of this Association.

MDHHS Stakeholder meeting; September 12, 2019,

Nick Lyon reminded the group, and reinforced that with the arrival of persons without knowledge of the history of HMP, that if HMP goes away, the CMH system is owed the \$200 million in GF that was taken out of the system to create the savings that was required as part of the legislative negotiations around the passage of the HMP bill.

FY 19 supplemental will be proposed by the Governor's office in the fall – needed to close some budget gaps that have already been identified

FY 20 budget boilerplate is being developed by Snyder administration

FY 20 budget proposals, from Snyder administration, will go to the new Governor in December and January with the new Governor having until March to make his or her FY 20 budget proposals

MDHHS is implementing a “health in all policies” approach to be implemented across all state agencies (with the recommendation that the new Governor take up this initiative).

Sue Moran is retiring, later this month, as the Director of MDHHS Population Health. Karen McMaster has been named as the interim Director.

Michigan’s HMP work requirement waiver was submitted on September 10. Because Michigan’s HMP work requirement waiver is a waiver renewal, rather than a new waiver request (a renewal, which was submitted months ago, as required with the end of the current HMP 1115 waiver), Michigan’s work requirement waiver will go to the top of the stack to be reviewed by CMS. The large number and complexity of work requirement exemptions is making the implementation of the work requirement. Michigan is working to implement carefully and intentionally, to avoid the rush of implementation that Arkansas carried out (which caused Arkansas to suspend their implementation until the needed changes are made). While August 12 was the official cut off for public comment, public comment is still being taken, given the changes in the exemptions. The Kentucky law suit, halting Kentucky’s implementation of its Medicaid work requirement, does not appear to apply to Michigan’s waiver, in the eyes of the MDHHS legal office, in that the Kentucky law suit was heard in the DC Federal District Court (in that the suit was filed against CMS) while Michigan is in the Federal 6th District.

Medicaid provider enrollment requirement (See the CMH Association’s summary and guidance, drawn from MDHHS discussions, as to how these apply to typical and atypical providers within the PIHP, CMH, and Provider system. BHDDA: Dr. George Mellos has been named the Interim BHDDA Chief Deputy Director.

Opioid Health Home program is kicking off in the Northern PIHP region and a number of CMH and opioid providers. More information on the opioid health home initiative can be found at: MDHHS.gov/OHH

SOR grant will provide federal dollars to support a broad range of programs, from prevention to treatment, peer supports, supported employment, to address the opioid crisis.

MDHHS to seek contract with existing Prepaid Inpatient Health Plan for Section 298 Initiative

Below is a recent press release on the MDHHS decision to contract with an existing PIHP to manage the behavioral healthcare for the unenrolled Medicaid beneficiaries in the Section 298 pilot communities.

The Michigan Department of Health and Human Services (MDHHS) announced today that it will contract with one of Michigan’s existing Prepaid Inpatient Health Plans (PIHP) as part of the Section 298 Initiative. The selected PIHP will be responsible for managing the specialty behavioral health benefits for individuals who are not enrolled in a Medicaid Health Plan within the pilot regions.

The Section 298 Initiative is a statewide effort to improve the coordination of physical health services and behavioral health services in Michigan. This initiative is based upon Section 298 in Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 207 of 2018.

Under Section 298, the legislature directed MDHHS to implement up to three pilots to test the integration of Medicaid-funded physical health and behavioral health services. As part of the pilots, MDHHS will contract with the Medicaid Health Plans (MHP) within the pilot regions for the management of Medicaid-funded physical health and behavioral health services. The MHPs will contract with the Community Mental Health Service Programs (CMHSP) within the pilot sites for the delivery of specialty behavioral health services and supports. The three pilot sites are:

- HealthWest and West Michigan Community Mental Health
- Genesee Health System
- Saginaw County Community Mental Health Authority

Approximately 25 percent of the Medicaid population is not enrolled in an MHP for management of their physical health services; therefore, MDHHS is not able to enroll these individuals in the MHPs for the pilots. Instead, MDHHS will issue a Request for Proposals (RFP) to select a single existing PIHP to manage the specialty behavioral health benefit for the unenrolled population. The selected PIHP will also contract with the CMHSPs for the delivery of specialty behavioral health services and supports.

