



September 14, 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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- **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**

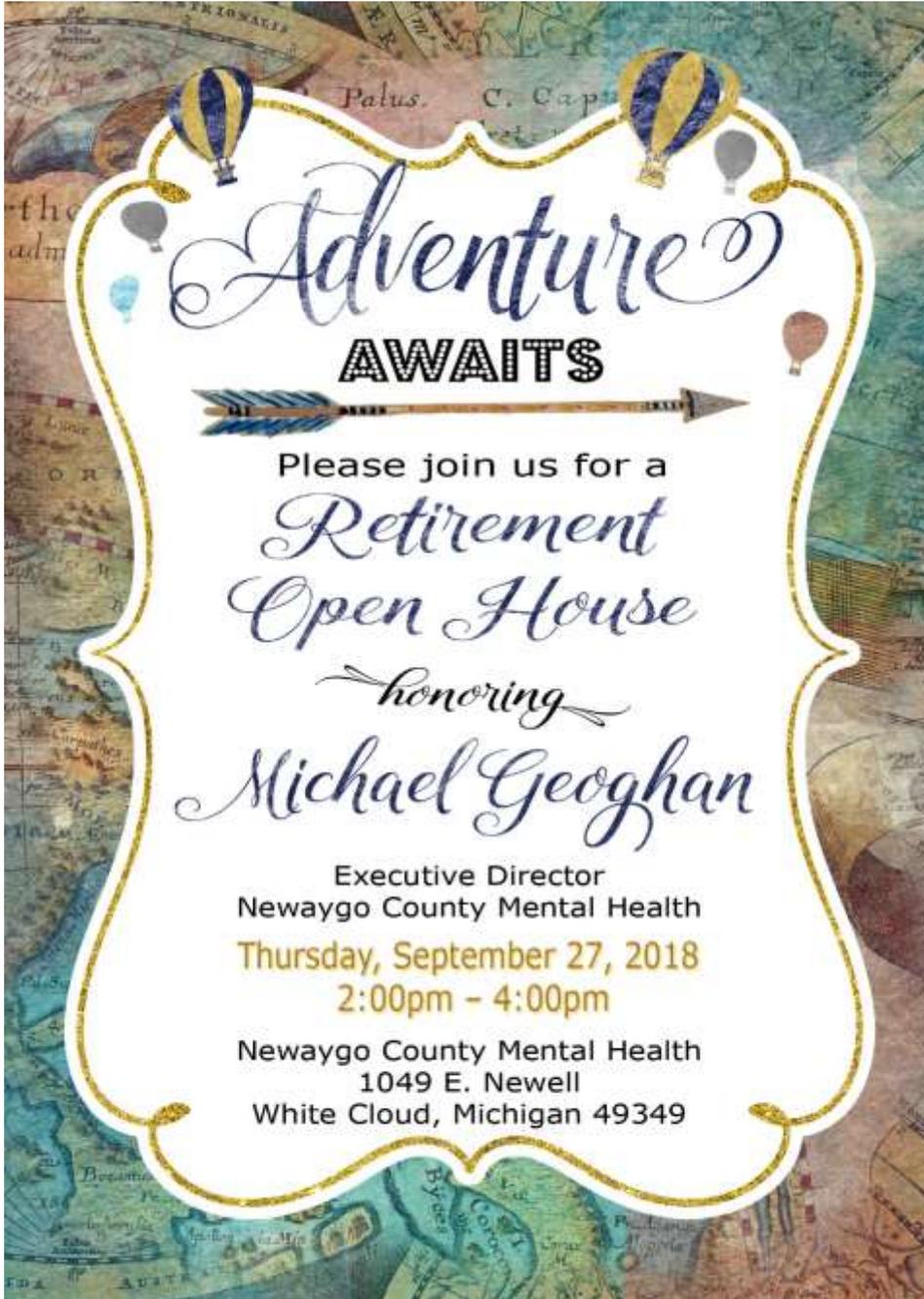
Contact information of the CMH Association's Officers: The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership.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

Newaygo CMH to honor Mike Geoghan as he departs from CEO role



CMH Association receives SAMHSA funded contract to foster evidence-based practices

Below is a recent press release from the CMH Association on its recent formation of a partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center.

