



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

April 6, 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:

- New e-mail addresses for Association staff
- Association soon to announce new membership opportunities
- Friday Facts to become a members-only electronic newsletter

- State and National Developments and Resources
 - Highlights of the FY 2018 Omnibus Federal Spending Package
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- Ethics Training for Social Work and Substance Abuse Professionals for 2018
- CMHAM Spring Conference
- DBT SUMMIT
- MOTIVATIONAL INTERVIEWING FOR CHILDREN'S TRAINERS
- Smoking Cessation Leadership Annual Collections:2016 and 2017 Recorded Webinars
- CMHAM Association committee schedules, membership, minutes, and information

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
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apepper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

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.**

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Highlights of the FY 2018 Omnibus Federal Spending Package

Below is a summary of the recently signed FY 2018 federal budget, excerpted from a detailed report compiled by the National Association of Counties (NACo); a CMH Association staff member is a member of the NACo Board of Directors, representing NACBHDD).

Last week, nearly six months after the start of federal fiscal year (FY) 2018, Congressional leaders reached agreement on a spending package that funds the federal government through the end of the fiscal year on September 30, 2018. President Trump signed the 2,232 page, \$1.3 trillion spending package into law on Friday, March 23, averting a government shutdown and bringing an end to months of short-term funding extensions and partisan jostling over spending levels and policy riders.

The overall \$1.3 trillion of appropriations in the omnibus bill – a combination of \$692 billion in defense funding and \$591 in non-defense funding – represents the highest level of funding for the federal government since FY 2011. While this increase in federal spending will benefit counties on a number of fronts, as outlined in detail throughout this document, it will likely push the federal deficit past \$1 trillion by next year, reaching that dubious milestone for the first time since 2012.

Counties

To see NACo's full analysis: <http://www.naco.org/featured-resources/highlights-fy-2018-omnibus-federal-spending-package-counties>

Highlights for how FY18 federal budget impacts counties' role in health are included below:

U.S. Department of Health and Human Services (HHS)

The omnibus funds the U.S. Department of Health and Human Services at \$78 billion, a \$10 billion increase above FY 2017 levels. The legislation targets funds for effective, proven programs improving the health, safety and quality of life for Americans. Much of the increase in HHS spending levels for FY 2018 is due to Congress' commitment to address opioid abuse.

Public Health Programs

- Centers for Disease Control and Prevention: Approximately 2,800 local public health departments, two-thirds of which are county-based, receive roughly 25 percent of their funding from the federal government, primarily through the Centers for Disease Control and Prevention (CDC). The CDC receive \$8.3 billion, a \$1 billion increase compared to FY 2017. Notably, CDC would receive an additional \$350 million to advance the understanding of the opioid overdose epidemic and scale up states' prevention activities. Other significant increases of relevance to counties include a \$45 million increase for public health preparedness and \$30 million for infectious diseases programs.
- Chronic disease prevention and health promotion programs: Discretionary funding in support of public health efforts to prevent the leading causes of preventable deaths are increased by \$47 billion, including a \$5 million increase to support efforts in high obesity counties. The Prevention and Public Health Fund – the first dedicated funding stream established in the Affordable Care Act to support community prevention efforts – is maintained at \$800 million. Other federally funded public health programs that support county public health efforts received level funding, including the Racial and Ethnic Approaches to Community Health (REACH) program and the Preventive Health and Health Services Block Grant.

Behavioral Health Programs

- The Substance Abuse and Mental Health Services Administration (SAMHSA): Approximately 750 county behavioral health authorities receive block grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to plan and operate community-based services for people with mental illnesses and substance use conditions.

SAMHSA receives \$5.2 billion, a \$1.4 billion increase over FY 2017 levels. SAMHSA's work specifically with mental health programs sees an increase of \$306 million and their work supporting substance use prevention and treatment activities receives \$1.1 billion in new funding.
- Programs to Enhance Behavioral Health Workforce: The omnibus provides an increase of \$25 million to expand both the mental health and substance abuse workforce and expands eligibility for loan repayment through the National Health Service Corps to include substance abuse disorder. In addition, certified community behavioral health clinics receive an increase of \$100 million and mental health first aid programs are increased by \$5 million.
- SAMHSA's Community Mental Health Services Block Grant: SAMHSA's Community Mental Health Services Block Grant, which helps funds counties' mental health services, receives an increase of \$160 million over FY 2017 levels, for a total of \$701.5 million.
- SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grants: SAPT Block Grants, which county behavioral health authorities have traditionally relied upon, receive level funding at \$1.9 billion. The report language recommends states be given greater flexibility under SAMHSA to focus on opioid prevention activities and direct resources in accordance with local needs.

- Opioid State Target Response Grants: Originally created under the 21st Century Cures Act, funding for the Opioid State Target Response Grants is doubled to \$1 billion in its second year. While a percentage of the funds is allocated to states with the highest mortality rates due to opioid use disorders, no state will receive less than \$4 million. Also of importance to counties, a new "Rural Communities Opioid Response" program is funded at \$130 million with the explicit aim of reaching hard-hit rural communities across America.
- Substance Use Policy Rider: While the omnibus maintains a prohibition on using federal funds for the purchases of syringes or sterile needles, it does allow communities with rapid increases of HIV and Hepatitis cases to access federal funds for other activities, such as counseling and treatment referrals.

White House Announces Initiative to Combat Opioid Epidemic

Below is a summary of the recently announced White House plan to address the nation's opioid crisis, excerpted from a detailed report compiled by the National Association of Counties (NACo; a CMH Association staff member is a member of the NACo Board of Directors, representing NACBHDD).

On March 18, the White House announced President Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand, a three-pronged strategy to address the nation's ongoing opioid epidemic. The initiative will focus on reducing demand and over-prescription of opioids; cutting off the supply of illicit drugs; and expanding treatment options for individuals struggling with addiction.

The administration's announcement follows up on a November 2017 report of policy recommendations issued by the White House's opioid commission, which featured multiple proposals aimed at addiction prevention, addiction treatment and drug interdiction. The commission was established by President Trump shortly after his inauguration and was led by former New Jersey Governor Chris Christie.

In the White House's new initiative, which incorporates many of the recommendations put forth by the opioid commission, specific steps are listed for each of the initiative's three overarching goals. A county-focused summary of these steps is listed below, and you can read a full outline of the initiative [here](#).

- Reducing demand and over-prescription: To educate Americans about the dangers of opioids and other drug use and to curb over-prescription of addictive painkillers, the president's initiative calls for the launch of a nationwide media campaign to raise public awareness about the dangers of prescription and illicit opioid use, as well as other drug use. The initiative also calls for the implementation of a "Safer Prescribing Plan" that would cut nationwide opioid prescription fills by one-third within three years, and would also support a nationally interoperable Prescription Drug Monitoring Program network.
- Cutting off the supply of illicit drugs: The initiative calls for a crack-down on international and domestic illicit drug supply chains, in part by securing land borders, ports of entry and international mail shipments against illegal smuggling. The initiative also calls for increased enforcement by the U.S. Department of Justice (DOJ) against corrupt or criminally negligent doctors, pharmacies and distributors, and calls for use of the death penalty against drug traffickers, where appropriate under current law.
- Helping those struggling with addiction: To help individuals with substance use disorders, the initiative calls for increased supply of naloxone to first responders, expanded access to evidence-based treatment (including Medication-Assisted Treatment), on-demand access to evidence-based treatment for veterans and funding opportunities to states and counties to improve nationwide overdose tracking systems that will help facilitate rapid deployment of resources to hard-hit areas.