MDHHS expects to issue the RFP no later than January 2019. MDHHS will work with the selected PIHP, CMHSPs and MHPs in the pilot sites to implement the pilots by Oct.1, 2019. For more information about the Section 298 Initiative, visit Michigan.gov/stakeholder298.

MDHHS announces Juvenile Justice Competency Stakeholders Training

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and
Community Mental Health Services Programs (CMHSPs)

FROM: Jeffery L. Wieferich, M.A., LLP
Acting Director
Bureau of Community Based Services

SUBJECT: Upcoming Juvenile Competency Stakeholders Training
The Michigan Department of Health and Human Services will be hosting four Juvenile Competency Stakeholder trainings (taking place on three different dates in three different locations) this October. These trainings are designed to provide key stakeholders with an overview of the juvenile competency process, including areas such as when and why children are referred for juvenile competency exams, what the juvenile competency process looks like, and possible outcomes of a juvenile competency evaluation. While the majority of the attendees will be individuals from the judicial system (i.e. court staff, attorneys, etc.) we have asked that two spaces be allocated for each of the four trainings for PIHP/CMHSP staff. Understanding that you are a key stakeholder in your local communities, and that you often serve children and families that may come into contact with the juvenile justice system, we wanted to make sure that you also had an opportunity to attend. The upcoming training dates and locations are as follows-

October 10th - 8:30 AM-11:30 AM in Gaylord

October 10th - 1:30 PM-4:30 PM in Gaylord

October 11th - 8:30 AM-11:30 AM in Lansing

October 12th - 8:30 AM-11:30 AM in Detroit

Because of the limited number of spaces that are available, we are asking that anyone interested in attending one of these upcoming trainings from a CMHSP/PIHP please contact Michelle Hill at hillm17@michigan.gov or 517-335-6189 by **Friday-September 14th, 2018**. Once we know which CMHSP and/or PIHP staff have an interest in attending each training, we can then identify attendees accordingly.

Michigan Health Policy Forum announces fall forum

MICHIGAN HEALTH POLICY FORUM REGISTRATION IS NOW OPEN!

Registration for the October 29 Michigan Health Policy Forum is now open. The Forum, "Searching for Sustainable Funding to Prevent Future Health Care Costs", will begin at 1 PM at the Radisson Hotel in Lansing, Michigan.

For many decades we have acknowledged that healthcare services account for only 10-15% of health status. However, we have taken limited action to address the factors that account for as much as 85% of health status. A recent report from the Citizens Research Council found that Michigan ranks 42nd of the 50 states in per capita public health spending, averaging only \$12.92 dollars annually.

This Forum will explore the importance of social determinants of health and discuss funding options that will allow us to make a positive impact. We hope that you will join us for this discussion. Please feel free to review the resource materials related to this topic on the Michigan Health Policy Forum website Reports & Resources tab.:

<http://michiganhpf.msu.edu/index.php/reports-resources>

Register for the October 29 Michigan Health Policy Forum.at: <http://michiganhpf.msu.edu/index.php/register-2018>

If you have any questions, please contact Dennis Paradis, MPH at dennis.paradis@hc.msu.edu

PFAS webinar for CMHs and local health departments announced

SUBJECT: PFAS Response – Water Contamination Response Planning for LHDs and Community Mental Health Agencies – Posted to MI-TRAIN

On August 21, 2108 the Community Health Emergency Coordinating Center (CHECC) hosted a webinar titled, “PFAS Response – Water Contamination Response Planning for LHDs.” The webinar was designed to enhance public health and behavioral health planning for an effective community response to water contamination with the understanding that the current issues related to the PFAS family of chemicals are likely to increase and involve other communities in Michigan. Developing situational awareness and thoughtfully considering an appropriate plan and response – even before PFAS has been discovered is a part of community preparedness.

The webinar is now available on MI-TRAIN to anyone with a MI-TRAIN account. The course link is [MI-TRAIN Course ID: 1080013](#)

Here is a link to instructions to register for MITRAIN for those of you who may not currently have a MI-TRAIN account, or have not participated in a training there before:

https://www.michigan.gov/msp/0,4643,7-123-72297_60152_69852_69853_69855-213624--,00.html

Please share this information within your CMH Administrators/Staff who have Emergency Preparedness and Response duties and to any of your partners that might be interested in viewing the webinar.