*\$250,000 SAMSHA Grant Supports Mental Health Services in Michigan
Community Mental Health Association of Michigan Receives Award to
Serve as Mental Health Technology Transfer Center*

The Community Mental Health Association of Michigan (CMHAM) today announced they will receive a \$250,000 grant from the University of Wisconsin as part the UW's initiative with the federal Substance Abuse and Mental Health Services Administration (SAMHSA)

Under the grant, the CMHAM will serve as the Michigan partner with the University of Wisconsin's newly formed Great Lakes Mental Health Technology Transfer Center. This center will foster the development of the mental health treatment and recovery services systems in Michigan, Illinois, Indiana, Minnesota, Ohio and Wisconsin. The CMHAM will work directly with the regional SAMSHA technology transfer site, to be housed at the University of Wisconsin, as a part of the multi-state regional partnership, slated to run for five years.

In its new role, the association will serve as the connector and facilitator between Michigan's mental health system and the regional center. The program aims to:

- Accelerate the adoption and implementation of mental health related evidence-based practices across the nation
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of individuals living with mental illness
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field, including Center for Mental Health Services grant recipients

Each Mental Health Technology Transfer Center (MHTTC), including the Great Lakes Center, will offer intensive technical assistance in a variety of formats: web-based and face-to-face learning series, organizational development and systems change projects, and targeted projects with organizations and states.

"Our association looks forward to this partnership with the University of Wisconsin and SAMHSA. Through this partnership, we aim to add to, accelerate, and build upon the clinical innovations taking place throughout Michigan's mental health services community," said Robert Sheehan, the CEO of the CMHAM. "The ability to weave together the evidence-based and promising practices implemented in our state with those from across the Great Lakes region and the nation, provides Michigan's mental health system with powerful resources to best serve Michiganders in communities across the state."

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

US Surgeon General Report on Community Health and Prosperity seeking public comment

OPPORTUNITY FOR PUBLIC COMMENT - Surgeon General Report on Community Health and Prosperity - Comments Due November 5

The Centers for Disease Control and Prevention (CDC), in the attached announcement published in this morning's *Federal Register*, announced the opening of a docket to obtain comment on an upcoming Surgeon General's document/ Call to Action with a working title "Community Health and Prosperity". CDC is the lead agency to support the Office of the Surgeon General to publish a Call to Action that will be science-informed and actionable, outlining a conceptual framework with case examples and available evidence on the business case for investing in community health.

The CDC says the goal of the Call to Action is to clearly demonstrate that investments in community health have the potential to improve the health and prosperity of communities and issue a call to action to the private sector and local policy makers for investment in communities, unilaterally or as part of multi-sector or other consortium, to improve community health.

The CDC says **America's prosperity is being hampered by preventable** chronic diseases and **behavioral health issues**. Life expectancy at birth dropped in the United States for a second consecutive year in 2016. Preliminary data indicate that age-adjusted death rates continued to rise in 2017, which is likely to mark a third straight year of declining life expectancy. The U.S. lags behind comparable high-income countries on a range of health outcomes including life expectancy despite spending more on health care. About 6 in 10 American adults have at least one chronic health condition, and these people account for 90% of total health care spending. While chronic diseases affect all populations, they are not evenly distributed. Disease rates vary by race, ethnicity, education, geography and income level, with the most disadvantaged Americans often suffering the highest burden of disease. However, only about 20% of the factors that influence a person's health can be addressed by health care and the remaining 80% reflect socioeconomic, environmental or behavioral factors. Focusing on strategies that address the social and community conditions could improve health, life expectancy, and quality of life, while also reducing related health care costs and productivity losses. Investing in communities to improve the health and well-being of people could also revitalize and improve economic opportunity, enhancing prosperity in the community and for its residents and businesses.

CDC says that, although there is published literature and several ongoing public, private and philanthropic initiatives examining how investments in community health can enhance well-being and economic prosperity, there has not been a thorough assessment that compiles the evidence and best practices to illustrate benefits for the private sector and local policy makers. The Surgeon General's Call to Action hopes to bridge that gap and inspire more investments by the private sector and local policy makers in community health.

Written comments must be received before November 5, 2018. NASMHPD seeks suggestions by October 5 for what we should include in our comments. (Potential Examples: Coordinated Crisis Services, Supported Employment, Supportive Housing, Peer Support Services, Coordinated Specialty Care and Prodromal Interventions).

In the notice, interested persons or organizations are invited to submit written views, recommendations, and data about how investing in communities can improve health and prosperity. Examples may include:

- (1) Available data, evidence and/or experience(s) that:
 - (a) suggest that private sector investments in community health have (directly or indirectly) improved health and prosperity of the workforce and communities;
 - (b) suggest that healthier communities help private sector businesses to be more efficient, profitable, successful, or competitive;
 - (c) include descriptions of data systems and evaluation frameworks that might contribute to supporting community health investment decisions, evaluating success and impact; and
 - (d) include case studies, examples, reviews and meta-analyses, data linkages, promising and emerging ideas, and best practices; and
- (2) Types of investments the private sector and local policy makers can consider to improve health and wellness of employees and families, and community well-being and prosperity;
- (3) Types of partners or coalitions that have invested in community health and the scope of their collaborations contributions;
- (4) Descriptions of important barriers to and facilitators of success;
- (5) Private sector and local policy-maker rationales for making investments in community health; and
- (6) Successful efforts by local policy makers to promote and sustain private sector investments in community health.

Developmental Disabilities Council taking legislators to work to highlight Disability Employment Awareness Month

To celebrate the achievements of people with disabilities in employment, the Michigan Developmental Disabilities Council is hosting "Take Your Legislator to Work" events across the state in advance of Disability Employment Awareness Month.

Legislators will have the opportunity to job shadow a constituent with a disability at their place of employment. Legislators will also be able to tour their workplace, meet co-workers and hear why employment is important to their constituent.

“These visits will demonstrate the value of community-integrated employment for employers and people with disabilities in Michigan,” said Vendella Collins, Developmental Disabilities Council executive director. “This campaign highlights how people with disabilities strengthen the workforce, promote diversity, increase talent in the field, expand the tax base and lower poverty rates.”

Take Your Legislator to Work visits are scheduled:

- Friday, Aug. 31, 3 p.m. – Sen. Margaret O’Brien (R-Portage) will job shadow Calvin Roux at Celebration Cinema, 6600 Ring Road, Portage.
- Monday, Sept. 10, 10 a.m. – Sen. Jim Stamas (R-Midland) will job shadow Cody Packard at Greater Michigan Construction Academy, 7730 W. Wackerly St., Midland.
- Monday, Sept. 10, 12:30 p.m. – Sen. Jim Stamas (R-Midland) will job shadow Nicholas Johnson at Grand Traverse Pie Company, 2600 N. Saginaw Road, Midland.
- Wednesday, Sept. 12, 4 p.m. – Sen. Judy Emmons (R-Sheridan) and Rep. Michele Hoitenga (R-Manton) will job shadow Levi Arrington at Meijer, 15400 Waldron Way, Big Rapids.
- Friday, Sept. 14, 11 a.m. – Sen. Hoon-Yung Hopgood (D-Taylor) and Rep. Erika Geiss (D-Taylor) will job shadow Ryan Powers at Matador Restaurant, 26747 Van Born, Taylor.
- Friday, Sept. 14, 1 p.m. – Sen. Tom Casperson (R-Escanaba) and Rep. Beau Matthew Lafave (R-Iron Mountain) will job shadow Chris Herbert at McDonald’s, 1140 South Stephenson, Iron Mountain.
- Monday, Sept. 17, 10 a.m. – Sen. Judy Emmons (R-Sheridan) will job shadow Elliot West at Campbell Industrial Force, 1380 Industrial Park Dr., Edmore.
- Monday, Sept. 17, 4:30 p.m. – Sen. Judy Emmons (R-Sheridan) will job shadow Shannon Landry at Clare County Transit Corporation, 1473 Transportation Dr., Harrison.
- Friday, Sept. 28, 10 a.m. – Rep. Aaron Miller (R-Sturgis) will job shadow Brenda Anselmo at Kure Domes and Mirrors, 1139 Haines Blvd., Sturgis.

The Michigan Developmental Disabilities Council, housed in the Michigan Department of Health and Human Services, is an advocacy organization that helps people with developmental disabilities have the opportunities and support to achieve their full potential and life dreams.

Relias announces webinar series to celebrate Recovery Month

Relias, a Preferred Corporate Partner of this Association, recently announced a webinar series in honor of National Recovery Month. That series is described below:

Addressing SUD and the Opioid Crisis: 3-Part Webinar Series

Everyone in healthcare is feeling the pressure to reign in opioid prescribing, successfully treat opioid dependence, better treat pain, and address patient misuse and abuse. Relias curated these webinars to support the providers who are on the front lines of treating those with substance and opioid use disorders, as well as those managing acute and chronic pain.

Join us for a 3-part webinar series to learn the science behind changing healthcare behavior, how to prevent SUD treatment provider burnout and how to best use technology to combat the crisis – topics chosen to help you help those you serve.

[Part 1] Stages of Change and Integrated Health Care

Date: September 20 at 2 p.m. ET

Presenters: Dr. Carlo DiClemente, PhD, ABPP, Professor Emeritus – University of Maryland at Baltimore County, Psychology Department

This webinar will discuss adoption and use of the Transtheoretical model of intentional behavior change within a whole health, integrated care framework. We will review the multidimensional tasks identified in the stages of change model, recent research and applications with alcohol, substance use and smoking interventions, and application to other health behaviors and chronic conditions.

Register at: http://go.reliaslearning.com/WBN2018-09-20StagesofChangeandIntegratedHealthCare_Registration.html?utm_source=webinar-hub

[Part 2] Remaining Optimistic When Treating OUD: Burnout Challenges and Stressors for Clinicians and Physicians

Date: October 11 at 2 p.m. ET

Presenters: Karl Haake, MD, Pain Management Consultant – Missouri Primary Care Association and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will explore the challenges of treating the OUD consumer. Join us to learn techniques to stay motivated and positive when treating opioid addiction and tips for identifying and self-management for clinician/physician stress.

Register at: http://go.reliaslearning.com/WBN2018-10-11OptimismWhenTreatingOUD_Registration.html?utm_source=webinar-hub

[Part 3] The Role of Technology in Solving the Opioid Crisis

Date: November 7 at 2 p.m. ET

Presenters: Tom Hill, MSW, Vice President of Practice Improvement – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will examine the state of the opioid epidemic in healthcare, what progress has been made since the commission report release and declaration of federal State of Emergency. Clinical experts will discuss the current state of healthcare as it pertains to moving the needle on the opioid epidemic.

Register at: http://go.reliaslearning.com/WBN2018-11-07RoleofTechnologyinSolvingOpioidCrisis_Registration.html?utm_source=webinar-hub

Abilita outlines cybercrime breadth and solutions

In this article, Abilita, a Preferred Corporate Partner of this Association, outlines a range of cybercrime threats solutions:

Cyber based crimes have become increasingly complex and cyber criminals are becoming more sophisticated in how they are attempting to disrupt your business and steal your valuable data. Blockchain is emerging as one of the more effective methods of protecting your data, by offering unprecedented data security to keep your company's digital information safe.

While Blockchain was originally conceived of and used as the basis for the Bitcoin cryptocurrency, its underlying algorithms can be adapted and used for securing data in almost every industry.

While complex, the good news is that anyone can join the blockchain revolution, including your business!

What is Blockchain Technology?

A blockchain consists of a network of hundreds even thousands of computers that store and share blocks of information. Once something is added to the blockchain network, it is distributed throughout the Blockchain network. Every transaction is logged and every computer has records the same information. It is almost impossible for a cybercriminal to change the information logged into every computer on the network. Entries cannot be altered, edited or deleted. Instead, a user records changes by adding another block. This information is immediately available to anyone authorized to be part of that database.

Because data is not stored in one or two computers, Blockchains provide no 'hackable' entrance or a central point of failure and, thereby, provide a greater level of security. Since blockchains track data and keep it secure, they make everyday interactions with technology safer and more accountable.

Companies from all industries find ways to use blockchain technology to become more secure, efficient and profitable. Blockchain technology is used for:

- Cybercurrencies
- Authentication
- Smart Contracts
- Data Transfer
- Money transfers
- Stock investments
- Sports betting
- Contracts
- Real estate
- Business agreements
- Cloud storage
- Online purchases
- The Internet of Things

[How Does Blockchain Keep Information Safe?](#)

Essentially Blockchain is an accounting system that tracks all entries and transactions. Blockchains protect data by:

- Tracking and checking every change
- Backing up data in numerous locations:
- Pinpointing errors and attacks:
- Preventing identity theft

Businesses with employees trained in technology may have the capability to build their own blockchains. The Internet has numerous free, open source platforms for anyone looking to create their own database. However, coding an in-house blockchain requires advanced skills and knowledge, so small and midsize businesses may not have the resources.

Abilita and our business partners are available to assist with any of your company's technology needs.

