



September 21, 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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- Annual Home and Community Based Waiver Conference – Save the Date - November 13-14
- CMHAM Association committee schedules, membership, minutes, and information

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

16M awarded to Association members to expand mental health services in Michigan communities

Below is an excerpt from a recent M-Live story on the receipt of federal Certified Community Behavioral Health Clinics (CCBHCS)

Four community mental health organizations in Michigan were awarded \$4 million each to expand services in the communities they serve, U.S. Sen. Debbie Stabenow announced this week.

"I have seen what happens when families get help and what happens when they don't," Stabenow said. "It's a life-changer, not just for the person, but for the family. We need to make that available to everybody."

The grant funding was announced Thursday, Sept. 20, at Kalamazoo County Mental Health and Substance Abuse Services (KCMHSAS) in downtown Kalamazoo.

Of the 25 of the grants awarded across the country, four were in Michigan, KCMHSAS CEO Jeff Patton said. Grants totaling \$4 million over a period of 2 years were awarded to:

- Kalamazoo County Mental Health and Substance Abuse Services
- Health West (Muskegon Community Mental Health Authority)
- West Michigan Community Mental Health Authority
- Easterseals, based in Auburn Hills

The four community mental health centers have been selected as the state's first-ever Certified Community Behavioral Health Clinics, Stabenow's office said.

The full story can be found at:

https://www.mlive.com/news/index.ssf/2018/09/16m_awarded_to_expand_mental_h.html

Grand Traverse County Law Enforcement, Behavioral Specialists at Northern Lakes Undergo Mental Health Training

Below is an excerpt from a recent news story on the work of Northern Lakes CMH.

Law enforcement and behavioral health specialists in Grand Traverse County have been undergoing some unique training this week.

A group from the Harris County Sheriff's Office in Houston, Texas has been working with staff at Northern Lakes Community Mental Health, to give anyone in crisis the support they so badly need.

All week law enforcement and mental health specialists have been learning how to identify symptoms, and respond to people with established mental health issues, or those experiencing an emotional crisis.

Thursday they were able to get hands-on and play out some scenarios to simulate what could be encountered on the job.

"We want law enforcement officers to have a good idea of what it is that's out there what they may come into contact with and then give them some tips and some tools to utilize as far as verbal communication to help limit you

know having to use force on individuals that suffer from mental illness," Eric Uriegas, crisis intervention instructor said.

The full story can be found at:

<https://www.9and10news.com/2018/09/13/grand-traverse-co-law-enforcement-behavioral-specialists-undergo-mental-health-training/>

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan LARA seeking public comment on proposed SUD licensing changes

Below is an announcement of the upcoming public hearing on the proposed changes to the state's licensing requirements for providers of substance use disorder services.

Substance Use Disorder Programs: (Licensing and Regulatory Affairs , Bureau of Community and Health Systems)

Request for Rule-making Filed with ORR:	5/4/2018	Public Hearing # 1	10/17/2018
Request for Rule-making Approved by ORR:	5/7/2018	Published in MR 18, 2018	
Draft Rule to ORR:	8/24/2018	9:00 am -10:00 am	
Draft Rule Approved by ORR:	8/27/2018	G. Mennen Williams Building Auditorium	
Regulatory Impact Statement to ORR:	8/29/2018	525 W. Ottawa Street	
		Lansing, Michigan	

The proposed licensing rule change can be found at:

http://dmbinternet.state.mi.us/DMB/ORRDocs/ORR/1809_2018-028LR_orr-draft.pdf

Expert: Michigan Needs 32,000 Home Health Care Workers By 2020

Below are excerpts from a recent National Public Radio story on the lack of home healthcare workers in Michigan. These workers and tens of thousands like them provide a wide range of supports to persons served by the state's public mental health system.

Clare Luz is a Ph.D gerontologist in the Michigan State University College of Osteopathic Medicine department of Family and Community Medicine. In a recent PBS Newshour story, she painted a stark picture of the shortage of home health care workers in Michigan. "In Michigan alone," Luz says, "we're going to need 32,000 more direct care workers by 2020."

Note, of course, that 2020 is only a year and a half away.

Luz tells me that those numbers come from PHI, a national organization that works on behalf of home health care workers. The explanations are many, including a rapidly aging population that is living longer, some with long-term chronic conditions like Alzheimers disease. Staying at home requires assistance.

Luz continues that there's more going on here, though, than the aging of the baby boomer generation. "In addition to the aging of the population, the people that historically took care of older adults were women in the homes," Luz continues. "Now, we have families that are smaller, they're dispersed, and many women are in the workforce. We just don't have as many caregivers as we once had."

It's difficult to attract people to the home health care field for a variety of reasons, but Luz explains that tough working conditions and low pay may be the most important. "With an average wage of about \$10 an hour, some people will say \$10.40, we also have very few benefits, if any," Luz states. "They don't have guaranteed hours so they don't have income that they can depend on, and they don't have good training, and they don't get respect."

That lack of respect is especially challenging, says Luz. Through a Library of Congress fellowship, Luz recently interviewed 30 personal home health care workers around the state. A common complaint was how often they are referred to as unskilled, adding that “almost every single one of them said they get referred to as glorified butt-wipers, they get referred to as the maid, the housekeeper.”

The full story can be found at:

<http://www.wkar.org/post/expert-michigan-needs-32000-home-health-care-workers-2020#stream/0>

Report released on causes and solutions to medication non-adherence

Yesterday, the National Council for Behavioral Health’s Medical Director Institute released its report, “Medication Matters: Causes and Solutions to Medication Non-Adherence.” Bringing together a diverse group of practitioners, administrators, policymakers, researchers, innovators, educators, advocates, payers, patients and family members to ensure a depth of discussion from a variety of viewpoints, the report is a call to action to ensure that all Americans get comprehensive care.

This multidisciplinary insight could not have come at a more pressing time. While one in six Americans – approximately 54.3 million individuals – take a psychiatric drug, only half, on average, of all people on any medication do not take it as prescribed. This means that around half of the individuals who are sick and suffering enough to be prescribed medication are not getting it, resulting in more emergency room visits, hospital admissions and disability. Additionally, billions of dollars are being wasted on pharmaceuticals every year.

In response, this report provides both a call to action as well as a comprehensive list of solutions. By working to ensure patient-centered care, improve the patient-doctor partnership, engage the whole team, simplify how medication is taken, and embrace technology, care providers and patients can together improve mental health and substance use disorder outcomes.

The report makes a strong argument that everyone has a role in improving medication adherence so please share this with all your staff. You can access the full report: <https://www.nationalcouncildocs.net/wp-content/uploads/2018/09/medication-non-adherence-082918.pdf>

National Recovery Month resources announced

For twenty-nine years running, SAMHSA has sponsored National Recovery Month in September to celebrate the successes of those in recovery from substance use and/or mental illness. Their struggles and triumphs should be celebrated, and Recovery Month presents us with a chance to tell their story. The National Council is proud to support SAMHSA and honor individuals in recovery by hosting and participating in several recovery-themed events in addition to providing free Recovery Month resources on our website. Check out these Recovery Month resources today to celebrate recovery in your community at:

<https://www.thenationalcouncil.org/events-and-training/recovery-month-2018/>

Latest polls on redistricting reform and marijuana legalization ballot initiatives

Below are excerpts from a recent press story on the poll results around Proposal 1 and 2.

Voters are supporting Proposal 1 (legalizing marijuana) and Proposal 2 (redistricting reform) at less than 50 percent voters when read the actual ballot language and asked to indicate how they'd vote, according to new polling commissioned by *MIRS* and Governmental Consulting Services Inc. (GCSI).

Marijuana legalization is currently supported by 41 percent of likely voters, according to the 800-person sample taken Sept. 11-14 by Target Insyght. Another 47 percent were opposed with 11 percent undecided.

The *MIRS*/GCSI poll is the first survey to read to respondents the language that voters will confront in the voting booth on Nov. 6. Prior polls used other descriptions to inform those being polled.

The poll question wording was:

The ballot proposal would allow individuals 21 and older to purchase, possess and use marijuana and marijuana-infused edibles, and grow up to 12 marijuana plants for personal consumption; Impose a 10-ounce limit for marijuana kept at residences and require amounts over 2.5 ounces be secured in locked containers; Create a state licensing system for marijuana businesses and allow municipalities to ban or restrict them; Permit retail sales of marijuana and edibles subject to a 10% tax, dedicated to implementation costs, clinical trials, schools, roads, and municipalities where marijuana businesses are located; Change several current violations from crimes to civil infractions. Should this proposal be adopted?

When voters were just read the title of the proposal: *A proposed initiated law to authorize and legalize possession, use and cultivation of marijuana products by individuals who are at least 21 years of age and older, and commercial sales of marijuana through state-licensed retailers*, support was actually lower with 40 percent in favor, 49 percent opposed and 11 percent undecided.

On a party basis, 55 percent of Democrats supported legalization, 24 percent of Republicans and 39 percent of independents supported Proposal 1.

On Proposal 2, the Voters Not Politicians effort that would turn over redistricting to a bipartisan commission, voters were closer to the 50 percent mark, but support still fell short at 48 percent in support, 24 percent opposed and 34 percent undecided.

Voters were presented with the following question:

Create a commission of 13 registered voters randomly selected by the Secretary of State: 4 each who self-identify as affiliated with the 2 major political parties; and 5 who self-identify as unaffiliated with major political parties. Prohibit partisan officeholders and candidates, their employees, certain relatives, and lobbyists from serving as commissioners. Establish new redistricting criteria including geographically compact and contiguous districts of equal population, reflecting Michigan's diverse population and communities of interest.

