



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

February 16, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
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Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter.

So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced.

WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

Northeast Guidance Center announces Anti-Stigma Forum

Northeast Guidance Center's (NEGC) annual Anti-Stigma Forum is slated for:

Thursday, May 3rd
5pm-7:30pm
The Salvation Army
3000 Conner
Detroit.

This event is free to attend and focuses on the impact of the opioid epidemic on children and adolescents (see details above). Speakers will share personal experiences, bring awareness to the national epidemic and discuss ways Michigan is working to reduce overdoses, addiction and deaths. The

Anti-Stigma Forum is held during Mental Health Awareness Month and focuses on issues of mental health and the associated stigma.

Speakers include:

Ken Daniels, a play-by-play announcer for the Detroit Red Wings who lost his 23-year-old son to an opioid overdose. Daniels presents a strong and powerful message to the community, especially student athletes and parents, about the ever growing opioid crisis.

Jacque Liebner and Corey Warren are a mother and son duo who founded WAI-IAM, a Lansing-based non-profit that focuses on prevention, awareness and post-treatment services for substance abuse. Their presentation, Straight Talk, focuses on Corey's experience as a former heroin addict and how Jacque dealt with the many trials and tribulations of Corey's journey to sobriety.

Community Network Services (CNS) has a unique Anti-Stigma Program, which combines educational information with poetry and music into a presentation that spreads the message that hope and recovery with a mental illness is possible.

Audiences invited to attend this free event include parents, grandparents, educators, social workers, high school students, youth groups, church members, pastors, law enforcement, first responders and others who need to know about opioids and why the epidemic is spreading so rapidly in SE Michigan.

RSVP by April 30th to scommon@neguidance.org , call 313-308-1416 or go to <https://www.neguidance.org/event/anti-stigma-forum/> and click on the RSVP button.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association issues editorial: Need to boldly face the causes of gun violence rather than scapegoating those with mental illness

The recent mass shooting in Florida is a tragedy, especially when preceded by the shooting in Sutherland Springs, Texas, only a few months ago. The continual, devastating tragedies call us to examine and take action on the real causes of gun violence in America, as these tragedies continue to arise. Together, we must bravely discuss the real actions needed to dramatically reduce gun-related violence in our country.

To be clear, my call for such a clear-eyed examination is not an argument for or against gun control. That is a different topic for a different day. In the wake of the Florida school shooting, I am calling, as are many others in the mental health and public safety arenas across the country, that we stop derailing this difficult but sorely needed examination by scapegoating, in the wake of tragic mass shootings, those with mental illness, while doing nothing to address this nation's gun violence nor its mental health needs.

Attempts to connect every violent act to mental illness represent an inaccurate and simplistic analysis to a complex problem. Study after study has shown that **persons with mental illness are more likely to be victims of violence than perpetrators**. A comprehensive study of gun violence in America found that only 4% of American gun deaths are related to mental illness. The bulk of these are suicides and do not involved violence to others.¹

Additionally, if mental illness were truly the cause of gun violence, then other developed countries with comparable mental health spending, and mental health practitioners per capita would have similar levels of gun violence. None of them do.

While there are 33 gun deaths in the U.S. per year, per million people, there were only 5 per year, per million in Canada and 0.7 per million in Britain.²

Ironically, while repeatedly calling, after nearly every mass shooting, for the examination of a person's mental stability as part of gun purchase, Congress passed and President Donald Trump recently signed a bill eliminating rules, which would limit gun access for those with mental illness. While these prohibitions are controversial, given the delicate balance between civil liberties and public safety, eliminating this rule instead of refining it was a missed opportunity and sadly ironic.

Equally ironic is the contrast of the call, in the wake of a mass shooting, for improved access, by all Americans, to mental health services, while those sounding that call are also working to cut Medicaid and Affordable Healthcare Act (ACA)-supported health insurance which are among the chief tools for ensuring such access to mental health and substance use disorder treatment.

I mourn the victims of this senseless violence in Florida, as we have mourned for the victims so many high-profile killings, and those that do not make the press, over the past several years. I grieve for the families who have lost loved ones.

I, along with many across the country, want to ignite a conversation. A conversation around the real causes of gun violence and around the need to stop scapegoating those working so hard to live with and recover from mental illness.

Robert Sheehan is the chief executive officer of the Community Mental Health Association of Michigan (formerly, the Michigan Association of Community Mental Health Boards).

