



August 24, 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:

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- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

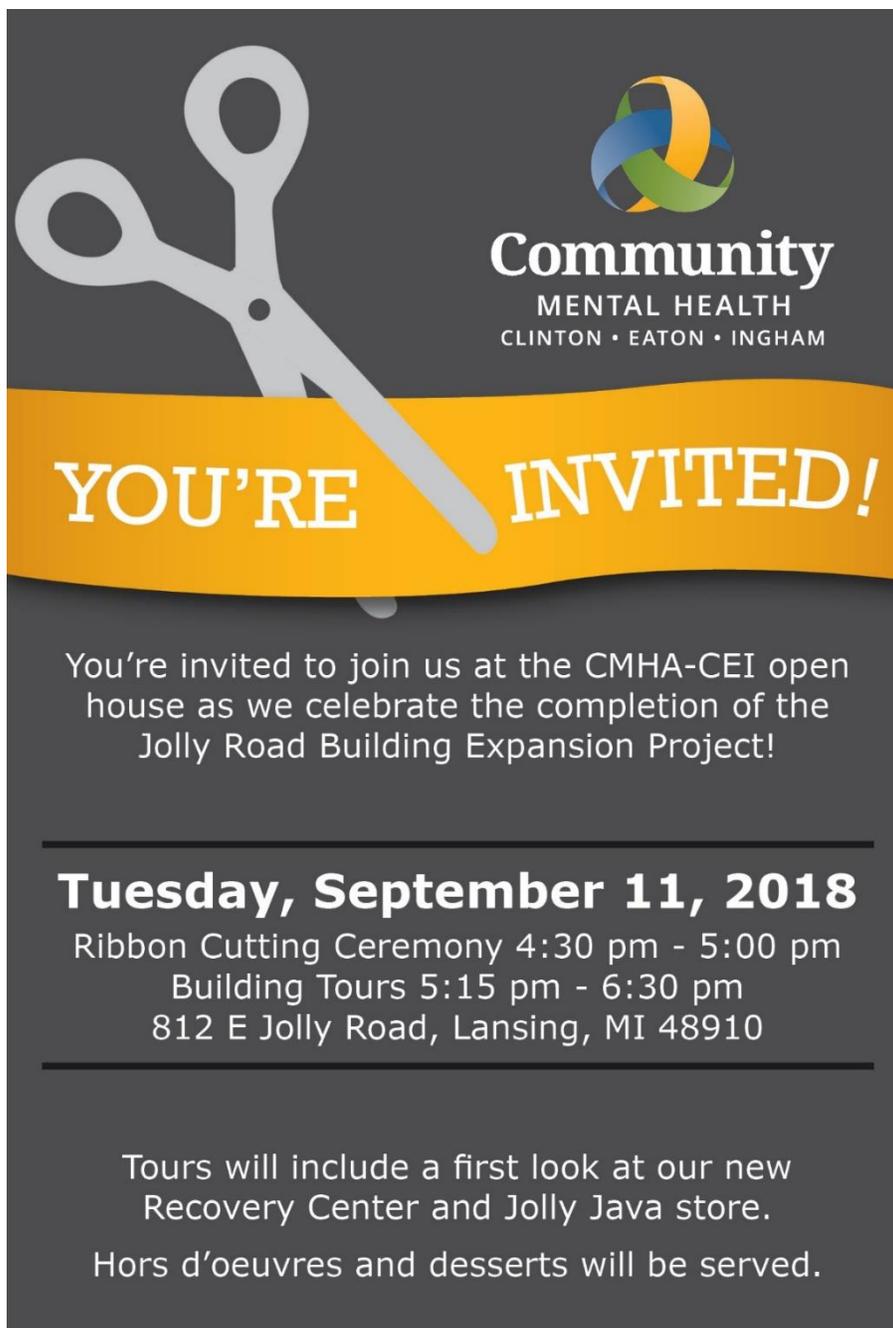
Contact information of the CMH Association's Officers: The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. 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

CEI announces ribbon cutting on expansion of main campus



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

YOU'RE INVITED!

You're invited to join us at the CMHA-CEI open house as we celebrate the completion of the Jolly Road Building Expansion Project!

