



June 8, 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
- Friday Facts to become a members-only electronic newsletter
- Work, Accomplishments, and Announcements of CMH Association Member Organizations
 - Lenawee CMH announces two significant accomplishments: 3-year Certification from Joint Commission; Successful E-Race the Stigma 5K Run, Walk & Kids Dash
- State and National Developments and Resources
 - MDHHS invites public comment on Title V Block Grant application
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 - Mental health care cited as key to health of cancer survivors
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- Legislative Update
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- National Update
 - SAMHSA Announces Funding Opportunity for CCBHC Expansion
- Co-occurring college: selected workshops for implementation & sustainability
- Michigan clubhouse conference
- Ethics Training for Social Work and Substance Abuse Professionals for 2018
- 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
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
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Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
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

Lenawee CMH announces two significant accomplishments

Below is a recent announcement by the Lenawee Community Mental Health Authority regarding the receipt of its three-year JCAHO accreditation and its recently completed E-Race the Stigma 5K Run. Congratulations to Lenawee CMH on both counts.

Lenawee Community Mental Health Authority is proud to report that they have been awarded their three year certification from The Joint Commission. We have also just had our biggest ever, most successful, E-Race the Stigma 5K Run, Walk & Kids Dash – with over 750 runners and walkers participating in the event on May 20th downtown Adrian. Thanks to organizer Greg Adams (who is also Vice Chair of the board) every year this race has gained in popularity. People are coming back year after year, bringing their family and friends. Many different groups participate – county government had a team of over 70 including the county administrator, the sheriff, judges etc. Businesses like Adrian Steel and Old National, organizations like Goodwill and CMH, schools all brought teams – many wearing their own team shirts – ran, walked, jogged, pushed strollers, to bring awareness to the stigma of mental illness and substance use disorders. Everyone receives a medal and a T-shirt, prize money is awarded to the top finishers male and female. Dollars raised will go back to the community for health and wellness initiatives.

“The first year we only had about 250 participants, it is amazing to be a part of something that has become the number one race and family friendly event in Lenawee County” reported Greg Adams.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS invites public comment on Title V Block Grant application

The Michigan Department of Health and Human Services (MDHHS) invites the public to comment on the Title V Maternal and Child Health (MCH) Services Block Grant application. Title V of the Social Security Act of 1935 provides funding to states to improve the health of mothers, infants and children, including children with special health care needs.

Per federal requirements, a five-year needs assessment was completed in 2015 and a summary is included in the application. Based on the needs assessment, the seven priorities for the state for 2016-2020 are aimed at improving the health of the MCH population by:

- Reducing barriers, improving access and increasing availability of health services for all populations.
- Supporting coordination and linkage across the perinatal to pediatric continuum of care.
- Investing in prevention and early intervention strategies.
- Increasing family and provider support and education for children with special health care needs.
- Increasing access to and utilization of evidence-based oral health practices and services.
- Fostering safer homes, schools and environments with a focus on prevention.
- Promoting social and emotional well-being through the provision of behavioral health services.

These priorities are linked to state and national performance measures across five federally-identified population domains: women/maternal health, perinatal/infant health, child health, adolescent health and children with special health care needs. Michigan's Title V application is for services from Oct. 1, 2018 to Sept. 30, 2019, and also includes a report on activities and services provided in FY 2017.

The Title V draft application and annual report are [available online](#). MDHHS welcomes comments on the application, which must be received by June 15 by 5 p.m., and can be submitted to daviss11@michigan.gov.

SAMHSA announces availability of opioid treatment dollars

Application Due Date: Monday, July 9, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2018 Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (Short Title: MAT-PDOA) grants. The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT. This program's focus is on funding organizations and tribes/tribal organizations within states identified as having the highest rates of primary treatment admissions for heroin and opioids per capita and includes those states with the most dramatic increases for heroin and opioids, based on SAMHSA's 2015 Treatment Episode Data Set (TEDS). The desired outcomes include: 1) an increase in the number of individuals with OUD receiving MAT 3) a decrease in illicit opioid drug use and prescription opioid misuse at six-month follow-up

MAT using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, buccal film, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone) is a required activity of the program. MAT is to be provided in combination with comprehensive OUD psychosocial services, including, but not limited to: counseling, behavioral therapies, Recovery Support Services (RSS), and other clinically appropriate services required for individuals to achieve and maintain abstinence from opioids.

Eligibility

Eligibility is limited to the domestic states, political subdivisions within states, and public and private nonprofit organizations in states with the highest rates of primary treatment admissions for heroin and opioids per capita and includes those with the most dramatic increases for heroin and opioids, as identified by SAMHSA's 2015 Treatment Episode Data Set (TEDS). Tribes/tribal organizations across the United States are also eligible to receive funding.