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Sources:

¹Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of epidemiology*, 25(5), 366-376.

²Zimring, F. E., & Hawkins, G. (1999). *Crime is not the problem: Lethal violence in America*. Oxford University Press.

Clear-eyed research-based response to recent school shootings

In the wake of the school shootings in Parkland Florida, Brian Van Brunt, the Executive Director of the National Behavioral Intervention Team Association, was recently interviewed on National Public Radio (NPR) and provided one of the more fact-based description of the causes of gun violence. Dr. Van Brunt went on to outline a set of level headed and research-based approaches to preventing mass shootings.

The interview can be heard at:

<https://www.npr.org/2018/02/16/586315515/intervening-early-to-stop-killers>

Learn more about the National Behavioral Intervention Team Association at: <https://nabita.org/>

MDHHS releases recommendations to improve access to inpatient psychiatric services

Below is a recent press release, from MDHHS, on the recent release, by the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) workgroup, of the report containing a series of recommendations to improve access to inpatient psychiatric care.

The Michigan Department of Health and Human Services (MDHHS) is taking action to improve access to inpatient psychiatric services for Michigan residents by implementing recommendations that address staffing, expanded treatment options, health information sharing and financing and reimbursement.

In July 2017, MDHHS launched the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) initiative to investigate ongoing barriers to accessing inpatient psychiatric services in the state. A workgroup composed primarily of providers and payers analyzed the issue and produced a report of its recommendations in October 2017. MDHHS analyzed statutory, regulatory and fiscal impacts of implementing MIPAD's recommendations. Based upon this analysis, MDHHS has identified 19 of these recommendations for short-term action in 2018.

“Over the last several decades, the number of inpatient psychiatric beds has decreased, and health care providers have increasingly struggled to secure inpatient services for individuals who are in psychiatric crisis,” said Lynda Zeller, MDHHS’s Director of Behavioral Health and Developmental Disabilities Administration. “Taking immediate action on these recommendations will help Michigan residents get the psychiatric services they need.”

In 1993, community hospitals in Michigan had 3,041 adult psychiatric beds and 729 child/adolescent psychiatric beds. In 2017, that number dropped to 2,197 adult beds and 276 child/adolescent beds. The lack of psychiatric beds has escalated the pressure on hospital emergency departments, which are called to serve individuals on voluntary and involuntary psychiatric holds while awaiting transfers to psychiatric facilities. For example, Michigan emergency departments experienced 52,671 visits from 34,517 Medicaid beneficiaries who had a principal mental health diagnosis in 2016.

MDHHS will continue to engage stakeholders throughout the implementation process. In addition, the department will explore opportunities to partner with the House C.A.R.E.S. Task Force on improving access to inpatient psychiatric services. Grant funding from the Michigan Health Endowment Fund will be used to jumpstart the implementation process.

The workgroup's full report is available online at: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_85156---,00.html

How Medicaid work requirements will harm people with addictions

The Center on Budget and Policy Priorities recently released a report outlining how new Medicaid work requirements, such as those approved in Kentucky and Indiana, threaten recent gains in health coverage and treatment access for individuals with addiction. The report points out that despite certain designated exemptions, many people with substance use disorders (SUDs) will not be exempt from work requirements. Even those who are eligible for exemption will likely have trouble proving it due to bureaucratic obstacles and concerns with revealing a SUD to a public Medicaid agency. Further, many people with SUDs face significant employment barriers, making it unlikely they will be able to meet these new requirements. Read the report here. <https://www.cbpp.org/research/health/how-medicaid-work-requirements-will-harm-people-with-substance-use-disorders>

Center for Bioethics announces blog on Medicaid and health policy

The Michigan State University's Center for Ethics and Humanities and Life Sciences recently announced a blog, "At a Crossroads: Medicaid and Health Policy in the U.S." The blog, led by Dr. Hannah Giunta, can be found at: <https://msubioethics.com/2018/01/30/at-a-crossroads-medicaid-and-health-policy/>

National Council offers webinar: Get Upstream to Reduce the Opioid Epidemic

Join Dr. Karl Haake, Pain Management Consultant for the Missouri Primary Care Association, and Dr. Leigh Steiner, Senior Analyst of Clinical Analytics and Applications at Relias, for a discussion on rethinking the healthcare response to pain before dependency starts.

