



June 1, 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 to announce new membership opportunities
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- Registration Open: 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
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Dana Owens, Accounting Clerk: dowens@cmham.org
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Robert Sheehan, CEO: rsheehan@cmham.org

Association 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 is developing 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

Gogebic Community Mental Health Authority holds 7th annual "Walk a Mile in my Shoes Rally"

Below is an excerpt from a recent article in the Upper Peninsula Source on Gogebic County CMH's 7th annual Walk a Mile Rally. Congratulations to Gogebic for another top notch, diverse, and well attended community-centered event.

Hundreds gathered in Wakefield Wednesday morning to walk a mile to help raise awareness and help lower the stigma of mental illness.

The mental health movement has been around for 50 years and it is a movement still surrounded by stigma. "People are still fearful to admit they have a mental health need," said Bob Sheehan, CEO of the Michigan Community Mental Health Association. "They're afraid of the judgment of others, they're afraid of what employers would think or fellow students."

Wednesday's rally in Wakefield, hosted by the Gogebic Community Mental Health Authority was the 7th year for the event in the area. They keep holding the walk every year for many different reasons. They want to raise awareness of mental health issues, educate the community on those issues, and then eliminate the stigma that surrounds mental illness.

"So we have to keep bringing that point home that mental illness is real, treatable, and nothing to be embarrassed about," said Sheehan.

"We are all the same," said Missy Lane, chairperson for the Gogebic CMH anti-stigma committee. "We may look different on the outside, but inside we're all the same and we just want everybody to be treated the same, with kindness."

A report from the National Alliance on Mental Health claims that more than 18% of Americans suffer from a mental illness. The hope from organizers is that people who suffer from mental illnesses will speak up and seek treatment and ideally, their friends, neighbors and community members would support them.

"If you know of anybody who needs help or if you need help yourself that's part of breaking down the barrier to the stigma is just seeking out the help," said Lane.

Groups and services that provide help for mental illness, disabilities, and addiction recovery include, The Michigan Association of Community Mental Health Boards, S.A.I.L. Pathways Mental Health Services, The National Alliance on Mental Illness, The NorthCare Network, and Self Advocates of Michigan.

The full article, including photos, can be found at:

<http://www.uppermichiganssource.com/content/news/Gogebic-Community-Mental-Health-Authority-holds-7th-annual-Walk-a-Mile-in-my-Shoes-Rally-483505771.html>

Pathways hosts second annual "Walk a Mile"

Below is an excerpt from the Upper Peninsula Sources on Pathway's 2nd annual Walk A Mile Rally. The event was a very big success with strong community support. Congratulations to Pathways for creating what is becoming a tradition.

Thursday's rain could not stop Pathway's second annual 'Walk a Mile.'

Participants met at Marquette Commons for the walk, and it is sponsored by Pathways with help from community organizations. They hope this walk will help to end the stigma around mental health issues and substance abuse. Last year's walk saw more than 300 people participate and this year all participants got a T-shirt and an umbrella to keep them dry during their one-mile trek.

"To enjoy being together, and just spending time with one another and maybe meeting some folks that you wouldn't normally meet or getting to know somebody get to know, it's just about really celebrating the diversity in our community," said Ashley Jenema, Clinical Supervisor at Pathways.

The entire event was free of charge and Pathways hopes to continue the walk for years to come.

The full article, including photos, can be found at:

<http://www.uppermichiganssource.com/content/news/Pathways-hosts-second-annual-Walk-a-Mile-483636621.html>

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Meridian sold to national health insurer Wellcare for \$2.5 billion

Below is a recent article in Crain's Detroit Business on the sale of Michigan-based Meridian Health (one of the state's Medicaid Health Plans) to Florida-based Wellcare Health Plans.

Meridian Health of Detroit has agreed to sell its multi-state operation to Tampa-based Wellcare Health Plans Inc. (NYSE: WCG) for \$2.5 billion, the companies announced Tuesday evening. The deal is expected to close by the end of the year.

Founded by David Cotton, M.D., and his wife, Shery, in 1997, Meridian grew rapidly to become Michigan's largest Medicaid health plan with more than 500,000 members and is one of the largest family-owned managed care companies in the nation. It's also a major employer in downtown Detroit and ranks fourth on Crain's Private 200 list of largest privately held companies in metro Detroit with \$3.8 billion in 2017.

Overall, Meridian serves 1.1 million Medicaid members in Michigan and Illinois. That includes 27,000 Medicare Advantage members in Illinois, Indiana, Ohio and Michigan and 6,000 private health insurance members on the Obamacare marketplace in Michigan.