Award Information

Funding Mechanism: Grant

Anticipated Total Available Funding: \$65,583,803 (At least \$5 million will be awarded to federally recognized American Indian/Alaska Native (AI/AN) tribes/tribal organizations)

Anticipated Number of Awards: Up to 125 awards

Anticipated Award Amount: Up to \$524,670 per year

Length of Project: Up to three years

Cost Sharing/Match Required?: No

Proposed budgets cannot exceed \$524,670 in total costs (direct and indirect) in any year of the proposed project. Funding estimates for this announcement are based on the Consolidated Appropriations Act, 2018. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

In addition to tribes/tribal organizations across the country, eligibility for these grants is limited to a number of states, including Michigan, or political subdivisions or nonprofit organizations within the states, including Michigan, identified with the highest rates of primary treatment admissions for heroin and opioids per capita and includes those with the most dramatic increases for heroin and opioids, as identified by 2015 SAMHSA's Treatment Episode Data Set (TEDS).

Mental health care cited as key to health of cancer survivors

Below is a recent press release, from MDHHS, underscoring the fact that addressing physical and mental health is key to improving quality of life for Michigan cancer survivors, as part of the recent celebration of *National Cancer Survivors Day*.

Battling cancer can have a significant impact on families, and as part of National Cancer Survivors Day the Michigan Department of Health and Human Services (MDHHS) is sharing physical and mental health strategies to improve survivors' quality of life.

A person is a cancer survivor from the time of diagnosis through the remainder of their life. There are currently more than 15.5 million cancer survivors in the United States and this number is expected to grow to 20.3 million by 2026. In Michigan, it is estimated that there are 526,100 cancer survivors.

"Due to advances in screening and early detection, as well as treatment, many people are living longer after a cancer diagnosis," said Dr. Eden Wells, MDHHS chief medical executive. "Having support during treatment and living as healthy as you can during and after treatment are vital to survivorship."

With many different types of cancer and cancer treatments, cancer survivorship is different for each survivor. While many survivors are living longer, they may still experience effects of their cancer and its treatment for years to come. This can include physical, emotional and financial impacts on survivors and their families.

Quality of life is important in survivorship for those who are free of cancer, continue to live with a manageable cancer or face end of life issues. Survivorship care means looking after peoples' mental and physical health. Cancer survivors can address their quality of life by working with their health care providers to manage side effects or long-term effects they experience.

Making healthy choices can improve quality of life and reduce the chance of a cancer recurrence or developing second cancer type. Healthy choices can include increased physical activity, good nutrition, limited alcohol intake and tobacco cessation. Mental health can be addressed through participation in a cancer support group or speaking with a counselor. To improve health, survival and quality of life after a cancer diagnosis:

- Quit tobacco. Smoking and other tobacco products increase your risk for cancer recurrence and additional cancers.

- Be active and strive to maintain a healthy diet and weight.
- Discuss a follow-up care plan with your health care provider.
- Get help for depression or anxiety related to cancer or its treatment.

For resources about survivorship and life after cancer treatment, visit the American Cancer Society website (<https://www.cancer.org/health-care-professionals/national-cancer-survivorship-resource-center/tools-for-cancer-survivors-and-caregivers.html>) or call 800-227-2345.

Health inequities highlighted in recent issue of national journal

The May issue of the Journal of Health Care for the Poor and Underserved (Volume 29, Number 2, May 2018) centers on a range of health equity issues including:

- health inequities
- promising ways to combat them clinically
- policies that affect them
- reflections on the relationship between structural, sociopolitical facts of life and the well-being of all people

Whole issue: <http://muse.jhu.edu/issue/38537>

Open Access Pre-Print site (selected articles only): <https://preprint.press.jhu.edu/jhcpu/>

New Medicaid-Public Health Resource Center for Implementing CDC's 6|18 Initiative

Across the country, states and counties are seeking to improve health care quality and stem rising health care costs by investing in prevention strategies and value-based payment models. CDC's *6|18 Initiative* aligns evidence-based preventive practices with emerging payment and delivery models by offering proven interventions that payers can adopt to help prevent or control six prevalent, high-burden conditions — potentially improving health outcomes and controlling costs.