Contact your Abilita consultant today:

Dan Aylward
Managing Consultant
517-853-8130
daylward@abilita.com
[My profile page](#)



Great Lakes ATTC Trainings & Events September 2018

The Great Lakes Addictions Technology Transfer Center (GLATTC) recently announced a number of webinars around cutting edge practices in SUD treatment and prevention.

Sept. 26: Webinar: A Rural Physician's Perspective: Providing Hope to the Opioid Epidemic through Medication-Assisted Treatment
2:00-3:00pm ET/1:00-2:00pm CT
Free
Presenter: Dr. John A. McAuliffe, MD, Prairie Clinic, LLC

Get more information and register at: <https://www.lsgin.org/event/a-rural-physicians-perspective-mat/>

Sept. 27: Webinar: Cultural Factors Within Substance Use
Presenter: Sean A. Bear I, American Indian/Alaska Native ATTC
1:00-2:00pm ET/12:00-1:00pm CT
Register at: https://events-na6.adobeconnect.com/content/connect/c1/813211227/en/events/event/shared/default_template/event_landing.html?scoid=1683883793

Recovery Month Webinar Series: Building Recovery Capital through Digital Health Technologies

A special series offered by the Mountain Plains ATTC, Pacific Southwest ATTC, and CASAT:

- Part I, Sept. 5: What are Digital Technologies and How do They Work?
- Part II, Sept. 12: Overview of Privacy and Security as it Relates to Digital Health Technologies
- Part III, Sept. 19: Engagement When Using Digital Health Technologies
- Part IV, Sept. 26: Implementing Digital Health Technologies Into Your World

Register at: <http://www.nfartec.org/registration-building-recovery-capital-through-digital-health-technologies-brc/>

LEGISLATIVE UPDATE

House, Senate Pass Paid Sick Leave, \$12 Minimum Wage

The citizens' initiatives to phase in a \$12 minimum wage and allow workers to take five days of paid sick leave a year passed the House this week, hours after the Senate took the same step. Republican leadership fully intends to come back later in the session to amend one, if not both, of them.

IP 3 and IP 4 were not given immediate effect, meaning both will initiate around April 1 of next year, 90 days after lawmakers adjourn for the year.

However, Senate Majority Leader Arlan Meekhof (R-Holland) conceded after today's session that amending one or both proposals later this legislative session is a real possibility, particularly as the business community expresses concerns about the more "onerous" portions of the initiatives.

The elimination of the "tip credit" for restaurant workers, in particular, is a concern in the \$12 minimum wage proposal, Meekhof said. Moving up the minimum salary for wait staff from \$3.52 an hour to \$12 would likely increase restaurant food costs, while all but eliminating the state's tipping culture.

On the paid sick leave proposal, Meekhof said he's concerned about workers not showing up for a string of days and then employers being responsible for paying the worker. He suggested creating a system similar to the family medical leave act where there's an agreement between the employer and the employee.

Time to Care, the paid sick leave proposal, requires that employers give employees one hour of paid sick leave for every 30 hours worked. The employee can take five days of paid sick leave a year and four additional days unpaid. The sick leave carries over year after year, but an employee is limited to five days paid sick leave and four days unpaid each year.

The proposal doesn't require proof of sickness after three days of absenteeism. Victims of sexual assault fall under the paid sick leave proposal, as do those charged with caring for a sick child, spouse, grandparent or relative.

The proposal is being funded by an out-of-state social welfare group called the "Sixteen Thirty Fund." The Fairness Project and Mothering Justice has also given money to the effort.

The minimum wage proposal, One Fair Wage, would gradually raise the minimum wage to \$12 an hour by 2022 and raise the tipped wage to \$12 an hour by 2024. Organized labor is fueling the proposal, which still hasn't completely cleared the legal system, yet. The Supreme Court still hasn't ruled if the proposal was properly drafted and if the all of the signatures collected are valid.

The Secretary of State must certify all ballot questions by Sept. 7, meaning this week was the deadline to act for lawmakers or the proposal would have been on the November ballot.

NATIONAL UPDATE

Senate Passes FY 19 Health Appropriations

Last week, the Senate overwhelmingly passed a joint Defense and Labor-HHS appropriations bill that would increase federal health spending in the upcoming fiscal year. Notably, the bill would increase funding for some mental health and addiction programs as well as provide around \$3.7 billion to specifically address the opioid addiction crisis. House and Senate members now face a time crunch to reconcile their appropriations bills before a September 30th funding deadline and potential government shutdown.

The Senate funding bill provides the Department of Health and Human Services (HHS) with a \$2.3 billion increase in discretionary spending (compared to FY 2018), bringing HHS's total discretionary health spending to approximately \$90.1 billion. Compared to last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) would receive an additional \$580 million and the National Institutes of Health (NIH) would receive an additional \$2 billion. The Mental Health Block Grant's funding would increase by \$25 million to \$747 million, while the Substance Abuse Prevention and Treatment Block Grant would remain at \$1.9 billion for FY 2019.

OPIOIDS

The Senate approved around \$3.7 billion, an increase of \$145 million, for activities intended to curb opioid use and addiction. As one of Congress' highest priorities, funding to address the opioid crisis was split across several agencies and programs. The bill included the following opioid-specific investments:

- CCBHCs: \$150 million, an increase of \$50 million, for the continued expansion of new Certified Community Behavioral Health Centers (CCBHCs). CCBHCs are a new type of Medicaid provider that are rapidly expanding access to opioid and other addiction care in their communities.
- State Opioid Response Grants: \$1.5 billion for SAMHSA's State Opioid Response (SOR) Grant, which continues a 15 percent set-aside for states with the highest mortality rate related to opioid use disorders and a \$50 million set-aside for Indian tribes and tribal organizations. Part of the funding replaces the \$500 million expiring from the Opioid State Targeted Response (STR) fund, created under the 21st Century Cures Act.
- Research: \$500 million to NIH for research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.
- Treatment in Rural Areas: \$120 million focused on responding to the opioid epidemic in rural communities, which includes \$20 million for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities.

- Health Centers/FQHCs: \$200 million for Community Health Centers to support and enhance mental health or substance use disorder services.
- Public Health: Maintains \$476 million at CDC for opioid overdose prevention and surveillance as well as a public awareness campaign. The bill includes \$5 million for a new CDC initiative to combat infectious diseases directly related to opioid use.
- Children and Families: \$40 million, the same as the FY 2018 level, for mental health and substance use prevention and treatment for children and families in, or at-risk of entering, the foster care system.
- Telehealth: \$2 million to support an evidence-based tele-behavioral health system to focus on opioids.

WHAT'S NEXT?

Attention now turns to the House, which has yet to hold a floor vote on its health appropriations bill. Once the House passes its bill, the House and Senate will have very few working days to reconcile the differences between the two chambers' packages before funding for the current fiscal year expires on Sept. 30th. Should the deadline pass, Congress will be forced to enact a continuing resolution (CR) to keep current funding levels in effect or face a government shutdown.

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://macmhb.org/save-the-date/2018-fall-conference-call-presentations>

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 [Click Here to Register for November 7](#)
- January 23 – Lansing [Click Here to Register for January 23](#)
- February 20 – Lansing [Click Here to Register for February 20](#)
- March 13 – Lansing [Click Here to Register for March 13](#)
- April 24 – Troy [Click Here to Register for April 24](#)

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

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.

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

The Community Mental Health Association of Michigan is approved by the Michigan Certification Board for Addiction Professionals to sponsor substance abuse training. CMHAM maintains the responsibility for the program and content. Substance abuse professionals participating in the 9/16/18 pre-conference will receive 3 Specific Contact Hours; Substance abuse professionals participating in the 9/17-18/18 conference may receive up to 10 Specific Contact Hours.

Social Workers: This conference qualifies for a maximum of 6 Continuing Education hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

Evaluation and Certificate Awarded: After the conference you will receive an email from Express Evaluations which will contain directions on how to complete the on-line evaluation and how to obtain your CE certificate. During the on-line evaluation, you will be required to provide the code in and code out for each session and plenary that you attend. At registration, you will receive a code in and out tracking sheet for you to complete throughout the conference. Use this form when you complete the on-line evaluation. When you have completed the Session Evaluations and Overall Evaluation, the Certificate button will be enabled. You will then click on the Certificate button, then click on "Create Certificate", the system will create the appropriate certificate and give you the option to download it to your computer or you can email it to yourself. You will need Adobe Reader or another PDF reader to view your certificate. If you do not have access to a printer, you may download it at any time by logging back in and clicking Certificate. COMPLETE AND SUBMIT THE ONLINE EVALUATION FORM FOR EACH SESSION YOU ATTENDED NO LATER THAN OCTOBER 31, 2018; after this date no certificates will be available. No other certificate will be issued.

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
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[CLICK THIS LINK TO REGISTER ATTENDEES](#)

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

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>