CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

October 26, 2018

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Visit our website at **https://www.macmhb.org/committees**

State and National Developments and Resources:

Bill to Address Nation's Opioid Crisis Signed by President

Earlier this week, President Trump signed the SUPPORT for Patients and Communities Act, a comprehensive opioid prevention, treatment and recovery bill approved by Congress in October with wide bipartisan support. The bill includes provisions and funding for Medicaid and Medicare programs for a wide variety of areas, including expanded telehealth services, e-prescribing requirements, medication-assisted treatment and prescription drug monitoring programs (PDMPs).

The bill also authorizes the testing of incentive payments for behavioral health and substance use treatment providers for adoption and use of certified electronic health record (EHR) technology to improve quality and coordination of care. Netsmart is proud to have advocated for this increased funding for almost a decade and knows that it will benefit both our clients and the people they serve.

The SUPPORT Act presents both opportunities and additional requirements for all health and human services and post-acute communities. We are pleased to provide you with this summary of selected key sections, and ways Netsmart can help you take advantage of additional funding opportunities or meet anticipated reporting or other requirements.

Click here to download Addressing the Opioid Crisis: Bill Summary and Impacts.

Panelists at Crain's Healthcare Summit Discuss Healthcare Integration

Below are excerpts from a recent Crain's Detroit Business edition, highlighting the recent Health Care Summit sponsored by Crain's every year.

> Moderators of two opening panels at *Crain's* Health Care Leadership Summit last week quickly brought out the differences between how Medicaid health plans and those involved in delivering behavioral health services view what Michigan wants to do to save money and integrate physical and behavioral health.
>
> Moderator Jeff Brown, a health care consultant and former director of Oakland and Lakeshore prepaid inpatient health plans, asked five panelists what's working and what's broken and needs fixing in the state's $2.8 billion prepaid Medicaid behavioral health system.
>
> "What is good is there is a broad array of services today, but not enough," said Marjorie Mitchell, president of MichUCAN and a long-time advocate for improved behavioral health services. "Integration happens at the provider level, not at the payer (level)."

Mitchell said integration of physical and behavioral health — that Michigan wants to test in pilot projects starting October 2019 — should be more than saving money for the state. "We need more services for people. We need personal care."

Dominick Pallone, executive director of the Michigan Association of Health Plans, which represents 13 managed care organizations, 11 of which participate in Medicaid physical health, said the state's use of HMOs since the early 1990s has worked well for everyone under Republican and Democratic administrations.

"We take care of physical health, mild and moderate" behavioral health conditions, Pallone said. "It has worked well."

But Mitchell and other panelists argued that the mental health system has been historically underfunded in Michigan.

"We create budgets and then move them around (mental health providers) to meet needs," she said.

"We should be asking, 'What services are needed, and how much do we need to fund it?' ... I talk with people all the time. None of them say we want to give money to the HMOs. They want more services and more coordination."

"Margie is right," said Pallone. "People don't care who is paying. They want to get served and their benefits covered. The average enrollee contract is four pages long for roles and responsibilities for members in an HMO. If someone needs (serious mental illness coverage), an inpatient site visit, there is a blame game for who pays for it."

Pallone said that shouldn't happen and Medicaid integration is one way to solve the problem because Medicaid health plans would be responsible for mild, moderate and serious mental health issues, including inpatient psychiatric hospitalizations, if necessary.

Mitchell said the public simply wants accountability. "(I hope) the problems can be fixed without sending money to the HMOs."

But one of the problems in the current bifurcated system, which Michigan funds physical health through the Medicaid health plans and behavioral health through the 10 prepaid inpatient health plans, is that the state has been slow to address behavioral health provider demands for increased funding, several panelists said.

"A lot is about the money and the need to know outcomes," Pallone said. "(The state) needs to manage taxpayer resources. Five of 10 PIHPs are running structural deficits. This is pushed to taxpayers. We need to create a payment system where we integrate the person who is paying." But Mitchell argued that integration doesn't do anything about getting more money into the system. "There must be a needs assessment" on the extent of the problem in Michigan and funding to match, she said.

Mitchell said when things go wrong people with disabilities will not file complaints to an HMO about not receiving proper care or services.

