

## Contents:

<b>CMH Association Activities:</b> .....	2
16M Awarded to Association Members to Expand Mental Health Services in Michigan Communities .....	2
Grand Traverse County Law Enforcement, Behavioral Specialists at Northern Lakes Undergo Mental Health Training.....	2
Recipient Rights Booklet: Annual Bulk Order & Personalization Available .....	3
CMHAM Committee Schedules, Membership, Minutes, And Information.....	3
<b>State and National Developments Resources:</b> .....	4
Michigan LARA seeking public comment on proposed SUD licensing changes .....	4
Expert: Michigan Needs 32,000 Home Health Care Workers By 2020 .....	4
Report released on causes and solutions to medication non-adherence.....	5
National Recovery Month Resources Announced.....	5
Latest Polls on Redistricting Reform and Marijuana Legalization Ballot Initiatives .....	6
Report: Pathways to Potential Helps Students Attend School by Removing Barriers, Encouraging Family Success.....	7
One in Three College Freshmen Worldwide Reports Mental Health Disorder .....	8
Resources: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field .....	9
<b>State Legislative Update:</b> .....	10
Study: Healthy MI Enrollees Had Less Debt, Financial Problems .....	10
<b>Federal Update:</b> .....	11
Opioid Legislation Nearing Finish Line Following Passage of Senate Bill .....	11
<b>Education Opportunities:</b> .....	13
CMHAM Annual Fall Conference.....	13
Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019 .....	13
Annual Home and Community Based Waiver Conference – Save the Date – November 13-14 .....	13
<b>Miscellaneous News and Information:</b> .....	14
Job Opportunity: Michigan Healthy Transitions (MHT) Project Director .....	14

### **CMH Association Activities:**

#### **16M Awarded to Association Members to Expand Mental Health Services in Michigan Communities**

Below is an excerpt from a recent M-Live story on the receipt of federal Certified Community Behavioral Health Clinics (CCBHCs).

Four community mental health organizations in Michigan were awarded \$4 million each to expand services in the communities they serve, U.S. Sen. Debbie Stabenow announced this week.

"I have seen what happens when families get help and what happens when they don't," Stabenow said. "It's a life-changer, not just for the person, but for the family. We need to make that available to everybody."

The grant funding was announced Thursday, Sept. 20, at Kalamazoo County Mental Health and Substance Abuse Services (KCMHSAS) in downtown Kalamazoo.

Of the 25 of the grants awarded across the country, four were in Michigan, KCMHSAS CEO Jeff Patton said.

Grants totaling \$4 million over a period of 2 years were awarded to:

- Kalamazoo County Mental Health and Substance Abuse Services
- Health West (Muskegon Community Mental Health Authority)
- West Michigan Community Mental Health Authority
- Easterseals, based in Auburn Hills

The four community mental health centers have been selected as the state's first-ever Certified Community Behavioral Health Clinics, Stabenow's office said.

The full story can be found at:

[https://www.mlive.com/news/index.ssf/2018/09/16m\\_awarded\\_to\\_expand\\_mental\\_h.html](https://www.mlive.com/news/index.ssf/2018/09/16m_awarded_to_expand_mental_h.html)

#### **Grand Traverse County Law Enforcement, Behavioral Specialists at Northern Lakes Undergo Mental Health Training**

Below is an excerpt from a recent news story on the work of Northern Lakes CMH.

Law enforcement and behavioral health specialists in Grand Traverse County have been undergoing some unique training this week.

A group from the Harris County Sheriff's Office in Houston, Texas has been working with staff at Northern Lakes Community Mental Health, to give anyone in crisis the support they so badly need.

## **CMHA WEEKLY UPDATE**

---

All week law enforcement and mental health specialists have been learning how to identify symptoms, and respond to people with established mental health issues, or those experiencing an emotional crisis.

Thursday they were able to get hands-on and play out some scenarios to simulate what could be encountered on the job.

"We want law enforcement officers to have a good idea of what it is that's out there what they may come into contact with and then give them some tips and some tools to utilize as far as verbal communication to help limit you know having to use force on individuals that suffer from mental illness," Eric Uriegas, crisis intervention instructor said.

The full story can be found at:

[https://www.9and10news.com/2018/09/13/grand-traverse-co-law-enforcement-behavioral-specialists-  
undergo-mental-health-training/](https://www.9and10news.com/2018/09/13/grand-traverse-co-law-enforcement-behavioral-specialists-undergo-mental-health-training/)

### **Recipient Rights Booklet: Annual Bulk Order & Personalization Available**

The Mental Health Code states that CMHSPs are required to distribute "Your Rights When Receiving Mental Health Services in Michigan" booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 40¢ per booklet. Orders must be received by October 12, 2018 to qualify for the discount. Any booklets ordered after October 12, 2018, will be charged 50¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. There is an additional charge of \$95 per order. The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to [npayton@cmham.org](mailto:npayton@cmham.org).

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:

- o Cost Per Booklet if Ordered by October 12, 2018: 40¢ (Flat Rate Shipping)
- o Cost Per Booklet if Ordered After October 12, 2018: 50¢ (Flat Rate Shipping)

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: [Order Your Recipient Rights Booklets Here!](#)

### **CMHAM Committee Schedules, Membership, Minutes, And Information**

Visit our website at <https://www.macmhb.org/committees>

## State and National Developments Resources:

### Michigan LARA seeking public comment on proposed SUD licensing changes

Below is an announcement of the upcoming public hearing on the proposed changes to the state's licensing requirements for providers of substance use disorder services. Substance Use Disorder Programs: (Licensing and Regulatory Affairs, Bureau of Community and Health Systems)

Request for Rule-making Filed with ORR:	5/4/2018	<b>Public Hearing # 1</b>	<b>10/17/2018</b>
Request for Rule-making Approved by ORR:	5/7/2018	<b>Published in MR 18, 2018</b>	<b>9:00 am -10:00 am</b>
Draft Rule to ORR:	8/24/2018	<b>G. Mennen Williams Building Auditorium</b>	<b>525 W. Ottawa Street</b>
Draft Rule Approved by ORR:	8/27/2018	<b>Lansing, Michigan</b>	
Regulatory Impact Statement to ORR:	8/29/2018		

The proposed licensing rule change can be found at:

[http://dmbinternet.state.mi.us/DMB/ORRDocs/ORR/1809\\_2018-028LR\\_orr-draft.pdf](http://dmbinternet.state.mi.us/DMB/ORRDocs/ORR/1809_2018-028LR_orr-draft.pdf)

### Expert: Michigan Needs 32,000 Home Health Care Workers By 2020

Below are excerpts from a recent National Public Radio story on the lack of home healthcare workers in Michigan. These workers and tens of thousands like them provide a wide range of supports to persons served by the state's public mental health system.

Clare Luz is a Ph.D gerontologist in the Michigan State University College of Osteopathic Medicine department of Family and Community Medicine. In a recent PBS Newshour story, she painted a stark picture of the shortage of home health care workers in Michigan. "In Michigan alone," Luz says, "we're going to need 32,000 more direct care workers by 2020."

Note, of course, that 2020 is only a year and a half away.

Luz tells me that those numbers come from PHI, a national organization that works on behalf of home health care workers. The explanations are many, including a rapidly aging population that is living longer, some with long-term chronic conditions like Alzheimers disease. Staying at home requires assistance.

Luz continues that there's more going on here, though, than the aging of the baby boomer generation. "In addition to the aging of the population, the people that historically took care of older adults were women in the homes," Luz continues. "Now, we have families that are smaller, they're dispersed, and many women are in the workforce. We just don't have as many caregivers as we once had."

It's difficult to attract people to the home health care field for a variety of reasons, but Luz explains that tough working conditions and low pay may be the most important. "With an average wage of about \$10 an hour, some people will say \$10.40, we also have very few

## **CMHA WEEKLY UPDATE**

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benefits, if any," Luz states. "They don't have guaranteed hours so they don't have income that they can depend on, and they don't have good training, and they don't get respect."

That lack of respect is especially challenging, says Luz. Through a Library of Congress fellowship, Luz recently interviewed 30 personal home health care workers around the state. A common complaint was how often they are referred to as unskilled, adding that "almost every single one of them said they get referred to as glorified butt-wipers, they get referred to as the maid, the housekeeper."

The full story can be found at:

<http://www.wkar.org/post/expert-michigan-needs-32000-home-health-care-workers-2020#stream/0>

### **Report released on causes and solutions to medication non-adherence**

Yesterday, the National Council for Behavioral Health's Medical Director Institute released its report, "[Medication Matters: Causes and Solutions to Medication Non-Adherence.](#)" Bringing together a diverse group of practitioners, administrators, policymakers, researchers, innovators, educators, advocates, payers, patients and family members to ensure a depth of discussion from a variety of viewpoints, the report is a call to action to ensure that all Americans get comprehensive care.

This multidisciplinary insight could not have come at a more pressing time. While one in six Americans – approximately 54.3 million individuals – take a psychiatric drug, only half, on average, of all people on any medication do not take it as prescribed. This means that around half of the individuals who are sick and suffering enough to be prescribed medication are not getting it, resulting in more emergency room visits, hospital admissions and disability. Additionally, billions of dollars are being wasted on pharmaceuticals every year.

In response, this report provides both a call to action as well as a comprehensive list of solutions. By working to ensure patient-centered care, improve the patient-doctor partnership, engage the whole team, simplify how medication is taken, and embrace technology, care providers and patients can together improve mental health and substance use disorder outcomes.

The report makes a strong argument that everyone has a role in improving medication adherence so please share this with all your staff. You can access the full report:

<https://www.nationalcouncildocs.net/wp-content/uploads/2018/09/medication-non-adherence-082918.pdf>

### **National Recovery Month Resources Announced**

For twenty-nine years running, SAMHSA has sponsored [National Recovery Month](#) in September to celebrate the successes of those in recovery from substance use and/or mental illness. Their struggles and triumphs should be celebrated, and Recovery Month presents us with a chance to tell their story. The National Council is proud to support SAMHSA and honor individuals in recovery by hosting and participating in several recovery-themed events in addition to providing free Recovery Month resources on our website. [Check out these Recovery Month resources today](#) to celebrate recovery in your community at:

<https://www.thenationalcouncil.org/events-and-training/recovery-month-2018/>

### **Latest Polls on Redistricting Reform and Marijuana Legalization Ballot Initiatives**

Below are excerpts from a recent press story on the poll results around Proposal 1 and 2.

Voters are supporting Proposal 1 (legalizing marijuana) and Proposal 2 (redistricting reform) at less than 50 percent voters when read the actual ballot language and asked to indicate how they'd vote, according to new polling commissioned by *MIRS* and Governmental Consulting Services Inc. (GCSI).

Marijuana legalization is currently supported by 41 percent of likely voters, according to the 800-person sample taken Sept. 11-14 by Target Insyght. Another 47 percent were opposed with 11 percent undecided.

The *MIRS*/GCSI poll is the first survey to read to respondents the language that voters will confront in the voting booth on Nov. 6. Prior polls used other descriptions to inform those being polled.

The poll question wording was:

*The ballot proposal would allow individuals 21 and older to purchase, possess and use marijuana and marijuana-infused edibles, and grow up to 12 marijuana plants for personal consumption; Impose a 10-ounce limit for marijuana kept at residences and require amounts over 2.5 ounces be secured in locked containers; Create a state licensing system for marijuana businesses and allow municipalities to ban or restrict them; Permit retail sales of marijuana and edibles subject to a 10% tax, dedicated to implementation costs, clinical trials, schools, roads, and municipalities where marijuana businesses are located; Change several current violations from crimes to civil infractions. Should this proposal be adopted?*

When voters were just read the title of the proposal: *A proposed initiated law to authorize and legalize possession, use and cultivation of marijuana products by individuals who are at least 21 years of age and older, and commercial sales of marijuana through state-licensed retailers,* support was actually lower with 40 percent in favor, 49 percent opposed and 11 percent undecided.

On a party basis, 55 percent of Democrats supported legalization, 24 percent of Republicans and 39 percent of independents supported Proposal 1.

On Proposal 2, the Voters Not Politicians effort that would turn over redistricting to a bipartisan commission, voters were closer to the 50 percent mark, but support still fell short at 48 percent in support, 24 percent opposed and 34 percent undecided.

Voters were presented with the following question:

*Create a commission of 13 registered voters randomly selected by the Secretary of State: 4 each who self-identify as affiliated with the 2 major political parties; and 5 who self-identify as unaffiliated with major political parties. Prohibit partisan officeholders and candidates, their employees, certain relatives, and lobbyists from serving as commissioners. Establish new*

## **CMHA WEEKLY UPDATE**

---

*redistricting criteria including geographically compact and contiguous districts of equal population, reflecting Michigan's diverse population and communities of interest.*

*Districts shall not provide disproportionate advantage to political parties or candidates. Require an appropriation of funds for commission operations and commissioner compensation. Should this proposal pass?*

When just the title of the Proposal 2 was read, 43 percent were in support, 24 percent were opposed and 34 percent were undecided. On a partisan basis, 64 percent of Democrats support Proposal 2 as do 34 percent of Republicans and 35 percent of Democrats.

"Without education or promotion, these ballot proposals don't stand by themselves," said Ed **SARPOLUS**, president of Target Insyght. "Similar proposals in the past, where we used promoter words, or biased words in, they pass 50 percent. But if you read the ballot language, they don't pass."

Sarpolus is quick to say the poll results on Proposal 1 or Proposal 2 shouldn't be interpreted as suggesting they can't pass, just that without support and education, they won't pass based on the official ballot wording.

### **Report: Pathways to Potential Helps Students Attend School by Removing Barriers, Encouraging Family Success**

Below are excerpts from a recent story on Michigan's Pathways to Potential program.

An annual report on Michigan's Pathways to Potential project shows how placing MDHHS caseworkers in schools continues to remove barriers to student and family success.

The Michigan Department of Health and Human Services (MDHHS) today released its annual report on Pathways to Potential to detail its impact during the 2016-17 school year.

The report shows chronic absenteeism decreasing by more than 20 percent in several counties since caseworkers known as success coaches were first assigned there; interventions by caseworkers that helped more than 45,000 students, parents and others; and more than 20,000 cases in which Pathways provided basic needs to students and families through donations.

"This report demonstrates the positive effects of providing human services in locations where clients are already going – their community schools," said Matt Lori, deputy director of Policy, Planning and Legislative Services for MDHHS. "When we work one-on-one with families to identify and remove barriers to success and connect them to a network of community services, they can become self-sufficient, find the pathway to success and realize their dreams."

Pathways to Potential targets five outcome areas: student attendance, education, health, safety and self-sufficiency. During the 2017-18 school year, success coaches assisted families in 300 schools in 41 counties. Among the findings in the report, with all data being for the 2016-17 school year:

## **CMHA WEEKLY UPDATE**

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- Schools in six counties decreased chronic absenteeism by more than 20 percent in their Pathways schools since they became part of the program. They are: Kalkaska (28 percent), Newaygo (26 percent), Ontonagon (25 percent), Ottawa (24 percent), Oakland (22 percent) and Jackson (21 percent).
- Pathways to Potential had 131,307 interventions with 45,975 individuals – 32,019 were students, 11,080 were parents or caregivers and 2,804 were community members, which could include siblings of students or other adults in the home. Interventions can include face-to-face meetings, phone calls and other forms of communication.
- Pathways addressed attendance in 49,813 interventions, making attendance the No. 1 purpose for intervention. Ranked from second to seventh, in order, were: family support, students' basic needs, physical and mental health, academic success, home and family life issues, and student behavior.
- Pathways is fulfilling its focus of making sure students go to school by providing students and families with basic needs such as donated clothing, hygiene items, household supplies and school supplies in 20,654 cases. Students who don't have these basic needs met often do not go to school.
- In looking at actions that resulted from interventions, the most common action was meeting a basic need, such as providing students or families with donated clothing, hygiene items, or household or school supplies. Referring the family to a community resource was the second most common action taken. The third most common action was providing student incentives for good attendance – such as donated toys or bikes or pizza or ice cream parties.

The report includes success stories about students and families in Macomb and Gladwin counties.

Pathways began in Detroit, Flint, Pontiac and Saginaw schools during the 2012-13 school year and has expanded to locations around the state since then. Gov. Rick Snyder has said that Pathways demonstrates a better way of providing government services by making caseworkers available to provide services to families in locations that they already visit rather than having them visit government offices to seek assistance.

Learn more about Pathways and find the annual report at [www.michigan.gov/pathwaystopotential](http://www.michigan.gov/pathwaystopotential)

### **One in Three College Freshmen Worldwide Reports Mental Health Disorder**

Below is a recent announcement of the APA study on the prevalence of mental health issues among college students.

As if college were not difficult enough, more than one-third of first-year university students in eight industrialized countries around the globe report symptoms consistent with a diagnosable mental health disorder, according to research published by the American Psychological Association.

"While effective care is important, the number of students who need treatment for these disorders far exceeds the resources of most counseling centers, resulting in a substantial unmet need for mental health treatment among college students," said lead author Randy P. Auerbach, PhD, of Columbia University. "Considering that students are a key population for determining



## **CMHA WEEKLY UPDATE**

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the economic success of a country, colleges must take a greater urgency in addressing this issue.”

Auerbach and his co-authors analyzed data from the World Health Organization’s World Mental Health International College Student initiative, in which almost 14,000 students from 19 colleges in eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain and the United States) responded to questionnaires to evaluate common mental disorders, including major depression, generalized anxiety disorder and panic disorder.

The researchers found that 35 percent of the respondents reported symptoms consistent with at least one mental health disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Edition. Major depressive disorder was the most common, followed by generalized anxiety disorder. The findings were published in the *Journal of Abnormal Psychology*. “The finding that one-third of students from multiple countries screened positive for at least one of six mental health disorders represents a key global mental health issue,” said Auerbach.

Previous research suggests that only 15-20 percent of students will seek services at their respective counseling center, which may already be overtaxed, according to Auerbach. If students need help outside of their school counseling center or local psychologists, Auerbach suggested that they seek Internet resources, such as online cognitive behavioral therapy. University systems are currently working at capacity and counseling centers tend to be cyclical, with students ramping up service use toward the middle of the semester, which often creates a bottleneck,” said Auerbach. “Internet-based clinical tools may be helpful in providing treatment to students who are less inclined to pursue services on campus or are waiting to be seen.”

Future research needs focus on identifying which interventions work best for specific disorders, said Auerbach. For example, certain types of depression or anxiety may be best treated with certain types of Internet interventions, whereas other disorders, such as substance use, may require treatment in person by a psychologist or other mental health professional.

“Our long-term goal is to develop predictive models to determine which students will respond to different types of interventions,” said Auerbach. “It is incumbent on us to think of innovative ways to reduce stigma and increase access to tools that may help students better manage stress.”

The full text of the article is available at:

<http://www.apa.org/pubs/journals/releases/abn-abn0000362.pdf>

### **Resources: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field**

Below are descriptions of a recent set of resources, from the Center for Health Care Strategies (CHCS) related to addressing social determinants of health.

Health care and community-based organizations (CBO) across the country are increasingly joining forces to address the root causes of poor health among low-income and vulnerable populations. Clearly identifying the financial, operational, and strategic elements that contribute to effective collaboration can help ensure that partnerships are a win-win for all parties. Through

## **CMHA WEEKLY UPDATE**

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support from Kaiser Permanente Community Health, CHCS and Nonprofit Finance Fund developed a set of case studies and resources to inform health care and CBO partners working together to address social needs and improve health outcomes for at-risk patients

These materials can help existing and emerging partnerships strengthen their collaborative efforts:

- [Supporting Social Service and Health Care Partnerships to Address Health-Related Social Needs: Case Study Series](https://www.chcs.org/resource/bridging-community-based-human-services-health-care-case-studies/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421) - These case studies explore examples of diverse partnerships from across the country that are working to address social needs and improve health outcomes for at-risk patients. [https://www.chcs.org/resource/bridging-community-based-human-services-health-care-case-studies/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm\\_medium=email&utm\\_term=0\\_bbc451bf-8a318ed7f9-152144421](https://www.chcs.org/resource/bridging-community-based-human-services-health-care-case-studies/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421)
- [Tools for Supporting Social Service and Health Care Partnerships to Address Social Determinants of Health](https://www.chcs.org/resource/tools-for-supporting-social-service-and-health-care-partnerships-to-address-social-determinants-of-health/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421) - This set of technical assistance tools is designed to help partnerships address common barriers to partnering and strengthen their collaborative activities. [https://www.chcs.org/resource/tools-for-supporting-social-service-and-health-care-partnerships-to-address-social-determinants-of-health/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm\\_medium=email&utm\\_term=0\\_bbc451bf-8a318ed7f9-152144421](https://www.chcs.org/resource/tools-for-supporting-social-service-and-health-care-partnerships-to-address-social-determinants-of-health/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421)
- [Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field](https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421) - This webinar explored promising strategies for developing and sustaining partnerships that address social determinants of health. [https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm\\_medium=email&utm\\_term=0\\_bbc451bf-8a318ed7f9-152144421](https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbc451bf-8a318ed7f9-152144421)

## **State Legislative Update:**

### **Study: Healthy MI Enrollees Had Less Debt, Financial Problems**

Low-income Michigan residents who enrolled in the Healthy Michigan program experienced fewer debt problems and other financial issues than they had before enrollment, according to the findings of a team led by a University of Michigan health economist. The study shows drops in unpaid debts -- especially medical debts and over-drawn credit cards -- as well as fewer bankruptcies and evictions after people enrolled. Meanwhile, enrollees' credit scores and car loans rose, according to a U-M [press release](#) publicizing the study.

The researchers focused on people who enrolled in the program's first year, starting in April 2014, and hadn't had health insurance before they joined. The team looked at individual-level financial information from several years before, and at least a year after, each person enrolled. The study

## **CMHA WEEKLY UPDATE**

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showed, among other findings, that enrolling in Healthy Michigan reduced the amount of medical bills in collections that the average enrollee had by 57 percent, or about \$515; and reduced the amount of debt past due but not yet sent to a collection agency by 28 percent or about \$233.

Enrollment was also shown to have led to a 16 percent drop in public records for financial events such as evictions, bankruptcies and wage garnishments, and bankruptcies alone fell by 10 percent. It also resulted in enrollees' being 16 percent less likely to overdraw their credit cards.

Economist Sarah Miller, Ph.D., of U-M's Ross School of Business, published the [paper](#) on the site of the National Bureau of Economic Research with colleagues from the Federal Reserve Bank of Chicago, University of Illinois, Chicago and Northwestern University. "This study also suggests that people at risk of losing Medicaid because they don't complete a work requirement or paperwork could be at a great financial risk, even if they do not have a chronic illness or a major medical issue," Miller said in a statement. "They're the ones at risk of losing their coverage, and it won't just mean they can't go to the doctor."

### **Federal Update:**

#### **Opioid Legislation Nearing Finish Line Following Passage of Senate Bill**

The Senate passed its version of a sweeping legislative package to address the opioid crisis on Monday in a 99 to 1 vote. The bipartisan [Opioid Crisis Response Act \(S. 2680\)](#) supports many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. The House and Senate will now need to reconcile the differences between the two different versions of legislation to finalize a bill for the President's signature.

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the Senate's opioid package, it ultimately falls short on investments in prevention, treatment and recovery for Americans living with substance use disorders (SUD). "To truly address the root causes of the opioid crisis, we need to invest in the full continuum of behavioral health services," [said Linda Rosenberg](#), President and CEO of the National Council. "We need a comprehensive solution. This package of bills does not achieve that." In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year [Certified Community Behavioral Health Clinic \(CCBHC\)](#) program via the Excellence in Mental Health and Addiction Treatment Expansion Act.

WHAT'S IN? Throughout Congress' efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, some of which have been included in the Senate bill:

- [The Special Registration for Telemedicine Clarification Act](#) will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders in rural and frontier areas, and is a direct result of [National Council advocacy efforts](#).
- Substance Use Disorder Workforce: The bill amends the existing National Health Service Corps (NHSC) program, which provides student loan forgiveness to qualified health care professionals, to be more inclusive of substance use disorder treatment professionals. However, the House-passed opioid package contained a more robust workforce initiative entitled the [Substance Use](#)

## **CMHA WEEKLY UPDATE**

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[Disorder Workforce Loan Repayment Act](#), which would create a new loan forgiveness program that is targeted to address the shortages of SUD treatment providers in the areas that need it most. The National Council is actively advocating for members of Congress to include the House's workforce provision in the final compromise opioid package.

- [The Improving Access to Behavioral Health Information Technology Act](#) incentivizes behavioral health providers to adopt electronic health records (EHRs), a change that the National Council has been advocating for since 2009.
- [The Ensuring Access to Quality Sober Living Act](#) requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help them adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued [Building Recovery: State Policy Guide for Supporting Recovery Housing](#) to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.
- MAT Treatment Capacity: The bill pulls a provision from the [TREAT Act](#) to codify a change that expanded the number of patients that a practitioner can treat with buprenorphine at any one time to 275 patients. The National Council is disappointed to see that other MAT-related provisions from [House's opioid package \(H.R. 6\)](#) are not included in the Senate's package. Those provisions would 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine, 2) temporarily expand the definition of "qualifying practitioner" to include nurse anesthetists, clinical nurse specialists, and nurse midwives, and 3) permit a waived-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if the practitioner meets certain requirements.
- [The Improving Access to Mental Health Services Act](#) will allow behavioral health National Health Service Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

### WHAT'S NEXT?

The Senate's package will now need to be reconciled with the [House's version](#), which passed in late June, before a final version can move to the President's desk for his signature. A few more controversial measures that made it into the House package but were left out of the Senate version must now be resolved in conference negotiations including lifting the [Institutions for Mental Disease \(IMD\) exclusion](#) for residential SUD treatment and [changing privacy laws](#) that govern the sharing of substance use disorder treatment records.

## Education Opportunities:

### CMHAM Annual Fall Conference

2018 Annual Fall Conference

FACING THE FUTURE TOGETHER

October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan

REGISTER FOR THE CONFERENCE HERE:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5123&AppCode=REG&CC=118041126516>

HOTEL RESERVATION: The Grand Traverse Resort is currently SOLD OUT. Complete the Waiting List Form (attached) and forward to the Grand Traverse Resort.

Overflow Hotel Information:

Sleep Inn & Suites (rated in the top 20 Sleep Inn hotels in the US)

5520 US 31 North, Acme, MI 49610

- \$108 plus taxes and includes a full hot breakfast.
- Deadline for discounted price is: October 13, 2018
- For reservations call 231-938-7000 and use code, "CMHAM."
- The hotel is 1.8 miles from the Grand Traverse Resort – a 5-minute drive.

### 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.

- 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

**Annual Home and Community Based Waiver Conference – Save the Date – November 13-14**

## ***CMHA WEEKLY UPDATE***

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Save the Date for the Annual Home and Community Based Waiver Conference will be held at the Kellogg Hotel and Conference Center in East Lansing on November 13-14! Brochure will be available soon. It will be a great program.

See conference details here: <https://macmhb.org/save-the-date/annual-home-and-community-based-waiver-conference-1>

### **Miscellaneous News and Information:**

#### **Job Opportunity: Michigan Healthy Transitions (MHT) Project Director**

**Purpose:** To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

**Experience:** Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, [Click Here!](#)