Districts shall not provide disproportionate advantage to political parties or candidates. Require an appropriation of funds for commission operations and commissioner compensation. Should this proposal pass?

When just the title of the Proposal 2 was read, 43 percent were in support, 24 percent were opposed and 34 percent were undecided. On a partisan basis, 64 percent of Democrats support Proposal 2 as do 34 percent of Republicans and 35 percent of Democrats.

"Without education or promotion, these ballot proposals don't stand by themselves," said Ed SARPOLUS, president of Target Insyght. "Similar proposals in the past, where we used promoter words, or biased words in, they pass 50 percent. But if you read the ballot language, they don't pass."

Sarpolus is quick to say the poll results on Proposal 1 or Proposal 2 shouldn't be interpreted as suggesting they can't pass, just that without support and education, they won't pass based on the official ballot wording.

Report: Pathways to Potential helps students attend school by removing barriers, encouraging family success

Below are excerpts from a recent story on Michigan's Pathways to Potential program.

An annual report on Michigan's Pathways to Potential project shows how placing MDHHS caseworkers in schools continues to remove barriers to student and family success.

The Michigan Department of Health and Human Services (MDHHS) today released its annual report on Pathways to Potential to detail its impact during the 2016-17 school year.

The report shows chronic absenteeism decreasing by more than 20 percent in several counties since caseworkers known as success coaches were first assigned there; interventions by caseworkers that helped more than 45,000 students, parents and others; and more than 20,000 cases in which Pathways provided basic needs to students and families through donations.

“This report demonstrates the positive effects of providing human services in locations where clients are already going – their community schools,” said Matt Lori, deputy director of Policy, Planning and Legislative Services for MDHHS. “When we work one-on-one with families to identify and remove barriers to success and connect them to a network of community services, they can become self-sufficient, find the pathway to success and realize their dreams.”

Pathways to Potential targets five outcome areas: student attendance, education, health, safety and self-sufficiency. During the 2017-18 school year, success coaches assisted families in 300 schools in 41 counties. Among the findings in the report, with all data being for the 2016-17 school year:

- Schools in six counties decreased chronic absenteeism by more than 20 percent in their Pathways schools since they became part of the program. They are: Kalkaska (28 percent), Newaygo (26 percent), Ontonagon (25 percent), Ottawa (24 percent), Oakland (22 percent) and Jackson (21 percent).
- Pathways to Potential had 131,307 interventions with 45,975 individuals – 32,019 were students, 11,080 were parents or caregivers and 2,804 were community members, which could include siblings of students or other adults in the home. Interventions can include face-to-face meetings, phone calls and other forms of communication.
- Pathways addressed attendance in 49,813 interventions, making attendance the No. 1 purpose for intervention. Ranked from second to seventh, in order, were: family support, students' basic needs, physical and mental health, academic success, home and family life issues, and student behavior.
- Pathways is fulfilling its focus of making sure students go to school by providing students and families with basic needs such as donated clothing, hygiene items, household supplies and school supplies in 20,654 cases. Students who don't have these basic needs met often do not go to school.
- In looking at actions that resulted from interventions, the most common action was meeting a basic need, such as providing students or families with donated clothing, hygiene items, or household or school supplies. Referring the family to a community resource was the second most common action taken. The third most common action was providing student incentives for good attendance – such as donated toys or bikes or pizza or ice cream parties.

The report includes success stories about students and families in Macomb and Gladwin counties.

Pathways began in Detroit, Flint, Pontiac and Saginaw schools during the 2012-13 school year and has expanded to locations around the state since then. Gov. Rick Snyder has said that Pathways demonstrates a better way of providing government services by making caseworkers available to provide services to families in locations that they already visit rather than having them visit government offices to seek assistance.

Learn more about Pathways and find the annual report at www.michigan.gov/pathwaystopotential

One in three college freshmen worldwide reports mental health disorder

Below is a recent announcement of the APA study on the prevalence of mental health issues among college students.

As if college were not difficult enough, more than one-third of first-year university students in eight industrialized countries around the globe report symptoms consistent with a diagnosable mental health disorder, according to research published by the American Psychological Association.

“While effective care is important, the number of students who need treatment for these disorders far exceeds the resources of most counseling centers, resulting in a substantial unmet need for mental health treatment among college students,” said lead author Randy P. Auerbach, PhD, of Columbia University. “Considering that students are

a key population for determining the economic success of a country, colleges must take a greater urgency in addressing this issue.”

Auerbach and his co-authors analyzed data from the World Health Organization’s World Mental Health International College Student initiative, in which almost 14,000 students from 19 colleges in eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain and the United States) responded to questionnaires to evaluate common mental disorders, including major depression, generalized anxiety disorder and panic disorder.

The researchers found that 35 percent of the respondents reported symptoms consistent with at least one mental health disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. Major depressive disorder was the most common, followed by generalized anxiety disorder. The findings were published in the *Journal of Abnormal Psychology*.

“The finding that one-third of students from multiple countries screened positive for at least one of six mental health disorders represents a key global mental health issue,” said Auerbach.

Previous research suggests that only 15-20 percent of students will seek services at their respective counseling center, which may already be overtaxed, according to Auerbach. If students need help outside of their school counseling center or local psychologists, Auerbach suggested that they seek Internet resources, such as online cognitive behavioral therapy.

University systems are currently working at capacity and counseling centers tend to be cyclical, with students ramping up service use toward the middle of the semester, which often creates a bottleneck,” said Auerbach. “Internet-based clinical tools may be helpful in providing treatment to students who are less inclined to pursue services on campus or are waiting to be seen.”

Future research needs focus on identifying which interventions work best for specific disorders, said Auerbach. For example, certain types of depression or anxiety may be best treated with certain types of Internet interventions, whereas other disorders, such as substance use, may require treatment in person by a psychologist or other mental health professional.

“Our long-term goal is to develop predictive models to determine which students will respond to different types of interventions,” said Auerbach. “It is incumbent on us to think of innovative ways to reduce stigma and increase access to tools that may help students better manage stress.”

The full text of the article is available at:

<http://www.apa.org/pubs/journals/releases/abn-abn0000362.pdf>

Resources: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field

Below are descriptions of a recent set of resources, from the Center for Health Care Strategies (CHCS) related to addressing social determinants of health.

Health care and community-based organizations (CBO) across the country are increasingly joining forces to address the root causes of poor health among low-income and vulnerable populations. Clearly identifying the financial, operational, and strategic elements that contribute to effective collaboration can help ensure that partnerships are a win-win for all parties. Through support from Kaiser Permanente Community Health, CHCS and Nonprofit Finance Fund developed a set of case studies and resources to inform health care and CBO partners working together to address social needs and improve health outcomes for at-risk patients

These materials can help existing and emerging partnerships strengthen their collaborative efforts:

- Supporting Social Service and Health Care Partnerships to Address Health-Related Social Needs: Case Study Series - These case studies explore examples of diverse partnerships from across the country that are working to address social needs and improve health outcomes for at-risk patients.
https://www.chcs.org/resource/bridging-community-based-human-services-health-care-case-studies/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+

[+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421](https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421)

- Tools for Supporting Social Service and Health Care Partnerships to Address Social Determinants of Health - This set of technical assistance tools is designed to help partnerships address common barriers to partnering and strengthen their collaborative activities. https://www.chcs.org/resource/tools-for-supporting-social-service-and-health-care-partnerships-to-address-social-determinants-of-health/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421
- Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field - This webinar explored promising strategies for developing and sustaining partnerships that address social determinants of health. https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421

LEGISLATIVE UPDATE

Study: Healthy MI Enrollees Had Less Debt, Financial Problems

Low-income Michigan residents who enrolled in the Healthy Michigan program experienced fewer debt problems and other financial issues than they had before enrollment, according to the findings of a team led by a University of Michigan health economist. The study shows drops in unpaid debts -- especially medical debts and over-drawn credit cards -- as well as fewer bankruptcies and evictions after people enrolled. Meanwhile, enrollees' credit scores and car loans rose, according to a U-M [press release](#) publicizing the study.

The researchers focused on people who enrolled in the program's first year, starting in April 2014, and hadn't had health insurance before they joined. The team looked at individual-level financial information from several years before, and at least a year after, each person enrolled. The study showed, among other findings, that enrolling in Healthy Michigan reduced the amount of medical bills in collections that the average enrollee had by 57 percent, or about \$515; and reduced the amount of debt past due but not yet sent to a collection agency by 28 percent or about \$233.

Enrollment was also shown to have led to a 16 percent drop in public records for financial events such as evictions, bankruptcies and wage garnishments, and bankruptcies alone fell by 10 percent. It also resulted in enrollees' being 16 percent less likely to overdraw their credit cards.

Economist Sarah Miller, Ph.D., of U-M's Ross School of Business, published the [paper](#) on the site of the National Bureau of Economic Research with colleagues from the Federal Reserve Bank of Chicago, University of Illinois, Chicago and Northwestern University. "This study also suggests that people at risk of losing Medicaid because they don't complete a work requirement or paperwork could be at a great financial risk, even if they do not have a chronic illness or a major medical issue," Miller said in a statement. "They're the ones at risk of losing their coverage, and it won't just mean they can't go to the doctor."

NATIONAL UPDATE

Opioid Legislation Nearing Finish Line Following Passage of Senate Bill

The Senate passed its version of a sweeping legislative package to address the opioid crisis on Monday in a 99 to 1 vote. The bipartisan Opioid Crisis Response Act (S. 2680) supports many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. The House and Senate will now need to reconcile the differences between the two different versions of legislation to finalize a bill for the President's signature.