Notably, the initiative also calls for legislative changes to the law prohibiting federal Medicaid reimbursement for residential treatment at certain facilities with more than 16 beds, and states that the administration will continue to approve state Medicaid waivers on this issue. NACo has long supported and prioritized federal legislative or regulatory changes that would alleviate this prohibition on Medicaid reimbursement, which is commonly referred to as the Institution for Mental Disease (IMD) exclusion.

Finally, the initiative calls for increased support for state and local drug courts that provide offenders struggling with addiction access to treatments as an alternative to, or in conjunction with incarceration, or as a condition of supervised release.

To read the full article: <http://www.naco.org/blog/white-house-announces-three-pronged-initiative-combat-opioid-epidemic>

Addressing the emerging SMI and opioid crisis

Below is an excerpt from a recent article in Behavioral Healthcare Executive on a range of approaches to addressing this nation's opioid crisis, drawn from an article written by Ron Manderscheid, PhD, Exec Dir, NACBHDD and NARMH

Evidence from the field suggests that a new, more complex health problem is emerging for persons who have serious mental illness (SMI). Today, a large and growing proportion of these individuals also use or are dependent upon opioids. Anecdotal reports from the field suggest that up to half of adults with SMI in our urban areas, particularly those with schizophrenia or bipolar disorder, have this comorbidity.

The devastating effects of opioids are well known. With today's much stronger formulation of prescription opioids that include fentanyl or k-fentanyl (a particularly strong version of fentanyl produced in China), one can become addicted with the use of as few as three or four pills. Street opioids, such as heroin laced with impure k-fentanyl, can lead to death with a single use. Overdose and death are very common; naloxone can save lives, but is not yet broadly available to persons with SMI, especially those who are homeless and live on the streets.

And other equally tragic effects can occur as well. Within as short as 30 days of starting to use opioids, the likelihood doubles that one also will develop depression. And the reverse also is true: a person with depression has twice the likelihood of using or becoming dependent upon opioids. Thus, this relationship is a downward-spiraling vicious cycle likely to lead directly to death from overdose or indirectly from suicide.

Read more at: <https://www.behavioral.net/blogs/ron-manderscheid/prescription-drug-abuse/address-emerging-smi-and-opioid-crisis>

Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions

National Dialogue on Behavioral Health
October 28 – 31, 2018
New Orleans, Louisiana

Save the date - more information to come in future Friday Facts editions;

Website: www.nationaldialoguesbh.org

For more information: norwome@msh.state.ms.us
601-351-8062

Sponsored by the National Association of County Behavioral Health and Developmental Disability Directors and the National Association of State Mental Health Program Directors

Behavioral Health Advisor's edition on regulatory issues related to health care integration

Community behavioral health organizations (CBHO) often contract with primary care practices to provide comprehensive, integrated care to clients. These relationships can be fraught with regulatory pitfalls and grey areas, leaving CBHOs open to fines or litigation. The newest issue of [Behavioral Health Advisor](#) offers practical advice for crafting sound Purchase of Services arrangements, a way to ensure that you and your primary care partner can obtain the services you need in a safe, effective manner. Additionally, subscribers will have their questions answered about the recently released 42 CFR Part 2 regulations governing privacy and confidentiality of substance use disorder records.

ABA Service Provider Directory

MDHHS created a Medicaid ABA Services Provider Directory. The ABA Directory lists the ABA agency by PIHP, shows the counties they service and if they are in home, center based or both. This shows the growth in ABA providers who have contracts with the PIHPs/CMHPs in Michigan and is a great resource to share with families, service providers, physicians and education partners in your area. The document is attached and can be found at: http://www.michigan.gov/documents/mdhhs/Michigan-Medicaid-ABA-Agency-Directory_616781_7.pdf

LEGISLATIVE UPDATE

Shirkey Gaining Support On Healthy Michigan Boilerplate Change

Two key lawmakers said they are supportive of Sen. Mike Shirkey's attempt to effectively require beneficiaries of Healthy Michigan to pay more in co-pays and annual premiums if they don't move out of the expanded Medicaid program to the individual insurance market after four years.

Both chairs of the appropriations subcommittees overseeing the Department of Health and Human Services (DHHS) budget said they like the idea of inserting a provision in the Fiscal Year (FY) 2019 spending plan to clarify that Michigan's 2013 Healthy Michigan law required recipient buy-in and that's not what they see is happening.

Instead, Rep. Ned Canfield (R-Sebewaing), a medical doctor by profession, said two-thirds of recipients don't pay their contributions and 60 percent don't pay their fair share of co-pays.

"I don't think that was the intent of the law these men and women thought they were passing," Canfield said. "I believe the Legislature that passed Healthy Michigan did a brilliant job of displaying how we can help people and then help them out of Medicaid."

Healthy Michigan is the 2013-passed Medicaid expansion program pushed by Governor Snyder that only passed a reluctant Republican-controlled Legislature after then-Rep. Shirkey and Sen. Roger Kahn (R-Saginaw) required DHHS to get two waivers.

The first required the expanded population of those making between 100 and 133 percent of the federal poverty level to contribute 2 to 5 percent of their income for service. The second required this population to pay up to 7 percent of their income after four years or find insurance on the health exchange.

A reluctant Centers for Medicare and Medicaid Services (CMS) under President Obama was among the reasons the waiver ended up getting implemented in a way that nobody is getting moved off the benefit, Shirkey said. "I believe the Department had some headwind, but I also believe it's not in the nature of the Department to design a system by which people go off the benefit," Shirkey said.

The result is that the program is not running consistent with statute and either the program needs to change or the statute. Neither Shirkey or Sen. Peter MacGregor (R-Rockford), chair of the Senate DHHS Appropriations Subcommittee, said they're interested in changing the statute. "What we passed in 2013 and what we've implemented is running in opposite directions," MacGregor said. "Something needs to change." For MacGregor, the point is not about saving the state money, it's about encouraging able-bodied recipients to begin training for the numerous skilled trades available in Michigan's job market. "I see this as a win-win," he said. He also noted Healthy Michigan was designed to push recipients to lead healthier lives. He's not sure that's being pushed either.

Shirkey said he understands that as it's currently being run, moving the expanded Medicaid population to the health insurance exchange would cost more money, but that's because the program isn't being run the way the law intended. "The department has to resubmit the waiver so it aligns with the statute," Shirkey said.

Sen. Curtis Hertel (D-East Lansing), a Democratic member on the DHHS Appropriations Subcommittee, said he's not convinced Shirkey is barking up the right tree with the boilerplate addition. Hertel commended Shirkey for the courage it took to move the Healthy Michigan program in 2013, but the law is written vaguely and is open to interpretation. "If you don't believe the Department is following the statute, there's a process for that and that's the courts," Hertel said. "This is up for interpretation, but I don't think a new legislature can interpret the meaning of an old Legislature and then try to put in boilerplate what a different law means."

While Shirkey was in the room when the law was written, that doesn't mean it's "his baby," Hertel said. "So while I have an enormous amount of respect for Sen. Shirkey and the work he did on the law, I think saying that his interpretation is the right interpretation gives him a lot more power than I'm comfortable with him having," he said.

Asked about earlier this month about Shirkey's concerns and if the state intended for this to unfold the way it has with the way it crafted the waiver, DHHS spokesperson Lynn SUTFIN said the transition to the exchange is being implemented in compliance with federal law. In addition, Sutfin said Shirkey "has made us and the Governor's office aware of his concerns and our legal teams are reviewing."

NATIONAL UPDATE

Stabenow Unveils New Legislation to Lower Cost of Prescription Drugs

U.S. Senator Debbie Stabenow (D-MI) this week unveiled new legislation aimed at lowering the cost of prescription drugs. Americans pay – by far – the highest prices in the world for prescription drugs. Prices for the most popular brand-name drugs have risen 208% from 2008 to 2016, according to AARP.