Autism Alliance of Michigan Underscore Resources

Below is a recent letter from the Autism Alliance of Michigan (AAoM) outlining a number of resources for providers related to autism services and supports

> Dear Fellow Providers and Agencies,
>
> I am reaching out at this time to request a favor. While many of you have been part of our "alliance" for years, and are quite familiar with our work, and impact across the state, we are still trying to reach thousand more to bring the benefit of AAoM to their lives. We need your help in promoting the many *free* resources and programs we offer. These include but are not limited to;
>
> *MiNavigator*: With professionals degreed in a variety of autism fields, this service allows families to consult with our staff regarding *any issue* affecting their families, across the lifespan. Their "navigator for life" will provide guidance/referral/support on multiple levels, utilizing our multidisciplinary team, even for the most challenging cases
>
> *Community Trainings and Family Conferences*: These span a variety of topics and are customized to each unique audience. Our specialists have developed trainings to address special education, safety and abuse/risk, caregiver boot camps, employment skills, for example
> *AAoM Website and Statewide Autism Resource Directory*: With over 1,500 listings, our directory is the most comprehensive resource for understanding autism, accessing services and supports by region
>
> *Advocacy*: AAoM's leadership team is active in local, state, and federal initiatives that affect the autism community, including providers, families, the business community, and public systems of care
>
> What can you do?
>
> Please add AAoM to your directories/website as a resource to share with families *(aaomi.org 877-463-2266 navigator@aaomi.org)*
>
> Please include us to help with your advocacy efforts, shared agendas, or events that we might be able to help support
>
> Sign up and distribute our monthly MiNavigator newsletter, promotional materials, and our website link in your waiting rooms
>
> Encourage other providers to contact us for participation in our regular meetings, events, and community

Amid Michigan Opioid Crisis, Drug Centers Say New Rules Mean Layoffs

Below are excerpts from a recent Bridge magazine article on the reaction, by providers and advocates, to the recently proposed changes in the state's substance use disorder services and supports licensing regulations.

As Michigan's opioid crisis deepens, treatment experts warn that proposed state regulatory changes could lead to widespread layoffs of substance abuse workers and even force some treatment centers to close.

A public hearing is scheduled Wednesday (Oct. 17) in Lansing for comments on the proposed changes, with state officials saying new regulations are needed to protect patients and upgrade standards put in place decades ago (9 a.m. at the G. Mennen Williams Building Auditorium, 525 W. Ottawa Street).

One treatment official told Bridge he found the regulatory proposals sadly ironic amid calls for broader opioid treatment across the state.

"This would either dramatically increase costs or result in us closing the program," said Jason Schwartz, clinical director at Dawn Farm, an Ypsilanti-based nonprofit substance abuse treatment network.

"As we talk about the opioid crisis, that makes no sense."

The full article can be found at:
https://www.bridgemi.com/public-sector/amid-michigan-opioid-crisis-drug-centers-say-new-rules-mean-layoffs

National NAMI Leader Speaks Out Against Short Term Health Plans

Below is a recent editorial from Mary Giliberti, the CEO of the national NAMI office, carried in Salon.

Unlike normal health care plans, these Trump-approved short-term plans can deny those with pre-existing conditions

It has been a challenging year as our nation struggles to address a crisis in mental health care, suicide, and opioid addictions. Recently, the CDC reported a substantial increase in suicide rates over the past 15 years. Nearly 115 people a day are dying of an opioid overdose. In addition, half of Americans with mental health conditions are going without treatment.

In fact, just this year, a NAMI(National Alliance on Mental Illness) member who lives with schizophrenia needed health insurance for a few months. He purchased a short-term, limited-duration insurance (STLDI) plan— a type of ad-hoc health insurance plan that is designed to fill temporary gaps in coverage —but it did not cover his mental health treatment and medications, leaving him highly vulnerable.

Now is not the time to allow these types of plans to proliferate. However, just this past August, the Trump Administration drafted regulations that would allow insurance companies to expand the sale of these dangerous, virtually unregulated STLDI plans, and the rule went into effect October 1 allowing insurers to sell these plans. The Trump Administration argues that these STLDI plans provide "much less expensive health care at a much lower price" — but the reality is that these plans discriminate against people with mental illness, leaving them without the coverage they need and deserve.

STLDI plans were first included in the 1944 Public Health Act under the Roosevelt Administration, which noted that "individual health insurance coverage" does not include STLDI plans. In 1997, the Department of the Treasury, the Department of Labor, and the Department of Health and Human Services limited STLDI plans to a duration of less than 12 months. However, to address the issue that STLDI plans might be sold as primary coverage without having to comply with the Affordable Care Act's patient protections, the Obama Administration limited these plans to less than three months in duration. The new rule extends the duration of STLDI plans to 364 days, making them virtually indistinguishable from regular health insurance. The rule also allows for plans to be renewed or extended for up to three years, which will leave people highly vulnerable for even longer periods of time.

Unlike comprehensive health care plans subject to the Affordable Care Act, STLDI plans can deny coverage or charge more based on age, gender or health status, and people who enroll in them can face crushing medical bills. They can exclude services like mental health or maternity care; impose annual or lifetime limits on benefits; and not pay for treatment of a pre-existing condition. The Trump Administration's STLDI plan rule threatens to undermine consumer protections for people with mental illness and/or pre-existing conditions and will turn back the clock to a time when those individuals were excluded from lifesaving care.