It is unclear how the sale might affect Michigan operations or employment. Contacted by Crain's, Meridian President Jon Cotton said he was "emotional" about the sale, but "it was the right thing to do." He declined further comment.

"WellCare's unwavering commitment to improving the lives of its members makes it an ideal partner," David Cotton, CEO of Meridian, said in a statement. "Our similar missions, values and goals, combined with WellCare's dedication to providing an unparalleled member experience, including access to high quality health care, were key factors in our decision."

Meridian consists of Meridian Health Plan of Michigan Inc., Meridian Health Plan of Illinois, Inc., and MeridianRx, a pharmacy benefit manager. Meridian expects to generate more than \$4.3 billion in total revenue in 2018.

WellCare, which has 4.3 million Medicaid members as of the first quarter of this year, said the acquisition will bolster its Medicaid portfolio with new membership in two states. It reported income of \$373.7 million on \$17 billion in revenue in 2017.

"Meridian is a well-performing health plan, and WellCare and Meridian share a similar commitment to serving our members through a comprehensive, integrated approach to healthcare," Ken Burdick, WellCare's CEO, said in a statement. "This transaction strategically aligns with our focus on government-sponsored health plans, will strengthen our capabilities and growing business, and will meaningfully advance our growth agenda."

Meridian consistently achieves high quality ratings for its Medicaid plans in Michigan and Illinois from the National Committee for Quality Assurance.

Meridian has become a visible fixture in downtown Detroit since purchasing One Campus Martius with Dan Gilbert's Bedrock LLC in 2015 for an estimated \$140 million to \$150 million.

WellCare will also benefit from adding Meridian's in-house pharmacy benefit manager MeridianRx to its business. Burdick said Wellcare will learn the PBM business from Meridian's small operation that serves mostly members.

Erik Gordon, a professor at the University of Michigan Ross School of Business, said the health insurance industry is fast consolidating because economies of scale are needed in a more competitive market. "It would have been nicer for us if Meridian had been an acquirer," he said.

"It will give WellCare's midwestern business a big boost, and will give it a strong PBM platform that could help it save costs," Gordon said. "The only surprising aspect is that WellCare was thought to be more interested in

Medicare, the program for seniors, than in Medicaid, the program for low income people, and Meridian's strength is in Medicaid."

Medicaid, which was expanded under the 2010 Affordable Care Act, has been a growth area for health insurers. WellCare said the new members will make it the top Medicaid player in six states, up from four.

WellCare said it expects the deal to add 40 to 50 cents to its earnings per share in 2019.

Treating Substance Use Disorders via Telemedicine: Barriers and Reforms

Below is an excerpt from a recent American Bar publication on the legal barriers and reforms surrounding telemedicine approaches to substance use disorder treatment.

On October 26, 2017, the opioid epidemic was officially declared a national public health emergency by the United States Department of Health and Human Services (HHS).¹ Despite the significant attention being given to the crisis, data shows that the problem has yet to peak, as the prevalence rate for overdoses continues to rise. The Centers for Disease Control and Prevention (CDC) recently released data showing that overdose deaths in the United States increased by 29.7 percent between July 2016 and September 2017, rising on average 5.6 percent per quarter.² While many options are being explored to determine how to effectively treat the spectrum of health issues related to substance use disorders, leveraging telehealth and telemedicine as a treatment modality in the addiction medicine field has only begun to be explored as a viable option.

The full article can be found at:

https://www.americanbar.org/groups/health_law/publications/aba_health_esource/2017-2018/may2018/telemedicine.html

2018 County Health Rankings, Kids Count Rankings, and Analysis Released

The 2018 Robert Wood Johnson Foundation's (RWJF) County Health Rankings and Annie E. Casey Foundation (AECF) Kids Count Rankings are now live. The rankings can be used as a valuable tool for counties to gauge how they compare to their counterparts within the state. The County Health Rankings are split into two categories, health factors and health outcomes. Health outcomes are based upon two measures, length of life and quality of life. Health factor rankings are based upon a number of physical, social, and economical factors. Similarly, the AECF Kids Count county ranking provides a picture of how children are faring in the United States. The rankings look at economic wellbeing, education, health, family, and community.

