May 11, 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**
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- **Ethics Training for Social Work and Substance Abuse Professionals for 2018**
- **Finance Learn and Share**
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- **SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE**
- **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**.

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

The loss of a longtime CMH leader, Bob Sprague

Bob Sprague, the former CEO of Lapeer County Community Mental Health, passed away on May 2, 2018. The loss of Bob and his leadership, courage, and vision is a loss to Michigan's public mental health system and those whom he served over his long career. Bob will be sorely missed.

Below is an excerpt from the Bob's obituary.

> SPRAGUE, ROBERT M. Of Grand Blanc, age 67, passed away Wednesday, May 2, 2018 at The Oaks at Woodfield after a tremendous and courageous battle with glioblastoma. Robert was born in Durand, Michigan on February 6, 1951. On June 21, 1980 he married the love of his life, Vicki Murphree, in Bloomington, IN. Dr. Sprague dedicated his life to improving the lives of others through a career in publicly funded mental health services. He contributed his immense talents serving his community for over 45 years. His visionary leadership led to the development of numerous innovative clinical, recreational, and employment programs. Dr. Sprague served in both clinical and management positions at Genesee County Community Mental Health and recently retired as CEO for Lapeer County Community Mental Health.

The full obituary can be found at: http://obits.mlive.com/obituaries/flint/obituary.aspx?pid=188945301

Hope Network announces crisis residential open house

Below is a recent announcement from Hope Network, a member of this Association, on its upcoming open house for its recently opened Integrated Care service and a Crisis Residential service, Bay Haven.

> OPEN HOUSE
> NEW INTEGRATED CARE &
> CRISIS RESIDENTIAL FACILITY
>
> Please join us for the grand opening and ribbon cutting of our new facility in the Upper Peninsula—Bay Haven. 799 Hombach Street, St. Ignace, MI 49781 Tuesday, May 29, 2018
>
> E V E N T S C H E D U L E : 10AM | Opening Ceremony and Ribbon Cutting; 10:30AM - 1PM | Morning Tours; 4PM - 6PM | Afternoon Tours
>
> Bay Haven is both a new Integrated Care service and a Crisis Residential service for the people of Michigan's Upper Peninsula as well as the Upper Lower Peninsula.
>
> Integrated Care is a specialized residential treatment program home serving adults with mental illness and complex medical needs. Our Crisis Residential Program provides an alternative to inpatient psychiatric hospitalization. This program is based on our core belief that people can receive effective care to address acute mental health and substance use needs in a
> home-like environment.
>
> RSVP AT BAYHAVENOPENHOUSE.EVENTBRITE.COM

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association urges spring conference attendees to complete evaluation

As part of this Association's efforts to continually measure and improve the quality of the services provided to its members, this Association seeks the opinion of the attendees at all of its conferences and trainings. If you received an e-mail from Annette Pepper over the past week, regarding the evaluation of the Association's Spring Conference please take a moment to complete that survey.

If you cannot locate that e-mail, contact Annette Pepper at apepper@cmham.org

MDHHS announces delay in 298 pilot implementation

Below is a recent announcement from MDHHS regarding the delay in the implementation date for the Section 298 pilot projects:

> May 9, 2018
>
> Dear stakeholders,
>
> The Michigan Department of Health and Human Services (MDHHS) is providing another update on the Section 298 Initiative today. The Section 298 Initiative is a statewide effort to improve the coordination of physical health services and behavioral health services in Michigan. This initiative is based upon Section 298 in the Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 107 of 2017.
>
> MDHHS has been working with the pilot participants to develop and implement the pilots as specified under the FY 2018 Section 298 boilerplate. While MDHHS and the pilot participants have made substantial progress in the implementation process, MDHHS and the pilot participants will not be able to implement by the pilots by the original target date of October 1, 2018. **MDHHS has therefore proposed an amended target date for pilot**

implementation of October 1, 2019. MDHHS will be engaging the members of the Leadership Group and other stakeholders in a discussion about the impact of the amended timeline on the pilots.

MDHHS has also published an updated version of the weekly update to the project webpage (www.michigan.gov/stakeholder298). The Section 298 Action Team will develop and publish a weekly set of updates on the Section 298 Initiative throughout the implementation process.

The most recent 298 update can be found at:
https://www.michigan.gov/documents/mdhhs/Weekly_Update_for_May_7_2018_622783_7.pdf

For more information on the Section 298 Initiative, visit www.michigan.gov/stakeholder298.