Tuesday, September 11, 2018
Ribbon Cutting Ceremony 4:30 pm - 5:00 pm
Building Tours 5:15 pm - 6:30 pm
812 E Jolly Road, Lansing, MI 48910

Tours will include a first look at our new Recovery Center and Jolly Java store.
Hors d'oeuvres and desserts will be served.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Leadership changes at MDHHS

Below is a recent announcement, from Lynda Zeller, Deputy Director of the Behavioral Health and Developmental Disability Administration within MDHHS, regarding the appointment of Jeff Wieferich to the position formerly held by Tom Renwick. We wish Jeff the best in this new role.

Effective Monday, August 27, 2018, Jeff Wieferich will be serving as Acting Director for the Bureau of Community Based Services for the Behavioral Health and Developmental Disabilities Administration. Jeff is familiar to most of you through his work as Director of Quality Management and Planning Division. Jeff will do a great job leading this important bureau during this time of transition after Tom Renwick's retirement. Effective immediately you may reach out to Jeff for issues you prior would have inquired of Tom Renwick. Jeff's email address is: wieferichj@michigan.gov. When you see Jeff, please join me in thanking him for his leadership during this transition.

ACMH announces annual conference

Below is the recent announcement from Jane Shank, the CEO of the Association for Children's Mental Health (ACMH), regarding the Association's annual conference.

I'd like to invite you to join us in Lansing on September 24th for the annual ACMH conference. This year's theme is 'We Are Family'-and we are all members of a family dedicated to informing, designing, funding, receiving and providing services for and with children, youth and families. As with any family, we all play different roles and have different points of view so this conference is an opportunity to come together, share our unique types of expertise and knowledge and talk about how we will create change.

This year's plenary will reflect that theme with a share address by Lynda Zeller (formerly Deputy Director of Behavioral Health and Developmental Disability Services at the Department of Health and Human Services) and Lynda Gargon (Executive Director of the National Federation of Families for Children's Mental Health). We will hear their perspectives on roles, collaboration, and voice and how we can translate that knowledge and those resources into increased services, supports and opportunities for ALL members of the 'family'.

We will also offer breakout sessions on topics ranging from Supporting Siblings, Strengthening Your Voice for Change, Restorative Justice for Students with Disabilities, Anti-Bullying (presented by the ACMH Youth Advisory Council), What's New with our 'Relatives' at MDHHS's Division of Children's Mental Health to a We are Family Creative Workshop!

So please, share the information with youth, families, service providers, community partners and decision makers. We are all family and we are all vital in making sure that children and youth with mental health challenges and their families not only get what they need but are also equal partners in that process!

Conference Registration is \$40.00 and includes materials and lunch.

A limited number of Family & Youth Scholarships will also be available.

Visit us online at www.acmh-mi.org for additional information and ongoing conference updates.

When: September 24, 2018

Where: Radisson Hotel; 111 Grand Avenue; Lansing, MI

Time: 9:00 am - 4:00 pm

*Registration begins at 8:30 am

Questions?? Call ACMH at 1-888-226-4543, or

Email: acmhterri@sbcglobal.net

Register Online Today at: <http://www.acmh-mi.org/events/2018-acmh-annual-conference/>

MSU School of Social Work seeks proposals for instructors in continuing education program

Below is a recent announcement of teaching opportunities available through the Michigan State University School of Social Work.

In order to attract the most interesting, up-to-date learning opportunities for skill development in both clinical and macro settings, we are again continuing the Social Work Continuing Education development process through a Request for Workshop/Webinar Proposals (RFP) for our upcoming Winter/Spring 2019 Catalog. We would like to invite you to participate in our workshop/webinar procurement process. Also, please feel free to share with other potential instructors that may have an interest in this opportunity.

Each proposal will be reviewed and scored in a committee setting as part of a standardized critique to determine best fit for learning. In addition, the proposals will have to meet the topical priorities and criteria for Continuing Education Credits. If a proposal is satisfactory but does not fit within the catalog timeframe, we may contact you for consideration in future workshop/webinar offerings.

The RFP Form and further details can be found at the following link: <https://socialwork.msu.edu/CE/Workshop-Webinar-Proposals>

We are looking forward to your submission as part of this RFP opportunity. Please feel free to contact our office at (517) 353-3060 or by email at swkce@msu.edu.

MHEF announces Coffee and Conversations

The Michigan Health Endowment Fund (MHEF) holds Coffee and Conversation sessions in communities across the state to obtain the views of Michiganders relative to the work of the Endowment Fund. Below is the most recent announcement of two upcoming sessions.

We want to hear from you! Join us for coffee and networking with other grantees and potential grantees in the area.

The Health Fund staff is excited to learn about the needs of your community, your new health-related projects and how we can partner to benefit Michigan residents.

This is also an opportunity for you to learn more about us. We'll soon be relaunch the Community Health Impact grant round and invite you to learn more about that opportunity as well as our other proactive grant initiatives.

In order to facilitate a conversation among participants, we will be limiting registration to 15 individuals per session. Please register at your earliest convenience to secure your spot. If the session you attempted to register for is full, please email Genevieve@mhealthfund.com so that we can maintain a list of invitees for future discussions.

We want to hear from you! Our Coffee and Conversations events have filled up quickly, but we still have a couple opportunities in the Southern Lower Peninsula:

BENTON HARBOR

September 13, 10:30AM and 1:30PM
InterCare Community Health Network
800 M-139, Benton Harbor, MI 49022

NEW DATE

DETROIT

September 27, 10:30AM and 1:30PM
Community Health And Social Service Center (CHASS)

5635 West Fort Street, Detroit 48209

Space is limited. Click [HERE](https://www.eventbrite.com/e/coffee-conversation-tickets-48331559997?aff=utm_source%3Dweb_email%26utm_medium%3Demail%26utm_campaign%3Dnew_event_email&utm_term=eventurl_text) to register: https://www.eventbrite.com/e/coffee-conversation-tickets-48331559997?aff=utm_source%3Dweb_email%26utm_medium%3Demail%26utm_campaign%3Dnew_event_email&utm_term=eventurl_text

SAMHSA announces final webinar on opioid treatment via care coordination

Below is a recent announcement from SAMHSA of the final session in SAMHSA's webinar series on increasing the impact of opioid treatment programs (OTPs) by enhancing care coordination.

Innovative and Integrated Treatment Models:
Increasing Impact of Opioid Treatment Programs (OTPs) through Care Coordination

Webinar 5: *Pulling it All Together – Action Steps for Implementation*

Monday, August 27, 2018

1:00 – 2:30 PM Eastern (10:00 – 11:30 AM Pacific)

Register at: <https://register.gotowebinar.com/register/7096336396799622403>

Join us for the final session in SAMHSA's webinar series on increasing the impact of opioid treatment programs (OTPs) by enhancing care coordination. In this webinar, you will hear presentations from two providers who have implemented care coordination activities in an OTP setting. They will present action steps for implementation, including implications for staffing, workflows, and other aspects of running a practice.

Speakers are:

John Brooklyn, M.D. – University of Vermont, Burlington VT: Dr. Brooklyn is affiliated with the University of Vermont College of Medicine as Clinical Faculty and has been involved with research on cocaine and heroin treatments, including buprenorphine, for decades. As a Family Practitioner specializing in addiction medicine, his work includes integrating substance use treatment into primary care by using a learning collaborative strategy and innovation to transform the delivery of treatment of opioid use disorders throughout Vermont and the U.S.

Linda Hurley – CEO/President, CODAC Behavioral Healthcare, Cranston RI: Ms. Hurley has worked in the substance use disorders treatment field for more than 25 years, and became CODAC Behavioral Healthcare's CEO/President in 2016. Under her leadership, CODAC was the first OTP in the nation to receive health home certification, and was the first Rhode Island OTP to be designated as a Center of Excellence. She has consulted for state and federal agencies, including SAMHSA.

Decarceration initiative: an update

NACBHDD is completing year one of its decarceration initiative with the first cadre of pilot counties and is surveying the sites to explore what has changed when it comes to keeping those with behavioral issues from getting tangled up in the criminal justice system. Findings will be reported out. We are planning a series of "call-in" events. In each, we will define a topic and provide a brief overview. Thereafter, the floor will be open to call participants from the field to query, discuss and inform each other. We hope everyone will take time to join in.

At the same time, NACo's larger *Stepping Up* initiative, designed to get people with behavioral disorders out of the justice system, has released a new brief. *In Focus: Implementing Mental Health Screening and Assessment* can help counties identify people booked into jails who have serious mental illnesses and better connecting them to treatment.

Read the brief at: Screening and Assessment at: https://stepuptogether.org/wp-content/uploads/In-Focus-MH-Screening-Assessment-7.31.18-FINAL.pdf?utm_source=CSG+Justice+Center+Primary+List&utm_campaign=4329a1fd52-CJ_BH_Aug_2018&utm_medium=email&utm_term=0_db9d88bcfb-4329a1fd52-42327917&mc_cid=4329a1fd52

SAMHSA releases Guide for emergency departments in serving survivors of suicide attempt

SAMHSA- *A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors* offers emergency department providers tips for enhancing treatment for people who have attempted suicide. It informs about HIPAA, patient discharge and communicating with patients, and provides resources for medical professionals, patients and families. Download report at: <https://store.samhsa.gov/product/SMA18-4359>

The opioid epidemic deepens: preliminary CDC estimates

In 2017, over 72,000 Americans died from drug overdoses, nearly 200 a day, according to preliminary data from the Centers for Disease Control and Prevention (CDC). That's a very unfortunate new record, up from 2016 in which roughly 64,000 people in the US died from overdoses. And, if the estimate holds, it means drug overdoses in 2017 killed more people than were lost in a single year in the US to car crashes, guns, or HIV/AIDS.

At least 2/3 of those deaths were linked to opioids. Last year, over 40,000 died from opioid overdoses, some 30,000 from overdoses of synthetic opioids—prescription painkillers—such as fentanyl. Moreover, while the growth of legal opioids increasingly has been controlled, an influx of illicit opioids has filled that void, despite State efforts to fight the epidemic using funds from the 21st Century Cures Act. Review the CDC data at: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm?utm_source=&utm_medium=email&utm_campaign=17319

HRSA webinar aims to assist opioid treatment in rural health clinics

Access to effective treatment is critical to addressing the morbidity and mortality associated with opioid addiction. Rural communities are particularly vulnerable due to limited access to effective treatment. Medication-assisted treatment (MAT) of opioid addiction remains the gold standard of care. Rural health clinics are well suited to providing office-based opioid addiction treatment with MAT. A free webinar at **1 p.m. CDT Aug. 29** will discuss the principles of MAT and how to implement a program in your rural clinic. You can access this webinar at: https://hrsa.connectsolutions.com/rhc_ta_webinar_aug/

SAMHSA announces anti-SUD stigma webinar

The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services is a series of SAMHSA webcasts developed in collaboration with Massachusetts General Hospital's Recovery Research Institute. It includes expert discussions on: (a) overcoming stigma and ending discrimination; (b) why addiction is a disease; (c) reducing discriminatory practices in clinical settings; and (d) a future without discrimination and discriminatory practices. Each webcast includes a resource guide, and offers free continuing medical education/continuing education credits. Access the series at: <https://www.samhsa.gov/power-perceptions-understanding/webcasts>

SAMHSA-HRSA CIHS announces webinar on serving transgender persons in integrated settings

Best Practices for Serving and Supporting Transgender Patients in Integrated Care Settings: Perspectives from the Nation's Largest Medical System

Tuesday, September 11, 2018
3:00 - 4:30 PM ET

Register for free: https://goto.webcasts.com/starthere.jsp?ei=1205979&tp_key=c7467de32b

When providing healthcare to transgender individuals, providers should consider discrimination, violence, and lowered life expectancy as factors that transgender individuals may face (James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016)). Integrated care offers meaningful ways to address these issues by providing wraparound, affirming care to transgender clients and clear pathways for providers to serve patients with person-centered approaches and dignity. From targeted changes such as making intake forms more inclusive and using data to better understand population needs, to organizational policies and methods for addressing individuals as they wish to be known, every step matters when improving quality and impact of services for transgendered clients. When clients feel respected and safe, they are more likely to remain

engaged in care and to work with integrated providers in altering their health trajectory. Join the SAMHSA-HRSA Center for Integrated Health Solutions for a webinar featuring national experts and noted researchers, Drs. Jillian Shipherd and Michael Kauth, as they present on one of the largest national initiatives to improve care for transgender patients in the Department of Veterans Affairs and participate in a discussion of how to apply similar changes in community settings.

