August 17, 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:

- **Contact information of the CMH Association's Officers:**
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- **CMHAM Fall Conference Call for Presentations**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**

- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **19th Annual Substance Use and Co-Occurring Conference Registration is now open!**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

Contact information of the CMH Association's Officers: The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

Financing model framework announced for Section 298 initiative

Below are excerpts from a recent press release on the status of the development of the Section 298 pilots involving four CMH Association members: West Michigan CMH System, HealthWest (Muskegon), Saginaw County CMH Authority, and Genesee Health System.

> The Michigan Department of Health and Human Services (MDHHS) today announced that a consensus has been reached by the 298 Leadership Group on the framework for a financial model that will support the pilots involved in the Section 298 Initiative. The 298 Leadership Group consists of health plan executives and Community Mental Health Services Programs (CMHSP) executive directors from the pilot sites across Michigan.
>
> "Our main goal is to come up with a solution that provides person-centered, community-based care with positive outcomes that promote independence, self-determination, and improved heath. The 298 Leadership Group agrees that this solution represents an improved integration of services and supports for the individuals who use our health programs," said Matt Lori, Senior Deputy Director of Policy, Planning, and Legislative Services at MDHHS.
>
> The new financial model will involve Medicaid health plans purchasing administrative services from the CMHSPs to keep care closest to the community, along with a mixture of capitation and fee-for-service payment for the actual delivery of care. The pilot program mandates that any financial benefits from this agreed-upon model be reinvested into the services and supports for these individuals in the counties where the savings occurs.

"Our goal is to create the most effective model for integration of physical and behavioral health services to improve care coordination, treatment and supports to the whole person," stated Lisa Williams, executive director of West Michigan Community Mental Health. "The ability to come to an agreed upon consensus for pilot design by the Medicaid health plans and community mental health providers has been driven by the ability to remain forward-thinking about opportunities to continuously improve services to the people, families, and communities we serve."

The Leadership Group has created a sub-workgroup to fully develop the structure for the payment model based on services and unique populations included. Part of the sub-workgroup's goal is to ensure the public's interest is being represented through oversight and accountability.

"We are making meaningful progress on the integration of physical and behavioral health services that will provide improved access and the highest quality of care for some of Michigan's most vulnerable citizens, but there is still much work to be done to ensure true integration at the financial, administrative, and clinical levels," stated Sean Kendall, president and chief operating officer of Meridian.

This financial model will be implemented across all three pilot sites located in Genesee, Saginaw, Muskegon, Lake, Oceana, and Mason counties and supports the overall goal of fully integrating the Medicaid-funded physical health and behavioral health benefits in Michigan for a minimum of two years. Further updates will be shared as progress is made towards the implementing the pilots.

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

Macomb CMH, Senator Stabenow, and Glenn Close fight stigma

Recently, staff of Macomb County CMH Services joined United States Senator Debbie Stabenow and actress and mental health advocate Glenn Close in a live Facebook roundtable event sponsored by Channel 4 Detroit. The event, "It's OK to not be OK" underscored the need for open dialogue around mental health issues. The round table can be viewed at: https://www.clickondetroit.com/health/video-glenn-close-michigan-sen-stabenow-join-roundtable-discussion-on-mental-health

Additionally, you can learn more about the non-profit founded by Glenn Close to fight stigma, "Bring Change to Mind" at https://bringchange2mind.org/ ,

Oakland CHN CIO recognized by Crain's

Below is a recent press release recognizing Diana Bundschuh, the Chief Information Officer (CIO) for the Oakland Community Health Network (a member of this association) for her leadership in the information technology field. Congratulations to Diana and Oakland CHN.

Royal Oak resident, Diana Bundschuh, has been recognized as one of Crain's Detroit Business Notable Women in IT/Tech in Michigan due to her leadership in the information technology (IT) industry.

Currently, Bundschuh is the Chief Information Officer (CIO) at Oakland Community Health Network (OCHN). In this role, she oversees all aspects of technology, as well as contributes to the overall mission and vision of the organization.
In addition to addressing OCHN's IT needs, Bundschuh also serves on the executive leadership team responsible for ensuring quality public mental health services to people.