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the Senate's opioid package, it ultimately falls short on investments in prevention, treatment and recovery for Americans living with substance use disorders (SUD). "To truly address the root causes of the opioid crisis, we need to invest in the full continuum of behavioral health services," said Linda Rosenberg, President and CEO of the National Council. "We need a comprehensive solution. This package of bills does not achieve that." In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year Certified Community Behavioral Health Clinic (CCBHC) program via the Excellence in Mental Health and Addiction Treatment Expansion Act.

WHAT'S IN?

Throughout Congress' efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, some of which have been included in the Senate bill:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders in rural and frontier areas, and is a direct result of National Council advocacy efforts.
- Substance Use Disorder Workforce: The bill amends the existing National Health Service Corps (NHSC) program, which provides student loan forgiveness to qualified health care professionals, to be more inclusive of substance use disorder treatment professionals. However, the House-passed opioid package contained a more robust workforce initiative entitled the Substance Use Disorder Workforce Loan Repayment Act, which would create a new loan forgiveness program that is targeted to address the shortages of SUD treatment providers in the areas that need it most. The National Council is actively advocating for members of Congress to include the House's workforce provision in the final compromise opioid package.
- The Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs), a change that the National Council has been advocating for since 2009.
- The Ensuring Access to Quality Sober Living Act requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help them adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued Building Recovery: State Policy Guide for Supporting Recovery Housing to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.
- 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) are not 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 waivered-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.
- The Improving Access to Mental Health Services Act will allow behavioral health National Health Service Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

WHAT'S NEXT?

The Senate's package will now need to be reconciled with the House's version, which passed in late June, before a final version can move to the President's desk for his signature. A few more controversial measures that made it into the House package but were left out of the Senate version must now be resolved in conference negotiations including lifting the Institutions for Mental Disease (IMD) exclusion for residential SUD treatment and changing privacy laws that govern the sharing of substance use disorder treatment records.

EDUCATIONAL OPPORTUNITIES:

CMHAM ANNUAL FALL CONFERENCE

2018 Annual Fall Conference
FACING THE FUTURE TOGETHER
October 22 & 23, 2018
Grand Traverse Resort, Traverse City, Michigan

REGISTER FOR THE CONFERENCE HERE:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5123&AppCode=REG&CC=118041126516>

HOTEL RESERVATION: The Grand Traverse Resort is currently SOLD OUT.

Complete the Waiting List Form (attached) and forward to the Grand Traverse Resort.

Overflow hotel details will be posted next week at www.cmham.org.

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

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>



Community Mental Health
Association of Michigan

Annual Fall Conference



**Facing the Future
Together**

October 22 & 23, 2018
Grand Traverse Resort
Traverse City, Michigan

CONFERENCE AGENDA

Sunday, October 21, 2018

1:30pm	CMHAM Golf Scramble Wolverine Golf Course, Grand Traverse Resort \$35 per person (9 holes and a cart) (See details at the end of the agenda.)
2:00pm – 6:00pm	Conference Registration Open
3:00pm – 3:40pm	CMHSP/PIHP Board Chairperson Roundtable & Networking This roundtable will be an informal gathering of chairpersons to discuss the latest issues affecting board members. Hear solutions used by chairpersons to overcome challenges in their board. Compare notes and learn what works and what doesn't. Bring your questions and be ready to be an active participant in this lively discussion! If the board chairperson is unable to attend, a board member may come in their place.
4:00pm – 5:30pm	CMHAM Members: Executive Board Meeting
5:40pm – 6:15pm	CMHAM Members: Member Assembly Meeting

Monday, October 22, 2018

7:00am – 5:00pm	Conference Registration & Exhibits Open
7:15am – 8:00am	Group Networking Breakfast
8:00am – 8:15am	Conference Welcome
8:15am – 9:30am	<p>Keynote: Public-Private Partnerships: Michigan Stories</p> <p><u>Kalamazoo CMH & Substance Abuse Services & Priority Health Partnership:</u></p> <ul style="list-style-type: none"> – Jeff Patton, MSW, Chief Executive Officer, Kalamazoo CMH and Substance Abuse Services – Jane Konyndyk, Kalamazoo CMH and Substance Abuse Services – Elizabeth Courbier, MSW, LMSW, PMP, Senior Project Specialist, Behavioral Health, Spectrum Health/Priority Health <p><u>Section 298 Partnership:</u></p> <ul style="list-style-type: none"> – Lisa Williams, PhD, Executive Director, West Michigan CMH System – Sean P. Kendall, President/Chief Operating Officer, Meridian <p><u>Lakeshore Regional Entity & Beacon Health Options Partnership:</u></p> <ul style="list-style-type: none"> – Stanley Stek, JD, Board Chair, Lakeshore Regional Entity – Brian Wheelan, President, Southeast/Central, Beacon Health Options <p>Over the past year, this Association's conferences, white papers and media stories have highlighted the wide range of public-private healthcare partnerships that are developing across the country and throughout Michigan. These partnerships draw on the best of the public and private sectors to ensure strong and thriving public mental health systems in a healthcare environment marked by tremendous change. Earlier this year, this Association's spring 2018 conference featured several examples of public private partnerships, drawn from New York, Colorado, and Arkansas. Keeping with this theme, and bringing it back home, this fall conference keynote will highlight the cutting-edge public-private partnerships being built by Association members and their private sector partners in a number of Michigan communities. You will get a chance to hear from those on the front lines of developing these partnerships in Michigan, the status of these efforts and the lessons learned. Participants will be able to: 1. Identify at least two of the key design elements of one of the public-private models described; 2. Describe at least 2 lessons learned from these efforts; and 3. Identify at least 2 concepts or resources necessary to build viable and sustainable public-private partnerships.</p>
9:30am – 10:00am	Exhibitor-Sponsored Refreshment Break

Concurrent Workshops	
10:00am – 11:30am	<p>1. Trauma and Resilience: Using ACEs Surveys, Screenings and Interventions to Address and Improve Individual and Community Outcomes</p> <ul style="list-style-type: none"> – <i>Craig Derror, PhD, LP, LPC, Behavioral Health Program Lead, Wexford Physician Hospital Organization</i> <p>Adverse Childhood Experiences (ACEs) are linked to negative effects on health and overall wellbeing. ACEs are very common and are passed on from parents to children. This presentation will focus on strategies that have been implemented to bring ACEs information to all sectors (education, primary care, community providers, businesses and the public). The interventions and action steps taken within Wexford and Missaukee communities will be discussed and addressed. It is not enough to be “Trauma Informed,” we must also be “Action Oriented” and focused. Participants will be able to: 1. Understand ACEs and how they impact-overall quality of life and life outcomes; 2. Discuss ACE screenings and how they can be utilized for program development, grant opportunities and improved patient outcomes; 3. Identify action steps that can be taken to move from “Trauma Informed” to “Resilience Responsive.”</p>
10:00am – 11:30am	<p>2. No Wrong Door to Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> – <i>Darlene D. Owens, MBA, LBSW, CADC, ADS, Director, Substance Use Disorder Initiatives, Detroit Wayne Mental Health Authority</i> – <i>Judy Davis, MA, CADC, Treatment Services Administrator, Detroit Wayne Mental Health Authority</i> – <i>Karra Thomas, BS, CPC, Prevention Services Manager, Detroit Wayne Mental Health Authority</i> <p>Detroit Wayne Mental Health Authority (DWMHA) would like to highlight some of the innovative ways we have increased access to services. FY 18 to date, DWMHA has seen a 20% increase in number of clients admitted for SUD services compared to FY 17. FY 18 Opioids account for 44.84% of treatment admissions; this is a 4.83% increase from FY 17. DWMHA received a State Target Response (STR) grant from MDHHS and Innovative Strategies grant that are specifically focused on Opioid abuse and engagement into treatment. We have initiated prevention, treatment and recovery programs, utilizing peer recovery coaches, new EBPs, and innovative practices. DWMHA launched its multimedia SUD campaign promoting awareness of services and facts about drugs: with radio announcements, television PSA with SCRIPPS Broadcasting Company (channel 7, 20, Bounce) and the use of social media, prevention messaging and access to services using billboards and bus signage. The SUD staff also has exhibit tables at fairs and town hall meetings, promoting our access line and array of services. DWMHA speaks at town hall meetings and staffs phone banks on educating Wayne County residents on how to access services. DWMHA provides Naloxone training and free Naloxone Kits to the community upon request. DWMHA provides education and encourages individuals on how to access treatment services that are available 24 hours/7 days of the week and 365 days of the year. Participants will be able to: 1. Identify the components of Detroit Wayne Mental Health Authority’s vast array of SUD services; 2. Describe innovative programs in Wayne County, and 3. Understand how to provide treatment on demand.</p>
10:00am – 11:30am	<p>3. Nearly Everything You Wanted to Know About Mental Health and Corrections!</p> <ul style="list-style-type: none"> – <i>Karl V. Kovacs, ACSW, MBA, CEO, Northern Lakes Community Mental Health Authority</i> – <i>Cathie Yunker, Administrator of Access and Acute Care, Oakland Community Health Network</i> – <i>Ross Buitendorp, Director of Network Services, network180</i> <p>Members of the CMHAM Mental Health and Corrections Workgroup will provide an update on the Workgroup and present on: the April 2018 “Community Mental Health and Corrections: A Sequential Intercept Model Survey of Michigan CMHSPs,” the evidence-based Sequential Intercept Model and the foundational work of the Governor’s Diversion Council and the Stepping Up Initiative. Participants will be able to: 1. Identify the past efforts and future focus of the Mental Health and Corrections Workgroup; 2. Understand the history and initiatives of the Governor’s Diversion Council; 3. Discuss the focus of the Stepping Up Initiative and its implementation in Michigan.</p>
10:00am – 11:30am	<p>4. Promoting a Healthy Culture for Clinicians and the Families They Serve Through the Use of Structured EBP Teams</p> <ul style="list-style-type: none"> – <i>Melissa Threadgould, LMSW, IMH-E(R)III, Coordinator for Child and Adolescent Outpatient Services, Community Mental Health Authority of Clinton, Eaton and Ingham Counties</i> – <i>Tamberly Zenas, LMSW, Coordinator for Family Guidance Services, Community Mental Health Authority of Clinton, Eaton and Ingham Counties</i> – <i>Kelly Gluszewski, LMSW, Supervisor of Child and Adolescent Outpatient Services, Community Mental Health Authority of Clinton, Eaton and Ingham Counties</i> <p>This presentation will focus on the discussion of successful implementation and sustainability of evidence-based practices (EBP) through the structure of clinical teams. The use of structured EBP teams to promote</p>