Stabenow is announcing three pieces of legislation that will combat rising prescription drug costs:

- The bipartisan ***Know the Lowest Price Act (S.2553)*** cracks down on outrageous gag clauses that stop pharmacists from telling customers that they could pay less for their prescription if they pay out of pocket.
- The ***Empowering Medicare Seniors to Negotiate Drug Prices Act (S.1688)*** would allow the Secretary of Health and Human Services to directly negotiate with drug companies for price discounts of their drugs, which is banned under current law.
- And the ***Affordable and Safe Prescription Drug Importation Act (S. 469)*** authorizes the Secretary of Health and Human Services to issue regulations permitting wholesalers, licensed U.S. pharmacies, and individuals to import

drugs from licensed Canadian sellers that are manufactured at facilities inspected by the Food and Drug Administration. Currently, Americans pay about 40 percent more on prescriptions per person than Canadians do.

More details on Senator Stabenow's prescription drugs legislation may be found at:
<https://www.stabenow.senate.gov/about/issues/lowering-costs-of-prescription-drugs>

Below is the press release of Senator Stabenow's Lansing press conference on this package of bills, at which the CMH Association staff was part of the panel

Stabenow Unveils New Legislation to Lower Cost of Prescription Drugs

U.S. Senator Debbie Stabenow (D-MI) today unveiled new legislation aimed at lowering the cost of prescription drugs during an event at Sparrow Health Center Lansing. Americans pay – by far – the highest prices in the world for prescription drugs. Prices for the most popular brand-name drugs have risen 208% from 2008 to 2016, according to AARP.

"I continue to stand up to the drug lobbyists and special interests because it is morally wrong to keep prices for your medications so high," said **Senator Stabenow**. "The passage of my legislation would make a major difference for Michigan families."

"The Know the Lowest Price Act is one important step that everyone can agree on to help address the issue of rising prescription drug prices," said **Stacey Pearl, Pharm. D, Director, Sparrow Pharmacy Plus**. "Sparrow is absolutely committed to helping the region and patients receive the best quality care and that includes making sure they get the medicine they need at the most affordable price."

"I rely on prescription medication to stabilize my diabetes and prevent heart attacks," said **Linda Addis, a 69-year-old senior living in Lansing**. "Last year, the price of just one of my medications tripled from \$683 to \$2,236 with zero warning. Another, my inhaler for asthma, went from \$367 to \$1,182. If I took all medications as prescribed, I would have reached the coverage gap for Medicare Part D at the end of February. I live on a fixed income of \$900 in Social Security and \$700 in pensions. I desperately need this medication and don't know what else to do but to only take the expensive medications sparingly."

"Access to psychotropic, or mental health, medications is critical for all of those in our country with mental health needs," said **Robert Sheehan, CEO Community Mental Health Association of Michigan**. "For many people, recovery and the maintenance of stable healthy relationships, meaningful employment, and academic success are contingent upon access to highly affective psychotropic medications. Access to these psychotropic medications is dependent on ensuring that the costs of these medications remain reasonable and that persons using these medications have the information needed to make decisions to keep these costs reasonable. We appreciate Senator Stabenow's longstanding leadership on these issues and her efforts to address the rising costs of prescription drugs."

Pharmaceutical and health product lobbying reached \$279 million last year, more than any other industry. Stabenow is announcing three pieces of legislation that will combat rising prescription drug costs:

- The bipartisan ***Know the Lowest Price Act (S.2553)*** cracks down on outrageous gag clauses that stop pharmacists from telling customers that they could pay less for their prescription if they pay out of pocket.
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- And the ***Affordable and Safe Prescription Drug Importation Act (S. 469)*** authorizes the Secretary of Health and Human Services to issue regulations permitting wholesalers, licensed U.S. pharmacies, and individuals to import drugs from licensed Canadian sellers that are manufactured at facilities

inspected by the Food and Drug Administration. Currently, Americans pay about 40 percent more on prescriptions per person than Canadians do.

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

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.

- April 25 - Lansing
- May 30 - Lansing
- June 27 –Kalamazoo
- July 11 - Troy
- August 22 – Lansing

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

To register: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa7fe5ej2fe8fc5&Lang=*

REGISTRATION OPEN: CMHAM ANNUAL SPRING CONFERENCE:



“Collaboration & Innovation: A Formula for Success”
Tuesday, May 1, 2018 & Wednesday May 2, 2018

The Diamond Center at Suburban Collection Showplace
46100 Grand River Ave, Novi MI 48374

[TO REGISTER CLICK HERE](#)

CMHAM SPRING PRE-CONFERENCE INSTITUTES:

Pre-Conference #1:

Healthcare Integration Efforts: Challenges and Successes in Other States

Monday, April 30, 2018

10:00am – 3:00pm (9:30am registration)

Member Fee: \$89 per person and includes materials and lunch

Non-Member Fee: \$107 per person and includes materials and lunch

[TO REGISTER CLICK HERE](#)

Pre-Conference #2:

Wearing the HIPAA Hat

Monday, April 30, 2018

1:00pm – 3:00pm (12:30pm registration)

There is no fee to attend; but registration is required and space is LIMITED.

[TO REGISTER CLICK HERE](#)

DBT SUMMIT

Register for the DBT Summit held on Thursday, April 19, 2018, at the Kellogg Hotel & Conference Center in East Lansing. The Summit has been approved for up to 12 Social Work CEs.

This summit is for attendees who have interest in the learning and dissemination of Dialectical Behavior Therapy (DBT) in a Community Mental Health Service Provider (CMHSP) or Pre-Paid Inpatient Health Plan (PIHP) setting or an agency who is a provider for CMHSP or PIHP. This includes administrators, clinical directors, case managers, clinicians, and peer support specialists. This educational opportunity is intended for publicly funded providers at all levels of practice (beginning, intermediate and/or advanced).

The cost \$125 per person. The fee includes training materials, continental breakfast and lunch. Deadline for Hotel room block is April 7, 2018. Call the hotel directly for reservations for reserved block of rooms. Registration is only available online: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa1fe7ejnfe3fd2&Lang=*

MOTIVATIONAL INTERVIEWING FOR CHILDREN'S TRAINERS – May 3-4 in Lansing

Motivational Interviewing (MI) is a person-centered counseling style for addressing the common problem of ambivalence about change. It is an empirically-supported treatment (EST) with established benefit across a wide variety of ages, cultures, socio-economic conditions, and diagnoses. Essential constructs of MI include avoiding confrontation while demonstrating empathic listening and eliciting an individual's own reasons for contemplating and committing to making a change. Motivational Interviewing is often drawn upon when initially meeting and engaging with clients to help with creation of a change plan, but can benefit the cyclical course of commitment to change as is typical throughout a service episode. MI is compatible with most other forms of treatment and service settings, including in schools, juvenile centers, home-based treatment, and family therapy. Who Should Attend: This course is appropriate for any direct-service staff who work with youth or families in a mental or physical health service setting and who encounter individuals who struggle with their commitment to making life changes. Supervisors and administrators may also benefit from learning course content in order to coach staff and advise organizational practices. Limited to 40 participants. Registration is only available online: <https://www.macmhb.org/save-the-date/basic-skills-motivational-interviewing-conversations-youth-and-families-increasing-0>

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 Spring Conference

Collaboration & Innovation: A Formula for Success

May 1 & 2, 2018

Diamond Center at
Suburban Collection Showplace
46100 Grand River Ave,
Novi MI 48374