During her 18 year career as an information systems professional, Diana has held a number of leadership positions, including at Easterseals Michigan and the City of Glendale, Arizona.

Before joining OCHN, Bundschuh served as the first CIO for Hegira Programs, Inc. She was responsible for the IT team supporting more than 500 users and six sites in Metro Detroit, including setting the vision for telecommunications, applications, security, and IT infrastructure.

CMH Association and University of Wisconsin partner to obtain SAMHSA grant

This association received word, earlier this week, that the University of Wisconsin (UW) has been named, by SAMHSA, as the Great Lakes Mental Health Technology Transfer Center. With the designation of UW of Wisconsin as the regional SAMHSA technology transfer site, the CMH Association will be part of the multi-state region's effort, coordinated by UW, with this association serving as the connector/facilitator between the Michigan mental health system and the UW regional center and its work. This partnership is slated to last for five years, with renewal, after those five years, contingent upon the performance of UW and its partners.

This partnership will be a strong addition to the education, training, and technical assistance services that this association provides to its members and other stakeholders across the state. Being able to link with the cutting-edge work of the UW Technology Transfer Center and SAMHSA will only strengthen our work in this area.

SAMHSA's MHTTC initiative: This initiative will coordinate and manage the SAMHSA Center for Mental Health Services' national efforts to ensure that high-quality, effective mental health disorder treatment and recovery support services, and evidence-based practices are available for all individuals with mental disorders including, in particular, those with serious mental illness.

Years of research and knowledge of evidence-based practices related to mental disorders show that well-designed prevention, treatment, and recovery support efforts are effective and can have multiple benefits for individuals with mental health disorders, including serious mental illness. It is SAMHSA's intent to ensure that the public has the resources it needs to be successful in treating these conditions. The MHTTCs will work with organizations and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective, evidence-based practices to individuals, including the full continuum of services spanning mental illness prevention, treatment, and recovery support.

he goals of MHTTC are:

- Accelerating the adoption and implementation of mental health related evidence-based practices across the nation.
- Heightening the awareness, knowledge, and skills of the workforce that addresses the needs of individuals living with mental illness
- Fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services.
- Ensuring the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field, including CMHS grant recipients.

Expectations of this initiative include:

- Mental health promotion, prevention, intervention, and recovery support services for American Indian/Alaska Native and Hispanic and Latino populations.
- Integrated school-based mental and behavioral health promotion, prevention, and intervention services.

- Treatment for individuals living with serious mental illness (SMI), including the use of psychotropic medication.
- Treatment for individuals with SMI who experience homelessness.
- Outreach and intervention for youth and young adults at high risk for psychosis.
- Coordinated care approaches for individuals with SMI.
- Youth and transition-aged youth (ages 16-25) with serious emotional disturbance (SED) or SMI.
- Infant and early childhood psychosocial and emotional development.
- Recovery support services, including peer-provided services.
- Integration of primary and mental health care (i.e., integrated care approaches/models for primary care and mental health care).
- Mental health awareness and literacy.

Responsibilities of the CMH Association of Michigan:

1. Serve as the Michigan connection for the Great Lakes Center– a local point of contact for mental health (MH) technical assistance (TA) requests.
2. Foster relationships with the state and other key stakeholders around mental health services and evidence-based and promising practices
3. Be aware of the type of technical assistance needed by stakeholders in Michigan.
4. Be a conduit for sharing the identified technical assistance needs with the regional MHTTC office at UW-Madison and assist the regional office in coordination/delivery of TA and subject matter experts.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

National Council releases MCO contracting guide

The National Council for Behavioral Health has released the advocacy guide, *Medicaid Managed Care Contracting* to provide community behavioral health providers and associations talking points and sample contract language related to each issue they may face to use with their state Medicaid agency to ensure Medicaid managed care will enhance behavioral health access. It also presents key challenges to help address common contracting issues.

The guide's 13 chapters cover refusal to contract, all product clauses, scope of services and covered services, prompt payment, payment rates, payment recoupments, medical necessity determinations, contract amendments, regulatory penalties, prohibitions on assignment, data reporting requirements and drug formularies and preferred drug lists.