The discussion will include leveraging behavioral health clinician expertise in assessing for behavioral health concerns that may exacerbate the pain condition and utilize behavioral health expertise in assisting persons with pain management behavioral techniques.

The webinar will be held on:

Date: February 22, 2018
Time: 2:00 p.m. ET
Duration: 1 hour

Register at:

http://go.reliaslearning.com/WBN2018-02-22OpioidCrisis_Registration.html?utm_source=marketo&utm_medium=email&utm_campaign=wbn_2018-02-22_opioid_crisis_hhs_pay&mkt_tok=eyJpIjoiWTJabE5ETTNOIk0WlROaClslInQiOiYK1hhaXBWNENPRjdZYzBjWUUh0Ymhjd01EZ2VxU2N2d0dXK1pGeVpHRFpaWTJsZERzY2hhWmNBMXZKdXRUd0Rha3NCTWdXNzZlK2IUdFhTcHN0Zk1leXpscE5hdStMTXoxYVwvRXA0c1hlM2V0RndJQ3hZcHIYZVhmM056K3pzek8ifQ%3D%3D

CDC funded program announces suicide prevention initiative aimed at men

Below is a recent announcement of the work of the Healthy Men Michigan initiative in the area of suicide prevention. This effort, funded by the federal Centers for Disease Control (CDC) provides a number of tools for communities to use to prevent suicide among men.

Suicide is the leading cause of injury death among men in Michigan

Luckily, there is a new resource to help men deal with their mental and emotional health.

What is Healthy Men Michigan? The HealthyMenMichigan.org campaign is a statewide initiative designed to promote mental health and wellbeing among working-aged men. The website offers free online screening and referral resources for several mental health issues, including suicide, and access to local, quality treatment options. Based on anonymous screening results, some men will be invited to participate in a voluntary, paid research study testing the effectiveness of a new male-focused online program.

Visit HealthyMenMichigan.org to take a screening and to learn more: <http://healthymenmichigan.org/>

Dr. Jodi Jacobson Frey is PI for a voluntary research study connected to the campaign. To learn more about the research, please visit <http://www.ssw.umaryland.edu/healthymenmichigan/>.

We are currently seeking organizational and community partners throughout Michigan to help promote the HealthyMenMichigan.org Campaign.

How do I get involved? Follow these three easy steps to become a promotional partner and support this CDC-funded statewide initiative:

- 1 Join the Healthy Men Michigan e-newsletter mailing list by emailing us at healthymenmichigan@mentalhealthscreening.org
2. Get your free Healthy Men Michigan promotional materials to share in your community
 - Visit the Healthy Men Michigan Downloadable Resource Center (DRC) at [HealthyMenMichigan.org/toolkit https://mentalhealthscreening.org/materials/healthy-men-michigan-downloadable-resource-center/sMhhmm2016](https://mentalhealthscreening.org/materials/healthy-men-michigan-downloadable-resource-center/sMhhmm2016)
 - to access flyers, posters, social media posts, graphics and PSA scripts.
 - Order promotional materials like posters, coasters and other hand-outs that will be shipped to you at no cost from <https://shop.mentalhealthscreening.org/collections/healthy-men-michigan>.
- 3 Take the Take 5 Pledge to help spread the word about Healthy Men Michigan
 - Add a link to www.HealthyMenMichigan.org on your company's website
 - Add a link to www.HealthyMenMichigan.org in your company's newsletter
 - Send promotional emails and social media posts to community members
 - Bring promotional materials to local venues
 - Share promotional materials at men-specific locations and events

If you have any questions about Healthy Men Michigan, or would like to become a promotional partner, email us at HealthyMenMichigan@mentalhealthscreening.org.

National Council announces NatCon 2018

The National Council for Behavioral Health, of which this Association, and all of its members, are members, is holding its 2018 annual conference, NatCon. NatCon is the annual conference of the National Council for Behavioral Health, of which all of the members of the CMH Association of Michigan are members and receive discounts on the registration of the CMH Association's staff and Board members, to NatCon. NatCon 2018 takes place in Washington DC from April 23 through 25, 2018

Be Present

Join more than 5,000 leaders – like you – and explore health care's greatest innovations in practice improvement, financing, integrated health care, technology, policy and advocacy and professional development at the National Council Conference, NatCon18.