Pre-Conference Institutes
April 30, 2018



CONFERENCE AGENDA

Monday, April 30, 2018

- 9:30am **Registration for Pre-Conference Institute #1**
Member Fee: \$89 per person. Fee includes materials and lunch
Non-Member Fee: \$107 per person and includes materials and lunch
- 10:00am – 3:00pm **Pre-Conference Institute #1:**
Healthcare Integration Efforts: Challenges and Successes in Other States
 - *Trish Marsik, MSW, Chief Operating Office, Services for the UnderServed, Inc. (New York)*
 - *Doug Stadter, MPA, President, Arkansas Provider Coalition, LLC; Vice President, Care Coordination, Summit Community Care (Arkansas)*
 - *Shane Spotts, BS, Medicaid Business Development, Anthem (Arkansas)*
 - *Mick Pattinson, PhD. Former CEO AspenPointe (Colorado)*
 - *Moderator: Robert Sheehan, Chief Executive Officer, CMH Association of Michigan*

Michigan's public mental health system has a long history of actively fostering innovation and continues to be a leader of a great many healthcare integration and transformation initiatives in communities all across the state. The pace and breadth of healthcare transformation is continuing to accelerate, with the changes related to Section 298 pilots being only one set of such efforts. These changes and the expectations of the healthcare system's patients, payers, providers, policy makers, nor legislators will not stand still during the two year 298 pilot process. Therefore, during this two year pilot period, our system must continue to innovate relative to its practices, partnerships, and structures drawing on and learning from the work being done in other states, with an eye toward the work that strengthened the public healthcare safety net. This pre-conference will feature the leaders of healthcare transformation efforts in a number of states, examining what went right and what went wrong – as a guide to Michigan's work over the next several years.
- 12:30pm **Registration for Pre-Conference Institute #2**
There is no charge for attending this Pre-Conference Institute
- 1:00pm – 3:00pm **Pre-Conference Institute #2:**
Wearing the HIPAA Hat
 - *Sean C. Rhudy, Abilita*

Have you had the HIPAA Compliance Officer role added to your duties or is your organization considering you for this role? If so, this training is for you! In this training, we'll discuss what needs to be done throughout the year and annually to maintain compliance. The training will cover ways to efficiently manage your time needed for this role by scheduling tasks and delegating duties to other departments. We'll also dive deeper into how to identify what data needs to be protected, who needs to sign a BAA, end user HIPAA training, and the breach notification process. By the end of this training, you'll be more competent with your HIPAA Compliance Officer role.

Skill level: Beginner – Intermediate

CMHAM is pleased to offer this training partnership with Abilita to help free staff's time and reduce operating expenses for CMH, PIHP and Providers. Abilita is the leader in telecommunications consulting, and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition we reduce your telecom costs by 29% with no upfront costs or risk.
- 2:00pm – 6:15pm **Earlybird Registration for CMHAM Spring Conference**
- 3:00pm – 3:45pm **CMHSP/PIHP Board Chairperson Roundtable & Networking (there is no fee for this meeting)**
- 4:00pm – 5:15pm **CMHAM Members: Executive Board Meeting**

7:30am – 5:00pm

Conference Registration and Exhibits Open

7:30am – 8:15am

Group Breakfast

8:15am – 8:30am

Conference Welcome

8:30am – 9:30am

Keynote: The Third Way: Fostering Integration and Public-Private Partnerships to Ensure a Strong Healthcare Safety Net

- *Trish Marsik, MSW, Chief Operating Office, Services for the UnderServed, Inc. (New York)*
- *Doug Stadter, MPA, President, Arkansas Provider Coalition, LLC; Vice President, Care Coordination, Summit Community Care (Arkansas)*
- *Shane Spotts, BS, Medicaid Business Development, Anthem (Arkansas)*
- *Mick Pattinson, PhD, Former CEO AspenPointe (Colorado)*
- *Moderator: Robert Sheehan, Chief Executive Officer, CMH Association of Michigan*

The “third path/third way” will be highlighted by the keynote speakers making up this panel. This approach, one being pursued by the CMH Association of Michigan, is a concerted, focused, and soundly grounded approach to building public-private partnerships and provider-payer partnerships that foster healthcare transformation within the nation’s publicly sponsored healthcare system. The pursuit of this “third path/third way” strategy is based on the recognition that neither of the two options often put forth as the only options for the future of Michigan’s public mental health system will allow Michigan’s system to provide high quality, person-centered services and supports nor to continue to be at the cutting edge of publicly-sponsored mental healthcare field. These two options are 1. Retaining the current structure of Michigan’s publicly-sponsored mental health system or 2. Privatizing the core functions of the Michigan system. The “third path/third way” pursued in several other states will be discussed, during this key note, by leaders from New York, Colorado, and Arkansas. The aim of this keynote is to assist the persons served, payers, and providers in Michigan to identify, examine and promote the adoption of the best practices and structures, drawn from across the country, that are built around public-private partnerships, provider-payer partnerships, healthcare integration and strong public safety net themes.

9:30am – 10:00am

Exhibitor Refreshment Break

Concurrent Workshops:

10:00am – 11:30am

1. Process and Ethical Dilemmas of Competency to Stand Trial

- *Aubrey Valleau, LLMSW, Clinical Social Worker, Kalamazoo Psychiatric Hospital*
- *Lisa Williams, LMSW, Clinical Social Worker, Kalamazoo Psychiatric Hospital*

The workshop will provide a foundational overview of the meaning and process of competency to stand trial. This workshop will explore the clinical and ethical dilemmas that impact professionals who are tasked with providing mental health treatment under court order for the purpose of competency restoration. Important concepts will be reviewed to assist professionals in their understanding of the assessment and treatment processes involved in competency restoration. Participants will be able to: 1. Describe three elements of the competency to stand trial process; 2. Examine three relevant ethical dilemmas in the dual role of treating clinician and forensic evaluator; and 3. Define two important concepts related to competency education.

10:00am – 11:30am

2. Using Data to Inform Interventions Across the Sequential Intercept Model

- *Nanci Hambrick, LLMSW, Project Coordinator, Michigan State University School of Social Work*
- *Sheryl Kubiak, PhD, LMSW, Professor, Michigan State University School of Social Work*
- *Steven Mays, BSW, Liaison to the Mental Health Diversion Council, Diversion Administrator, MI Department of Health and Human Services*

Since 2015, ten counties across Michigan have been working with the Governor’s Diversion Council to improve response to individuals with SMI involved in the criminal justice system. A system evaluation is currently underway to identify and measure the impact of the variety of interventions across five sequential intercepts within the counties. This workshop details how individuals booked into these county jails are identified with SMI and receive mental health services in jail. Standardized screening instruments were collected on a sample of individuals booked into the county jails to detect symptoms of SMI, presence of alcohol or drug use disorders, and housing stability. Results of current jail processes for identifying SMI were also reviewed and compared with the standardized screening results. In addition, the process for follow-up referral, assessment, and services was also assessed. Presenters will share several findings including prevalence of SMI and other risk factors among those booked into jail; likelihood for follow-up referral, assessment, and services within the jail; and the impact of funding configuration and structure on services provided. Participants will be able to: 1. Define what a validated, standardized, and objective screen is and describe its importance in identifying mental health

concerns at jail booking; 2. Apply APA principles for provision of psychiatric services in jails to current identification, referral, and service processes within their county jail; 3. Summarize prevalence of three key risk factors among those booked into county jails across the state; and 4. Recall the impact of funding and organizational structure on the provision of mental health services within jails.