The guide was co-written by Adam Falcone, a nationally renowned attorney who will be leading several day-long seminars on Medicaid managed care contracting in Michigan – a set of seminars sponsored by the Michigan Health Endowment Fund and the CMH Association of Michigan

The guide can be found at: https://www.thenationalcouncil.org/wp-content/uploads/2018/08/Medicaid-Managed-Care-Contracting-Guide-for-State-Associations-FTLF-2018_Updated-8.8.2018.pdf

MHEF Behavioral Health Access Initiative

The Michigan Health Endowment Fund (MHEF) has recently launched its Behavioral Health Access Initiative. As part of that initiative, MHEF has invited the CMH Association and several other parties to guide this project as the Stakeholder Advisory Board for this effort. An outline-versions description of the effort is provided below. As this initiative moves along, this association will provide Friday Facts readers with additional information.

Project Scope and Objectives:

Assess the adequacy of access to behavioral health services in Michigan
- Mild to moderate mental illness, serious mental illness
- Substance use disorder
- Outpatient, intensive outpatient, and residential services
- State-wide and sub-state

Outside the scope of this project
- Persons with intellectual/developmental disabilities
- Inpatient psychiatric services, chronic pain treatment, Medication Assisted Treatment
- Supportive services such as housing

Dimensions of Access
1. Presence of practitioners – supply by care type and geography
2. Practitioner capacity – availability and willingness to see patients
3. Proximity/transportation – ability of patients to get to care
4. Financial access/coverage – ability of patients to afford care
5. Cultural competency – alignment of language and cultural understanding

Period of performance: July 2018 through March 2019

Deliverables due December 31, 2018:
- Report on literature review/environmental scan
- Final report to Health Fund staff – findings, data, methods
- Outline of identified data gaps

Deliverables due March 31, 2019:
- Materials to communicate findings to broader audience
- Report on public investments needed to improve access

Tasks to implement our approach
1. Conduct review of existing measures, approaches, definitions, and studies (e.g., HPSA designations indicate 29% of needs met)
2. Estimate and characterize provider supply by type and location (e.g., SAMHSA facility provider data, LARA licensure data by county, NPI data)
3. Estimate population counts and characteristics by county and other sub-state locations of interest (Census Bureau ACS data)
4. Assemble and review results of existing population, patient, or provider surveys relating to access
5. Obtain Medicaid and Medicare Limited Data Set claims/encounter data
6. Process claims/encounter data to estimate current utilization of services for populations of interest (children, older adults, vulnerable populations)
7. Model expected demand for services under alternate definitions of demand
8. Compare demand estimates with current utilization by service type, population, and location to identify potential gaps in access
9. Consider characteristics of provider supply, findings from surveys and studies, and expert input to assess gaps and barriers by dimensions of access
10. For identified gaps, research promising policies and estimate public investments needed to improve access

Webinar: Using Data Analytics to Better Understand Medicaid Populations with Serious Mental Illness

CMS announces data analytics webinar focused on population health for persons with SMI

CMS's Medicaid Innovation Accelerator Program (IAP) is hosting a webinar to introduce states to a new technical resource designed to help state Medicaid agencies with using Medicaid claims and encounters data to gather specific insights about the population of adult Medicaid beneficiaries who have a serious mental illness in their state. This

technical resource serves as a first step in assisting states with understanding key demographic attributes of this population, their use of Medicaid services, and their Medicaid service costs.

The webinar will be held on **Thursday, September 6th, 3:00 pm-4:30 pm ET**, and will feature an overview of the technical resource, example analyses, and a discussion with state Medicaid leaders from Pennsylvania, Virginia, and West Virginia who will share insights based on their experience conducting similar analyses. The strategies presented on this webinar will be of interest to state Medicaid agencies interested in developing data analytics to better understand their population with SMI.