Ten years ago, we celebrated a move towards equal insurance coverage for all as Congress took a giant step forward by passing the bipartisan federal parity law. The law embodied the tenet that mental health care is health care and prevented insurers from imposing greater limitations on mental illness and addiction benefits than on medical/surgical benefits. In 2010, Congress expanded their commitment to parity by requiring mental health services to be covered as an essential benefit through the Affordable Care Act (ACA).

Yet despite this bipartisan progress, we're now facing a new roadblock with the Administration's recent rule to expand the availability of STLDI plans. We, the National Alliance on Mental Illness (NAMI), recently joined several health organizations and industry stakeholders in a lawsuit challenging the STLDI rule and asking the courts to block this dangerous, backsliding policy.

Before the ACA, insurers blatantly discriminated and regularly denied coverage of pre-existing conditions. A recent analysis by the Kaiser Family Foundation (KFF) found that nearly half of STLDI plans exclude mental health coverage and 62 percent do not cover services for substance use treatment. Our nation is in the throes of an opioid crisis, suicide rates are rising every year, and one in five Americans struggles with a mental health condition. We should be creating policies that improve both mental health and addiction care, not expanding inadequate insurance plans that deny coverage of both.

My own organization's research found that individual health insurance plans routinely discriminated against mental health coverage before parity in benefits and coverage of pre-existing conditions was required by law. In partnership with Georgetown University researchers, we found:
Insurers regularly denied coverage to people with pre-existing mental or substance use conditions;
Insurers imposed a 20 to 50 percent increase in premiums for people with a history of mental health or substance use conditions;

Insurers offered superficial coverage that did not meet essential needs; and
Insurers actively created barriers and limited access to mental health and substance use treatment.

Supporters of expanding the short-term plans argue that they offer a cheaper option for young people who are generally healthier and thus, less expensive to cover. But, this ignores the fact that young people are particularly vulnerable to mental health issues; 75 percent of all mental health conditions appear by age 24. And, suicide continues to be the second leading cause of death for people ages 15-24. As young adults become ineligible for their parent's health insurance plans at 26 years old, they risk enrolling in one of these inexpensive STLDI plans, only to find that they are not covered for the mental health treatment they need.

These plans are a deceptive trade-off. Many who have bought these plans found themselves subject to thousands of dollars in unexpected healthcare costs. A new survey finds that surprise medical bills top Americans' concerns about health care costs. Enrollees in STLDI plans should be very concerned.

We will never be able to change the way society views mental illness if we return to the days when it is acceptable to provide separate and unequal health coverage. According to a recent survey, 90 percent of people say it is important that the ACA's pre-existing protections remain law. The STLDI rule does the exact opposite and unilaterally undermines federal health insurance protections for people with private insurance, especially the 133 million Americans with pre-existing conditions.

Mental health care is health care, and everyone deserves access to fair and equal treatment regardless if the illness affects your brain or your heart, and whether you were born with it or developed it over time. As we reflect on a decade of progress on parity, we are more determined than ever to continue the fight for equity, including in the courts.

Another in the NYT Disability Rights Series: It's Time for a National Museum of Disability

Below are excerpts from a recent editorial, carried in the New York Times, as part of the NYT's series on disability rights, written by persons with disabilities and those in the disability rights community.

Without a home, many crucial chapters in American history could be lost.
By Elianna Gerut, Sarah Levin, Daniel Rabinovitz, Gabe Rosen and Ben Schwartz
The authors are 12th graders at Gann Academy in Waltham, Mass.

Like most high school students, we have spent years studying American history — from the cultures of the Native Americans to the Revolutionary War, right up to the 21st century. Yet when we look closely at the story of who we are as a nation, we find little, if anything, about the history of people with disabilities.

This is not surprising. The extent of what most Americans know about disability is limited — we see bright blue logos plastered on parking spaces or hear accounts of friends with challenges. We may know people with autism or dyslexia. We may see loved ones with permanent injuries or physical ailments. But for many, the understanding ends there.

> This was pretty much true of us, too, until we spent most of our junior-year American history class studying disability and creating "Division, Unity, Hardship, and Progress: A Disability History of the United States," a museum exhibition to share what we learned with the public. It is on vie https://www.nytimes.com/column/disabilityw at the Charles River Museum of Industry and Innovation here in Waltham.

The full editorial and others in this series can be found at:
https://www.nytimes.com/column/disability

The Michigan Center for Rural Health is Awarded a Rural Communities Opioid Response Program Planning Grant

The Michigan Center for Rural Health (MCRH) was awarded a $200,000 Rural Communities Opioid Response Program (RCORP) (https://www.hrsa.gov/about/news/press-releases/2018/fy18-rural-opioid-response-awards.html#RCORP)planning grant by the Health Resources & Services Administration (HRSA) to focus on opioid use disorder in the following 14 northern MI counties (Alcona, Alpena, Cheboygan, Clare, Crawford, Gladwin, Kalkaska, Lake, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon). Over the next year, MCRH will help facilitate the work of the newly formed Northern Michigan Opioid Response Consortium (NMORC).