10:00am – 11:30am

3. **Increasing and Improving Multi-Cultural Competency Among Behavioral Health Practitioners, Clinicians and Key Decision Makers**

– *Hakeem Lumumba, PhD, LMSW, LPC, NCC, CAADC, MAT, CCS-M, & ACS, President/CEO, H.L. Counseling Enterprise, Inc.*

Consumers with co-occurring and substance use disorders are highly diverse regarding race, ethnicity, sexual orientation, religious orientation, socio-economic status, geographical locations, physical appearances, and languages. We continue to experience non-traditional consumers (e.g., Asian descent, East India descent, physical disabled, LGBT) seeking treatment for their behavioral health disorders. However, most of our treatment methods are based on Etic view point (i.e., viewing Western concepts of normality and abnormality as applicable to all cultures). As the result, we are experiencing increase consumer no-show rates and poor follow up. To reverse these trends, behavioral health clinicians and leaders must become culturally competent. This presentation will be geared towards improving and increasing cultural competence among providers to improve treatment outcomes among our diverse consumers. Participants will be able to: 1. Analyze their cultural competency barriers; 2. Apply Maslow's Hierarchy of Needs to Behavioral Health Treatment; and 3. Apply Bandura Self Efficacy theory to Behavioral Health Treatment.

10:00am – 11:30am

4. **Discovering the Joy of Caring for Ourselves and Other: Identifying and Preventing Abuse and Neglect**

– *Lois Shulman, Vice Chairperson, Oakland Community Health Network*

Discovering the joy of caring for another is intentional. Learning to care for ourselves, feeling value, with compassion and understanding, provides the opportunity to experience joy. Joy felt and understood can then be intentionally shared. Learning to identify and avoid abusive and neglectful behaviors opens the door to communication. Abusive and neglectful behaviors can happen by feeling overstressed by life circumstances; by working conditions; and/or by persons we are caring for responding in ways that are a challenge. This session focuses on how to forgive ourselves as we identify our own stress triggers and stress busters; to create person centered relationships with those we care for; and to develop skills, including active listening to support our intention. The joy of caring is a gift to oneself and to others. Participants will be able to: 1. Demonstrate self-care, forgiveness, understanding and compassion; 2. Identify behaviors that are abusive and neglectful; and 3. Employ tools to ensure the opportunity to discover joy in caring for one-self and others.

10:00am – 11:30am

5. **Applied Behavioral Analysis (ABA): More Than Just Autism Treatment?**

– *Steven P. Sparks, PhD, BCBA-D, Owner, Behavior Analyst, Sparks Behavioral Services*

This workshop will provide a basic description of the science of behavior analysis, a description and explanation of a wide variety of applications of behavior analysis, and the services (other than autism) that are currently available in the community mental health system. Participants will be able to: 1. Describe the science of behavior; 2. List at least three applications of behavior analysis; and 3. Describe behavior analytic services available to consumers of the community mental health System.

10:00am – 11:30am

6. **Boardworks 2.0: Board Member Orientation & the Role of Board Members in the Rights Protection Process**

– *Robert Sheehan, CEO, Michigan Association of Community Mental Health Boards*

– *Andrew Silver, BA, Director of Training, Office of Recipient Rights, Michigan Department of Health and Human Services*

This session is designed for new and current board members. We will start with a brief keynote address, followed by presentations on Orientation to the Governance and Leadership Program and Critical Updates. We will conclude with an opportunity to discuss board related planning and action considerations relative to the day's learning. Orientation: New board members are provided (a) an overview of the Learning Program and (b) a brief summary overview of basic and key substantive and technical information contained in the Learning Program Conference Presentation Series of nine workshops that constitute the core curriculum. Update: Current board members are provided a comprehensive update on the most critical issues for the upcoming year. This particularly includes matters of the state and federal budgets, MDHHS's PIHP and CMHSP contracts and critical policy issues. A portion of this workshop will cover the role of the CMHSP Board as it relates to the Rights Protection Process. Attendees will learn how the Board relates to the Recipient Rights Advisory Committee, to the selection of the Recipient Rights Director and its role in the Recipient Rights Appeals Committee. The session will review the rights of recipients as enumerated in the Mental Health Code, discuss the role of rights in the protection of consumers, training requirements for agency staff, confidentiality issues, the Recipient Rights Annual Report and how the Board can use this tool for process improvement. Participants will be able to: 1. Understand their role as Board Members in the

Rights Complaint Process; 2. Identify at least 2 factors that explain the relationship of the Board to the Recipient Rights Advisory Committee; and 3. Participate in and react proactively to the review of the Annual Recipient Rights Report.

11:30am – 12:20pm

Group Lunch

12:20pm – 1:20pm

Keynote: There Has Always Been Drinking in America: Alcohol, History, Culture, and What it all Means for Prevention

- *Rodney A. Wambeam, PhD, Senior Research Scientist, Wyoming Survey & Analysis Center of the University of Wyoming*

Americans drink to celebrate and to mourn. We toast a new addition to our family, an engagement, a marriage, a new job and a life well-lived. We open a bottle to break bread with friends, to watch sports, to pray, and to drown our sorrows. But we also suffer from addiction, violence, motor vehicle crashes, and death, all at the hands of alcohol. This keynote explores America's cultural relationship to alcohol, from the thirteen colonies and prohibition to today's music and movies. In prevention, we often focus so intently on our communities and strategies that we fail to step back and look at the much, much bigger picture of the cultural and historical context of what we are trying to accomplish. Using humor and examples from history, movies, music, television, and more, Dr. Rodney Wambeam provides the larger context of what it means to prevent the misuse, abuse and devastating consequences of a substance that has always been part of the American experience. Participants will be able to: 1. Describe the role alcohol played in early America when alcohol was considered safer than water; 2. Understand past prevention efforts that focused upon a moral approach to prevention and why they "failed;" 3. Examine how popular culture (movies, television, music, social media, and more) help to define how Americans use and feel about alcohol; and 4. Recognize how understanding historical and cultural context can improve our prevention efforts and lead to better outcomes.

Concurrent Workshops:

1:30pm – 3:00pm

7. CareConnect360: Population Health & Integrated Care

- *Kathy Boak, BS, CC360 Project Lead, Optum*
- *Jackie Sproat, MSW, CSWM, Manager-Data, Payment & Integrity Section, Behavioral Health & Developmental Disabilities Administration, MI Department of Health and Human Services*

CareConnect360 (CC360) is a web-based, statewide integrated care tool hosted by the MI Department of Health and Human Services (MDHHS), available free to PIHPs, CMHs, and their provider networks. It's a view into the MDHHS data warehouse: claims/encounters, eligibility, home help authorizations, pharmacy, vital records, ADTs, etc. CC360 shows the chronic medical conditions, medications and ER/IP utilization for consumers. CC360 allows care plans to be jointly coordinated by multiple organizations, including PIHPs and Medicaid Health Plans. This session will provide 1. An overview of information available in CC360 supporting integrated care, including new datasets (Home Help authorization and worker); 2. Instructions for using the MHP/PIHP care plan and care plan report; and 3) Highlights of population health tools supporting Performance Improvement Plans and PIHP incentives. Plans for future enhancements will be summarized, including identifying consumers for inclusion in MHP/PIHP care protocols, and expanded access to Medicare claims data. Participants will be able to: 1. Summarize information available in CC360 that supports the provision of integrated physical and behavioral health; 2. Use the CC360 Integrated Care Plan to coordinate care for high needs beneficiaries; 3. Produce a report showing how their CMH/PIHP is performing on measures such as Follow-up After Hospitalization for Mental Illness; and 4. Produce lists of highest ED utilizers in their CMH, consumers with 3+ chronic conditions, recently deceased consumers, and create a case load list of consumers to automatically be notified of an ED visit, inpatient admission, or discharge.