Be Supported

NatCon18 is hosted by the National Council for Behavioral Health, the unifying voice of America's mental health and addictions treatment organizations.

Be Informed

At NatCon18, you'll get the information and the tools you need to improve your practice and bottom line as you learn what the future looks like and how to prepare to compete in the new health care world.

Be Active

Exercise your right to meet your representatives on Capitol Hill. Join the National Council's Hill Day, happening right after NatCon18.

Be Heard

NatCon18 is the single biggest event for behavioral health – a powerful gathering of leaders in health care. We invite you to join your community. Bring your passion. Share your experience. Lend your voice.

NatCon 18 will be hosting some of the biggest names in our space, including Brené Brown, former Surgeon General Vivek Murthy, Elisabeth Rosenthal, Meet the Press Moderator Chuck Todd, Elinor McCance-Katz and many more.

You can learn more about NatCon 18 and its offerings at: <https://natcon18.thenationalcouncil.org/>

2018 Michigan Rural Health Conference

The Michigan Center for Rural Health recently announced the 2018 Michigan Rural Health Conference. Below is that announcement:

Please join us for the 2018 Michigan Rural Health Conference May 3-4, 2018 at the Soaring Eagle Casino & Resort in Mt. Pleasant, Michigan.

The theme of this year's conference is, "Innovations in Rural Health." Participants will gain new knowledge of timely and effective methods to enhance their organization. Whether it's concentrating on improving clinical quality, leadership, managing staff, or focusing on patient satisfaction, participants will have the opportunity to learn from subject matter experts and rural health peers. The conference sessions will feature a variety of informative topics such as a Federal Update on Rural Health Issues, MACRA: Using Data to Capture Quality, The Quality Payment Program: 2018 Rule Updates and Strategies for Successful Participation, Cyber

Security, Benefits of Care Management, Behavior Health, and Opioid Discussion Panel, as well as several other valuable presentations.

Who Should Attend?

This conference is designed to be of interest to a wide range of rural health advocates including community leaders, clinicians, administrators, board members, public health officials, rural health clinics, federally qualified health centers, local health departments and others interested in the development of healthcare in their community.

Speaker Presentations

Speaker presentations will be available one to two days prior to the conference. Visit [the Michigan Rural Health Conference](#) section on our website to get the presentations. *Please note paper copies will not be available at the conference.*

Information about the conference can be found at:

<http://events.r20.constantcontact.com/register/event?llr=9qwxeymab&oeidk=a07eevkh9kl85e9c29c>

Register at:

<https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eevkh9kl85e9c29c&oseq=&c=&ch=>

National Council offers webinar on support for persons with schizophrenia

Below is a recent announcement from the National Council for Behavioral Health on the “Importance of Transitions of Care in the Management of Schizophrenia”

Managed care organizations face many challenges regarding transitions of care for their members with schizophrenia, from medication adherence to follow up after hospitalization. Join Alkermes and the National Council for a one hour webinar featuring real-world examples of payer and provider-led programs focused on transitions of care for individuals with schizophrenia.

A Montefiore Medical Center representative will share their experiences and observations with implementing care models focused on enhancing transitions of care for individuals with schizophrenia.

February 20th, 2:00 to 3:00 p.m. ET

Register here: <https://attendee.gotowebinar.com/register/1327681569103442435>

Presenters:

Chuck Ingoglia, MSW, Sr. Vice President, Public Policy and Practice Improvement, National Council for Behavioral Health

With more than fifteen years experience in behavioral health care, Chuck Ingoglia has worked as a provider, an advocate and an educator for government and public sector organizations at the national and local levels. In his current role, Mr. Ingoglia directs the federal affairs function of the nonprofit trade association as well as its policy and technical assistance outreach to more than 2,900 member organizations across the nation. Most recently, his efforts have centered on key issues such as Medicare Part D, the service implications of the federal Deficit Reduction Act, provider/physician reimbursement, the emergence of electronic health records and the coordination of behavioral health and primary health care.

Scott Wetzler, PhD, CEO, University Behavioral Health Associates; Vice Chairman, Department of Psychiatry, Montefiore Medical Center/ Albert Einstein College of Medicine

A national leader in population health approaches for the behavioral health population, Dr. Wetzler oversees the behavioral health component for Montefiore Medical Center's Accountable Care Organization.