If you have any questions or concerns, please contact Jody Lewis at 517-582-8428 or at lewisj@michigan.gov

Arnold Foundation seeking proposals for crisis response for persons with mental health needs

The Laura and John Arnold Foundation is pleased to announce our Request for Proposals for evaluations of e The Laura and John Arnold Foundation is pleased to announce our Request for Proposals for evaluations of emergency response programs and alternatives to arrest for vulnerable populations. arrest for vulnerable populations. We are looking for proposals to evaluate

- (1) emergency response programs for individuals in moments of crisis,
- (2) post-crisis stabilization facilities, and
- (3) treatment and services funded by governments or other entities.

Evaluations should focus on outcomes for individuals whose vulnerabilities include mental illness, substance use disorders, and/or homelessness.

LJAF is committed to leveraging the power of data, research, and innovation to improve community safety by reducing crime, increasing police effectiveness, and working to ensure that laws are enforced in a fair and equitable way.

Individuals experiencing mental illness, substance use disorder, or homelessness require evidence-based, preventive treatment to achieve improved outcomes. Too often, the needs of these vulnerable populations are not only unmet, but inadvertently worsened by emergency response systems. Governments need better data, tools, and systems to direct vulnerable people to appropriate and effective resources outside the criminal justice system. Through this RFP, we are hoping to identify evidence-based policies and programs that can reduce the use of force, arrest, and/or incarceration, and connect vulnerable populations to evidence-based treatment and services.

Letters of Interest are due by 11/5/19. For more details, please see the full RFP at : <https://www.arnoldfoundation.org/wp-content/uploads/A2A-RFP-1.pdf>

We look forward to reviewing all submissions. Please feel free to send this invitation to anyone you think might be interested.

Life expectancy estimates available by neighborhood in Michigan, other states

MDHHS prepared to use new federal data to help create healthier communities: Life expectancy estimates by Census tract nationally are now available for the first time, allowing public health officials in Michigan and other states to work to improve health outcomes by comparing data neighborhood-by-neighborhood.

The Michigan Department of Health and Human Services (MDHHS) plans to analyze the new data working in coordination with local health partners.

The life expectancy initiative is called the United States Small-Area Life Expectancy Estimates Project. It is a joint effort of the National Association for Public Health Statistics and Information Systems that serves as the national nonprofit organization representing the state vital records and public health statistics offices in the United States, the federal Centers for Disease Control and Prevention's National Center for Health Statistics and the Robert Wood Johnson Foundation.

The U.S. Small-Area Life Expectancy Estimates Project has been working with MDHHS and other states in the months leading up to the public release of the data today.

These Census tract-level life expectancy estimates – based on state death records and population estimates from the U.S. Census Bureau – have previously been unavailable nationwide. Access to estimates like these helps public health officials quantify how people living just a few miles apart can have vastly different opportunities for a long life.

With this kind of information, community leaders can examine the factors that may be influencing differences in longevity – such as access to health care, safe and affordable housing, educational opportunities, and other factors that impact the health of community members – and target solutions more effectively.

“Every day MDHHS works to protect, preserve and promote the health and safety of the people of Michigan,” said Dr. Eden Wells, MDHHS chief medical executive. “This new data is exciting because it gives us a greater opportunity to better address barriers to healthier and longer lives for Michigan residents. We look forward to working with our local health department partners and others to take positive action based on thorough analysis of this new information now available at the neighborhood level.”

Although county-, city-, and ZIP code-level data have provided similar information, they often don't tell the full story as neighborhoods right next to each other – located within the same ZIP code, city, or county – can provide drastically different opportunities for health and well-being. Census tract-level data offer information on a much smaller and targeted group of people which makes it easier to create a more complete picture of health at a local level – although it's important to keep in mind that statistical measures such as life expectancy need to be evaluated with caution. These estimates can vary simply due to random variation or data errors.

Census tracts cover an average of 4,000 people who typically have similar characteristics, such as social and economic status.

For more information on the U.S. Small-Area Life Expectancy Estimates Project and to access life expectancy estimates by neighborhood, visit www.naphsis.org/usaleep.

For opportunities to take action locally, the County Health Rankings' [What Works for Health](#) is a searchable tool providing evidence-informed policies, programs, systems and environmental changes that can make a difference locally. [CDC's Division of Community Health website](#) also provides examples of communities taking action to improve the health of their residents.

Crisis Residential Best Practices Handbook issued

TBD Solutions LLC is pleased to announce the release of the Crisis Residential Best Practices Handbook.