1:30pm – 3:00pm

8. The Buddy-to-Buddy Volunteer Veteran Program

- *Adrienne Lapidus, PhD, Assistant Research Scientist, University of Michigan*
- *Kathryn Melcher, BA, Program Manager, Buddy-to-Buddy Program, M-SPAN Programs, University of Michigan Depression Center*

In 2009 the University of Michigan Depression Center and Department of Psychiatry, in partnership with the Army National Guard and other key stakeholders, developed Buddy-to-Buddy (B2B), a program that supports mental health and wellness in service members and Veterans through outreach, support, and community linkages provided by trained volunteer veterans. B2B now supports over 130 trained volunteer Veterans throughout the state as they provide free, confidential support to thousands of service members and veterans. The current presentation will describe the B2B model, describe its linkages with community mental health in the State of Michigan, describe the role of military cultural competence in fighting stigma, and explore how continued collaboration between community mental health and B2B can help support Veterans' wellbeing in Michigan. A volunteer Veteran serving in the program will speak about his experiences. Participants will be able to: 1. Describe the B2B Volunteer Veteran Program; 2. Explain the role of military cultural competency in fighting stigma; and 3. Specify

- how B2B and community mental health can partner to improve Veteran wellbeing in Michigan.
- 1:30pm – 3:00pm 9. **Inside Michigan's Corrections Mental Health Program: Understanding Services, Population Trends and Needs of our Returning Citizens**
 – *J. David Dawdy, MA, LLP, Director, Mental Health Services, MI Department of Corrections*
 Over the course of the past decade, the overall prison population in Michigan has declined while the overall number of prisoners receiving mental health services has increased. Characteristics of this population will be discussed and attendees will receive an overview of the continuum of services within the Michigan Department of Corrections. A primary focus will be on the reentry needs of returning citizens, including an overview of current practices and a vision of how further community engagement and collaboration will promote offender success, reduce revolving door recidivism and build communities. Participants will be able to: 1. Describe three programs of services provided within prison; 2. Identify three population trends or traits; and 3. Summarize a model of improved coordination that includes three correlates for their work or their local community.
- 1:30pm – 3:00pm 10. **Managing an External Audit – Before, During and After the Visit**
 – *Dale K. Howe, PhD in Public Administration, Owner, DK Howe Consulting, LLC*
 There are multiple layers of auditors working in Michigan now. Before they show up at your door, there are some things you can do to strengthen your position. There certainly are some things you do and don't want to do while they are on site. If you understand the process from a few steps back, you can get through the audit with less work, less stress, and at a lower cost. The workshop will cover the steps in a typical audit, some of the statistics used (what they mean, not how to calculate them), and how recoveries are calculated. Some of the audit programs have clear financial incentives for the auditors to find errors and recover revenue. Learning to manage an audit is an essential skill. Participants will be able to: 1. Explain the purpose of external audits; 2. Differentiate between internal and external audits; 3. Understand the meaning of the statistics involved (NOT how to calculate them); and 4. Appreciate the importance of clearly managed communications with the auditing entity.
- 1:30pm – 3:00pm 11. **PMTO: Expanding the Boundaries**
 – *Kim Batsche-McKenzie, LMSW, Manager of Services for Children with Serious Emotional Disturbances for the Division of Services to Children and Families, MI Department of Health and Human Services*
 – *Luann J. Gray, LMSW, Michigan PMTO State Coordinator, Kalamazoo Community Mental Health & Substance Abuse Services*
 – *Ronda SanCartier, LMSW, Interim Supervisor of Outpatient and Children's Intake, Kalamazoo Community Mental Health & Substance Abuse Services*
 This presentation will provide a brief overview of Michigan's Parent Management Training – Oregon (PMTO) Model which is an evidence-based practice (EBP). Attendees will gain knowledge about how PMTO can influence relationships across multiple environments and impact behaviors across all life domains. PMTO is a manualized model that encourages parents/caregivers to focus and build on their own individual strengths as well as their children's strengths. This model has been implemented successfully with families that have youth from the preschool years up through adolescence. PMTO works well with youth that may be experiencing a range of signs and symptoms including: overt antisocial behavior; covert antisocial behavior; trouble with attention and processing information; difficulty with problem solving; poor judgement skills; rapidly changing moods; difficulty in school; poor social skills; staying on task; difficulty planning or working toward a goal; cognitive distortions; difficulty identifying consequences of choices; and/or taking responsibility for their own actions. Implementing the PMTO model assists parents and caregivers in learning, practicing and mastering the parenting skills that can be used to impact the signs and symptoms of many diagnoses and lead to achieving the desired outcomes as defined by the parents/caregivers in the person-centered planning processes. This workshop will demonstrate how PMTO Core Parenting Practices can be utilized in achieving identified treatment goal outcomes. Participants will be able to: 1. Gain knowledge about Michigan's PMTO EBP model; 2. Define PMTO's five core parenting practices and how they match the needs for treatment; and 3. Identify how PMTO practices can be utilized in developing interventions, coping skills and/or strategies to lessen signs and symptoms of several diagnoses while achieving the desired treatment goal outcomes
- 1:30pm – 3:00pm 12. **Boardworks 2.0: Management – System (Core Module)**
 – *Christopher Pinter, MSW, Chief Executive Officer, Bay-Arenac Behavioral Health Authority*
 In this workshop you will focus on the public policy oriented and defined management and organizational structures. Participants will be able to: 1. Identify 2 management functions of public policy systems; 2. Explore 2 structural foundations of organizations as related to both managers and implementers of public policy; 3. Examine organizational infrastructure as related to both managers and implementers of public policy; 4. Learn 3 qualities of provider and manager types of public organizations, including "mixed" organizations and the cost and benefits of such an arrangement; and 5. Explore community systems as an ultimate unified community system.

3:00pm – 3:20pm

Exhibitor Refreshment Break

Concurrent Workshops:

3:30pm – 5:00pm

13. The Intersection of Population Health Data and Complex Case Management to Improve Outcomes in Wayne County

- Chad June, BS, Deputy Chief Information Officer, Detroit Wayne Mental Health Authority
- Julia Kyle, LMSW, MBA, Director of Integrated Healthcare Initiatives, Detroit Wayne Mental Health Authority

One of the greatest barriers to coordinating behavioral health and primary care is the lack of access to siloed health information. State-wide innovations and access to information through health information exchanges have helped open the door to whole person care, but is often not in a format that supports the quality improvement work necessary to address widespread health disparities. Through an IT/integrated care state block grant, the Detroit Wayne Mental Health Authority was able to purchase and disseminate a population health tool to a subset of large providers serving over 45,000 individuals each year. This project supports system-wide quality improvement projects, including, but not limited to, our NCOA complex case management program, which has resulted in significant reductions in urgent and emergent utilization. This session will describe the development of an innovative complex care management program at the specialty behavioral health payer and examine preliminary results in cost savings and outcomes. Participants will be able to: 1. Recognize 1-2 strategies for identifying population health tools that meet the needs of their organizations; 2. Identify the process for translating population health data into targeted clinical programs like complex case management; and 3. Describe 3 key features of complex case management that can impact service utilization and patient outcomes.