These rankings provide state legislators, public officials and healthcare advocates reliable data that can be used to promote health care innovations and evidence based reforms. This data can be used for an individual county, as well as at a regional level. Collaboration and commonality can be the key to providing better healthcare to the area. By seeing the opportunities awarded by having a surplus of data the Michigan Center for Rural Health (MCRH) and students at the Michigan State University College of Human Medicine partnered to provide a report of the county rankings in rural Michigan.

The 2018 report is a continuation of the 2017 Community Health Needs Assessment (CHNA) Analysis, completed by Doug Snow, MPH and MSU College of Human Medicine Student. The report is stratified into individual county and regional groups. Each rural county is provided with a summary of the health priorities as listed in their most recent CHNA, the RWJ rankings for both health factors and health outcomes, as well as the AECF Kids Count Rankings. The RWJF rankings are listed for 2014-2018 and the AECF rankings are listed for 2015-2018. By listing the previous year's rankings, we are allowed to see how the county has been doing over time. The analysis shows that there are a number of rural Michigan counties (Alcona, Cass, and Crawford) that have been consistently improving their health factor rankings over the past five years. However, it also highlights counties that consistently drop in ranking over the past five years. This analysis can be used by rural health advocates across the state and can be used as a template for other states or organizations. To see the maps of how your county ranks, view the [full analysis \(http://www.mcrh.msu.edu/chna-community-analysis.6.14.2017new.pdf\)](http://www.mcrh.msu.edu/chna-community-analysis.6.14.2017new.pdf)

Michigan residents benefit from more user friendly MI Bridges website

*New site results in 50 percent reduction in application completion time:*The Michigan Department of Health and Human Services has debuted a more user friendly gateway to online self-service that has many new features and allows public assistance clients to manage more aspects of their case online.

The updated MI Bridges better supports MDHHS in providing services to clients. It does this by allowing MDHHS to work more closely with clients and community partners to coordinate state and local resources in support of Michigan residents. It also helps MDHHS provide enhanced self-service capabilities for clients – and is easily accessed on a smartphone or computer.

“MDHHS is pleased to share this improved website with clients who now have more access to resources to help remove barriers to self-sufficiency,” said MDHHS Director Nick Lyon. “As our staff experience significant reductions in time spent reviewing and correcting online applications that had become too complicated, they are better able to assist clients in addressing their barriers to supporting themselves and their families.”

Clients can view detailed benefit information and letters from MDHHS for the previous 12 months directly from their screens. This allows them to find key case information any time they need it, without having to contact a caseworker. Clients who would like to share a document with MDHHS can upload a picture of that document from MI Bridges.

Using the new MI Bridges, customers can:

- Explore resources offered by local community organizations throughout Michigan and save them to their MI Bridges profile.
- Apply for benefits using a simplified and easy-to-understand application.
- View verifications requested by MDHHS.
- Report case changes or renew their benefits.

MDHHS began working with Deloitte Consulting LLP on the improved MI Bridges in January 2017. This team worked closely with MDHHS staff, clients and community partners who provided input and improvement suggestions throughout the process. The new MI Bridges is another step taken by MDHHS to provide a more user friendly application process for clients.

Earlier this year the department debuted a streamlined paper public assistance application that has been well-received by customers and staff alike.

MDHHS piloted the new MI Bridges in September 2017 to clients in Muskegon County. Following the pilot, the new MI Bridges rolled out incrementally throughout the state in early 2018, with the new site being made available to all Michigan residents in April.

During the rollout process over 130,000 Michigan residents have created MI Bridges accounts, submitting more than 95,000 applications for assistance, with 96 percent of applications being completed in 18 minutes or less – a 50 percent reduction in time from the previous application.

The new MI Bridges, available in English, Spanish and Arabic, also offers enhanced capabilities for community partners. More than 2,200 partners were trained on how to support clients in using the new MI Bridges. Community agencies can also now choose to receive online referrals from clients through the new portal.

The new MI Bridges can be accessed at www.michigan.gov/mibridges to take advantage of its improved features. Michigan residents do not need an MDHHS case to use the new website. Anyone can log in to find helpful resources and services in their community. Watch this short video :(<https://www.youtube.com/watch?v=P1pJug-XW58&feature=youtu.be>) to learn more about how the new MI Bridges supports Michigan residents.

Relias announces webinar on BH and SUD approaches in Emergency Departments

Below is a recent announcement from Relias, one of this Association's Preferred Corporate Partners, of an upcoming webinar:



The banner features a green background with a white diagonal line. The main title is in white text: "Behavioral Health and Substance Use Disorder Presentations in The Emergency Department". Below this, on the left, is the date and time: "June 7, 2018 1:00 p.m. - 2:00 p.m. ET". A green button with the word "REGISTER" in white is positioned below the date. On the right, an orange box contains the text "How to Get Better at Community Based Treatments". The Relias logo is in the bottom right corner.