To register for this webinar, please visit the following link: https://www.eventbrite.com/e/using-data-analytics-to-better-understand-medicaid-populations-with-smi-registration-48563890905

Sequential intercept and Stepping Up Initiative resources released

Recently, a number of resources, at the national level, have been released regarding the use of the Sequential Intercept Model and the Stepping Up Initiative. The links to those resources are provided below:

> Last month, Stepping Up released the County Self-Assessment<https://csgjusticecenter.us5.list-manage.com/track/click?u=68349a0517e51cf0191607610&id=59489f2a77&e=bf7d286c77 >. The online tool is designed to assist counties interested in evaluating the status of their current efforts to reduce the prevalence of people who have mental illnesses in jails.
>
> This month In Focus: Implementing Mental Health Screening and Assessment<https://csgjusticecenter.us5.list-manage.com/track/click?u=68349a0517e51cf0191607610&id=3490270847&e=bf7d286c77> was released. This brief focuses on helping counties identify the number of people booked into jails who have serious mental illnesses and better connecting them to treatment.
>
> Learn more<https://csgjusticecenter.us5.list-manage.com/track/click?u=68349a0517e51cf0191607610&id=9423072e06&e=bf7d286c77 > about Stepping Up.

Guide for college planning for students with mental health needs released

Below is a recent announcement, from the Best Colleges organization, of its recently released "College Guide for Students with Psychiatric Disabilities: The description of and link to the guide are provided below.

> The transition from high school to college is a considerable process that can prove to be a source of significant pressure for students. This transition places particular weight upon those with psychiatric disabilities. *About 30% of college students struggle with schoolwork due to a mental illness.* The challenges these students face and the accommodations they require pose a great personal strain.
>
> It's our goal at BestColleges.com to provide students with the knowledge and resources they need to succeed. We've created a free guide to college planning for students with psychiatric impairments, an excellent source of information breaking down the transition process, accommodations, scholarships, and more that psychiatrically impaired students should be prepared with.
>
> Have a look at our guide here:
>
> **Guide to College Planning for Psychiatrically Impaired Students -**

https://www.bestcolleges.com/resources/college-planning-with-psychiatric-disabilities/

MPRO announces webinar on fighting SUD stigma

Below is a recent announcement, from MPRO and the Lake Superior Quality Innovation Network of the upcoming webinar, " Reducing the Stigma: What People Struggling with Addiction Want Clinicians to Know".

> MPRO is pleased to announce another excellent educational opportunity presented by Judge Linda Davis entitled Reducing the Stigma: What People Struggling With Addiction Want Clinicians to Know. Judge Davis sits on the 41B District Court in Macomb County and was appointed by Governor Snyder as the Chairperson of the Prescription Drug and Opioid Abuse Commission. She also founded Families Against Narcotics, Hope Not Handcuffs, and Operation Rx Macomb County. It is through this experience, that Judge Davis will share the understanding of epidemic from the perspective of the patient, including the challenges and barriers to seeking treatment.
>
> Please join us for this free webinar, hosted by the Lake Superior Quality Innovation Network on September 12th from 12:00-1:00pm ET. It has been approved for one CME for physicians and one CE for nursing. Social work continuing education is pending.
>
> For more information and to register for this event, visit the following link:
> https://www.lsqin.org/event/reducing-the-stigma/

PBS airs stories on the Michigan and national direct care worker shortage

Below are links to two recent news stories, developed and carried by the PBS NewsHour, highlighting the direct care worker shortage. While these news stories focus on the direct care worker shortage among those working with seniors, the same shortage exists within the large segment of this workforce who work with persons with mental illness, intellectual/developmental disabilities, and/or substance use disorders.

Links to the first and second parts of the report are below and each segment is about 8 minutes.

PBS NewsHour-U.S. Needs More Home Care Workers-Part I-7.26.18 https://to.pbs.org/2vbbC8U
PBS NewsHour-U.S. Needs More Home Care Workers-Part 2-8.9.18
https://www.pbs.org/newshour/show/the-u-s-needs-more-home-care-workers-is-this-the-solution

Psychiatric Services publishes article on impact of whole health approach and peer-staffed crisis services

Below are the abstracts of two recent articles, carried in the journal, Psychiatric Services, that underscore the importance of a whole-health orientation to mental health work and the value of peer-staff services in addressing mental health crises.