The NMORC was assembled to coordinate efforts, and identify areas of best practice for replication and expansion, pinpoint gaps in care and develop solutions, leverage state resources to address system and policy issues, and reduce the duplication of efforts in 14 northern MI counties. The planning grant will focus on the areas of prevention, treatment, recovery and workforce. NMORC is governed by a Board of Directors and consortium members include hospitals, community health centers, local public health departments, community mental health agencies, local community-based organizations and state of MI agencies dedicated to addressing opioid use disorder.

Spark Initiative Releases Report on Self -Determined Services and Supports

Below is the executive summary of the recently released report, by Optum, of a national survey of providers of self-directed services to persons with intellectual and developmental disabilities.

> Agencies providing services to adults with intellectual and developmental disabilities (I/DD) are undergoing a decades long shift from congregated approaches toward community-based, integrated, and person-centered supports. This transformation in service delivery models has been propelled by the self-determination movement, which advocates for people with I/DD have the right to control every aspect of their lives and live with dignity. Such advocacy has influenced federal policy and allocation of funds for self-directed services through Home and Community-Based Services Medicaid waivers, which are becoming more widely utilized.
>
> When self-directing their services, adults with I/DD exercise employer and budget authority, sometimes with the assistance from a family member, support broker, counselor, and/or a fiscal intermediary. This transfer of control from case managers, service providers, or state employees to the person with I/DD has many provider agencies struggling to adjust their services due to an array of systemic, economic, political and attitudinal barriers. Better understanding of how service agencies are navigating this shift will assist in the transition and ensure appropriate service delivery.

The *I/DD Provider Survey on Self-directed Services and Supports* investigated how providers are currently supporting adults to lead self-directed lives, and the barriers and catalysts to such supports. Responses from 475 professionals working at all levels of service provider agencies across the nation point to agency, community, and systemic factors that are hindering and helping the process of providing self-directed supports. Key findings include:

Top 3 Barriers to Providing Self-Directed Services and Supports:
1. State policies, regulations, funding and service definitions
2. Federal policies, regulations, funding and service definitions
3. Family attitudes, knowledge and involvement

Top 3 Facilitators to Providing Self-Directed Services and Supports:
1. People who receive support—their attitudes, ability and opportunity
2. Provider agency leadership or staff attitudes, beliefs and skills
3. Provider agency policies, structures and practices

Participants were asked, "If you had a magic wand and could fix ONE factor instantly, which would you fix?" Their top three answers were:
1. State policies, regulations, funding and service definitions
2. Federal policies, regulations, funding and service definitions
3. Community systems, opportunities and attitudes

Successful Strategies Associated with Agency Capacity to Deliver Self-Directed Services
• Self-direction principles and language clearly included in agency: policies and handbooks; and written service plans and goals
• Agencies providing tools and support to people with I/DD about how to manage their own service dollars and spending money
• Agencies providing tools and support to people with I/DD about how to choose their leisure activities
• Agencies providing staff formal training about how to facilitate self-directed services
• Agencies providing staff tools and support about: how to assist people with I/DD to manage their own service dollars and spending money; and how to assist people with I/DD to be truly in control of their services

The full report can be found at:
https://www.optum.com/solutions/government/state/spark.html

The Opioid Crisis Delivers A $1 Trillion Shock to the US

Below are excerpts from a recent CBS News story on the financial impact of the nation's opioid crisis.

President Donald Trump on Wednesday signed another bill that aims to stem America's opioid crisis. It comes as overdose deaths from the drugs have continued to surge. Roughly 70,000 people died from overdoses last year, according to the Centers for Disease Control and Prevention, a 10 percent jump from 2016 -- that's more than the total number of U.S. military deaths in all 15 years of the Vietnam war.

In some communities, concerns about drugs rate higher than anything else. One in four Americans living in rural areas say drug addiction or abuse in their community is a top issue, recent polling from NPR and the Robert Wood Johnson Foundation shows. "This has never been reported before," the poll's co-director said.

While the human tragedy of the opioid crisis is incalculable, the economic impact on the U.S. and on families can be estimated. In 2017, opioid addiction cost $115 billion, according to an analysis issued earlier this year by Altarum, a health care research nonprofit.

Those losses represent only the direct costs of the epidemic, said Corey Rhyan, a senior analyst at Altarum. That means treating overdoses in the emergency room, long-term treatment for drug addiction, caring for children whose parents' substance abuse has made them unable to work, counting the value of wages lost -- or, in many cases, death.

Since 2001, the opioid crisis' direct costs have topped $1 trillion, Altarum calculated.
"I would argue that's a conservative estimate," Rhyan said. "Obviously, any dollar value needs to be viewed alongside the enormous and unthinkable human costs of the epidemic."
Labor force dropouts

A look at how opioid addiction is affecting the job market underscores its adverse impact on the economy as a whole. Despite rock-bottom unemployment and solid economic growth, many Americans have dropped out of the workforce. People between the age of 25 and 54, known as "prime-age workers," are employed or looking for work at much lower rates than their peers in other developed countries, according a recent OECD report.