LEGISLATIVE UPDATE

FY19 Executive Budget Proposal

Upcoming DHHS Committee Meetings

Senate DHHS Budget Committee

Committee: Senate Health and Human Services Appropriations Subcommittee

Location: Room 1100, Binsfeld Senate Bldg, 201 Townsend Street, Lansing MI

Date: Tuesday, February 20, 2018

Time: 1:00 – 2:30PM

Agenda 1. Child Welfare Services Public Assistance and Field Operation
2. Public Testimony

House DHHS Budget Committee

Committee: House Health and Human Services Appropriations Subcommittee

Location: Room 352, House Appropriations, State Capitol Building, Lansing, MI

Date: Wednesday, February 21, 2018

Time: Noon – 1:30PM

Agenda 1. Behavioral Health & Developmental Disabilities Administration presentation
2. Public Testimony

House CARES Update

Over the past couple of weeks a number of bills have been introduced from the House of Representatives' CARES (Community, Access, Resources, Education and Safety) Task Force, which convened last summer to explore Michigan's mental health system. Below is a list of the bills that have had at least a committee hearing in the past month and a link to the full task force report.

<https://house.mi.gov/PDFs/HouseCARESTaskForceReport.pdf>

HB 5085 – dedicates 4% of the unmarked money raised through Michigan's liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than \$17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders.

HB 5439 – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website.

HB 5460 – require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers.

HB 5461 – Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460.

HB 5524 – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid.

HB 5487 – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan.

HBs 5450-5452 – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes)

NATIONAL UPDATE

Trump Releases Budget Proposal, Seeks Medicaid Cuts and Opioid Funding

On Monday, President Trump unveiled his Fiscal Year (FY) 2019 budget request — detailing his Administration’s legislative and regulatory priorities for next year. The document revives last year’s failed attempts to block grant Medicaid, boosts spending to combat opioid addiction, and outlines other major health care priorities. As with most presidential budgets, this proposal stands little chance of being enacted into law as written. Instead, the President’s budget proposal will act more as a messaging tool to Congress, which just passed a major budget deal boosting defense and non-defense discretionary spending limits last week.

It is important to note that it is the role of Congress, not the President, to design and pass the federal budget. Last week, Congress passed a bill establishing topline spending numbers for various federal policy priorities for the remainder of the current fiscal year (FY 2018) and FY 2019. Now Congress has until March 23rd to appropriate those funds to specific agencies and programs for FY 2018. At the same time, the President has released his budget plan for FY 2019, which starts Oct. 1, 2018, yet it remains to be seen if any of the President’s recommendations (detailed below) will be taken up by Congressional appropriators as they move through the budget process.

Among the highlights of the President’s budget request for the Health and Human Services Department (HHS) for FY 2019:

Medicaid and ACA Repeal: The White House’s budget proposal endorses the Graham-Cassidy health care bill, which would end the Affordable Care Act’s (ACA) Medicaid expansion and convert federal Medicaid funding into block grants to the states. Both measures would result in tremendous cuts to the Medicaid program, however, there appears to be little political willpower to pass these proposals now after multiple ACA “repeal and replace” attempts failed last year. The National Council strongly opposes any attempt to cut or cap Medicaid as these provisions would seriously harm individuals with mental illness and addiction who rely upon Medicaid coverage for life-saving care.

Beyond that, the budget also proposes making it easier for states to charge patients higher co-pays for emergency room visits and bolster requirements that Medicaid recipients show immigration status before enrolling. Many of these changes have already been endorsed and encouraged by the Centers for Medicare and Medicaid (CMS) as part of state Medicaid waivers.

Opioid and Mental Health Funding: The budget proposal includes \$10 billion in discretionary funding for HHS to fight the opioid crisis and outlines a number of policy changes in Medicare and Medicaid aimed at curbing drug abuse — part of a larger investment across government agencies to prevent and treat drug abuse. The proposal recommends some of these funds support an expansion of Certified Community Behavioral Health Clinics (CCBHCs) to care for people with serious mental illness and addiction. The budget also includes proposes allowing Medicare to provide comprehensive coverage for substance abuse treatment and requiring Medicaid to cover all three FDA-approved medication-assisted treatment (MAT) options including methadone, buprenorphine and extended-release naltrexone.