3:30pm – 5:00pm

14. Pediatric Partnerships Improve Access to Psychiatric Care for Vulnerable Populations

- Anne Kramer, MSW, Program Manager, Michigan Medicine Department of Psychiatry
- Carol Wimmer, MA, LPC, LLP, Behavioral Health Consultant, Network 180
- Matt Wojack, MSW/LMSW, Supervisor, Healthcare Integration, CMH Authority of Clinton-Eaton-Ingham Counties

The Michigan Child Collaborative Care Program (MC3), through collaboration with CMHs, provides guidance and support to primary care providers managing children, adolescents and young adults through age 26 and perinatal women with behavioral health problems. These patients, unable to access psychiatric care, may progress in severity to the point where they become in need of higher level care, such as CMH services. The presenters will present survey data on 1. The CMH experience of the MC3 Program in providing access to just-in-time behavioral health and psychiatry consultations and 2. How MC3 fits in within the provision of integrated care by CMH. Our data suggest there is universal appreciation of the value and utility of MC3, and its ability to expand the array of supports that communities have for youth in at-risk situations. The data also suggest ongoing engagement with providers is crucial to bring about effective utilization. The partnership between MC3 and CMH demonstrates how consumers receive timely services that effectively meet their needs. Participants will be able to: 1. Identify two ways psychiatry and behavioral health consultation impacts access to care; 2. Recognize at least three benefits and challenges of integrated care for organizations; and 3. Identify two ways psychiatry and behavioral health consultation fits the continuum of community based services.

3:30pm – 5:00pm

15. Why “Rehabilitation” vs “Criminalization” within Community Corrections System

- Dorothy Harmon, LLMSW, CADCM, Mental Health Jail Diversion Clinician/Case Manager, Macomb County Community Corrections Department
- Windy Marion, BA, Clinician/Case Manager, CRP Facilitator, Macomb County Community Corrections through Comprehensive Youth Services

This workshop will provide a brief history of the operations and role of Community Corrections within the criminal justice system. The following areas will be discussed: information on specific populations within the criminal justice system; stigmas associated with addiction and individuals within the criminal justice system; and oppositions related to rehabilitation vs. criminalization; overview of the current programs available to individuals that are incarcerated or on probation within Macomb County. Details of updated programs and implementations of new programs for individuals within criminal justice system that struggle with medical issues or complications, substance abuse, co-occurring disorders, as well as substance abuse and criminalized thinking patterns and trauma based disorders will be covered. Participants will learn the importance of coordination of care and collaborative efforts within Community Corrections Programs and review the purpose of current programs and need to continue providing services within the criminal justice system with a focus of rehabilitation rather than criminalization. Participants will be able to: 1. Summarize the role of Community Corrections within the criminal justice system and recognize the stigmas associated with the population served within this system; 2. Describe populations served and programs available to specific populations within the criminal justice system and examine benefits of rehabilitation vs. criminalization; and 3. Identify the

need for continuation of programs for individuals within the criminal justice system.

3:30pm – 5:00pm

16. Integrated Care: How States are Working to Erase the Mind/Body Divide

- *Dr. Michael Golinkoff, PhD, MBA, SVP AmeriHealth Caritas; President and CEO, PerformCare, AmeriHealth Caritas / PerformCare*
- *Julia Griffith, MA, BSW, LLP, LPC, Director of Quality Management and Community Outreach, Blue Cross Complete of Michigan*
- *Samantha Murphy, MS, Director of Behavioral Health Strategic Initiatives, AmeriHealth Caritas / PerformCare*

People with serious mental illness (SMI) and the chronically physically ill with behavioral co-morbidities experience significant gaps in health care that result in shorter life expectancies, increased medical acuity, and higher health care costs. While this issue exists across the nation, each state has taken a different approach to implementing solutions. This workshop will review the value of integrated care for patients, compare and contrast different models and approaches, and give an overview of how policymakers, providers, advocates and payers have worked together to problem-solve local solutions. Participants will be able to: 1. Describe the value of an integrated approach for patients; 2. List three examples of systematic integrated care approaches; and 3. Understand the different approaches states utilize to support an integrated care system.

3:30pm – 5:00pm

17. Boardworks 2.0: Leadership – Legal (Core Module)

- *Lisa K. Morse, Consultant, CMH Association of Michigan*

This session is designed to provide information on the legal responsibilities of a community mental health agency (CMH) as well as a Prepaid Inpatient Health Plan (PIHP). Areas that will be covered include the Mental Health Code, specifically Chapter 2 on County CMH Programs, the contractual relationship that exists between the MI Department of Health and Human Services and the CMH (for both Medicaid services and non-Medicaid services) and what those contracts require, The Open Meetings Act, and the Freedom of Information Act (FOIA). Participants will understand their role in ensuring the legal responsibilities of the CMH are met. Participants will be able to: 1. Understand your statutory obligations under the Mental Health Code; 2. Understand at least 3 of the basic contractual obligations the Boards have with MDHHS; and 3. Examine both the Open Meetings Act and Freedom of Information Act.

3:30pm – 5:00pm

18. Moving from Awareness to Acceptance: Celebrate Neurodiversity!

- *Alex Kimmel, Owner, The SelfDeterminator*

Awareness campaigns are passé. Acceptance is where trust is present and therefore success can thrive! This is a powerful presentation that challenges commonly held untruths regarding disability and charges listeners towards acceptance and respect. Inclusion is about supporting a setting so all are equally valued, safe and welcome. Having a disability in and of itself has no bearing on how successful and fulfilling life can be. Neurodiversity is the acceptance and celebration of those that operate other than what most of the world considers to be normal and to help society to realize no one really has the right to name what someone else's normal should be.

Wednesday, May 2, 2018

7:30am – 12:00pm

Conference Registration and Exhibits Open

7:30am – 8:45am

Breakfast Activities

Regional Breakfast Meetings

Non-Member and Staff Networking Breakfast

9:00am – 10:00am

Keynote: Key Issues Update from MI Department of Health and Human Services

- *Lynda Zeller, Senior Deputy Director, Behavioral Health and Developmental Disabilities Administration, MI Department of Health and Human Services*

During this conference's Key Issues Update Lynda Zeller, the Senior Deputy Director of the MDHHS Bureau of Behavioral Health and Developmental Disability Services will discuss a wide range of issues that impact the CMH, PIHP, and provider systems, people and communities served by those systems. Lynda's remarks will focus on efforts to improve access: to psychiatric inpatient, to stronger home and community based services and supports, to a full spectrum of criminal justice diversion strategies at all intercept points, to high integrity person-centered planning, and to family-driven-youth-guided services for children and families. Lynda will highlight common themes that cross 298 policy and pilots, MIPAD, CARES Committee, Diversion Council, and the Opioid Commission. Participants will be able to: 1. List at least two current efforts to improve access and strengthen service systems in MDHHS; 2. Restate one common key issue of focus that crosses various councils, commissions and reports; and 3. Identify at least 2 common themes that cross 298

policy and pilots, MIPAD, CARES Committee, Diversion Council and the Opioid Commission.

10:00am – 10:20am

Exhibitor Refreshment Break

Concurrent Workshops:

10:30am – 12:00pm

19. Individual Risks for Criminal Behavior and Effective Approaches for Change

– *Joshua Colby, MA, LPC, CAADC, Therapist, Arbor Circle*

Increases in the rates of incarceration have led to a focus on reducing the population involved in the criminal justice system. While reducing this population will require intentional policy changes on a macro level, interest in interventions that reduce the risks for the individuals who are interacting with the criminal justice system have also been of concern. This workshop will focus on intervening with individuals who are part of the criminal justice system including those with co-occurring disorders to reduce their risks of further involvement. This workshop will explore individual risk factors for criminal behavior, beliefs that facilitate criminal behaviors and interventions that have been shown to reduce the risk of recidivism. Complex interactions between biology, human development, and structural issues in society will be explored as factors contributing to both criminal behavior and risk of sanction for criminal behaviors. The Risk, Need, Responsibility model will be suggested as a frame work and several cognitive, behavioral, and social learning strategies will be explored. Finally, participants will practice a cognitive restructuring task that can be used with individuals to develop more adaptive thinking in response to potentially risky situations. Participants will be able to: 1. Examine biological, genetic, and environmental factors that have been associated with higher risk of antisocial/criminal behavior; 2. Describe the three key components of the Risk, Need, Responsibility Model and 8 Criminogenic Needs; 3. Describe 9 Thinking Patterns that increase risk of criminal/antisocial behavior; and 4. Practice using a Cognitive Restructuring task that can be implemented with clients.