Except for people 55 and over, Americans of all age groups are less active in the labor force than they were in 2001.

"The biggest structural change in the U.S. in the last few years is this astonishing increase in opioid addiction," said Ian Shepherdson, chief economist at Pantheon Macroeconomics.

The epidemic helps answer another question that has been puzzling economists: Why the robust job market and its need for more workers has failed to pull more Americans off the sidelines and into jobs.

"People talk about a mismatch in supply and demand -- that we want more construction workers, but we haven't got them, or we need people in the Midwest and have unemployed people in the Southeast. But those are not big enough," Shepherdson said.

He estimates that without the opioid crisis, the nation's unemployment rate today would be 5 percent or 5.5 percent instead of its current rate of 3.7 percent. That's because more many workers currently out of the labor force due to opioid addiction would almost certainly be looking for work; also, people without jobs would then be officially counted among the unemployed.

Government officials have recently suggested that the opioid epidemic is leveling off. "We are so far from the end of the epidemic, but we are perhaps, at the end of the beginning," Health and Human Services Secretary Alex Azar said Tuesday.

The Centers for Disease Control and Prevention recently released numbers showing that the number of overdose deaths has stayed the same for each of the past three months, meaning the crisis could be peaking.

Opioid abuse by Americans who do have jobs also appears to be dropping. Quest Diagnostics, the largest workforce drug-testing lab, indicates that the rate of tests coming back positive for opioids peaked in 2011. That year, 1.1 percent of all urine tests among the general workforce were positive. Last year, the rate had fallen by almost half, to 0.57 percent. By contrast, that could mean fewer drug users are working, or that businesses that hire large numbers of drug users have simply stopped testing for them.

OxyContin, the prescription pain reliever that many point to as the catalyst for the addiction crisis, has generated about $35 billion in sales since Purdue Pharma launched the drug more than two decades ago.

It remains to be seen how much of that Purdue will keep. Hundreds of lawsuits have been filed against the drugmaker, other pharmaceutical firms, drug retailers and medical providers stemming from opioids.

OCR Launches Public Education Campaign About Civil Rights Protections in Response to the National Opioid Crisis

Recently, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) launched a public education campaign on civil rights protections in light of the president's opioid bill signing yesterday and HHS's ongoing efforts to combat the opioid epidemic. The campaign aims to improve access to evidence-based opioid use disorder treatment and recovery services, such as Medication Assisted Treatment, by ensuring that covered entities are aware of their obligations under federal nondiscrimination laws, including laws prohibiting discrimination on the basis of disability or limited English proficiency. In addition, the campaign seeks to educate the public about disability rights protections that may apply to persons in recovery from an opioid addiction.

Well over 100 people in the United States die from an opioid related drug overdose every day. In October 2017, President Trump and HHS declared the opioid crisis a "Public Health Emergency" and many HHS agencies have taken important steps to address drug addiction and opioid misuse. In response to this emergency, OCR is issuing materials to help educate the public about civil rights protections regarding evidence-based opioid use disorder treatment and recovery services. The campaign complements OCR's 2017 guidance – How HIPAA Allows Doctors to Respond to the Opioid Crisis - PDF)https://www.hhs.gov/sites/default/files/hipaa-opioid-crisis.pdf)informing doctors on how they can share information to help patients suffering from an opioid crisis.

Opioid misuse and addiction is a serious epidemic with devastating consequences that affect not only individuals and their families, but also the nation's public health and economic welfare. "Persons getting help for an opioid use disorder are protected by our civil rights laws throughout their treatment and recovery," said Roger Severino, OCR Director. "Discrimination, bias, and stereotypical beliefs about persons recovering from an opioid addiction can lead to unnecessary and unlawful barriers to health and social services that are key to addressing the opioid crisis."

To learn more about OCR's commitment to fighting against opioid misuse and addiction and how federal civil rights laws protect qualified individuals with an opioid use disorder, please visit www.hhs.gov/ocr/opioids. The website also highlights OCR's important work on ensuring that HIPAA supports accessing and sharing important health information about individuals who are in crisis due to opioid addiction.

Work Is Underway on the New 200-Bed, 225,000-Square-Foot Caro Psychiatric Hospital in Tuscola County

Below are excerpts from a recent story on the start of construction on a state psychiatric hospital to replace the current Caro facility.

> A groundbreaking ceremony including Gov. Rick Snyder and several additional state officials took place Friday, Oct. 19 near the existing 150-bed Caro Center, 2000 Chambers Road.
>
> "The new Caro Psychiatric Hospital will help meet the long-term psychiatric care needs in Michigan," said Snyder in a news release, adding the current building is aging and "the time has come for it to be replaced with a modern facility that can provide a better environment for patient care."
>
> The existing facility opened in 1914 the Caro Farm Colony for Epileptics.
> It was the only state residential center for individuals with seizure disorders until 1997 and currently provides services to adults with serious mental illness from 48 counties.
>
> "The vision of MDHHS is to transform the health and human services system to improve the lives of Michigan families," said Nick Lyon, director of the state's Department of Health and Human Services.
>
> "This project is one result of our department's comprehensive evaluation of the five state-operated psychiatric facilities and we're eager to take this vital step forward in improving psychiatric care in Michigan."

The full article can be found at:
https://www.mlive.com/news/saginaw/index.ssf/2018/10/work_underway_on_new_115m_stat.html

State Legislative Update:

State Launches Opioid-Related Web Site

This week the state launched its new opioid-related website to make it easier to find information, resources and help to stop opioid-related deaths in our state, Lt. Gov. Brian Calley announced.

"Trying to find helpful information and resources about the opioid addiction epidemic should not be difficult," Calley said. "The State of Michigan is committed to using every available resource to combat this epidemic and that is why we launched this new website today, making it easy to navigate, find help and get information faster."

The new website, **www.michigan.gov/opioids**, brings together information from all state departments involved in combatting this epidemic. To make it easy for Michiganders to find resources in their area, the site includes interactive maps showing where licensed treatment centers and takeback locations are found in their area. It also contains all State of Michigan resources needed for prescribers, pharmacists, victims of drug addiction and their families and all Michiganders to help play a part in ending the opioid crisis in Michigan.

From the Michigan State Police's Angel program that allows victims of addiction to walk into any MSP post and get help without fear of being criminally charged to DEQ's drug takeback information that helps Michiganders dispose of unneeded medication before it gets into the wrong hands, Michigan.gov/opioids uses every available tool to combat the opioid epidemic that has claimed the lives of more than 6,000 Michiganders in the last four years.

The new site also features:

- Michigan-specific opioid-related facts;
- Real-time information on prescription data and analytics of controlled substances for prescribers and pharmacists;
- Resources and information to find and get help;
- Information on opioid-related legislation; and
- Tools and resources to help grow awareness on the effects of opioids in Michigan.

For more information on the addiction epidemic in Michigan or to find help, visit Michigan.gov/opioids or call the national hotline 1-800-622-HELP.

Federal Update:

President Trump Signs Opioid Package into Law

On Wednesday, President Trump signed into law a sweeping bipartisan opioid package (H.R. 6) passed by the House and Senate earlier this year. The SUPPORT for Patients and Communities Act (SUPPORT Act) promotes many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. While the SUPPORT for Patients and Communities Act is an important step toward curbing the opioid epidemic, a more comprehensive response that invests in the full continuum of addiction services is needed to address the nation's addiction crisis.

REACTION

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the final opioid package, it ultimately falls short on providing desperately needed long-term investments in prevention, treatment and recovery services. 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. This program has shown tremendous results in expanding access to comprehensive addiction services in a sustainable way.

WHAT'S IN?

Throughout Congress' efforts to address the opioid crisis, the National Council and its member organizations have been advocating for a number of important measures, many of which have been included in the new law.

The National Council was pleased to see the following measures in the package:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders via telemedicine in rural and frontier areas and is a direct result of National Council advocacy efforts.

- The Substance Use Disorder Workforce Loan Repayment Act will create incentives for students to pursue addiction treatment careers, increasing timely access to treatment for individuals living with addiction. This legislation was introduced as a result of education and advocacy by the National Council and the Association for Behavioral Healthcare in Massachusetts.

- Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs). The National Council has been working for passage of this legislation since 2009, when behavioral health was left out of a law that created financial incentives for providers and hospitals to implement EHR systems to improve patient care.

- 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.

- 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.

- MAT Prescribing Expansions: The packages pulls a provisions from the Addiction Treatment Access Improvement Act to expand access to medication-assisted treatment (MAT), which is considered the gold standard of opioid use disorder treatment. These measures will: 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine (a MAT medication), 2) temporarily expand the definition of "qualifying practitioner" to prescribe buprenorphine to include nurse anesthetists, clinical nurse specialists, and nurse midwives, 3) permit a DATA-2000 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, and 4) codify a change that expanded the number of patients that a physician can treat with buprenorphine at any one time to 275 patients, up from 100 patients. A separate provision would also ensure physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meet the other training requirements to prescribe MAT, can obtain a waiver to prescribe MAT.

- Medicare SUD Treatment Access: The bill creates a demonstration project that would allow Medicare beneficiaries to receive MAT and certain wraparound services at an Opioid Treatment Program (OTP), also known as a methadone clinic. Currently, OTPs are not recognized as Medicare providers, meaning that Medicare beneficiaries receiving MAT at OTPs must pay out-of-pocket.

- IMD Rule Changes: The National Council was pleased to see a provision to temporarily repeal the Institutions for Mental Disease (IMD) exclusion, a policy that prohibits Medicaid payment for residential SUD and mental health care in facilities with more than 16 beds, broadened to cover residential treatment of all substance use disorders, rather than just opioid use disorders. The repeal would last for five years, and cover patient stays of up to 30 days within the previous 12 months. The provision also contains strict maintenance-of-effort requirements. Again, the National Council is disappointed to see little investment in community-based services that ensure patients can maintain a successful recovery after exiting inpatient treatment.

A controversial measure to loosen 42 CFR Part 2, the regulation governing the privacy of SUD treatment records, was not included in the final bill.

The final compromise opioid package contains over 70 opioid-related bills. For a more comprehensive summary of the package's provisions, please see the section-by-section summary here.

Education Opportunities:

MyStrength Offers 3rd Part in Webinar Series on Addressing SUD and the Opioid Crisis

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

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

[Part 3] The Role of Technology in Solving the Opioid Crisis
Date: November 7 at 2 p.m. ET
Presenters: Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength, Bonni Hopkins, PhD, VP Analytic Innovation and Strategy – Beacon Health Options and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

Join us to discuss the **state of the opioid epidemic in healthcare**, including what progress has been made since the commission report release and declaration of a national State of Emergency. Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse at the National Council for Behavioral Health, will moderate a discussion with clinical experts about the current state of healthcare as it pertains to moving the needle on the opioid epidemic. We'll also hear from Bonni Hopkins, PhD, VP of Analytic Innovation and Strategy from Beacon Health Options, about **how they have used technology to support their efforts**.

Where should healthcare providers, health systems, health plans and payers go from here?
How can the newest digital tools impact self-reported opioid use, quality of life and health outcomes?
What is the role of research in shaping technology to help manage healthcare crises?
What role can predictive modeling play to ensure good opioid stewardship, reduced risk and prevention of dependence?

This webinar is featured as one of a 3-part webinar series from Relias on **Addressing Substance Use Disorders (SUDs) and the Opioid Crisis.** Click below to learn more and register:

http://go.reliaslearning.com/opioids-wbn-series-hub.html?utm_source=partner&utm_medium=email&utm_campaign=partner-toolkit_webinar-hub_opioids

MDHHS announces training on best practice in autism evaluation for Medicaid providers

WHO SHOULD ATTEND?

Psychologists, physicians, social workers, BCBAs, BCaBAs, supervisors, medical directors, and other medical and mental health professionals and administrators serving the Medicaid population who are interested in learning about the best practices in the evaluation of autism spectrum disorder.

The Department of Psychology at Wayne State University is approved by the American Psychological Association to sponsor

ABOUT THE TRAINING

The Michigan Department of Health and Human Services (MDHHS) and Dr. Kara Brooklier have partnered to present Best Practice in Autism Evaluation, a course designed to provide mental health professionals and administrators with an understanding of the process for accurate diagnosis of autism spectrum disorder in toddlers, children, and teens. The focus of this course will surround 1) understanding the core symptoms of autism, 2) common differential co-morbid conditions, and 3)best practices for evaluation from data gathering to clinical formulation and caregiver feedback. Aspects of assessment needed for differential and co-morbid diagnosis of autism spectrum disorders will be thoroughly reviewed.

LEARNING OBJECTIVES:

1. Participants will be aware of the core variables and symptoms associated with autism spectrum disorder

2. Participants will be able to identify common conditions in the differential diagnosis of autism spectrum disorders

ABOUT DR BROOKLIER:

Dr. Kara Brooklier has been a practicing pediatric neuropsychologist for over 15 years. Her specialization is in the area of neurodevelopmental disorders and specifically autism spectrum disorders. She is Director of Neuropsychological Services at the Children's Center of Wayne County and is clinical training faculty at Children's Hospital of Michigan and Wayne State University Department of Psychiatry & Behavioral Neurosciences. Dr. Brooklier works with her team of staff psychologists, doctoral interns, and postdoctoral fellow to conduct neuropsychological and differential diagnostic evaluations of autism spectrum disorders and associated neurodevelopmental conditions.

continuing education for psychologists. The Department of Psychology at Wayne State University maintains responsibility for this program and its content.

3. Participants will demonstrate understanding of the best practice process for diagnosis of autism spectrum disorder in toddlers, children, and teens

REGISTRATION INFORMATION

DATE: November 27,2018

TIME: 9:00 am- 12:00 pm

LOCATION: The Children's Center (Training Rooms A&B) 79 W. Alexandrine, Detroit MI 48201

CAPACITY: 70 attendees

REGISTER HERE: https://goo.gl/ifn1Eu

DATE: December 7, 2018

TIME: 9:00 am- 12:00 pm

LOCATION: South Grand Building (Grand Conference Room) 333 S. Grand Avenue, Lansing MI 48933

CAPACITY: 100 attendees

REGISTER HERE: https://goo.gl/QUaXrq

myStrength, Relias, and partners offer opioid crisis webinar

Webinar: The Role of Technology in Solving the Opioid Crisis
Date: 2:00 p.m. EST on Wednesday, November 7

Register Now

Can't make it? Register anyway to receive a link to the recording!

A lot has happened since last year's opioid commission report and declaration of a national Public Health Emergency… Or has it? Join us at 2 p.m. EST on November 7th as experts from Beacon Health Options, the National Council for Behavioral Health, Relias, and myStrength discuss the current state of the opioid crisis and what providers and payers can do about it.

Unlike any webinar you've attended before, this presentation offers an engaging and conversational panel discussion about the crisis – which is impacting all genders, most age groups, and all income levels; with less-educated groups being hit the hardest.

Coming Soon: myStrength Support for Opioid Recovery

Each day, more than 130 people in the U.S. die from opioid-related drug overdoses. ***myStrength***, a digital self-care platform for behavioral health and overall well-being, will soon announce expansive new resources to support prevention, treatment and recovery from opioid use disorder, including new tools to educate individuals about medication-assisted treatment (MAT). Join this webinar to learn more about the rich new evidence-based resources, and stay tuned for the launch announcement!

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.

- November 7 – Lansing Click Here to Register for November 7 *Full – Registration Closed!*
- 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: November 13-14

Registration is open for the 2018 Annual Home and Community Based Waiver Conference November 13-14, 2018 at the Kellogg Hotel and Conference Center in East Lansing.

Click Here to Register:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5208&AppCode=REG&CC=118101003651&REGTYPE=4002-51&REGTYPE=TUESATTENDEE&REGTYPE=4002-22&REGTYPE=4002510

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, administrative staff, providers, autism coordinators, people receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Conference Rate: Full Conference is $170. One day rate is $100. Rates include breakfast and lunch and materials. (Yes, we will be making photocopies of presentations that we have received).
Special Rate: A special $20 conference rate will be offered for people receiving waiver services and their family members.

Michigan Developmental Disabilities Council – Upcoming Events

The Michigan Developmental Disabilities Council is hosting learning opportunities and a train-the-trainer session November 26-28, 2018, at the Kellogg Hotel & Conference Center in East Lansing, MI.

Monday, November 26th Charting the Course to Employment Summit:
Join us to learn about Charting the LifeCourse and the roles we hold in our day-to-day lives to support individuals with Intellectual and Developmental Disabilities (IDD). You will learn about key principles for supporting individuals and engaging families to enhance a person-centered approach for planning and supporting life experiences that will provide preparation for employment.

Tuesday, November 27th Train-the-Trainer: Family Engagement around Employment and Partnering with Families around employment:
The Michigan Employment First Initiative has sponsored the creation of two training resources to build the capacity of educators, employment professionals and advocates in Michigan to better engage families around employment. This event will provide curriculums and presenter notes for each.

Wednesday, November 28th Charting the LifeCourse Community Wide Event:
Join us for this interactive, hands-on workshop to learn about tools that can be used at every life stage to enhance a person-centered approach for planning and supporting life experiences that support a person to reach their vision of the life they choose.
The cost to attend each day is $20. There are scholarships available for self-advocates and family members. Please call the DD Council office at 517-335-3158 to request a scholarship. Registration deadline is November 16th. Space is limited so please register ASAP!

Please contact Yasmina Bouraoui at bouraouiy@michigan.gov, with questions related the Employment Summit and Family Engagement Train-the Trainer, or Tracy Vincent at vincentt1@michigan.gov with questions about the Charting the LifeCourse Community wide Event.

NASW-Michigan's Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE)

Join together with hundreds of social justice advocates from around Michigan for the largest annual gathering of social workers in the state! This all-day event features an advocacy oriented keynote address, networking opportunities, social justice forums, and 16 workshops on legislative issues, political action, and advocacy efforts. 5.5 CEs (1 in pain available) will be awarded to social work licensed attendees. The event is held at the Lansing Center November 1 from 9-4:40. Register here: https://bit.ly/2OTRmED

HMA Health Home Webinar

Medicaid Health Homes:
Lessons from the Field for Successful Development, Implementation
Tuesday, October 30
1 to 2 p.m. EDT

Health Homes have been implemented in at least 22 states under the federal Medicaid Health Home state plan option, and initial results illustrate the potential for meaningful improvements in the quality and cost of care associated with serving individuals with chronic physical, mental, or behavioral conditions.

During this webinar, HMA experts will discuss some of the key lessons learned in these early Health Home initiatives, with a special emphasis on the experience in New York and the District of Columbia. The webinar will also provide practical solutions for the successful development, implementation, and refinement of Health Home care models.

Register at:
https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU_unq-ett74Gw6YDzKZbHVPhhsj6Qk6fw2%26

Miscellaneous News and Information:

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, Click Here!

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that

advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

- Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.
- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: https://www.mpas.org.