Emergency departments often act as a safety net for people experiencing a mental health or substance use crisis, but they aren't always the best equipped to handle what comes their way. Mental health and substance use professionals need to get better at identifying risk for crises and applying best practice community-based interventions to avoid unnecessary emergency department presentations.

In this webinar, we will explore the top reasons for emergency room presentation by persons experiencing mental health or substance use concerns, offer simple tips for detecting and addressing risks to avoid demise, and also outline tips for ED personnel if the crisis is not avoided.

The webinar is intended for mental health and substance use professionals as well as emergency department personnel. *All registrants will receive a link to the recorded webinar and presentation deck after the live event.*

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111 Corning Rd. Suite 250 Cary, NC 27518
(877) 200-0020

Relias Webinar Registration Link (<https://bit.ly/2knXxA2>)

Practice Transformation Academy announced

Last year, 20 organizations achieved measurable outcomes on their path to value-based payment arrangements through participation in National Council for Behavioral Health's first Practice Transformation Academy. For example, Way Station, Inc., a non-profit behavioral health organization, developed a value-based payment readiness scorecard to monitor progress and share the results with potential funders. In doing so, they've begun to capture and communicate their value proposition.

In the upcoming Practice Transformation Academy, a year-long change management program, senior leaders will have the opportunity to respond to demand and improve upon the value they bring to clients, payers and communities.

The Practice Transformation Academy strengthens participant's skills in the areas of project management, quality improvement and performance measurement to adopt high value activities, such as risk stratification and other population health strategies, cost-based value analyses and alignment of clinical delivery and payment systems. Participants will receive support through individualized coaching, technical direction, peer-to-peer learning and a structured assessment tool to guide organizational prioritization.

The Practice Transformation Academy begins June 2018 and runs through June 2019.

Applications are due this Sunday, June 3, 2018 by 11:59 p.m. ET. This is a competitive application process with a limited number of slots available. See the Practice Transformation Academy request for applications to learn more.

Apply at: <https://nationalcouncil.secure-platform.com/a/solicitations/login/1100?returnUrl=http%3A%2F%2Fnationalcouncil.secure-platform.com%2Fa%2Fsolicitations%2Fhome%2F1100>

Community providers can obtain naloxone donations under recently announced program

Last month the National Council announced the generous donations of naloxone medication from pharmaceutical companies, Adapt Pharma and Kaléo. Adapt Pharma will be donating 10,000 cartons totaling 20,000 doses*. Kaléo will separately be donating 5,000 cartons equaling 10,000 auto-injectors.

If your organization is interested in receiving a donation of naloxone, please complete the brief questionnaire in the link below. To receive a donation, an organization must meet the following requirements:

- Be a current National Council member
- Provide residential substance use treatment for people with an opioid use disorder**
- Participation in an informational webinar on the proper administration of the medication to take place in July

Your organization will need to select your preference of either the nasal spray or auto-injector formulation in the questionnaire. Please note that completing the questionnaire does not guarantee your organization will receive a donation, or that your organization will receive the amount requested. Organizations will initially be limited to a maximum of 50 cartons of either formulation, however additional donations will be provided pending availability. To be considered, please complete the questionnaire by **June 18th, 2018**.

If you have any questions about this donation process, please contact Jeremy Attermann at JeremyA@TheNationalCouncil.org.

The questionnaire is available at:
<https://www.surveymonkey.com/r/N22LVDY>

**Please note that Adapt Pharma donations (Narcan nasal spray) must be used on site at your organization – not dispensed to clients for use outside of this setting.*

*** This requirement is only for organizations that would like to receive the auto-injector formulation, because we encourage you to give the naloxone medication to patients at discharge.*

HMA announces workshop on housing and high utilizers

Health Management Associates
Partnership Opportunities for Payers,
Providers and States: Supportive Housing for High Utilizers
Thursday, June 7, 2018
1 to 2 p.m. EDT

Speakers:

Scott Ackerson
Principal
(San Antonio, TX)

Carol Clancy
Principal
(San Francisco, CA)

Rachel Post
Senior Consultant
(Portland, OR)

Meggan Schilkie
Principal
(New York, NY)

Medicaid managed care plans, health systems, and states are teaming up with community-based organizations and housing authorities to consider a wide variety of supportive housing initiatives. Research indicates that doing so not only improves health outcomes for individuals experiencing homelessness, mental health, and/or substance use disorders, but also reduces utilization of emergency room services, inpatient bed days, and community justice involvement.