	<p>support to clinicians, accountability, and fidelity to the model will be outlined. Discussion will include the challenges to sustaining EBP implementation post-training and maximizing the return on agency's investment in the training of clinicians. The presentation will share the lessons learned and experience gained from over a decade of EBP implementation of multiple evidence-based models. Participants will leave with an understanding of how structured EBP teams provide a vehicle for overcoming challenges, sharing lessons learned and celebrating successes. Participants will be able to: 1. Identify the common essential elements of EBP-specific clinical teams; 2. Describe the way in which EBP-specific clinical teams provide a foundation through which fidelity can be addressed; 3. Understand how EBP-specific clinical teams help to ensure model utilization, with fidelity, sustainability, and self-efficacy for clinicians; and 4. Describe how EBP-specific clinical teams help the model meld into the clinical foundation and promote a healthy culture.</p>
10:00am – 11:30am	<p>5. Initiatives and Best Practices Crisis Services: A National Update</p> <ul style="list-style-type: none"> – <i>Travis Atkinson, MS, LPC, Consultant, Crisis Systems Specialist, TBD Solutions</i> – <i>Heather Rae, LLP, President & CEO, Common Ground</i> <p>After the passing of the 21st Century Cures Act in 2016, the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICCC) was formed to establish recommendations for improving crisis services nationwide. In 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened an expert panel to discuss methods and considerations for enhancing the crisis services delivery system in the United States, based on ISMICC's recommendations. Hear from two of the panel experts about current issues being addressed by ISMICC and SAMHSA, and how they affect Michigan's crisis services continuum. Participants will be able to: 1. Understand the components of a functional crisis system; 2. Identify three examples of how care coordination and quality data collection is driving effective crisis services; and 3. Understand how national crisis service standard efforts from ISMICC and Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) will influence Michigan crisis service policy, and what efforts in Michigan already align with national best practices.</p>
10:00am – 11:30am	<p>6. LOCUS Implementation: Understanding the Challenges, Defining the Solutions</p> <ul style="list-style-type: none"> – <i>Jasmin White, MA, LPC, NCC, CAADC, LOCUS Consultant, Michigan Department of Health and Human Services</i> – <i>Jean Pfandtner, LMSW, LOCUS Consultant, Michigan Department of Health and Human Services</i> – <i>Mark Lewis, LMSW, Evidence Based and Best Practice Implementation Coordinator, Michigan Department of Health and Human Services</i> <p>Year 4 is here! Come and learn about the MDHHS state-wide LOCUS (Level of Care Utilization System) Fidelity Project, now going into Year 4. This presentation will look at the project activities to date and focus on what the future will bring. How is your organization doing with its implementation and use of the LOCUS? This presentation will explore implementation challenges and solving those challenges through effective use of data, quality efforts, and sustainability/reliability. There will be time for questions with the project consultants and opportunity to brainstorm with other organizations around LOCUS implementation. Participants will be able to: 1. Identify three significant challenges to LOCUS implementation; 2. Understand five strategies for successful LOCUS implementation; and 3. Discuss the value and use of data during LOCUS implementation.</p>
10:00am – 11:30am	<p>7. Collaboration with Veterans Administration (VA) on Inpatient Mental Health Authorizations</p> <ul style="list-style-type: none"> – <i>Tiffany Bruursema, RN, BSN, Community Care Nurse Manager, Battle Creek VA Medical Center</i> – <i>Amy C. Pennington, MAS, Chief, Community Care, Battle Creek VA Medical Center</i> – <i>Paul Duff, LMSW, ACSW, Utilization Management Coordinator, Lakeshore Regional Entity</i> – <i>Eric Miller, MBA, Veterans Navigator, Lakeshore Regional Entity</i> <p>In this presentation, the Battle Creek VA Medical Center will discuss best practices on approval/denial of payment for inpatient mental health treatment when the VA is unable to accept a veteran for admission due to diversion status. Participants will be able to: 1. Identify VA emergency payment authorities; 2. Identify Veterans eligibility status; and 3. Identify process implementation of 38 U.S.C. 1703 at Battle Creek VA Medical Center in collaboration with community partners and CMHSP.</p>
10:00am – 11:30am	<p>8. Comparative Efficacy</p> <ul style="list-style-type: none"> – <i>Dr. Ahmed Raslaan Nizar, MD, Medical Director of Comprehensive Psychiatric Emergency Program, St. Joseph's Hospital</i> <p>This presentation will speak about outcomes from real world research comparing oral anti-psychotics to long-acting therapy. Participants will be able to: 1. Identify real world outcomes of data looking at hospitalization and incarceration; 2. Discuss the clinical effects of medication adherence / non-adherence; and 3. Provide insights from research that is different from traditional placebo-controlled data</p>

10:00am – 11:30am	<p>9. A Balanced Approach to Addiction: How to Teach Patients to Restore and Maintain Health – <i>Paul J. Sorgi, MD, MD, Medical Director, Bear River Health at Walloon Lake</i> Starting with the brain biology that underlies addiction, this workshop will show participants how to use neurobiology as the basis for curing the sickness of addiction and the pathway toward a healthy life, addiction free life. Participants will learn to use the body’s and brain’s own control systems to live addiction free. Participants will be able to: 1. Understand the state-of-the-art findings in neurobiology that have revolutionized addiction treatment; 2. Identify the new medications based on this new brain neurobiology; 3. Understand how to treat/cure the brain sickness caused by addiction; and 4. Describe how skill building, occupational and school performance training, and family healing enhances and sustains sobriety.</p>
11:30am – 12:30pm	<p>Group Networking Lunch</p> <p>Hal Madden Outstanding Service Award Presentation – <i>Robert Lathers, LMSW, Retired Director, The Right Door for Hope, Recovery and Wellness</i></p> <p>Partners In Excellence Award Presentation – <i>Sheldon House</i></p>
12:30pm – 1:30pm	<p>Keynote: A Discussion with the Director of the Michigan Department of Health and Human Services – <i>Nick Lyon, Director, Michigan Department of Health and Human Services</i> – <i>Robert Sheehan, Chief Executive Officer, Community Mental Health Association of Michigan</i> During this conference, as has become a tradition at the fall conference, the Association will have a discussion with Nick Lyon, the Director of the Michigan Department of Health and Human Services. This discussion, in an interview format, will provide Mr. Lyon the opportunity to discuss a wide range of issues that impact the CMH, PIHP, and provider systems, and the people and communities served by those systems. The interview will cover questions about Mr. Lyon’s view of the healthcare proposals being debated at the federal level and their impact on Michigan, healthcare integration, the Medicaid work requirements, approaches to ensuring that Michigan’s behavioral health and intellectual/disabilities system remains person-centered and innovative, the nation’s and state’s response to the opioid crisis, the changes that might be expected with the transition between Governor Snyder’s administration and that of the incoming governor, and the legacy of Nick and the Snyder administration. Participants will be able to: 1. List at least 2 key issues being addressed by MDHHS; and 2. Restate 2 or more changes to expected with the changes in the office of the Governor and MDHHS leadership in the coming months.</p>
	<p>Concurrent Workshops</p>
1:30pm – 3:00pm	<p>10. Navigating Michigan’s Publicly Funded Substance Use Disorder (SUD) Treatment System – <i>Ericanne Spence, LMSW, ACSW, CAADC, CCS, Director, Substance Abuse Services & Corrections Mental Health, Community Mental Health Authority of Clinton-Eaton-Ingham Counties</i> This presentation will assist attendees who work in other behavioral and physical health fields to navigate the publicly funded Substance Use Disorder System in Michigan. The presentation will include discussion of Pre-Paid Inpatient Health Plan (PIHP), public funding versus commercial funding, levels of care, brief screening tools, accessing services, and the nuances involved in navigating the state-wide provider system. Participants will be able to: 1. Understand the SUD Public System and Service Delivery Access; 2. Identify Brief Screening Tools for SUD; and 3. Discuss levels of care based on screening.</p>
1:30pm – 3:00pm	<p>11. Stigmatic: Our Opioid Crisis (Viewing of Documentary with Panel Discussion) – <i>Representative from Bay-Arenac Behavioral Health Authority and/or Neighborhood Resource Center, Bay County</i> – <i>Representative from Great Lakes Bay Region Families Against Narcotics VP</i> – <i>Recovery Coach TBD</i> This feature-length documentary explores the crisis from its origins to its present scope. “Stigmatic: Our Opioid Crisis” is composed of interviews with those impacted by opiates, including law enforcement, medical professionals and people in recovery. Their frank discussions highlight disagreements inside the activist community over controversial new strategies to combat the opiate epidemic. Each diverse perspective points to an undeniable obstacle at the center of the crisis: stigma. Participants will be able to: 1. Discuss the origin of the opioid crisis and how we got to the present scope; 2. Discuss new strategies to combat the opioid epidemic; and 3. Understand the undeniable obstacle at the center of the opioid crisis: stigma.</p>