SAMHSA announces EBP Resource Center

Evidence-Based Practices Resource Center: This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

The Resource Center can be found at: https://www.samhsa.gov/ebp-resource-center

You can learn more about the Evidence-Based Practices Resource Center at:. https://www.samhsa.gov/ebp-resource-center/about

MMWR provides results of autism prevalence study

Below is an excerpt from a recent edition of the Morbidity and Mortality Weekly Report (MMWR) providing the latest data on the prevalence of Autism Spectrum Disorder among children in eleven communities across the country. That excerpt is provided below:

MMWR Surveillance Summaries; Vol. 67, No. SS-6; April 27, 2018

Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014
Jon Baio, EdS; Lisa Wiggins, PhD; Deborah L. Christensen, PhD; et al.

The Autism and Developmental Disabilities Monitoring (ADDM) Network is an active surveillance system that provides estimates of the prevalence of autism spectrum disorder (ASD) among children aged 8 years whose parents or guardians reside within 11 ADDM sites in the United States (Arizona, Arkansas, Colorado, Georgia, Maryland, Minnesota, Missouri, New Jersey, North Carolina, Tennessee, and Wisconsin). ADDM surveillance is conducted in two phases. The first phase involves review and abstraction of comprehensive evaluations that were completed by professional service providers in the community

The full MMWR article can be found at: https://www.cdc.gov/mmwr/volumes/67/ss/ss6706a1.htm?s_cid=ss6706a1_e

LARA announces opioid laws FAQ

Below is a recent announcement from the Michigan Department of Licensing and Regulatory Affairs (LARA) and the Michigan Department of Health and Human Services (DHHS), of a recently completed set of Frequently Asked Question on the state's opioid laws.

As you may already know, earlier this week, Michigan's Department of Licensing and Regulatory Affairs (LARA), as well as Michigan's Department of Health and Human Services (DHHS), recently completed their opioid laws implementation FAQ.

For your convenience, I have attached a PDF file containing the aforementioned FAQ. Further, the following link will provide you with a copy of the Start Talking Form, created by DHHS: https://www.michigan.gov/documents/mdhhs/MDHHS-5730_621248_7.dot.

CMS Announces Agency's First Rural Health Strategy

Interagency effort seeks to improve access and quality of care for rural Americans

Recently the Centers for Medicare & Medicaid Services (CMS) released the agency's first Rural Health Strategy intended to provide a proactive approach on healthcare issues to ensure that the nearly one in five individuals who live in rural America have access to high quality, affordable healthcare.

"For the first time, CMS is organizing and focusing our efforts to apply a rural lens to the vision and work of the agency," said CMS Administrator Seema Verma. "The Rural Health Strategy supports CMS' goal of putting patients first. Through its implementation and our continued stakeholder engagement, this strategy will enhance the positive impacts CMS policies have on beneficiaries who live in rural areas."

The agency-wide Rural Health Strategy, built on input from rural providers and beneficiaries, focuses on five objectives to achieve the agency's vision for rural health:

- Apply a rural lens to CMS programs and policies
- Improve access to care through provider engagement and support
- Advance telehealth and telemedicine
- Empower patients in rural communities to make decisions about their healthcare
- Leverage partnerships to achieve the goals of the CMS Rural Health Strategy

Approximately 60 million people live in rural areas – including millions of Medicare and Medicaid beneficiaries. CMS recognizes the many obstacles that rural Americans face, including living in communities with disproportionally higher poverty rates, having more chronic conditions, being uninsured or underinsured, as well as experiencing a fragmented healthcare delivery system with an overworked and shrinking health workforce, and lacking access to specialty services.

This new strategy focuses on ways in which the agency can better serve individuals in rural areas and avoid unintended consequences of policy and program implementation.

"This Administration clearly understands that one of the keys to ensuring that those who call rural America home are able to achieve their highest level of health is to advance policies and programs that address their unique healthcare needs," said Administrator Verma.

Although released today, work on the strategy is already underway. For example, to strengthen access to care, especially for those living in rural communities, CMS is transforming access to telehealth by paying for additional services and making it easier for providers to bill Medicare.

CMS will also continue to collaborate with agencies across the U.S. Department of Health and Human Services (HHS) including, Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA) to implement this strategy.

"HRSA is excited to see CMS spell out a strategy to better serve rural populations that was informed by rural stakeholders who have a unique lens on the issues in their communities," said HRSA Administrator George Sigounas, MS, Ph.D. "This builds on our long-standing collaboration with CMS and will highlight key issues for rural safety net providers like rural hospitals and community health centers for CMS and HHS."