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies has developed a new online resource center to help Medicaid agencies and managed care plans collaborate with state and local public health departments to launch 6|18 interventions. It offers practical how-to resources, including:

- *What is CDC's 6|18 Initiative?* – (<http://www.618resources.chcs.org/what-is-the-cdcs-618-initiative/>) Background and frequently asked questions about this set of evidence-based approaches for improving population health and controlling costs.
- *CDC's 6|18 Initiative in Action* – (<http://www.618resources.chcs.org/618-initiative-in-action/>) Interactive map of prevention-focused 6|18 activities from across the country and profiles of select state activities.
- *Implementation Tools* – (<http://www.618resources.chcs.org/general-implementation-tools/>) Resources to help stakeholders plan and implement 6|18 interventions — including *Getting Started: CDC's 6|18 Initiative*, a how-to guide developed by ASTHO for Medicaid and public health agencies.
- *Priority Condition Resources* – (<http://www.618resources.chcs.org/priority-conditions/>) An array of health condition-specific resources to guide the implementation of CDC's 6|18 Initiative strategies.

NACBHDD and NARMH joint press release on behavioral health workforce issues

Special Supplement on “The Behavioral Health Workforce: Planning, Practice, and Preparation” Released Today by the American Journal of Preventive Medicine

NACBHDD and NARMH are delighted to announce the release of a Special Supplement to the [*American Journal of Preventive Medicine*](#), in which experts focus on the key issue of behavioral health human resources. Articles in this special issue cover research on workforce planning, service delivery and practice, and workforce preparation, and advocate for intelligent allocation of resources to ensure all clients have access to behavioral healthcare.

A 2016 report by the Health Resources and Services Administration (HRSA) on the projected supply and demand for behavioral health practitioners through 2025 indicated significant shortages of psychiatrists, psychologists, social workers, mental health counselors, and marriage and family therapists. The magnitude of provider shortages, however, is not the only issue when considering access to behavioral health services. Another major concern is maldistribution, since parts of the US have few or no behavioral health providers available, and access to mental health services is especially critical in areas of poverty.

More than 44 million American adults have a diagnosable mental health condition, and rates of severe depression are worsening among young people. Mental health and disability are well-established drivers of substance use, and drug overdose deaths fueled by opioid misuse have more than tripled from 1999 to 2016.

"There is no more important topic surrounding behavioral healthcare than the current and growing crisis in the availability of well-trained providers," indicated Ron Manderscheid, Executive Director of NACBHDD and NARMH, and Co- Editor of the Special Supplement. "Our Baby Boomers are retiring, and too few Millennials are joining us. This Special Supplement could not come at a more opportune time. It will focus a spotlight on our human resource issues and provide an important glimpse into new developments that can allay this problem."

"The barriers to strengthening behavioral health workforce capacity and improving service delivery will not be easily overcome," caution the Guest Editors, Angela J. Beck, PhD, MPH, Ronald W. Manderscheid, PhD, The National Association of County Behavioral Health and Developmental Disability Directors, Washington, DC, USA, and Peter Buerhaus, PhD, RN, Center for Interdisciplinary Health Workforce Studies, Montana State University, Bozeman, MT, USA. "But with challenge comes opportunity. The increased national and state focus on mental health and addiction services has mobilized the field. The portfolio of efforts highlighted throughout this publication are strong evidence of this energy and enthusiasm. The vision for the future of the behavioral health workforce is one of real hope!"

These articles appear in the *American Journal of Preventive Medicine*, volume 54, issue 6, supplement 3 (June 2018), published by Elsevier. It will be openly available at [http://www.ajpmonline.org/issue/S0749-3797\(18\)X0003-8](http://www.ajpmonline.org/issue/S0749-3797(18)X0003-8). Please visit this site to view the table of contents and access full text of the contributions.

2016 Medicaid Expenditures for Long-Term Services and Supports Report

Recently, the Centers for Medicare & Medicaid Services (CMS) announced that the report on Medicaid Expenditures for Long-Term Services and Supports (LTSS) in federal fiscal year (FY) 2016 is now available. Federal and state spending on Medicaid LTSS totaled approximately \$167 billion in FY 2016, a 4.5 percent increase from \$159 billion in FY 2015.

Home and community-based services (HCBS) have accounted for almost all Medicaid LTSS growth in recent years, while institutional expenditures have remained close to the FY 2010 amount. HCBS spending increased 10 percent in FY 2016, greater than the five percent average annual growth from FY 2011 through 2015. Institutional service spending decreased two percent in FY 2016 following an average annual increase of 0.3 percent over the previous five years. LTSS provided through managed care continued to grow as states have expanded the use of managed LTSS delivery systems. Managed LTSS expenditures were \$39 billion in FY 2016, a 24 percent increase from \$32 billion in FY 2015.

For the full report visit: <https://www.medicaid.gov/medicaid/ltss/reports-and-evaluations/index.html>

LEGISLATIVE UPDATE

FY19 DHHS Conference Committee Report

Specific Mental Health/Substance Abuse Services Line items

<u>Report)</u>	<u>FY' 18 (final)</u>	<u>FY'19 (Exec Rec)</u>	<u>FY'19 (Conference</u>
-CMH Non-Medicaid services	\$120,050,400	\$120,050,400	\$125,578,200
-Medicaid Mental Health Services	\$2,315,608,800	\$2,364,039,500	\$2,319,029,300
-Medicaid Substance Abuse services	\$52,408,500	\$68,441,000	\$67,640,500
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,530,000	\$76,456,200	\$76,956,200
-Children's Waiver Home Care Program	\$20,241,100	\$20,241,100	\$20,241,100
-Autism services	\$105,097,300	\$199,841,400	\$192,890,700
-Healthy MI Plan (Behavioral health)	\$288,655,200	\$292,962,900	\$299,439,000

Highlights of the FY19 Conference Committee Report:

- Conference Committee REMOVES 298 (e) language from the bill.
- Conference Committee modified autism line and adds boilerplate language to require the establishment of a fee schedule for autism services by October 1, and reduced behavioral technician rates by 10%.
- Conference Committee concurred with the House's recommendation to add \$5.5 million GF for non-Medicaid mental health services to hold harmless CMHs that may be negatively impacted by the new FY19 GF funding formula.
- Conference Committee concurred with the House's recommendation to add \$500,000 GF to the Community substance abuse line item for St. Mary's in Livonia for a 10-bed substance use disorder detoxification pilot project that utilizes specialized trauma therapists, peer support specialists and medication assisted treatments.
- Conference Committee concurs with House recommendation to reduce \$9 million Gross (\$5.7 million GF) to the Mental Health and Wellness Commission recommendations.

Boilerplate Sections

Section 298 – removes (e) language from the budget

Section 924 – Autism Reimbursement Limit – for the purposes of actuarially sound rate certification and approval for Medicaid behavioral health managed care programs, the department shall establish and implement a fee schedule for autism services reimbursement rates for direct services by October 1 of the current fiscal year. Expenditures used for rate setting shall not exceed those identified in the fee schedule. The rates for behavioral technicians shall be reduced by 10% of the 2017 autism fee schedule, but shall not be less than \$50 per hour.

Section 925 – Non-Medicaid Dollars – From the funds appropriated in part 1 for community mental health non-Medicaid services, each CMHSP is allocated not less than the amount allocated to that CMHSP during the previous fiscal year.

Section 950 – Court Appointed Guardians – Directs the department to not allocated more than \$1.5 million to reimburse counties for 50% of the cost incurred by the county to reimburse court-appointed public guardians and conservators for recipients who also receive CMHSP services.

Section 959 – Medicaid Autism Benefit Cost Containment – The department shall establish a workgroup in collaboration with the chairs of the house and senate appropriations subcommittees on the DHHS budget or their designees, CMHSP members, autism service provider clinical and administrative staff, community members, Medicaid autism services clients, and family members to make recommendations to ensure appropriate cost and service provision, including but not limited to, the following:

- a. Ways to prevent fraud and overdiagnosis.
- b. Comparison of Medicaid rates for autism services to commercial insurance rates.
- c. Comparison of diagnosis process between Medicaid, Tricare, and commercial insurance.

(2) By March 1 of the current fiscal year, the department shall provide the workgroup's recommendations to the senate and house DHHS subcommittees, the house and senate fiscal agencies, and the state budget office.

Section 1009 – Direct Care Worker Wage Increase, Conference Committee includes Senate revised language to clarify what expenses can be covered.

"Funds provided in this section must be utilized by a PIHP for increasing direct care worker wages, for the employer's share of federal insurance contributions act costs, purchasing worker's compensation insurance, or the employer's share of unemployment costs."

Section 1696 NEW Language – Traditional Medicaid to HMP Migration Restriction – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

Section 1867 – Requires DHHS to convene a workgroup to identify best practices and to develop protocols for prescribing psychotropic medications and requires a report by March 1.

Section 1875 – Conference committee retains previous years' language regarding prior authorization – Applies prior authorization prohibition to DHHS and its contractual agents for psychotropic medications and drugs for the treatment of epilepsy/seizure disorder or organ transplant therapy, if those drugs were either carved out or not subject to prior authorization procedures as of May 9, 2016, defines "prior authorization".