1:30pm – 3:00pm	<p>12. Children’s Intensive Crisis Residential Services: A Clinical Partner for All Communities – <i>Dr. Roman Kolodchin, PhD, Chief Executive Officer, Safehaus</i></p> <p>Children’s Intensive crisis residential services are very often confused with long term residential care. Crisis residential units, as they are most commonly referred to, offer an excellent complement to in-patient hospitalization combining all the benefits of a hospital but being provided in a small residential setting. Children who have psychiatric crisis or interpersonal family conflicts find this service invaluable to resolving these conflicts in a quiet non-threatening atmosphere. Research suggests that crisis residential care is a successful in resolving many psychiatric crises in 5-7 days of treatment. Crisis Residential Units (CRU’s) offer a large array of services including daily individual psychotherapy, intense therapeutic groups, 1 v 1 mentoring, and highly specialized family therapy. Children are not limited as to therapy time which can range from 30- to 120-minutes depending on the child’s need. Family sessions are mandatory and as many as 3 can be conducted in a 7 day stay. Full psychiatrist support is provided and CRU’s offer a less expensive alternative to in-patient care when appropriate. Patient recidivism is about 4% 30 days out. 1. Participants will be able to: 1. Differentiate and compare services offered by a CRU versus other intense methods of treatment; 2. Describe, explain and apply the services presented by a CRU and the efficacy that these services provide; 3. Identify the three main types of children who are appropriate for placement in a CRU; and 4. Define what crisis residential units are and do and their purpose in the mental health community.</p>
1:30pm – 3:00pm	<p>13. Onward and Outward: Transitioning from the Hospital to the Community Through Teamwork – <i>Jeanne Ward, LMSW, LLP, Project Coordinator, Children’s Transition Support Team, The Guidance Center</i> – <i>John Lewis, LMSW, Field Supervisor, Children’s Transition Support Team, The Guidance Center</i></p> <p>The Children’s Transition Support Team is in its fourth year of transitioning children and youth experiencing psychiatric hospitalization at Hawthorn Center back into the community. This presentation will provide an overview of the program history, current practices, evidence of efficacy and future directions of the program. Special attention will be paid to understanding the complex situations which contribute to repeated hospitalizations and the need for collaboration between systems partners to address these situations. A series of vignettes will show how the team has engaged systems partners will be explored. Finally, data which demonstrates the program’s effectiveness and plans for expansion will be presented. Participants will be able to: 1. Identify risk factors for psychiatric hospitalization and readmission; 2. Identify strategies to engage families and community partners during hospitalization; and 3. Understand how strong collaboration can create successful outcomes.</p>
1:30pm – 3:00pm	<p>14. Creating A Culture of Health: Improving Behavioral Health and Wellness for Those We Serve, Our Staff, and Our Communities – <i>Joel Hoepfner, BS, Certified Prevention Consultant, Prevention & Outreach Coordinator, Community Mental Health Authority of Clinton, Eaton & Ingham Counties</i> – <i>Chelsea Hadd, BA, Public Relations and Outreach Assistant, Community Mental Health Authority of Clinton, Eaton & Ingham Counties</i></p> <p>The Triple Aim is a unifying principle across health care and drives health systems to strive to improve patient care, improve the health of populations, and reduce the per capita cost of health care, with consideration to a fourth dimension (Quadruple Aim) to improve the work life of health care providers, including clinicians and staff. For CMHs to truly achieve the triple or newly-identified quadruple aim we must work towards “Creating a Culture of Health” for those we serve, our staff, and our communities. CMHA-CEI is attempting to align two unique frameworks to achieve this – behavioral health prevention and wellness promotion. Prevention and wellness are represented by a broad array of behavioral health services (MI, SUD, DD) and inclusive of enhanced screening protocols, early intervention and referral, suicide prevention, substance use disorder prevention, trauma informed communities, stigma reduction efforts, community outreach, as well as far reaching health and wellness promotion efforts directed towards consumers, staff, and our communities (our target population). All of which improve patient care, the health of populations, reduce costs, and improve the work life of our staff (The Quadruple Aim). CMHA-CEI’s Creating a Culture of Health plan will be shared, including goals, objectives and strategies to be highlighted for consideration. Major initiatives to be highlighted include our Stand Up 2 Stigma Campaign, Behavioral Health Online Screening Platform, Facebook Toolkit, and our community outreach activities. Participants will be able to 1. Understand behavioral health prevention and wellness promotion; 2. Define the Quadruple Aim as a driver to creating a culture of health for their consumers, community, and staff; and 3. Identify tools to assist in promoting behavioral health prevention and wellness.</p>

1:30pm – 3:00pm	<p>15. Crisis Intervention Team (CIT) Program Review: Supporting Officers & Improving Program Outcomes</p> <ul style="list-style-type: none"> – <i>Meghan Taft, LLP, CAADC, Community Relations/Outreach, Summit Pointe Community Mental Health</i> – <i>Melinda Holliday, LMSW, Crisis Clinician, Summit Pointe Community Mental Health</i> – <i>Jim Blocker, Chief of Police, Battle Creek Police Department</i> <p>It is well known that CIT is more than just a training. As a team, we find it important to continue to discuss CIT outcomes and focus on the sustainability of our program. As part of our program, CIT officers are encouraged to attend a CIT program review lead by a psychologist and social worker. Topics in the review included challenges and advantages of being a CIT officer, strategies for coping with stressors as well as an introduction to mindfulness strategies to improve officer wellness. The implementation of program reviews has provided a platform for officers to voice organizational barriers to implementing skills from the training, improving community collaborations, identify additional knowledge and skills they need to be successful as a CIT officer, and gain insights from other CIT officers from various departments. Data collected from the program review aided in development of future CIT advanced in-service trainings and further strengthen a sense of community amongst CIT officers. Participants will be able to: 1. Identify elements of a CIT program review; 2. Identify officer wellness strategies to improve CIT officer performance; and 3. Identify strategies to strengthen continuity with community-based providers.</p>
1:30pm – 3:00pm	<p>16. Possibilities: Accomplishments of Individuals with Developmental and Intellectual Disabilities</p> <ul style="list-style-type: none"> – <i>Alex Kimmel, Owner, The Self-Determinator, Michigan Developmental Disability Institute (MI-DDI)</i> <p>Alex created the “Possibilities” video project. The purpose of the Possibilities series is to present a vision of how individuals with developmental and intellectual disabilities and their families can lead the lives that they wish to lead, without barriers and in the direction they truly intend to go. The most recent addition to Possibilities features Alex who is known as “The Self-Determinator.” Alex lives a full, busy life of family, work, and inclusion in many community organizations with a goal to help others realize the positive impact that living a self-determined life can have. He works toward this goal further by conducting training on self-determination throughout Southeast Michigan. Alex will present his video (produced by the “Pure Michigan team”) and lead a discussion about philosophies and strategies showcased in this video. Be ready for laughter and an opportunity to update your thoughts on neurodiversity. Participants will be able to: 1. Identify a minimum of 2 National Core Indicators and how these can be included into a schedule to yield a meaningful life; 2. Understand the 11 core concepts of self-determination and how to introduce them into a meaningful day; and 3. Discuss a minimum of 3 new strategies and or resources to increase self-determination in their lives or in the lives of people they support.</p>
1:30pm – 3:00pm	<p>17. How to be a Successful Advocate</p> <ul style="list-style-type: none"> – <i>Alan Bolter, Associate Director, CMH Association of Michigan</i> <p>Learn how to become a successful advocate, as well as how best to interact with legislators and legislative offices. What impact will the 2018 election have on Michigan’s public mental health system? This workshop will also provide an update on potential lame duck issues impacting the CMH system and how members can convey an advocacy message moving forward.</p>
1:30pm – 3:00pm	<p>18. Boardworks 2.0: Foundations: Public Policy</p> <ul style="list-style-type: none"> – <i>Maribeth Leonard, CEO, LifeWays CMH</i> – <i>Jim Shotwell, Board Member, LifeWays CMH; Co-Chair, CMHAM Legislation & Policy Committee</i> <p>In this workshop you will explore the historical origins (particularly related to Michigan), contemporary perspective and the probable future of the public policy driven community system. Participants will be able to: 1. Identify at least 3 key events in the evolution of the Michigan Mental Health Code and federal statutes; 2. List a minimum of 2 key areas of the consumer movement; 3. Name at least 2 key areas of the community system; and 4. Recall at least 2 current and near future critical public policy expectations.</p>
3:00pm – 3:30pm	Exhibitor-Sponsored Refreshment Break