> **Implementing a Whole Health Model in a Community Mental Health Center: Impact on Service Utilization and Expenditures**; Ellen E. Bouchery , M.S., Allison Wishon Siegwarth, M.H.S., Brenda Natzke, M.P.P., Jennifer Lyons
> , A.M., Rachel Miller, M.P.A., Henry T. Ireys, Ph.D., Jonathan D. Brown, Ph.D., Elena Argomaniz, M.A., Rochelle Doan, M.S.
>
> Published Online:9 Aug 2018

This study examined whether implementing a whole health care model in a community mental health center reduced the use of acute care services and total Medicare expenditures. The whole health care model embedded monitoring of overall health and wellness education within the center's outpatient mental and substance use disorder treatment services, and it improved care coordination with primary care providers. Methods: This study used fee-for-service Medicare administrative claims and enrollment data for June 2009 through July 2015 for the intervention (N=846) and matched comparison group (N=2,643) to estimate a difference-in-differences model.

Results: For the first two-and-a-half years of the program, Medicare expenditures decreased by $266 per month on average for each enrolled beneficiary in the intervention group relative to the comparison group ($p<.01$). Intervention clients had .02 fewer hospitalizations, .03 fewer emergency department (ED) visits, and .13 fewer office visits per month relative to the comparison group ($p<.05$ for all estimates).

Conclusions: Overall, the whole health model reduced Medicare expenditures, ED visits, and hospitalization rates. These results may be due in part to the availability of more comprehensive medical data and staff's improved awareness of client's overall health needs. There was a lag between initial program implementation and the program's substantial impact on health expenditures. This lag may be attributed to the substantial transformation and time needed for staff to adapt to the program.

https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700450

The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization; Ellen E. Bouchery, M.S., Michael Barna, M.A., Elizabeth Babalola, M.P.H., Daniel Friend, M.S., Jonathan D. Brown, Ph.D., Crystal Blyler, Ph.D.,
Henry T. Ireys, Ph.D.

Published Online:3 Aug 2018

Objective:This study assessed whether peer-staffed crisis respite centers implemented in New York City in 2013 as an alternative to hospitalization reduced emergency department (ED) visits, hospitalizations, and Medicaid expenditures for individuals enrolled in Medicaid.

Methods: This study used Medicaid claims and enrollment data for January 2009 through April 2016 to estimate impacts on ED visits, hospitalizations, and total Medicaid expenditures by using a difference-in-differences model with a matched comparison group. The study sample included 401 respite center clients and 1,796 members of the comparison group.

Results: In the month of crisis respite use and the 11 subsequent months, Medicaid expenditures were on average $2,138 lower per Medicaid-enrolled month and there were 2.9 fewer hospitalizations for crisis respite clients than would have been expected in the absence of the intervention ($p<.01$).

Conclusions: Peer-staffed crisis respite services resulted in lowered rates of Medicaid-funded hospitalizations and health expenditures for participants compared with a comparison group.
https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700451

SAMHSA announces two webinars on same-day-access

SAMHSA requires Certified Community Behavioral Health Clinics (CCBHCs) to provide access to service within 10 days to clients with nonurgent needs. Many providers – both CCBHCs and those that recognize a more timely access

to service is where the field is going – have implemented Same Day Access (SDA) for initial visits coupled with Just in Time (JIT) Prescriber Scheduling to get consumers into nonurgent medical care quickly, often within 3-5 days.

To effectively implement this transformational shift requires a change mindset from top to bottom, and MTM Services has helped hundreds of organizations find that focus and get the results that matter. In this two-part "Ask the Experts" series, participants can hear the latest insights and ask questions of MTM's experts:

Same Day Access with Joy Fruth - **August 20 at 2:15 ET: R**egister and submit questions at: https://register.gotowebinar.com/register/7874310378797040 66?source=ncbh

Just in Time Prescriber Scheduling with Scott Lloyd – **September 6 at 12:00 ET: R**egister and submit questions at: https://register.gotowebinar.com/register/7834770607319367426?source=ncbh

HMA announces conference and changing Medicaid landscape

Below is an announcement from Health Management Associates (HMA) on its upcoming conference, "The Rapidly Changing World of Medicaid: Opportunities and pitfalls for payers, providers, and states

The Rapidly Changing World of Medicaid: Opportunities and pitfalls for payers, providers, and states
October 1-2
Palmer House, Chicago

More than 300 executives from health plans, providers, state and federal government, and community-based organizations have already registered to attend HMA's conference on The Rapidly Changing World of Medicaid: Opportunities and Pitfalls for Payers, Providers and States.