HICA Reform Headed to The Governor

Last week, House members passed a three-bill Senate package outlining reforms for the states highly contentious Health Insurance Claims Assessment (HICA) Tax. Senate Bills 992-994 all passed via 107-1 votes without debate or changes, meaning they are now headed to Governor Rick Snyder for signature.

Under the bills, the HICA Tax will be repealed and replaced with the Insurance Provider Assessment (IPA) Tax. The IPA Tax will be multi-tiered and could apply at varying rates to non-Medicaid health insurers, prepaid inpatient health plans (PIHPS), and Medicaid physical health managed care services. Along with the creation of the IPA, an Insurance Provider Fund will be created to collect revenue from the new tax system, with estimates at \$601.6 million in the 2018-19 Fiscal Year (SB 992). For the new tax to be allowed to be in effect for at least five years, the Michigan Department of Health and Human Services (DHHS) would be required to file a request for a waiver from the federal Centers for Medicare and Medicaid (SB 992). Then, once that waiver is granted (or on October 1 of this year, whichever occurs first) the repeal of HICA would be allowed (SB

993). The current Use Tax Act would also be amended by eliminating language that would reinstate the Medicaid managed care use tax if the HICA Act is repealed or HICA's rate drops to zero percent (SB 994).

Of the expected \$601.6 million in revenue for the coming Fiscal Year, \$315 will offset HICA revenues, \$155 million will ensure the plan's "actuarial soundness", \$17 million will be used for physical health capitation rate increased and administration costs, and \$114.6 million will be placed in the new Insurance Provider Fund. Michigan now joins the rest of the states in eliminating the HICA Tax.

Marijuana Initiative Headed to the Ballot

A citizen's initiative to legalize the recreational use of marijuana is headed to the November ballot, as lawmakers declined to adopt legislatively the proposal put forward by Coalition to Regulate Marijuana Like Alcohol (CRMLA).

Tuesday was the final day of the Legislature could take action before the citizens' initiative automatically moves to the ballot, House leadership announced they will not be voting on the issue. The 55 House votes were not being there to legalize pot without a public vote despite the votes allegedly being there in the Senate if the House had acted.

The House was always the challenge for legislative adoption, with House Speaker Tom Leonard (R-DeWitt) consistently being against the measure and publicly questioning whether there were not enough votes in the Republican caucus to adopt the initiative. Also, House Democrats were leery of taking action, consistently wanting the citizens to vote on the measure.

Much of the argument in favor of adopting the initiative legislatively was that it could be amended with a simple majority vote with regulations that exactly mirror those of medical marijuana. If the people adopt it, the Legislature could only change it with a three-quarters majority vote.

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>

TRAININGS:

CO-OCCURRING COLLEGE: SELECTED WORKSHOPS FOR IMPLEMENTATION & SUSTAINABILITY

June 25-26, 2018
Kellogg Hotel and Conference Center
East Lansing, Michigan

WHO SHOULD ATTEND: Clinical directors, case workers, support coordinators, children's supervisors and other practitioners who must be able to address comorbid mental health and substance use disorders at all levels of practice (beginning, intermediate and/or advanced).

COST: \$140 for two-day training, including breakfast, lunch and parking

LOCATION: Kellogg Center Hotel: 219 S. Harrison Rd., E. Lansing, MI 48824; Phone: 517-432-4000

OVERNIGHT ROOMS: Hotel rooms are \$75 per night.

To make your reservation call 517-432-4000 and request Group Code 1806COCCU to receive your discounted rates.

Deadline for discounted rates: June 7, 2018

TO REGISTER FOR CO-OCCURRING COLLEGE:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5156&AppCode=REG&CC=118053182060&ReqType=2005-42>

MICHIGAN CLUBHOUSE CONFERENCE

“Opening New Doors” Conference will be held on July 15 – 18, 2018 at the Grand Traverse Resort in Traverse City.

CONFERENCE REGISTRATION: Conference Registration Fee: \$75 per person

Fee includes opening reception, 3 breakfasts, 2 luncheons, 1 dinner and reception with entertainment.

HOTEL DETAILS & RESERVATIONS: Room Rates:

Hotel Room: \$75 plus \$16.95 resort fee and taxes

Tower Room: \$209 plus \$16.95 resort fee and taxes

Two Bedroom Condos: \$279 plus \$16.95 resort fee and taxes per room

Deadline for These Rates: Friday, June 15, 2018

Reservations: Call 800-968-7352 and use code: CLUBHOUSE CONF 2018

To Register for the Clubhouse Conference, Click Here:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5160&AppCode=REG&CC=118060403651&ReqType=MCCTC>

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=*

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>