Importantly, mental health and addiction advocates should understand that the \$10 billion fund is likely not entirely new funding. Although details of the President’s budget are still emerging, some of the \$10 billion appears to be offset by proposed cuts to other health care agencies, including a \$668 million cut to the Substance Abuse and Mental Health Services Administration (SAMHSA) in FY 2019.

Late last week, the House and Senate passed a budget agreement to lift the budget caps and authorize an additional \$6 billion to help address the opioid epidemic over FY 2018 and FY 2019. Over the next two fiscal years, the \$6 billion will be allotted for various efforts to address opioid diversion and opioid addiction prevention and treatment. Funding will be distributed via state grants, taking into account each state’s opioid mortality rates. It is also not yet clear how this additional spending authority impacts the President’s FY 2019 budget proposal.

Further, the budget calls for all-but-eliminating the White House Office of National Drug Control Policy (ONDCP) and shifting its key grant programs to different agencies. The proposal requests \$17 million for the drug office, down from \$368.6 million last year. Most of that drop would come from moving the High Intensity Drug Trafficking Areas grant to the Justice Department, and the Drug Free Communities Act to HHS.

Prescription Drugs: With respect to enforcement, the budget proposes to establish HHS reciprocity with the Drug Enforcement Administration (DEA) to terminate provider prescribing authority for doctors who improperly prescribe addictive painkillers. The budget calls for cracking down on high opioid prescribers and utilizers in Medicaid and would also require plans to participate in a program to prevent prescription drug abuse in Medicare Part D.

NIH and Research Funding: The National Institutes of Health (NIH) would get \$35.5 billion, or a \$1.4 billion increase over fiscal 2018 funding levels. This includes \$750 million from a broader \$10 billion investment throughout HHS to fight the opioid crisis and address serious mental illness.

CMHAM ANNUAL SPRING CONFERENCE: NEW DATE/LOCATION & CALL FOR PRESENTATIONS

Update your calendars! The CMHAM Annual Spring Conference will now be held on:

Monday, April 30, 2018 – Pre-Conference Institutes
Tuesday, May 1 and Wednesday, May 2, 2018 – Full Conference
Diamond Center at Suburban Collection Showplace in Novi, Michigan

Click here for Call for Presentations: <https://macmh.org/annual-conferences>
Deadline Friday, March 2, 2018

TENTH ANNUAL GAMBLING DISORDER SYMPOSIUM

MDHHS & CMHAM Present: Michigan's Tenth Annual Gambling Disorder Symposium, “A Holistic Approach to Gambling Disorder Treatment...Mind, Body & Spirit.” The Symposium will be held on Friday, March 2, 2018 at the Diamond Center at Suburban Collection Showplace in Novi, Michigan.

Registration Fee: \$35 per person and includes all materials, continental breakfast, lunch and refreshments.

[To Register Click Here!](#)

Symposium Highlights:

- Assessment and Treatment of Gambling Disorder with an Emphasis on High Risk Populations
- Problem Gambling: A Growing Epidemic Among Youth & Using Adverse Childhood Experiences (ACE) in Treatment
- Neurobiology of Gambling and Other Addictions
- Prevention: An Open Panel Discussion
- Treating Gambling Disorder with Mindfulness and Spirituality
- The Problem Gambler and the Criminal Justice System
- Insider's View of Gamblers Anonymous: Open Meeting
- Gambling Behavior - it's Functional

SOCIAL WORK ETHICS, ADDICTION & PAIN MANAGEMENT TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Social Work Ethics, Addiction and Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC, on the following dates. Registration will open on February 26th.

- March 21 - Lansing
- April 25 - Lansing
- May 30 - Lansing
- June 27 – Battle Creek/Kalamazoo Area
- July 11 - Novi/Detroit area
- August 22 - Lansing

CMH Association committee schedules, membership, minutes, and information go to our website at <https://www.macmhb.org/committees>

EMDR Training

Trauma Recovery/EMDR Humanitarian Assistance Programs presents Eye Movement Desensitization and Reprocessing (EMDR). EMDR Basic Training consists of Weekend I (April 11-13, 2018) and Weekend II Training. Each training event is three days of didactic and supervised practice. To complete Trauma Recovery/HAP's EMDR Training, each participant is required to complete 10 hours of consultation. Each participant/agency must arrange for consultation hours on their own, through the HAP Consultant Directory. If you have staff interested, please email awilson@cmham.org for more information.

Have a Great Weekend!