During this webinar, leading Medicaid and supportive housing consultants from HMA will outline nationally recognized evidence-based practice supportive housing models used to bend the healthcare cost curve, citing specific programs and outcomes.

Who Should Attend

Representatives of Medicaid managed care plans, hospitals and health systems, community-based organizations, state and federal government.

https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.8829299560390229&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b0000000490592da6b1be7c387d977ff90d41560a39347e36b50740721b0a1808c5015d47%26siteurl%3Dhlthmgtevents%26confViewID%3D94566976236584773%26encryptTicket%3DSDJTSwAAAATXX_hlWmnHnpZmhJaliClcB_f8bvvLnm9WaWsMqj99sw2%26

LEGISLATIVE UPDATE

Will House Leaders Make a Deal on Marijuana Legalization Legislation?

House Speaker Pro Tem Lee Chatfield (R-Levering), the presumed Republican leader in the 2019-20 session, is talking with Senate Republican leadership about the possibility of cobbling together the votes needed to pass the marijuana legalization citizens' initiative by the June 5 deadline.

Chatfield met with Senate Majority Leader Arlan Meekhof (R-Holland) and Sen. Mike Shirkey (R-ClarkLake) for a brief huddle this week to discuss the issue. The two-term House member said at this moment there is no inter-House agreement and if there's not one in two weeks, there won't be. The constitution requires both chambers either pass citizen initiative in 40 days after receiving them or they automatically go the ballot.

Meekhof and Shirkey see value in passing the initiative, conceding that voters are going to pass it anyway and that legislative amendments to the measure would need only a simple majority of support as opposed to three-quarters support if voters approve it.

"There's been an ongoing conversation about which is the best way to regulate it as we move forward," Chatfield said. "I think it's important that we have a framework in place to regulate marijuana. We can see what other states have done and amend it if necessary . . . as the people's chamber and the legislature moving forward, that's the best way to deal with these sorts of issues."

Meanwhile, House Speaker Tom Leonard (R-DeWitt) said he would permit a House vote on legalizing pot if others can find the 55 votes to pass it.

Deal Reached on Medicaid Work Requirements

Sen. Mike Shirkey (R-ClarkLake) announced this week he's hammered out an agreement with the administration and the House on creating work requirements for Medicaid recipients.

Shirkey confirmed that the 29-hour job requirement in the Senate bill has been pared back to 20 to which he says, "I was hoping Michigan could take a leadership position and set a new standard for that." But rather than jeopardize the entire package, he compromised. "It's not worth the potential loss to try to go for more when it's the work requirement itself that is the goal."

Depending on when the Governor gets his chance to review all this, Shirkey says he will leave it up to Snyder to announce the agreement.

Prior to SB 897 passing the full Senate, CMHAM staff was able to add language into the bill this is similar in nature to the medically frail definition in the Healthy Michigan law (it describes medically frail as 2 or more PIHP encounters within the past year). The S-2 version of the bill allows for an exemption for individuals who are considered medically frail as described in 42 CFR 440.315 (F), we believe this change should exempt many people served in the public mental health system. Below is the language inserted into the bill:

(f) The individual is medically frail or otherwise an individual with special medical needs. For these purposes, the State's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in § 438.50(d)(3) of this chapter, individuals with disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria or in States that apply more restrictive criteria than the Supplemental Security Income program, the State plan criteria.

This language is expected to remain in the final compromised version of the bill.

NATIONAL UPDATE

SAMHSA Announces Funding Opportunity for CCBHC Expansion

This week, SAMHSA released a funding opportunity for FY 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants. SAMHSA anticipates awarding 25 eligible providers up to \$2 million annually to increase access to and improve the quality of community behavioral health services through the expansion of CCBHCs. CCBHCs and community behavioral health providers in the eight CCBHC demonstration states (MN, MO, NV, NJ, NY, OK, OR, PA) **and** the planning grant states (AK, CA, CO, CT, IA, IL, IN, KY, MA, MD, MI, NC, NM, RI, TX and VA) are eligible to apply.

Applications are due July 9, 2018. For a program description and details on eligibility click here:

<https://www.samhsa.gov/grants/grant-announcements/sm-18-019>

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.

- 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

Register Now! 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 Implementation

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

Additional conference details and registration, click here: [CLICK HERE!](#)

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