For more information on the Rural Health Strategy, please visit: http://go.cms.gov/ruralhealth. There is also a fact sheet available at https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-05-08.html. Greetings!

CMS releases comments on Innovation Center's RFI on market driven reforms

Feedback on New Direction Request for Information (RFI) Released,
CMS Innovation Center's Market-Driven Reforms to Focus on Patient-Centered Care
Request for Information on Provider Contracting Issued

Recently, the Centers for Medicare & Medicaid Services (CMS) announced that it has released the comments submitted by patients, clinicians, innovators, and others in response to the CMS Innovation Center's New Direction Request for Information (RFI). Last fall, CMS released the RFI to collect ideas on a new direction for the agency's Innovation Center to promote patient-centered care and test market driven reforms that: empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes. The Innovation Center is a central focus of the Administration's efforts to accelerate the move from a healthcare system that pays for volume to one that pays for value and encourages provider innovation.

CMS received over 1,000 responses to the RFI from a wide variety of individuals and organizations located across the country, including medical societies and associations, health systems, physician groups, and private businesses. Since the RFI comment period closed last November, CMS has been reviewing the responses, which provided valuable insight on the potential to improve existing models as well as ideas for transformative new models that aim to empower patients with more choices and better health outcomes.

"HHS has made shifting our healthcare system to one that pays for value one of our top four department priorities," said HHS Secretary Alex Azar. "Using bold, innovative models in Medicare and Medicaid is a key piece of this effort. We value stakeholder input on the new direction for the Innovation Center, and look forward to engaging on especially promising, groundbreaking ideas such as direct provider contracting."

"We recognize that the best ideas don't come from Washington, so it's important that we hear from the front lines of our healthcare system about how we can improve care" said CMS Administrator Seema Verma. "The responses from this RFI will help inform and drive our initiatives to transform the health care delivery system with the goal of improving quality of care while reducing unnecessary cost."

The responses focused on a number of areas that are critical to enhancing quality of care for beneficiaries and decreasing unnecessary cost, such as increased physician accountability for patient outcomes, improved patient choice and transparency, realigned incentives for the benefit of the patient, and a focus on chronically ill patients. In addition to the themes that emerged around the RFI's guiding principles and eight model focus areas, the comments received in response to the RFI also reflected broad support for reducing burdensome requirements and unnecessary regulations.

CMS is sharing the feedback received to promote transparency and facilitate further discussion of how to move the Innovation Center in a new direction. The RFI was a critical step in the model design process to ensure public input was available to help shape new models. Over the coming year, CMS will use the feedback as it works to develop new models, focusing on the eight focus areas outlined in the RFI.

Today, CMS is also taking a next step to develop a potential model in the area of direct provider contracting, informed in part by the RFI. A direct provider contract model would allow providers to take further accountability for the cost and quality of a designated population in order to drive better beneficiary outcomes. Such a model would have the potential to enhance the doctor-patient relationship by eliminating administrative burden for clinicians and providing increased flexibility to provide the high-quality care that is most appropriate for their patients, thus improving quality while reducing expenditures.

As part of its process to gain further insight from the public in this area and ask more focused questions, CMS is issuing a follow up RFI. The information being requested is detailed in nature and is intended to provide CMS the data needed to potentially design and release a model in this area. CMS is excited to continue to evaluate the concept of direct provider contracting and is also focusing its attention on other areas guided by input and feedback from the New Direction RFI as well as the public.

The public comments that were received by the CMS Innovation Center in response to the New Direction RFI are available at: https://innovation.cms.gov/initiatives/direction.

MDHHS press release: Michigan families urged to learn more during Perinatal Mood and Anxiety Disorders Awareness Month

LANSING, Mich. – As part of May is Perinatal Mood and Anxiety Disorders Awareness (PMAD) Month, Michigan women and families are being urged to learn more about PMAD and available resources by the Michigan Department of Health and Human Services (MDHHS) Division of Maternal and Infant Health.

PMAD, historically known as postpartum depression, affect approximately 23,000 Michigan women and their families each year. Symptoms can vary and include depression, anxiety, feeling overwhelmed, guilt, irritability, anger, difficulty sleeping and eating, feeling disconnected from one's baby and experiencing frightening and intrusive thoughts. PMAD can appear during pregnancy and up to two years after a baby is born.

"PMAD primarily affects birth mothers, but can also affect other members of the family including fathers, partners and caregivers," said Dr. Eden Wells, Michigan Department of Health and Human Services chief medical executive. "Education is important in helping reduce stigma about the disorder and is essential in improving the mental health and well-being of women and their families."