10:30am – 12:00pm

20. What's Going On In Lansing – Legislative Update

– *Alan Bolter, Associate Director, CMH Association of Michigan*

Hear the latest goings on in the Michigan Legislature. What is the status of Section 298 and where do we go from here? What other issues in the FY19 budget will have an impact on the publicly funded mental health system and what are the legislative priorities moving through the House and Senate, what impact will the 2018 election on all of this? This workshop will provide an update on the latest legislation and budget issues impacting the CMH system and how members can convey our advocacy message moving forward.

10:30am – 12:00pm

21. Using Health Information Exchange to Align Physical and Behavioral Health

– *Dr. Tim Pletcher, Doctor of Health Administration, Executive Director, Michigan Health Information Network Shared Services (MiHIN)*

– *Marty Woodruff, MBA, Associate Director, Michigan Health Information Network Shared Services (MiHIN)*

Comprehensive patient-centered care cannot be fully realized without an alignment between physical and behavioral healthcare providers to share patient information, diagnoses, and treatment strategies. With updates to consent laws in Michigan and nationwide, this alignment is now happening. Learn how patient-centered care has evolved, what possibilities are realistic, and what to expect as we build a true, 360-degree view of the patient for all care team members. Understand how new data-sharing opportunities are creating processes for behavioral health providers to more effectively share information. Participants will be able to: 1. Describe the impact of new consent laws in Michigan; 2. Understand opportunities for behavioral health providers to share information through the statewide health information network; and 3. Examine capabilities for aligning physical and behavioral health using messages exchanged through the health information network.

10:30am – 12:00pm

22. Modern Day Slavery and It's Associated Trauma

– *Dr. Agnes Ward, PhD, LP, CAADC, Program Supervisor, Macomb County CMH Services*

This presentation will focus on identifying different forms of human trafficking and the traumatic experiences victims of human trafficking undergo. The psychological and physical health consequences of trauma on the mind and body will be explored. Co-morbid disorders will be identified in this specialized population. Factors predisposing individuals to becoming victims of human trafficking will be explored. Participants will be able to: 1. Name the different types of human trafficking; 2. Cite the health problems associated with human trafficking; 3. Summarize the association between type of trauma inflicted on victims of human trafficking and associated disorders; and 4. Identify vulnerabilities which may play a role in becoming a victim of sex trafficking.

10:30am – 12:00pm

23. Why Fathers Matter: The Case for the Importance of the Father's Role in the Lives of their Children

– *Kevin Spizarny, LMSW, Administrator of Children's Services, Hegira Programs, Inc.*

This workshop will focus on the important role that fathers play in the lives of their children when they are present and active. By looking at the most up to date research, the presenter will highlight the positive impact that having a present and active father can have in the life of their children. This

workshop will discuss the positive benefits active fathers can have in helping children reach important developmental milestones for infant, toddler, school aged and adolescent children. The workshop will also discuss the beneficial aspects of including fathers in children's mental health treatment, and offer specific strategies to help engage fathers into their children's treatment. Participants will be able to: 1. Describe three positive outcomes for infants, school aged and adolescent children when fathers are present and active in their lives; 2. List three benefits of involving fathers in children's mental health treatment; and 3. Learn three strategies to engage and incorporate fathers into their children's mental health treatment.

10:30am – 12:00pm

24. Diverse Mental Health Coping Mechanisms

– *Daniel K. Arnold, BA Elementary Education, Child & Mental Health Advocate*

This workshop will teach clinicians about diverse coping mechanisms for the diverse consumer. We will look at forgiveness therapy, nutrition, responding to medicine noncompliance, holistic health, faith-based healing, and finding a balance between medication and balance of other techniques. Learn tools to reach the diverse consumer. There will be a Q & A session at the end of the workshop. Participants will be able to: 1. View at least four video interview depicting perspectives on various different coping mechanisms in mental health from extreme to relevant; 2. Learn and use different methods to respond to noncompliance; and 3. Take home techniques to reaching difficult consumer.

12:00pm

“To Go” Lunch & Adjournment

This year's conference concludes at noon with a box lunch. You may enjoy your lunch before you leave or take it with you. It's our hope that you'll join us for the Walk A Mile in My Shoes Rally at the State Capitol in Lansing. The annual Rally draws 2,500 people and is an excellent opportunity to educate the public about behavioral health issues and intellectual and developmental disabilities. So, grab a box lunch and hit the road to Lansing!



Walk A Mile In My Shoes Rally

Wednesday, May 2, 2018

1:15pm

Capitol Building, Lansing

Conference Goals:

- 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 increase participants' awareness, knowledge, and skills, related to mental illness, developmental disability, substance use disorders, and trauma informed care.

CONFERENCE REGISTRATION

ANNUAL SPRING CONFERENCE: [TO REGISTER CLICK HERE](#)

PRE-CONFERENCE INSTITUTES:

Pre-Conference #1: Healthcare Integration Efforts: Challenges and Successes in Other States

Monday, April 30, 2018 from 10:00am – 3:00pm (9:30am registration)

Member Fee: \$89 per person and includes materials and lunch

Non-Member Fee: \$107 per person and includes materials and lunch

[TO REGISTER CLICK HERE](#)

Pre-Conference #2: Wearing the HIPAA Hat

Monday, April 30, 2018 from 1:00pm – 3:00pm (12:30pm registration)

There is no fee to attend; but registration is required and space is LIMITED.

[TO REGISTER CLICK HERE](#)

CONFERENCE REGISTRATION FEE (per person)

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

	Member Early Bird	Member After 4/20/18	Non-Member Early Bird	Non-Member After 4/20/18
Full Conference	\$414	\$454	\$496	\$545
One Day	\$319	\$359	\$383	\$431

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 CMHSP board members are not eligible. Deadline to request scholarship: **APRIL 20, 2018**. To request a form, contact Chris Ward at cward@cmham.org or 517-374-6848.

EARLY BIRD DEADLINE: FRIDAY, APRIL 20, 2018

PAYMENT INFORMATION

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

CONFERENCE LOCATION & HOTEL DETAILS

Conference Location:

The Diamond Center at Suburban Collection Showplace

46100 Grand River Ave, Novi MI 48374

<http://www.diamondbanquetcenter.com/>

Free parking for CMHAM Conference attendees.

Overnight Details:

Sheraton Detroit Novi Hotel

2111 Haggerty Road, Novi, MI 48375

Traditional Rooms: \$145 plus taxes

Deluxe King Rooms: \$169 plus taxes

Club King Rooms: \$179

For Reservations: Call 866-837-4180 and mention CMHAM at the Sheraton Detroit Novi.

Hampton Inn

20600 Haggerty Road, Northville, MI 48167

Reservation details available beginning Tuesday, April 10.

Sunday, April 29, 2018: \$99 plus tax

Monday, April 30, 2018: \$114 plus tax

Tuesday, May 2, 2018: \$124 plus tax

Transportation between Hotels and Conference Facility:

- The hotels are located 8 miles from the Diamond Center at the Suburban Collection Showplace.
- CMHAM has arranged for continual busing between the hotels and the conference facility on Tuesday and Wednesday.
- The bus will drop attendees off at the front entrance to the conference facility where all conference activities will take place.

Questions? Call CMHAM at 517-374-6848.

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