During this webinar, participants will:

- Develop an understanding of key changes community providers in integrated care settings can make to create safe and affirming environments for transgender patients
- Learn best practices in adapting procedures and processes to better provide quality care for transgender individuals
- Review current resources transgender-affirming practices including free and publicly available resources and guides

Presenters

- Jillian C. Shipherd, Ph.D., LGBT Program Director, U.S. Department of Veterans Affairs
- Michael R. Kauth, Ph.D., Director, LGBT Health Program, U.S. Department of Veterans Affairs
- Fola Kayode, Public Health Advisor, Substance Abuse and Mental Health Services Administration

Please note the following:

- Registration is free and closed captioning is available upon request.
- The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.

The Great God of Depression: How mental illness stopped being “a terrible dark secret.”

Below is an excerpt from a recent New York Times article on how the willingness of author William Styron to speak about his depression opened the door, for many, for the discussion of depression.

Nearly 30 years ago, the author William Styron outed himself in these pages as mentally ill. “My days were pervaded by a gray drizzle of unrelenting horror,” he wrote in a [New York Times Op-Ed](#) article, describing the deep depression that had landed him in the psych ward. He compared the agony of mental illness to that of a heart attack. Pain is pain, whether it’s in the mind or the body. So why, he asked, were depressed people treated as pariahs?

A confession of mental illness might not seem like a big deal now, but it was back then. In the 1980s, “if you were depressed, it was a terrible dark secret that you hid from the world,” according to Andrew Solomon, a historian of mental illness and author of “The Noonday Demon.” “People with depression were seen as pathetic and even dangerous. You didn’t let them near your kids.”

The response to Mr. Styron’s op-ed was immediate. Letters flooded into The New York Times. The readers thanked him, blurted out their stories and begged him for more. “Inadvertently I had helped unlock a closet from which many souls were eager to come out,” Mr. Styron wrote later.

“It was like the #MeToo movement,” Alexandra Styron, the author’s daughter, told me. “Somebody comes out and says: ‘This happened. This is real. This is what it feels like.’ And it just unleashed the floodgates.”

The full article can be found at: <https://www.nytimes.co/2018/08/03/opinion/sunday/depression-william-styron.html>

LEGISLATIVE UPDATE

Whitmer Picks Gilchrist As Running Mate

This week Democratic gubernatorial nominee Gretchen Whitmer announced Garlin Gilchrist II as her lieutenant governor running mate. Gilchrist, who served as Detroit Mayor Mike Duggan’s director of information technology, is best known for coming within 1,482 votes of beating Detroit City Clerk Janice Winfrey last year (50.6 to 49.1 percent).

He’s currently the founding executive director for the Center for Social Media Responsibility at University of Michigan’s

School of Information. Gilchrist will still need to be formally nominated at the Michigan Democratic Party convention next week, which is expected. Gilchrist gives the Democrats an African American Detroit native on the ticket, someone many Democrats felt was needed to diversify the ticket and drive the urban vote.

Gilchrist is seen as a rising star in Democratic politics, who showed impressive organizational skills in his city clerk race and has the ability to raise money.

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

National Council Submits Comments on Kentucky Medicaid Work Requirement

Last week, the National Council [submitted comments](#) to the Centers for Medicare and Medicaid Services (CMS) regarding Kentucky's Medicaid proposal to impose work requirements on Medicaid beneficiaries. In July, a district court judge blocked the state's waiver request and required the agency to reevaluate the waiver application and analyze its impact on beneficiaries. This legal decision only applies to Kentucky and has no bearings on work requirements being imposed in other states.

Since the announcement of the waiver in January 2018, the National Council has voiced strong opposition to work requirements in Medicaid. Work requirements not only prevent individuals with mental health or substance use disorders from receiving the treatment they need, but are in opposition to the core mission of Medicaid.

In the latest comments, the National Council [highlighted the following](#):

- Rising rates of uninsured Kentuckians: Kentucky’s proposal to take Medicaid coverage away from people who do not meet work requirements, pay premiums, renew their coverage on time, or report minor changes in income will cause a significant loss of coverage — resulting in a corresponding increase in the number of uninsured Kentuckians.
- Medicaid provides an important lifeline for people with mental illness and SUD as they face barriers to work and need additional supports. While most people with these conditions can and want to work, many face significant barriers to sustained employment. It is estimated that 87 percent of adults with serious mental illness are unable to work as a result of their illness.
- Under the guidance as written, many Kentuckians will not qualify for an exemption or will be unable to prove that they do. Guidance from the Centers for Medicare and Medicaid Services on imposing work requirements mandates states exempt people from the requirement if they are deemed “medically frail,” but the definition of that term is strict and will leave out many people with behavioral health conditions.
- The bureaucratic obstacles and paperwork requirements will reduce enrollment in Medicaid. To prove exempt status, individuals with a mental health condition or substance use disorder will need to obtain letters from their health care providers, medical records, or whatever documentation a state deems necessary. Some individuals with a mental health condition or SUD will have significant privacy concerns about disclosing their condition to Medicaid eligibility staff.
- Premiums have been shown to confuse beneficiaries and have likely prompted fewer people to enroll in and maintain coverage. Kentucky’s waiver would require all Medicaid enrollees except pregnant women, children, and those found to be medically frail to pay monthly premiums as high as four percent of their monthly income. Extensive research shows that premiums significantly reduce low-income people’s participation in health coverage programs. People who lose coverage most often end up uninsured and are unable to obtain needed health care services.

Read the National Council’s [comments in full here](#).

CMS Announces Updates to Medicaid Waiver Reviews and Processes

New guidance from the Centers for Medicare and Medicaid Services (CMS) reports updated policies and procedures around state plan amendments (SPAs), 1115 waivers and 1915 waivers in states’ Medicaid programs. Two informational bulletins released within the past week outline the agency’s efforts to streamline approval processes and provide clarity around these options that are meant to give states flexibility in how they administer their Medicaid programs. These updates are part of CMS’s ongoing efforts to address concerns from states and federal policymakers around long administrative approval times and lack of transparency and oversight.

1115 DEMONSTRATION UPDATES

[In a letter](#) issued earlier this week, CMS formalized Obama-era adjustments stating that demonstration programs approved under 1115 waivers must remain “budget neutral,” or not require more federal funding than the baseline Medicaid program. The new policy affirms CMS’ intent to apply more restrictive budget neutrality parameters for Medicaid 1115 demonstration projects, and helps fulfill the agency’s commitment to “protect the fiscal integrity of the program.” This could potentially curtail some of the program reforms of interest to states and stakeholders, as well as put additional pressure on state budgets due to the loss of “roll over” funds in states with long-running programs.

Among the updates discussed in the guidance:

- Limiting Savings Rollover: Under CMS’s previous budget neutrality approach, states were permitted to roll over savings from older demonstration approval periods rather than limiting roll-over savings to recent years. Under

CMS's current approach to budget neutrality, states are permitted to roll over accumulated budget neutrality savings only from the most recently-approved five years.

- Rebasing non-waiver baselines: Beginning with 1115 demonstration extensions effective as of January 1, 2021, CMS will adjust budget neutrality limits to better reflect states' most recent historical experiences.
- Transitional phase-down of newly accrued savings: Until the new rebasing strategies begin in 2021, CMS expects to phase-down the annual savings of demonstrations that are being extended based on when that demonstration was first implemented.

For more details on the updates to 1115 demonstration waivers, [read the full letter here](#).

STATE PLAN AMENDMENTS & 1915 UPDATES

In another [informational bulletin](#) issued last week, CMS detailed the agency's updates to the review pathways of state plan amendments (SPAs) and 1915 waivers, which have historically often seen long administrative approval times.

SPAs and 1915 waivers are meant to give states flexibility in how they administer their Medicaid programs, and must be approved by CMS before being implemented. This bulletin is the second in a series from CMS to detail the agency's process improvement initiatives, and presents successes from implementing strategies from the first bulletin along with details on the new processes. According to CMS, the agency has seen a 20 percent increase over 2016 approval times for SPAs since releasing the first round of guidance, and hopes to continue those successes with these new efficiencies.

To read the full bulletin and for more details on the specific updates, [visit CMS's website here](#).

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://macmh.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.

- September 26 – Gaylord – [Click Here to Register for September 26](#)
- 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!

MOTIVATIONAL INTERVIEWING

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.

August 28-29 Courtyard Marriott, Mt. Pleasant
2400 East Campus Drive, Mt. Pleasant, MI 48858
Phone: 989-773-1444
Hotel room block of \$75 expires August 10

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 apecpper@cmham.org

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>