	Concurrent Workshops
3:30pm – 5:00pm	<p>19. Reducing Barriers for Timely Access to Inpatient Psychiatric Services</p> <ul style="list-style-type: none"> – <i>Dr. Debra Pinals, MD, Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services</i> – <i>Dr. William Fales, MD, State Medical Director for the Bureau of EMS, Trauma, and Preparedness, Michigan Department of Health and Human Services</i> – <i>Phillip Kurdunowicz, MHSA, Specialist, Michigan Department of Health and Human Services</i> <p>Over the last several decades, individuals with serious mental illness have increasingly been transitioned out of hospitals and into community-based settings. As the number of inpatient psychiatric beds has decreased, health care providers have increasingly struggled to secure inpatient services for individuals who are in psychiatric crisis. In July 2017, Michigan Department of Health and Human Services (MDHHS) launched a new initiative, which is known as the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) to respond to this crisis. One of the key recommendations that emerged from this initiative is the need to develop a statewide standard for the medical clearance process. MDHHS has partnered with the Michigan Health and Hospital Association (MHA) to form a workgroup to explore and support the development of a statewide standard protocol. During this presentation, MDHHS staff will provide an overview of research findings and evidence-based practices for medical clearance, explain the current status of statewide discussions on the development of a standard protocol, and facilitate a dialogue with specific clinical barriers that staff at CMHSPs and PIHPs experience in assisting individuals in psychiatric crisis with securing admission to an inpatient psychiatric unit. Participants will be able to: 1. Provide an overview of research findings and evidence-based practices for the medical clearance process; 2. Provide an overview of the current status of the statewide discussions on developing a standard protocol for medical clearance; and 3. Discuss the specific clinical barriers that staff at CMHSPs and PIHPs experience in assisting individuals in psychiatric crisis with securing admission to an inpatient psychiatric unit.</p>
3:30pm – 5:00pm	<p>20. Achieving Optimal Outcomes for Children with Autism Spectrum Disorder: The Power of Collaboration</p> <ul style="list-style-type: none"> – <i>Steven Merahn, MD, FAAP, Chief Medical Officer, Centria Healthcare</i> <p>The concept of optimal outcomes for Autism Spectrum Disorder (ASD) has been variously defined based on scores on diagnostic tests or normalized benchmarks on developmental or educational assessments or a "rare but real" phenomenon of recovery. This presentation will describe a collaborative clinical operating model designed to improve our capacity to offer all children with ASD the 'Optimal Outcome' for every childhood: the opportunity to have the best developmental experience possible, acquire the skills to succeed in the world on their own terms and pursue their interests, goals and dreams. Centered on a solid foundation of standards and evidence from Applied Behavior Analysis (ABA), but incorporating best practices for care delivery design and quality improvement from pediatrics, geriatrics and early childhood education, the model provides a set of principles which define and shape clinical operations, both at the system-level and the person-level, and uses principles of interaction design to manage the child and family's journey from pre-diagnosis through care planning, adherence to plan, and a sustained therapeutic alliance. Participants will be able to: 1. Understand the "essential triad" for success with ABA therapy in children with autism; 2. Describe the five elements of team-based care; and 3. Define the five conditions of success for optimal outcomes for children with ASD.</p>
3:30pm – 5:00pm	<p>21. Implementing and Scaling Peer Recovery Coach Services</p> <ul style="list-style-type: none"> – <i>Monique Stanton, MA, President & CEO, CARE of Southeastern Michigan</i> – <i>Paul Sarris, CPRM, CPRC, Director of Peer Recovery Services, CARE of Southeastern Michigan</i> <p>CARE first began providing peer recovery coach services in 2012 with 4 peer recovery coaches and a program supervisor. Since then, CARE grew its fledgling program into a full department, led by a director, 4 supervisors, and over 30 peer recovery coaches. Peer recovery coaches are now available in 3 health systems, multiple drug courts, and in community-based settings. Participants will learn how to develop, implement, and evaluate a successful peer recovery coach program. Training and support for peer recovery coaches will also be reviewed. Strategies for establishing relationships with community partners and preparing your organization to respond to state and federal funding opportunities will be discussed. Participants will be able to: 1. Identify strategies to develop and implement a peer recovery coach program; 2. Understand evaluation methods for peer recovery coaches; and 3. Identify strategies for training and supporting peer recovery coaches.</p>

3:30pm – 5:00pm	<p>22. Family Assessment Safety Team</p> <ul style="list-style-type: none"> – <i>Lauren Franklin, BS, FAST Community Coordinator, Northern Lakes Community Mental Health</i> – <i>Stacey Kaminski, Northern Lakes Community Mental Health</i> – <i>Jason Bont, MSW, LMSW, LCSW, QMHP, QCMHP, FAST therapist, Northern Lakes Community Mental Health</i> <p>This presentation will look at how the FAST program was built from the bottom up and how its success has been maintained. This will include going back to the beginning looking at how the grant proposal was created, the inviting of the initial community agencies to the table and the creation of the FAST-specific positions. This presentation will focus on the implementation of protocol, staffing 24/7 and the continuous communication between collaborating agencies. The focus will then switch to efforts that have gone into this program to make it as beneficial for the community as possible. The presenters will cover community outreach efforts as well as continued collaboration with the partnering agencies. Lastly, this presentation will look at the tracking process throughout this program and speak to the sustainability after the grant term has completed. Participants will be able to: 1. Identify the six county 24/7 children’s mobile crisis teams (FAST); 2. Understand program development; and 3. Examine grant proposals.</p>
3:30pm – 5:00pm	<p>23. Teaching Moments on the Run Toward Recovery</p> <ul style="list-style-type: none"> – <i>Rosemary Rokita, BBA, Customer Services Specialist, Northern Lakes Community Mental Health Authority</i> <p>This presentation will discuss how to use every resource and moment available to be a teaching moment toward recovery. Northern Lakes Community Mental Health Authority uses lobby monitors, recovery towers, community connects, bulletin boards, newsletters, social media (Facebook), website, and My Strength kiosks to share information with our consumers about all aspects of living a healthy life: mental & physical health, relationships, home & personal care, community life, etc. Participants will be able to: 1. Understand the value of providing information to consumers about all aspects of recovery (mental & physical health, relationships, home & personal care, community life, etc.); 2. Identify the time consumers are on-site at service provision locations to provide access to information; and 3. Discuss various means of information dissemination.</p>
3:30pm – 5:00pm	<p>24. Mental Health Integration Partnership (MIP) Featuring TRAILS: Implementing and Evaluating Evidence-Based Practices in the State of Michigan</p> <ul style="list-style-type: none"> – <i>Lindsay DeCamp, MHA, Michigan Mental Health Integration Partnership (MIP) Program Coordinator, Michigan Medicine</i> – <i>Celeste Liebrecht, LMSW, Program Manager, Michigan Medicine</i> <p>The Michigan Mental Health Integration Partnership (MIP) at the University of Michigan (UM) strives to improve the lives of Michigan residents by enhancing access to care for consumers with behavioral health care needs. Through partnerships with the MDHHS and community organizations, MIP involves UM experts working with community partners to implement and evaluate innovative care models to enhance quality of care and well-being of children and adults from lower income communities in Michigan. This presentation will address implementation and evaluation of evidence-based practices (EBPs) into community-based settings, highlighting currently funded projects including TRAILS (Transforming Research into Action to Improve the Lives of Students). TRAILS provides clinical training to school professionals (SPs) in evidence-based mental healthcare approaches and trains CMH providers to deliver follow-up coaching in local schools, reinforcing new skills and promoting sustainability. In FY18, TRAILS partnered with Community Mental Health (CMH) and Child and Adolescent Health Centers (CAHC) agencies to train children’s mental health providers as coaches to local SPs and had a goal of recruiting one school per county in Michigan to participate in a federally funded implementation initiative. Participants will be able to: 1. Examine the background and future projects of the MIP initiative, identifying its role in implementing and evaluating evidence-based practices for mental health in community settings; 2. Identify the benefits of multi-stakeholder collaborations between a public university, state government, and community organizations; 3. Define TRAILS and describe the work the team accomplished in FY18; and 4. Discuss strategies and challenges to engaging community sites in TRAILS.</p>

3:30pm – 5:00pm	<p>25. Telehealth Basics</p> <ul style="list-style-type: none"> – <i>Cynthia Arfken, PhD, Professor, Department of Psychiatry and Behavioral Neurosciences, Wayne State University</i> – <i>Manisha Leary, LCSW, LMSW, Clinical Therapist and Quality Director, Wayne State University Physician Group, Psychiatry and Behavioral Neurosciences Services</i> – <i>Jason D. Wilkinson, PhD, LPC, LLP, CAADC, Supervisor of Outreach Psychiatry, Wayne State University</i> <p>Telehealth is expanding rapidly. Recently, CVS launched an app to support on-demand videoconferencing, and the Veterans Administration (VA) expanded telehealth regulations (“Anywhere to Anywhere”) to cross state lines and provide telehealth wherever the patient is located. Michigan has also expanded telehealth Medicaid regulations but not as much as other states. In this presentation, we will review basic information of regulations, reimbursement, and telehealth strategies for efficient use of workforce to maximize patient access to quality care. We will conclude with a live demonstration of steps to enhance therapeutic alliance when using telehealth. Participants will be able to: 1. Understand Medicare and Medicaid regulations for telehealth; 2. Identify strategies to use telehealth effectively; and 3. Discuss benefits of telehealth, especially for a team-based approach.</p>
3:30pm – 5:00pm	<p>26. Boardworks 2.0: Fundamentals</p> <ul style="list-style-type: none"> – <i>Irene O’Boyle, PhD, CHES, Board Member, Gratiot County CMH Services; Professor, School of Health Sciences, Central Michigan University</i> <p>This workshop will focus on the functional, operational, organizational and relational aspects of the board member. Participants will be able to: 1. Examine and explore the role, responsibilities and authority of the board as individual members, as elected officers and as a collective body; 2. Consider the relationship between the CEO and the board as individual members, as elected officers and as a collective body and learn at least two skills to improve that relationship; 3. Consider implications of the accountability of a public board as related to areas such as the Mental Health Code, parliamentary procedures, open meetings and freedom of information; 4. Explore board by-laws and governance policies; and 5. Develop at least two relationships within the board with a team orientation.</p>

Tuesday, October 23, 2018

7:15am – 12:00pm	Conference Registration and Exhibits Open
7:30am – 8:45am	<p>Breakfast Activities (full breakfast buffet will be served until 8:45am)</p> <p>Regional Breakfast Meetings Provider Alliance Breakfast Meeting Non-Member and Staff Networking Breakfast</p>
9:00am – 10:00am	<p>Partners In Excellence Award Presentation</p> <ul style="list-style-type: none"> – <i>Iosco ROAR</i> <p>Keynote: Jamie’s Story: One Life Lost to Addiction is One Life Too Many</p> <ul style="list-style-type: none"> – <i>Ken Daniels, Co-Founder, Jamie Daniels Foundation; Lead Hockey Announcer, Detroit Red Wings</i> <p>While calling the action on the ice can be challenging, it’s nothing compared to what Red Wings announcer Ken Daniels faced outside the broadcast booth. He lives his life on camera as the Wings’ play-by-play man, but for the past 1 ½ years, Daniels has been living a private hell. In 2016, his 23-year-old son Jamie became one of the many victims of the nation’s opioid epidemic. Ken’s life was forever changed on December 7, 2016 when the Birmingham Police knocked on his door to tell him that Jamie had been found dead in his home in south Florida. For Ken, the news was beyond painful since Jamie had been clean for seven months and had been living in a sober home in Boynton Beach. Jamie was also working in the field of law, which he studied at Michigan State. It was months later that the Daniels family learned that the cause of death was acute heroin with fentanyl, the worst nightmare for any parent of an addict. Daniels is speaking out about his son’s addiction and fight to get clean, hoping that others will recognize how difficult addiction is to overcome, and to help other young people in need.</p>
10:00am – 10:30am	Exhibitor-Sponsored Refreshment Break

	Concurrent Workshops
10:30am – 12:00pm	<p>27. Beyond Rescue: Opioid Overdose Education for CMH Workers to Take ACTION</p> <ul style="list-style-type: none"> – <i>Chin Hwa (Gina) Dahlem, PhD, FNP-C, FAANP, Clinical Assistant Professor, University of Michigan</i> – <i>Marci Scalera, ACSW, LMSW, CAADC, Director of Clinical and SUD Services, Community Mental Health Partnership of Southeast Michigan</i> <p>Delivering opioid overdose prevention education is one key national strategy to reduce opioid overdose mortality. This presentation will address how CMH agencies can play a role in delivering opioid overdose prevention education to staff/clients and connecting overdose survivors to treatment and recovery support services. Specifically, we will discuss what should be included in overdose education, how to access naloxone and implement a warm hand-off referral process post-naloxone administration. At the end of this presentation, the learner will know how to respond to an opioid overdose, have resources to train others in opioid overdose prevention, and examples of how to incorporate opioid overdose education in other high-risk settings. Participants will be able to: 1. Describe the current opioid epidemiology, legislation, and community naloxone programs; 2. Identify the core components of opioid overdose prevention education; and 3. Examine strategies to implement post-naloxone administration warm hand-off referral programs and how to incorporate overdose education and dispense naloxone in high-risk settings.</p>
10:30am – 12:00pm	<p>28. Mobilizing a Person's Circle of Support to Promote Health and Recovery</p> <ul style="list-style-type: none"> – <i>Anthony Salerno, PhD, Practice and Policy Scholar, McSilver Institute for Poverty Policy and Research, New York University; Senior Consultant, National Council for Behavioral Health</i> <p>The emotional, social, and practical supports provided by one or more members of one's social network is often an important resource that promotes health and wellbeing. Research has overwhelmingly demonstrated that an individual's social network is one of the most significant factors in building personal resilience, managing stress and chronic health conditions, and promoting behavioral health and overall wellness. Participants will learn about a consumer centered consultation approach that explores the potential contribution of a person's circle of supports as a routine part of a comprehensive integrated service plan. Specifically, participants will increase their knowledge of why this approach is important; key research findings; and the elements and skills involved in implementing this approach in behavioral and physical health practice. This session is geared to all conference participants interested in creating programs, policies and practices designed to identify and mobilizing a person's social resources to build resilience, promote recovery and improve overall health and well-being. This includes all direct service providers, supervisors and organizational leadership. Participants will be able to: 1. Describe the key elements of the Consumer Centered Family Consultation approach; 2. Explain the research base that supports the 'Circle of Support' approach; and 3. Describe the core skills employed in the Circle of Support Approach.</p>
10:30am – 12:00pm	<p>29. Trauma-Informed Care: Identifying, Understanding and Coping with Youth Trauma</p> <ul style="list-style-type: none"> – <i>Kimberly Smith, LMSW, Clinical Director, New Oakland Family Centers</i> – <i>Gregory Sendi, BA, Vice President, New Oakland Family Center</i> <p>In 2017, New Oakland Family Centers was among the clinical organizations selected by the Michigan Department of Health and Human Services to provide trauma-related testing services for youth across the state. Since that time, New Oakland has developed new experience and insights into the identification and care paths for youth affected by trauma of many kinds. Increasingly, social workers are the initial point of contact for children/adolescents exposed to trauma. The October program will support social workers in their critical roles to assess, diagnosis and support kids and teens who are exposed to trauma. This presentation will explore the growing body of data and experiential learning related to the impact of trauma on youth development and mental health and suggest strategies and tools for helping clinicians better understand and manage trauma impacts among the children, adolescents and families they serve. Participants will be able to: 1. Discuss New Oakland's recent experience as a state authorized provider of youth trauma testing services in Wayne, Oakland, Macomb and Genesee Counties; 2. Understand the clinical and diagnostic impacts of trauma in the lives of trauma-affected children and adolescents; and 3. Identify the basic principles of trauma-informed care and other emerging care modalities for helping trauma-affected children and adolescents.</p>

<p>10:30am – 12:00pm</p>	<p>30. Michigan’s Home and Community Based Services Transition: Preparing the System for Change</p> <ul style="list-style-type: none"> – <i>Belinda Hawks, QIDP, BS, MPA, Federal Compliance & OBRA/PASARR Section Manager, Behavioral Health and Developmental Disabilities Administration, Division of Quality Management and Planning, Michigan Department of Health and Human Services</i> – <i>Angela Martin, LMSW, Associate Director for Community Supports and Services, Michigan Developmental Disabilities Institute, Wayne State University</i> <p>The Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration (MDHHS/BHDDA) is transitioning to compliance with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services Rule. MDHHS/BHDDA collaborated with the Michigan Developmental Disabilities Institute at Wayne State University to conduct a statewide assessment for two of its HCBS waiver programs: the Habilitation Supports Waiver [1915 (c) waiver] and the statewide managed care behavioral waiver [1915(b)(3) waiver]. The survey process invites beneficiaries and their providers to assess how their services support their ability to live, work, and participate in their community. This session will share how MDHHS/BHDDA will work with the PIHPs to facilitate future survey processes, ongoing correction action planning, and describe MDHHS ongoing quality improvement process to assist providers with the transition to HCBS compliance. This session will also present FY 2018 beneficiary and provider results from the 1915(b)(3) waiver survey process. Participants will be able to: 1. Understand the MDHHS/BHDDA’s implementation of the Home and Community-Based Services rule; 2. Discuss opportunities and strategies PIHPs, CHMSPs, and direct services provider for coming into compliance with the rule and improving the delivery of home and community-based services; and 3. Understand key survey results from the FY 2018 beneficiary and provider 1915(b)(3) waiver surveys.</p>
<p>10:30am – 12:00pm</p>	<p>31. My Town Services: Increased Community Collaboration and Access to Services through the Use of Technologies</p> <ul style="list-style-type: none"> – <i>Tammy Warner, MPA, Executive Director, Montcalm Care Network</i> – <i>Scott McFarlane, MBA, Account Executive, Empowered Margins</i> – <i>Sumeet Gulati, MBA, Co-Founder and CEO, Empowered Margins</i> <p>This presentation is a case study on how eight human service organizations in Montcalm County utilized available grants to create a web services platform to significantly increase agency collaboration, share resources and increase access to services by establishing shared service locations and a one-stop shopping experience for county residents. The platform also includes an educational component for expanding ongoing efforts within the county to create a Trauma Informed Community. Montcalm Care Network Executive Director, Tammy Warner and the Software Development team will present an overview of the project and share lessons learned for other counties to do the same. Time left over will be used for question, answer and discussion about how software solutions can streamline internal and external processes to provide better outcomes for individuals served. Participants will be able to: 1. Identify steps to collaborating with community partners to establish shared service locations; 2. Understand how to coordinate cross agency scheduling and communications through a self-serve user interface; and 3. Examine ways to leverage software systems to increase access to services and more efficiently utilize community resources.</p>
<p>10:30am – 12:00pm</p>	<p>32. Electronic Visit Verification (EVV) and Self-Determination</p> <ul style="list-style-type: none"> – <i>Tiffany Lang, BBA, State Director of Michigan, GT Independence</i> – <i>Robert Lewis, Director of Business Development, GT Independence</i> <p>In the 21st Century Cures Act, Electronic Visit Verification is being implemented 1/1/2020. This will have a large impact on the Self Determination population, Most EVV systems do not allow for the flexibility necessary for a successful Self Determination Arrangement. Participants will be able to: 1. Identify the 6 items that EVV systems require by 1/1/2020; 2. Examine the restrictions of Traditional EVV providers; and 3. Discuss and understand solutions to promote a person’s right to a Self-Directed Life with the caregiver.</p>

10:30am – 12:00pm	<p>33. Meaning, Money, & Migration: Addressing the Behavioral Health Workforce Epidemic</p> <ul style="list-style-type: none"> – <i>Travis Atkinson, MS, LPC, Consultant, TBD Solutions</i> – <i>Nicole Pashka, LCPC, Assistant Director & Research Program Coordinator, Thresholds</i> <p>Whether it's pay, perks, or purpose, every industry has jobs that command respect and contain an air of "coolness". Helping professionals historically enjoy meaningful work for public good, competitive benefits, and living wages, yet these benefits are eroding quickly. Increased productivity expectations, reduced benefits, and stalled wages have caused record numbers of practitioners to leave jobs or the behavioral health industry altogether. Statistics paint a grim picture, making it critical to understand and adapt to a 21st century workforce. This session will examine the epidemiological factors in a broken social service workforce and tangible ways organizations can overcome these challenges. Participants will be able to: 1. Identify the factors contributing to an unstable workforce; 2. Discuss the most challenging organizational and community struggles with hiring, developing, and retaining talent; 3. Identify 3 ways to proactively address workforce barriers; and 4. Understand how to advocate for changes at the program, community, state, and federal levels by promoting workforce sustainability and competitive compensation.</p>
10:30am – 12:00pm	<p>34. Boardworks 2.0: Implementation - Best Practices</p> <ul style="list-style-type: none"> – <i>Mark Lewis, LMSW, Evidence-Based Implementation Specialist, MI Department of Health and Human Services</i> <p>In this workshop, participants will explore public policy relative to the implementation of best practice supports, services, care and treatment. Participants will be able to: 1. Examine the growth and application of best, promising and evidence-based practice in the public mental health system; 2. Understand the move toward integrated physical health and behavioral health care; and 3. Consider the policy and leadership roles relative to the implementation of best practices and integrated care.</p>
12:00pm – 1:00pm	<p>Group Networking Lunch</p> <p>Partners In Excellence Award Presentation</p> <ul style="list-style-type: none"> – <i>People First of Sanilac County</i>
1:00pm – 2:00pm	<p>Keynote: Understanding Resilience: The Missing Piece in Developing a Comprehensive Trauma Informed Care Approach.</p> <ul style="list-style-type: none"> – <i>Anthony Salerno, PhD, McSilver Institute for Poverty Policy and Research, New York University; Senior Consultant, National Council for Behavioral Health</i> <p>The concept of resilience is increasingly a focus of interest for behavioral health providers as well as policy and practice researchers and trauma informed care thought leaders. This exciting area of study has attempted to understand the personal and environmental factors that help to mitigate the most serious impact of adversity on emotional and physical wellbeing. The research literature has struggled with defining and measuring resilience from a bio-psycho-social perspective and service systems struggle to develop strategies to support and build resilience as part of their guiding philosophy and concrete interventions. This keynote is designed to increase one's understanding of resilience as a concept with significant and practical implications for programs providing behavioral and physical health care services.</p>
2:00pm	<p>Conference Adjourns</p>

HOTEL DETAILS & RESERVATIONS

When making your reservations, you will be charged one-night NON-REFUNDABLE deposit per room.

To make online reservations, go to:

<https://www.grandtraverseresort.com/promocode?promocode=cmb2018>

There will be NO PHONE RESERVATIONS.

Grand Traverse Resort:

100 Grand Traverse Village Boulevard, Acme, MI 49610-0404

2018 Room Rates: Rates below do not include 6% state tax, 5% city assessment, or \$13.95 nightly resort fee

Room Type	Rate	Room Type	Rate
Hotel Guest room	\$136	Tower Guest Room	\$156
Studio Condo	\$136	1 Bedroom Condo	\$171
2 Bedroom Condo	\$201	3 Bedroom Condo	\$241

Deadline for Reduced Rate: September 28, 2018

Cancellation Deadline: You must **cancel 3 days prior to your arrival** or you forfeit your payment for your entire stay.

Check in: 4:00pm

Check out: 11:00am

CONFERENCE REGISTRATION FEES

REGISTRATION FEE (per person)

Full conference registration fee provides you with a program packet, admission to all keynote sessions, all workshops, 2 breakfasts, 2 lunches and all breaks.

	Member Early Bird	Member After 10/12/18	Non-Member Early Bird	Non-Member After 10/12/18
Full Conference	\$415	\$455	\$497	\$546
One Day	\$320	\$360	\$384	\$432

SCHOLARSHIPS AVAILABLE

A limited number of scholarships are available to individuals who receive services and their families. Scholarships will cover conference registration fees only. Consumers who serve as CMH board members are not eligible.

*Deadline to request scholarship: **OCTOBER 12, 2018.***

To request a scholarship form, contact Chris Ward at cward@cmham.org or 517-374-6848.

EARLY BIRD DEADLINE: OCTOBER 12, 2018

Payment will be required prior to attendance.

Payment methods available in advance and onsite: credit card, check or exact cash.

If payment has not been received, fees will be collected at registration the day of the event unless alternate arrangements are pre-approved by CMHAM.

Purchase Orders are not considered payment.

All No Shows will be billed the full amount.

Check: Make payable to CMHAM and mail to 426 S. Walnut Street, Lansing, MI 48933

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given.

Evaluation: There will be an opportunity for each participant to complete an evaluation of the course and the instructor. If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation of the conference or you may contact CMHAM at 517-374-6848 or through our website at www.cmham.org for resolution.

Severe Weather Policy: Trainings will take place as scheduled and we will not be able to refund training fees. In the event of severe weather, please check the www.cmham.org website for scheduling delays and event updates.

QUESTIONS? Call CMHAM at 517-374-6848

GOLF SCRAMBLE: 10/21/18

Sunday, October 21, 2018

1:30pm (tee times will be assigned when you register)

Wolverine Golf Course, Grand Traverse Resort

\$35 per person (9 holes and a cart)

- Call 231-534-6470 for tee times to reserve your spot.
- Credit card is required to hold a tee time.
- Deadline for pre-registration: October 14
- 48 Hour Cancellation
- No shows will be billed

Conference Registration Opens: **Friday, September 21, 2018!**

Conference Objectives:

- To identify strategies in preparing for or implementing value-based (outcome) payment systems.
- To identify advocacy efforts at the local, state, or federal level, including self advocacy.
- To spotlight programs highlighted in the Mental Health and Wellness Commission Report (any with partnerships with local CMHs) including Training program for local CMHs/jails/courts regarding Crisis intervention training and Assisted Outpatient Treatment.
- To identify innovative initiatives designed to increase access to substance use disorder services.
- To discuss the plans to address the challenges and opportunities emerging due to the federal Home and Community Based Services rules and the “mega” Managed Care rule changes.
- To address efforts to further the aims of state and federal policy initiatives, including: healthcare reform, healthcare integration, and health homes.
- To provide examples of local efforts to improve healthcare outcomes through a range of healthcare integration efforts such as: initiatives between CMHs, PIHPs, and BHIDD provider organizations and physical healthcare providers and payers such as FQHCs/Rural Health Centers/Hospitals/Medicaid health plans/Primary care physicians.
- To focus on evidence-based, best and promising practices by: 1) identifying strategies for overcoming barriers to EBP implementation; 2) showing how communities have embedded existing EBPs into their system for sustainability; and 3) increasing understanding of the ways in which continuous quality improvement in EBPs can improve outcomes and performance measures.
- To identify ways to use data and data analytics to improve outcomes and care and focus on the needs of persons with patterns of super/high healthcare utilization.
- To increase participants’ awareness, knowledge, and skills, related to mental illness, developmental disability, substance use disorders, and trauma informed care.

Conference Attendance:

This conference contains content appropriate for board members, CEOs, COOs, CFOs, medical directors, clinical directors, case workers, supports coordinators, and children’s supervisors all levels of practice from Michigan CMHSPs and Provider Agencies; the substance use disorder systems; and individuals receiving services and their families.

Visit www.cmham.org for the latest conference information.

Waitlist Housing Form

Community Mental Health Association of Michigan

Complete the form below and fax: 231-534-6671 or email groupinfo@gtresort.com

Grand Traverse Resort and Spa

100 Grand Traverse Village Blvd P.O. Box 404, Acme, MI 49610-0404

Phone: 1-800-968-7352

ARRIVAL DATE	DEPARTURE DATE		
NAME	NUMBER IN YOUR PARTY	ADULTS	CHILDREN
		/	
	CONTACT PHONE NUMBER		
ADDRESS	CITY/STATE/ZIP		
EMAIL ADDRESS			

- Reservations will be filled in the order in which they were waitlisted
- You will be contacted via phone or email and will have 24 hours to call the Reservations department to confirm your reservation with a credit card.

Please indicate your 1st and 2nd choice for your waitlist reservation

Room Type	Rate		Room Type	Rate	
Hotel Guestroom	\$136		1 Bedroom Condo	\$171	
Tower Guestroom	\$156		2 Bedroom Condo	\$201	
Studio Condo	\$136		3 Bedroom Condo	\$241	

Rates are subject to a 6% state tax and 5% local hospitality assessment fee. If **tax exempt**, please provide a copy of your tax-exempt certificate on your organizations letterhead. Room charges must then be paid with a company credit card or check. Your organization is only exempt from the 6% state tax and not the 5% local hospitality assessment fee.

A nightly \$13.95 Resort Fee will be added to include; Unlimited use of resort fitness center including cardiovascular and strength, training equipment, whirlpools, saunas and indoor pools, Seasonal access to outdoor pools and beachfront facilities, Preferred guest pricing for our golf courses and tennis facilities, Wi-Fi access in all guest rooms, On-property shuttle service to Cherry Capital Airport and Turtle Creek Casino, Unlimited toll-free and credit card access phone calls, Voicemail message service, Daily newspaper upon request, Use of safe deposit box, Preferred car rental pricing through Enterprise in Traverse City, Golf bag storage, parking.