Group rates and sponsorships are available. Contact **Carl Mercurio** at **212-575-5929** or cmercurio@healthmanagement.com.

Learn more about this conference and register at:
https://conference.healthmanagement.com/

EVV Update: Deadline to Implement EVV for Personal Care Services Delayed until 2020

Below are excerpts from a recent announcement, to states, from CMS, regarding the delay in the implementation of the Electronic Visit Verification (EVV) requirements. MDHHS has recently announced this delay, to CMH Association members.

On July 30, 2018, federal legislation was passed to amend Section 1903(l) of the Social Security Act to delay the timeline for states to implement electronic visit verification (EVV) for personal care services by one year. The legislation does not affect timelines for home health care services. Previously, states were required to implement EVV for personal care services by January 1, 2019, or otherwise be subject to Federal Medical Assistance Percentage (FMAP) reductions as follows:

- 25 percentage points for calendar quarters in 2019,
- 25 percentage points for calendar quarters in 2020
- 5 percentage points for calendar quarters in 2021
- 75 percentage points for calendar quarters in 2022
- 1 percentage point for calendar quarters in 2023 and each year thereafter

Under the new timeline, states are required to implement EVV for personal care services by January 1, 2020, or otherwise be subject to FMAP reductions as follows:

- 25 percentage points for calendar quarters in 2020,
- 5 percentage points for calendar quarters in 2021
- 75 percentage points for calendar quarters in 2022,
- 1 percentage point for calendar quarters in 2023 and each year thereafter

States that have not implemented EVV by January 1, 2020 will be subject to FMAP reductions unless they have both made a "good faith effort" to comply and have encountered "unavoidable system delays." States with good faith effort exemptions will not be subject to FMAP reductions in 2020, however will be subject to incremental FMAP reductions beginning with 0.5 percentage points for calendar quarters in 2021 if they have not implemented an EVV system by January 1, 2021. Please be advised that the provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year. Please be advised that EVV resources published on Medicaid.gov prior to July 30, 2018 may reference dates that are impacted by this change.

Tobacco-Free Policy Bonanza: Toolkits, Samples, & More!

We are pleased to provide you with an e-digest of the latest resources and information posted on BHtheChange.org.

Featured Highlight: Transitioning to a Tobacco-Free Facility: Resources and Sample Policies

Transitioning to a tobacco-free facility isn't always easy – fortunately, though, many resources are available to help support agencies who are planning for and/or moving toward a tobacco-free campus policy. In this post, you'll find a plethora of available resources from peer community behavioral health organizations and NBHN alike. Resources include planning tools such as the webinar, Implementing Tobacco-Free Policies In Community Behavioral Health Organization, and sample Tobacco-Free Policy Documentation such as this one from Pittsburgh Mercy.

For even more information on the impact of tobacco-free policies, and for the chance earn up to ***6 CEUs***, check out the online class from the Wisconsin Nicotine Treatment Integration Project highlighted below!

New Posts and Information:

- Online Course: Training For Systems Change: Addressing Tobacco and Behavioral Health
- Upcoming Partner Webinar: Integrated Mental Health and Cancer Care for Individuals with Serious Mental Illness
- Article: Cigarette Smoking Status and Substance Use in Pregnancy
- Archived Partner Webinar: Placing our Efforts to Promote Health Equity into the Health Impact Pyramid: How is Tobacco Control Measuring Up?

Have colleagues who want to JOIN the National Behavioral Health Network for free access to tools, resources, and more? Send them the join link today!

The Smoking Cessation Leadership Center (SCLC) invites you to join us for this webinar: ***Vaping and Ecigs among Behavioral Health Populations: Research Evidence and Research Needs***, on **Wednesday, September 12, 2018, at 2:00 pm EDT** (60 minutes).

We are honored to have **Judith (Jodi) Prochaska, PhD, MPH, Associate Professor of Medicine, Stanford University**, presenting on this important and timely topic.