To help increase understanding of the disorders, Gov. Rick Snyder has proclaimed May as PMAD Awareness Month and the Michigan Statewide Perinatal Mood Disorder Coalition is hosting its annual ***Walk on the Capitol*** Wednesday, May 9, noon – 2 p.m., at the state Capitol.

For more information about PMAD and available resources, visit the Maternal Infant Health Program website

MDHHS and Michigan Medicine announce mental health services to persons who are deaf or hard of hearing

Attention providers who see or may see clients who identify as Deaf or Hard of Hearing and are seeking mental health services:

Michigan Medicine currently offers culturally affirmative, language-concordant mental health services to people who use American Sign Language throughout the State of Michigan via a tele-mental health platform. NO BILLING IS NECESSARY, as this is a Medicaid Match Grant-funded program. If you are already providing services, please reach out to Michigan Medicine, as they are willing to serve as consultants or provide adjunctive mental health treatment to achieve higher cultural competency.

Below are some FAQs about the program, but please feel free to call anytime should you have additional questions. If you are hearing please call 734-476-1595. If you are Deaf and use American Sign Language please call 810-355-2473. We look forward to talking with you more about this program!

FAQs

Can a person see one of the physicians on a telehealth visit? No- visits with the physicians require typical in-person visits at this time.

How does this work? Where do you see the person? People who wish to are always welcome to see us in-person for mental health services. Many Deaf people have a video phone in their home, a platform regulated by the Federal Communications Commission (and HIPAA compliant) so Deaf people can make phone calls with anyone. If a person has a videophone in their home (or access to one), we can schedule telemental health visits from our offices to the home.

Does it matter what insurance the person has? No- we have a Medicaid Match Grant through the Michigan Department of Health and Human Services that funds telemental health visits, so we do not bill insurance for those services at this time. In-person visits may be billed to insurance as typical. We welcome referrals for Medicaid, but no person will be turned away for service based on insurance.

I am from a local CMH several hours away and I have a person who needs intensive services, are you able to assist? Our program is designed to treat people with mild-moderate mental health/behavioral health concerns that would typically be

treated in-person in a Primary Care/Family Medicine clinic. We are more than happy to assess needs and to consult how you can provide effective treatment in your own agency/community for any person.

Is there any reason you will not see a person for telemental health visits? Will you see children and adolescents? Each person is assessed on a case-by-case basis to assess fitness for our program. In general, we consider people in the following categories not a good fit for our program (but again we are always willing to discuss and to consult) people who live outside of Michigan, people under age 15, people who we cannot manage a safety plan from afar (active suicidal ideation, active hallucinations/psychosis, active domestic violence in the home, etc), people with cognitive disabilities or condition that makes full informed consent and participation in telemental health visits challenging.

Does Michigan Medicine take over mediation management of the person? And what is "Michigan Medicine?" Are you "UM Health System?" No- the medication management/ medical care is still managed by the person's local primary care provider. Michigan Medicine was formerly known as, "University of Michigan Health System," yes. We have been known as Michigan Medicine since early 2017.

I have a staff of clinicians and providers and I would like to offer the opportunity for them to ask more questions. Will you come visit our program to talk more about what you have to offer? Of course! Please contact us above or at deafhealth@med.umich.edu to plan a good time for a visit!

LEGISLATIVE UPDATE

Senate Republicans To Caucus On Marijuana Legalization

Senate Majority Leader Arlan Meekhof (R-West Olive) scheduled an off-site retreat for Thursday to discuss the pros and cons of the Legislature passing the recreational marijuana citizens' initiative as opposed to voters getting a crack at it in November. Among the options on the table is linking the proposal to an income tax rollback, using the philosophy that revenue created from a 10 percent tax on marijuana could offset some of the money lost by attempting to return to the 3.9 percent rate of last decade.

The numbers, as they stand today, don't match up. The loss in revenue from moving to the current 4.25 percent rate to 3.9 was estimated by the House Fiscal Agency last year to be a $1 billion annual loss of revenue. Rough estimates have the tax on marijuana bringing in $200 million a year.

Nonetheless, this option is getting a little traction among Senate Republicans. Outside of knocking down the state's income tax, the Legislature voting through the proposal would give the Republican majority the power to make future changes to the new initiated law with a simple majority vote. If the voters approve it, any changes would require a three-fourths vote after the election. Lawmakers who watched eight years go by before needed changes were made to the medical marijuana initiative know how tough that is.

However, none of this matter if GOP senators can't bring their House colleagues into the equation. As of right now, they are not onboard, House Speaker Tom Leonard (R-DeWitt) isn't all that excited about the idea and neither is the bulk of his Republican caucus.

If the Legislature does not act by 5 the initiative goes on the November ballot.

NATIONAL UPDATE

Feds Release Parity Enforcement Tools

Last week, several federal agencies issued guidance to enhance the enforcement of the federal parity law, which requires that insurance coverage of mental health and addiction services be equal to medical/surgical health services. The new guidance is the result of requirements included in the 21st Century Cures Act to improve behavioral health coverage. The guidance released by Health and Human Services (HHS), Departments of Labor and Treasury is intended to help employers

and insurers implement parity, improve the coordination of parity enforcement between the agencies and to provide Congress with recommendations for improving parity compliance moving forward.

Federal agencies have released the following resources to improve enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, as required by the 21st Century Cures Act:

- Proposed NQTL FAQs: This document includes proposed guidance from the Department of Labor regarding nonquantitative treatment limitations (NQTLs) and disclosure requirements in connection with the Mental Health Parity and Addiction Equity Act (MHPAEA). NQTLs are non-numerical limits on the scope or duration of treatment benefits, such as preauthorization requirements. Public comments are invited and can be submitted until June 22, 2018 to E-OHPSCA-FAQ39@dol.gov.

- DOL 2018 Report to Congress: Pathway to Full Parity: This report summarizes DOL's activities to further parity implementation and provides a roadmap of DOL vision for the future to minimize parity violations.

- FY2017 MHPAEA Enforcement Fact Sheet: This fact sheet summarizes the parity enforcement activities of the Employee Benefits Security Administration (EBSA), which relies on its 400 investigators to review health plans for compliance with MHPAEA.

- 2018 MHPAEA Self-Compliance Tool: The goal of this self-compliance tool is to help group health plans, plan sponsors, plan administrators, group and individual market health insurance issuers, state regulators and other parties determine whether a group health plan or health insurance issuer complies with MHPAEA.

- Revised Draft MHPAEA Disclosure Template (issued April 23, 2018): This is a tool to help consumers request information from their employer-sponsored health plan or insurer regarding coverage limitations that may affect their access to mental health or substance use disorder benefits.

- HHS Mental Health and Substance Use Disorder Action Plan: The Action Plan highlights recent activities and planned actions from HHS, DOL and the Treasury Department related to ongoing implementation of MHPAEA based comments from a public listening session held in July 2017.

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=*

Finance Learn and Share:

June 6, 2018
Radisson Plaza Hotel at Kalamazoo Center, 100 W Michigan Ave, Kalamazoo, MI 49007

Registration Fees include: Continental Breakfast, Lunch and Materials
Register **before May 21**, 2018 MEMBERS: $105/NON-MEMBERS: $130.
Register **After May 21, 2018**: $110/NON-MEMBERS $132.

https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5132&AppCode=REG&CC=118042003651

Improving Outcomes, Finance & Quality through Integrated Information Conference
June 7 & 8, 2018
Radisson Plaza Hotel at Kalamazoo Center, 100 W Michigan Ave, Kalamazoo, MI 49007.

Registration Fees Per Person: (Full Conference Includes 2 Full Breakfast; 1 Lunch and Networking Reception)
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5131&AppCode=REG&CC=118041803651

Register Before 5/4/18 to get a reduced rate	
Full Conference Member	$ 240.00
One Day Member	$ 192.00
Full Conference Non-Member	$ 280.00
One Day Non-Member	$ 222.00
Registration Fees After May 4, 2018	
Full Conference After EB Member	$ 276.00
One Day After EB Member	$ 234.00
Full Conference After EB Non-Member	$ 310.00
One Day After EB Non-Member	$ 240.00
Registration Fees After May 22, 2018	
Full Conference Member	$ 380.00
1 Day Member	$ 300.00
Full 5/22 Non-Member	$ 390.00
1 Day Non-Member	$ 364.00

SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that "everyone who wants a job, has a job!" Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Employment First Conference: "When Everyone Who Wants A Job, Has A Job!"

July 11 & 12, 2018
Kellogg Hotel & Conference Center
East Lansing, Michigan

Registration Fee: $50

Who Should Attend: Staff who's involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Workshop Tracks:

- Leadership
- Provider Transformation
- HCBS

Sponsored By: The Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

Additional conference details and registration information coming!

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