In early 2016 TBD Solutions LLC convened a workgroup consisting of 150 Crisis Residential Programs across the U.S. to discuss their current practices, innovations, and challenges. In this partnership, the Crisis Residential network met monthly to share data and experiences related to crisis residential services. The data collected during this year-long initiative has been compiled and analyzed in the Crisis Residential Best Practices Handbook.

Crisis Residential Programs serve a critical need in the lives of individuals in crisis experiencing depression, anxiety, and psychosis. By diverting many people with mental illnesses from inpatient psychiatric hospitals, Crisis Residential programs provide less restrictive and more person-centered care. Over 600 Crisis Residential programs exist in the United States, and this is the largest effort of its kind to align and document practices in these programs.

The Crisis Residential Best Practices Handbook offers a view of the current strategies and practices of Crisis Residential Programs across the country while providing a blueprint for future coordination and advocacy efforts.

TBD Solutions LLC values the work of Crisis Programs around the world and understands the value of accessible resources and quality crisis consultation services. To obtain a free copy of the handbook, visit <https://www.tbdsolutions.com/> and click on "Our Writings".

The Crisis Best Practices Handbook is available as a free download on our website, <https://www.tbdsolutions.com/papers-presentations-2/>.

US Surgeon General Report on Community Health and Prosperity seeking public comment

OPPORTUNITY FOR PUBLIC COMMENT - Surgeon General Report on Community Health and Prosperity - Comments Due November 5

The Centers for Disease Control and Prevention (CDC), in the attached announcement published in this morning's *Federal Register*, announced the opening of a docket to obtain comment on an upcoming Surgeon General's document/ Call to Action with a working title "Community Health and Prosperity". CDC is the lead agency to support the Office of the Surgeon General to publish a Call to Action that will be science-informed and actionable, outlining a conceptual framework with case examples and available evidence on the business case for investing in community health.

The CDC says the goal of the Call to Action is to clearly demonstrate that investments in community health have the potential to improve the health and prosperity of communities and issue a call to action to the private sector and local policy makers for investment in communities, unilaterally or as part of multi-sector or other consortium, to improve community health.

The CDC says **America's prosperity is being hampered by preventable** chronic diseases and **behavioral health issues**. Life expectancy at birth dropped in the United States for a second consecutive year in 2016. Preliminary data indicate that age-adjusted death rates continued to rise in 2017, which is likely to mark a third straight year of declining life expectancy. The U.S. lags behind comparable high-income countries on a range of health outcomes including life expectancy despite spending more on health care. About 6 in 10 American adults have at least one chronic health condition, and these people account for 90% of total health care spending. While chronic diseases affect all populations, they are not evenly distributed. Disease rates vary by race, ethnicity, education, geography and income level, with the most disadvantaged Americans often suffering the highest burden of disease. However, only about 20% of the factors that influence a person's health can be addressed by health care and the remaining 80% reflect socioeconomic, environmental or behavioral factors. Focusing on strategies that address the social and community conditions could improve health, life expectancy, and quality of life, while also reducing related health care costs and productivity losses. Investing in communities to improve the health and well-being of people could also revitalize and improve economic opportunity, enhancing prosperity in the community and for its residents and businesses.

CDC says that, although there is published literature and several ongoing public, private and philanthropic initiatives examining how investments in community health can enhance well-being and economic prosperity, there has not been a

thorough assessment that compiles the evidence and best practices to illustrate benefits for the private sector and local policy makers. The Surgeon General's Call to Action hopes to bridge that gap and inspire more investments by the private sector and local policy makers in community health.

Written comments must be received before November 5, 2018. NASMHPD seeks suggestions by October 5 for what we should include in our comments. (Potential Examples: Coordinated Crisis Services, Supported Employment, Supportive Housing, Peer Support Services, Coordinated Specialty Care and Prodromal Interventions).

In the notice, interested persons or organizations are invited to submit written views, recommendations, and data about how investing in communities can improve health and prosperity. Examples may include:

- (1) Available data, evidence and/or experience(s) that:
 - (a) suggest that private sector investments in community health have (directly or indirectly) improved health and prosperity of the workforce and communities;
 - (b) suggest that healthier communities help private sector businesses to be more efficient, profitable, successful, or competitive;
 - (c) include descriptions of data systems and evaluation frameworks that might contribute to supporting community health investment decisions, evaluating success and impact; and
 - (d) include case studies, examples, reviews and meta-analyses, data linkages, promising and emerging ideas, and best practices; and
- (2) Types of investments the private sector and local policy makers can consider to improve health and wellness of employees and families, and community well-being and prosperity;
- (3) Types of partners or coalitions that have invested in community health and the scope of their collaborations contributions;
- (4) Descriptions of important barriers to and facilitators of success;
- (5) Private sector and local policy-maker rationales for making investments in community health; and
- (6) Successful efforts by local policy makers to promote and sustain private sector investments in community health.

Developmental Disabilities Council taking legislators to work to highlight Disability Employment Awareness Month

To celebrate the achievements of people with disabilities in employment, the Michigan Developmental Disabilities Council is hosting "Take Your Legislator to Work" events across the state in advance of Disability Employment Awareness Month. Legislators will have the opportunity to job shadow a constituent with a disability at their place of employment. Legislators will also be able to tour their workplace, meet co-workers and hear why employment is important to their constituent.

"These visits will demonstrate the value of community-integrated employment for employers and people with disabilities in Michigan," said Vendella Collins, Developmental Disabilities Council executive director. "This campaign highlights how people with disabilities strengthen the workforce, promote diversity, increase talent in the field, expand the tax base and lower poverty rates."

Take Your Legislator to Work visits are scheduled:

- Friday, Aug. 31, 3 p.m. – Sen. Margaret O'Brien (R-Portage) will job shadow Calvin Roux at Celebration Cinema, 6600 Ring Road, Portage.
- Monday, Sept. 10, 10 a.m. – Sen. Jim Stamas (R-Midland) will job shadow Cody Packard at Greater Michigan Construction Academy, 7730 W. Wackerly St., Midland.
- Monday, Sept. 10, 12:30 p.m. – Sen. Jim Stamas (R-Midland) will job shadow Nicholas Johnson at Grand Traverse Pie Company, 2600 N. Saginaw Road, Midland.
- Wednesday, Sept. 12, 4 p.m. – Sen. Judy Emmons (R-Sheridan) and Rep. Michele Hoyenga (R-Manton) will job shadow Levi Arrington at Meijer, 15400 Waldron Way, Big Rapids.
- Friday, Sept. 14, 11 a.m. – Sen. Hoon-Yung Hopgood (D-Taylor) and Rep. Erika Geiss (D-Taylor) will job shadow Ryan Powers at Matador Restaurant, 26747 Van Born, Taylor.
- Friday, Sept. 14, 1 p.m. – Sen. Tom Casperson (R-Escanaba) and Rep. Beau Matthew Lafave (R-Iron Mountain) will job shadow Chris Herbert at McDonald's, 1140 South Stephenson, Iron Mountain.

- Monday, Sept. 17, 10 a.m. – Sen. Judy Emmons (R-Sheridan) will job shadow Elliot West at Campbell Industrial Force, 1380 Industrial Park Dr., Edmore.
- Monday, Sept. 17, 4:30 p.m. – Sen. Judy Emmons (R-Sheridan) will job shadow Shannon Landry at Clare County Transit Corporation, 1473 Transportation Dr., Harrison.
- Friday, Sept. 28, 10 a.m. – Rep. Aaron Miller (R-Sturgis) will job shadow Brenda Anselmo at Kure Domes and Mirrors, 1139 Haines Blvd., Sturgis.

The Michigan Developmental Disabilities Council, housed in the Michigan Department of Health and Human Services, is an advocacy organization that helps people with developmental disabilities have the opportunities and support to achieve their full potential and life dreams.

Relias announces webinar series to celebrate Recovery Month

Relias, a Preferred Corporate Partner of this Association, recently announced a webinar series in honor of National Recovery Month. That series is described below:

Addressing SUD and the Opioid Crisis: 3-Part Webinar Series

Everyone in healthcare is feeling the pressure to reign in opioid prescribing, successfully treat opioid dependence, better treat pain, and address patient misuse and abuse. Relias curated these webinars to support the providers who are on the front lines of treating those with substance and opioid use disorders, as well as those managing acute and chronic pain.

Join us for a 3-part webinar series to learn the science behind changing healthcare behavior, how to prevent SUD treatment provider burnout and how to best use technology to combat the crisis – topics chosen to help you help those you serve.

[Part 1] Stages of Change and Integrated Health Care

Date: September 20 at 2 p.m. ET

Presenters: Dr. Carlo DiClemente, PhD, ABPP, Professor Emeritus – University of Maryland at Baltimore County, Psychology Department

This webinar will discuss adoption and use of the Transtheoretical model of intentional behavior change within a whole health, integrated care framework. We will review the multidimensional tasks identified in the stages of change model, recent research and applications with alcohol, substance use and smoking interventions, and application to other health behaviors and chronic conditions.

Register at: http://go.reliaslearning.com/WBN2018-09-20StagesofChangeandIntegratedHealthCare_Registration.html?utm_source=webinar-hub

[Part 2] Remaining Optimistic When Treating OUD: Burnout Challenges and Stressors for Clinicians and Physicians

Date: October 11 at 2 p.m. ET

Presenters: Karl Haake, MD, Pain Management Consultant – Missouri Primary Care Association and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will explore the challenges of treating the OUD consumer. Join us to learn techniques to stay motivated and positive when treating opioid addiction and tips for identifying and self-management for clinician/physician stress.

Register at: http://go.reliaslearning.com/WBN2018-10-11OptimismWhenTreatingOUD_Registration.html?utm_source=webinar-hub

[Part 3] The Role of Technology in Solving the Opioid Crisis

Date: November 7 at 2 p.m. ET

Presenters: Tom Hill, MSW, Vice President of Practice Improvement – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will examine the state of the opioid epidemic in healthcare, what progress has been made since the commission report release and declaration of federal State of Emergency. Clinical experts will discuss the current state of healthcare as it pertains to moving the needle on the opioid epidemic.

Register at: http://go.reliaslearning.com/WBN2018-11-07RoleofTechnologyinSolvingOpioidCrisis_Registration.html?utm_source=webinar-hub

Abilita outlines cybercrime breadth and solutions

In this article, Abilita, a Preferred Corporate Partner of this Association, outlines a range of cybercrime threats solutions:

Cyber based crimes have become increasingly complex and cyber criminals are becoming more sophisticated in how they are attempting to disrupt your business and steal your valuable data. Blockchain is emerging as one of the more effective methods of protecting your data, by offering unprecedented data security to keep your company's digital information safe.

While Blockchain was originally conceived of and used as the basis for the Bitcoin cryptocurrency, its underlying algorithms can be adapted and used for securing data in almost every industry.

While complex, the good news is that anyone can join the blockchain revolution, including your business!

What is Blockchain Technology?

A blockchain consists of a network of hundreds even thousands of computers that store and share blocks of information. Once something is added to the blockchain network, it is distributed throughout the Blockchain network. Every transaction is logged and every computer has records the same information. It is almost impossible for a cybercriminal to change the information logged into every computer on the network. Entries cannot be altered, edited or deleted. Instead, a user records changes by adding another block. This information is immediately available to anyone authorized to be part of that database.

Because data is not stored in one or two computers, Blockchains provide no 'hackable' entrance or a central point of failure and, thereby, provide a greater level of security. Since blockchains track data and keep it secure, they make everyday interactions with technology safer and more accountable.

Companies from all industries find ways to use blockchain technology to become more secure, efficient and profitable. Blockchain technology is used for:

- Cybercurrencies
- Authentication
- Smart Contracts
- Data Transfer
- Money transfers
- Stock investments
- Sports betting
- Contracts
- Real estate
- Business agreements
- Cloud storage
- Online purchases
- The Internet of Things

How Does Blockchain Keep Information Safe?

Essentially Blockchain is an accounting system that tracks all entries and transactions. Blockchains protect data by:

- Tracking and checking every change
- Backing up data in numerous locations:
- Pinpointing errors and attacks:
- Preventing identity theft

Businesses with employees trained in technology may have the capability to build their own blockchains. The Internet has numerous free, open source platforms for anyone looking to create their own database. However, coding an in-house blockchain requires advanced skills and knowledge, so small and midsize businesses may not have the resources.

Abilita and our business partners are available to assist with any of your company's technology needs.

Contact your Abilita consultant today:

Dan Aylward
Managing Consultant
517-853-8130
daylward@abilita.com

Great Lakes ATTC Trainings & Events September 2018

The Great Lakes Addictions Technology Transfer Center (GLATTC) recently announced a number of webinars around cutting edge practices in SUD treatment and prevention.

Sept. 26: Webinar: A Rural Physician's Perspective: Providing Hope to the Opioid Epidemic through Medication-Assisted Treatment

2:00-3:00pm ET/1:00-2:00pm CT

Free

Presenter: Dr. John A. McAuliffe, MD, Prairie Clinic, LLC

Get more information and register at: <https://www.lsgin.org/event/a-rural-physicians-perspective-mat/>

Sept. 27: Webinar: Cultural Factors Within Substance Use

Presenter: Sean A. Bear I, American Indian/Alaska Native ATTC

1:00-2:00pm ET/12:00-1:00pm CT

Register at: [https://events-](https://events-na6.adobeconnect.com/content/connect/c1/813211227/en/events/event/shared/default_template/event_landing.html?scoid=1683883793)

[na6.adobeconnect.com/content/connect/c1/813211227/en/events/event/shared/default_template/event_landing.html?scoid=1683883793](https://events-na6.adobeconnect.com/content/connect/c1/813211227/en/events/event/shared/default_template/event_landing.html?scoid=1683883793)

Recovery Month Webinar Series: Building Recovery Capital through Digital Health Technologies

A special series offered by the Mountain Plains ATTC, Pacific Southwest ATTC, and CASAT:

- Part I, Sept. 5: What are Digital Technologies and How do They Work?
- Part II, Sept. 12: Overview of Privacy and Security as it Relates to Digital Health Technologies
- Part III, Sept. 19: Engagement When Using Digital Health Technologies
- Part IV, Sept. 26: Implementing Digital Health Technologies Into Your World

Register at: <http://www.nfartec.org/registration-building-recovery-capital-through-digital-health-technologies-brc/>

LEGISLATIVE UPDATE

State Submits Healthy MI Waiver With Proposed Work Requirements

The state has submitted its amended waiver to continue the Healthy Michigan program, with the expanded Medicaid program's fate now up to the federal government. State law stipulates that if the federal government rejects the waiver request, or it's determined to be noncompliant with state law, the entire Healthy Michigan program would end, meaning 655,000 people who receive health care under the program would no longer have coverage.

The waiver must be approved by the Centers for Medicare and Medicaid Services (CMS) within 12 months or Healthy Michigan will end, according to a press release issued by the Governor's office this week announcing the submission.

The state also avoided having the program end by submitting a new waiver before Oct. 1, as failing to do so would've also killed Healthy Michigan. The amended waiver would institute an increase in cost-sharing, as well as the work requirements provision approved by the Legislature.

Snyder's office said the proposed work requirements "closely mirror" current cash and food assistance program requirements, and wouldn't take effect until 2020, if approved by the federal government. The work requirements would apply only to able-bodied individuals in the Healthy Michigan program who don't meet one of the 12 exemptions spelled out in law.

Some have speculated Healthy Michigan and its proposed work requirements could be in trouble because a federal judge struck down the federal government's approval of a similar work requirement for Kentucky's program.

NATIONAL UPDATE

Senate Reaches Opioid Deal, Vote Delayed

Senate leaders have finalized a sweeping legislative package aimed at addressing the opioid epidemic, clearing the way for a Senate vote next week. The Senate had hoped to vote on the measure on Thursday, but inclement weather from Hurricane Florence caused the vote to be cancelled. The bipartisan Opioid Crisis Response Act (S. 2680) comprises more than 70 bills reported out of five Senate committees and touches on many elements of the epidemic. The bill's provisions support many National Council priorities including expanding access to addiction treatment, strengthening the addiction treatment workforce, improving behavioral health information technology and more.

WHAT'S IN?

The package includes a number of important measures for which the National Council has strongly advocated, including:

- **Telemedicine:** Enables behavioral health providers to register with the Drug Enforcement Agency (DEA) to prescribe controlled substances via telemedicine. This would remove barriers to accessing medication-assisted treatment for opioid use disorders in rural and frontier areas, and is a direct result of National Council advocacy efforts.
- **Workforce:** Addiction treatment professionals and sites would be allowed to participate in the National Health Service Corps program, making addiction treatment professionals eligible for federal student loan forgiveness. This bill and a similar measure were introduced as a result of education and advocacy by the National Council and the Association for Behavioral Health in Massachusetts. Additionally, the package includes a National Council-supported bill that would expand the options of eligible sites in which behavioral health National Health Service Corps participants may work to include schools and other community-based settings.
- **Behavioral Health Information Technology:** Provides incentivize payments to behavioral health providers to adopt electronic health records (EHRs). The National Council has been working for passage of this legislation since 2009,

when behavioral health was left out of a law that created financial incentives for providers and hospitals to implement EHR systems to improve patient care.

- Recovery Housing: The bill would require HHS to issue best practices for operating recovery housing to states and identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.
- MAT Treatment Capacity: The bill pulls a provision from the TREAT Act to codify a change that expanded the number of patients that a practitioner can treat with buprenorphine at any one time to 275 patients. The National Council is disappointed to see that other MAT-related provisions from House's opioid package (H.R. 6) not be included in the Senate's package. Those provisions would 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine, 2) temporarily expand the definition of "qualifying practitioner" to include nurse anesthetists, clinical nurse specialists, and nurse midwives, and 3) permit a waived-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if the practitioner meets certain requirements.

Additionally, the bill reauthorizes the Opioid State Targeted Response Grants (Opioid STR) at \$500 million a year from FY 2019-2021. Although funding for these grants will still need to be secured in the annual appropriations process, reauthorization is an important step to ensuring states continue to have access to STR funds, which have primarily supported states' efforts to expand medication-assisted treatment (MAT) access.

WHAT'S NOT?

Most notably, both the House and Senate's opioid packages contain little funding for expanding opioid addiction treatment capacity. The funding that is authorized in bill would come in time-limited grants, depriving communities and providers of the sustainable funding streams needed to make long-term plans and systems changes. The National Council will continue to push for sustainable investments in the full continuum of addiction care, such as that offered by the Excellence in Mental Health and Addiction Treatment Act Expansion Act, as the two chambers work to reconcile their respective packages. The bill would expand the current eight-state, two-year Certified Community Behavioral Health Clinics (CCBHC) program, which has shown tremendous results in dramatically improving access to opioid addiction treatment and other addiction care.

The Senate's package leaves out several major provisions passed by the House, including two controversial measures. The House-passed IMD CARE Act (H.R. 5797) would have lifted the "IMD exclusion" in limited circumstances to provide Medicaid payments for in-patient opioid use disorder (OUD) treatment for individuals for up to 30 days in certain facilities. The National Council has long supported lifting the IMD exclusion, but the bill's exclusive focus on individuals with opioid addiction raises concerns about accessibility of services for individuals living with addiction to other substances. Moreover, a continued lack of investment in community-based care could hinder individuals' progress toward recovery if they are unable to access timely, high-quality outpatient services upon leaving residential care.

Another controversial measure – the Overdose Prevention and Patient Safety Act (H.R. 6082), which would have rolled back the regulation governing the sharing of substance use disorder treatment records (42 CFR Part 2) to more closely resemble the Health Insurance Portability and Accountability Act (HIPAA) requirements, was not included in the Senate package.

It is important to note that both of these provisions could still make it to the President's desk should they be added back into the final bill during conference committee.

NEXT STEPS

Senate Majority Leader Mitch McConnell (R-KY) has announced that the Senate's opioid vote has been rescheduled for Monday, Sept. 17th. After the Senate's vote, the bill will need to be reconciled with the House-passed opioid measure (H.R. 6) prior to becoming law. It is expected that Congress would send a compromise package to the President shortly before or after the November midterm elections.

TRAININGS:

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.

- September 26 – Gaylord – [Click Here to Register for September 26](#)
- November 7 – Lansing [Click Here to Register for November 7](#)
- January 23 – Lansing [Click Here to Register for January 23](#)
- February 20 – Lansing [Click Here to Register for February 20](#)
- March 13 – Lansing [Click Here to Register for March 13](#)
- April 24 – Troy [Click Here to Register for April 24](#)

Training Fees: (fee includes training material, coffee, lunch and refreshments.)
\$115 CMHAM Members
\$138 Non-Members

MOTIVATIONAL INTERVIEWING

ANNUAL HOME AND COMMUNITY BASED WAIVER CONFERENCE – SAVE THE DATE – NOVEMBER 13-14

Save the Date for the Annual Home and Community Based Waiver Conference will be held at the Kellogg Hotel and Conference Center in East Lansing on November 13-14! Brochure will be available soon. It will be a great program. See conference details here: <https://macmhb.org/save-the-date/annual-home-and-community-based-waiver-conference-1>

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