Webinar Objectives:

1) Describe the use rates of vaping and ecigs among behavioral health populations
2) Review the extant of research on vaping and ecigs among behavioral health populations
3) Identify research needs to inform clinical practice guidelines regarding vaping and ecigs in behavioral health populations

REGISTER HERE: https://cc.readytalk.com/r/ckhkkrbulj2f&eom

LEGISLATIVE UPDATE

Schuette Picks Posthumus Lyons As Running Mate

This week Republican gubernatorial nominee Bill Schuette announce that former state representative and Kent County Clerk Lisa Posthumus Lyons will be his running mate and choice for Lt Governor.

Schuette talked of the qualifications he was looking for as he made his selection. He noted her legislative experience and her experience as Kent County Clerk, while adding they have been friends a long time.

“She's smart. She's articulate. Experienced. She has a great record on education and knows how to get things done in the Legislature. She comes from a family that has a history of service, which I admire greatly," he said. "We are going to be a wonderful team. We are going to make sure that we roll back the (Jennifer) Granholm income tax increase. We are going to cut auto insurance rates and improve third grade reading scores.”

Posthumus Lyons noted that it was 20 years ago this year that her father was nominated for the same position, Dick Posthumus was Lt. Governor under Gov. John Engler.

Where candidates for Michigan governor stand on mental health privatization

Crain's Detroit recently asked each of the major candidates for governor where they stand on the complex questions of privatization, integration, care coordination and improving behavioral health services under Medicaid. Each candidate was asked three straightforward questions in an email this week and followed up, in some cases, with short interviews.

The three questions we posed were:

- What is your position on Section 298?
- Do you support privatization and giving the $2.8 billion in Medicaid funds to health plans to manage care coordination and integration with behavioral health provider system?
- Or do you want to improve the current system?

Here are their replies:

Gretchen Whitmer: Increase efforts to reduce costs and integrate care to improve quality of services. Opposed to complete privatization of physical and behavioral health services under managed care control.

"Every Michigander deserves quality, affordable health care," Whitmer said in a statement. "Integrating services is one way we can lower costs and improve the quality of care, but there has to be accountability. If we move forward with integration, we've got to make sure our system isn't taken over by one managed care firm."

Bill Schuette: No specific position taken on Section 298 and privatization, but he believes that mental health must be a priority and that Michigan's mental health care system should be improved. The improvement must be based on the principles of increased access to care, affordability, innovation and reduced costs and efficiency.

"Bill believes there must be a top-to-bottom review of the mental health system, including Section 298 and everything else," according to a statement from Schuette's campaign. "He will make judgments at that time on what reforms are proper, necessary, innovative, and provide the best care options."

NATIONAL UPDATE

HHS Reviewing Opioid Prescribing Guidelines

The Trump Administration may soon provide additional guidance on safely limiting prescription painkillers to address concerns raised by patients in need of chronic pain treatment options. The current prescribing guidelines, issued in 2016 by the CDC, were written with the aim of curbing opioid overprescribing. Yet some health care experts say the guidelines are being misinterpreted and have caused some doctors to stop prescribing opioids entirely. HHS is reviewing the guidelines, which a spokesperson said they stand behind, and is looking to expand upon them to provide clarity.

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

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.

- August 22 – Lansing (training full)
- September 26 - Gaylord

- November 7 – Lansing
- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

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

Registration for the new dates will open soon!
Three Trainings/Three Locations!

Register for the level of training and date/location of your choice.
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day.

Who Should Attend? This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, Clinical Directors, Supervisors, Case Managers, Support Coordinators, Therapists, Crisis Workers, Peer Support Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S, Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

September 16, 2018 Pre-conference workshops

Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Click here to register Pre-Conference #1 & #2

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260
Full Conference Rate After 9/1/18	$310.00

CLICK THIS LINK TO REGISTER ATTENDEES

EXHIBITOR OPPORTUNITIES
$430. Entitles you to exhibit your products and/or services throughout this conference.
Exhibit Size: Your exhibit space is 9' x 5'. Your exhibit table is 6' long. Contact Annette if you need additional space.
Fee includes: attendance to full conference and meals; 1 table/per company for 2 people at booth no exceptions

Click here to register for 1st person at the booth
Click here to register for 2nd person at the booth

SPONSORSHIP OPPORTUNITIES

- $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

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

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1– May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers.
- 42 Substance Use Disorder Clinics reported.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Services Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rates	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	n = 2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	**Responses n = 125**	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e. transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak