

## Contents:

CMH Association Activities: .....	2
CMHAM Committee Schedules, Membership, Minutes, And Information.....	2
State and National Developments and Resources: .....	2
Concern over the Reassignment of the Director of SAMHSA Center for Mental Health Services.....	2
Southeast Michigan's Approach to Opioids Could be Model for Others .....	3
National Advocacy around Federal Support for Health IT in Mental Health Settings .....	3
Controversial Former Aide to Maine's LePage to Run Medicaid .....	3
Report: World Support for Mental Health Care Is 'Pitifully Small' .....	5
State Legislative Update: .....	5
Senate Fiscal Agency Breaks Down Costs for November Ballot Initiatives .....	5
Federal Update: .....	7
Congress Passes Major Opioid Package .....	7
Education Opportunities: .....	9
MyStrength Offers 3 <sup>rd</sup> Part in Webinar Series on Addressing SUD and the Opioid Crisis .....	9
Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019 .....	10
Annual Home and Community Based Waiver Conference: November 13-14 .....	10
Michigan Developmental Disabilities Council – Upcoming Events .....	11
NASW-Michigan's Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE).....	11
HMA Health Home Webinar.....	11
Miscellaneous News and Information:.....	12
Job Opportunity: Michigan Healthy Transitions (MHT) Project Director .....	12
Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director .....	12

## **CMH Association Activities:**

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

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

## **State and National Developments and Resources:**

### **Concern over the Reassignment of the Director of SAMHSA Center for Mental Health Services**

Below is an excerpt from a recent blog post by Pete Earley, a nationally recognized mental health advocate and author:

Last week's news that Paolo del Vecchio is being reassigned inside the Substance Abuse and Mental Health Services Administration sparked a flurry of reactions.

Del Vecchio has served as director of SAMHSA's Center for Mental Health Services (CMHS) for six years and is viewed as a powerful advocate for persons with lived experience. His transfer by Dr. Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Abuse, is being seen by some of del Vecchio's supporters as a sign that the agency is moving away from supporting peer services and the recovery model of treatment in favor of the traditional medical model and paternalism.

Dr. McCance-Katz's supporters insist del Vecchio's transfer simply reflects her desire to build her own leadership team.

Appointed last August, Dr. McCance-Katz could have fired del Vecchio after her first 120 days in office or demoted him if she wanted to undermine peers and del Vecchio's recovery work as CMHS director. She kept him as one of her top mental health and substance abuse advisors until last week when she asked him to direct SAMHSA's Office of Management, Technology, and Operations, a top post at SAMHSA, but one with less direct oversight of mental health and substance abuse policy.

Said one insider: they simply didn't gel and she has the right to pick her own managers who support her. Said another: she bent over backwards giving him chances but it didn't work.

A third point of view expressed to me is that speculation about del Vecchio's reassignment is resulting in both Dr. McCance-Katz and del Vecchio being wrongly branded. Her as being anti-peer. Him as not carrying about the serious mentally ill.

The full blog post can be found at:

<http://www.petearley.com/2018/10/16/paolo-del-vecchios-transfer-at-samhsa-causes-speculation-about-agencys-focus/?fbclid=IwAR3DY-l1Idl-ReVFTIWkiRnsLjmAlEjnjivNOrsIK2NiSXkylaaxAJqpQU8>

## **CMHA WEEKLY UPDATE**

---

### **Southeast Michigan's Approach to Opioids Could be Model for Others**

Below is an excerpt from a recent Detroit News story on the groundbreaking work in addressing the opioid crisis being done in Michigan:

Southeast Michigan's use of peer sobriety coaches and collaboration to fight the opioid crisis could become a model for the country, said an official from the U.S. Health and Human Services in Livonia on Monday.

Leaders from social services, health care, law enforcement, local courts and nonprofits met for a roundtable discussion with HHS Deputy Secretary Eric Hargan at St. Mary Mercy Hospital in Livonia as part of a national listening tour by federal health officials focused on the epidemic.

"We've seen three years in a row a lowering American life expectancy, and that is due to the amount of deaths are occurring because of the opioid epidemic. This is unprecedented in U.S. history," Hargan said at a news conference following the closed-door roundtable. "This is something that has permeated society in a very broad way, in rural communities ... to areas like Detroit, to suburban areas — everywhere at this point.

"We really do have to have a national approach to this, which is why we're trying to absorb as many lessons as we can — from as many places as we can — of what works, so that we can bring those processes to other areas where it's needed."

The full article can be found at:

<https://www.detroitnews.com/story/news/2018/10/15/opioid-addiction-model-peer-sobriety-coaches-michigan-eric-hargan/1648692002/>

### **National Advocacy around Federal Support for Health IT in Mental Health Settings**

At least one health IT group is pressuring the federal Center for Medicare and Medicaid Innovation (CMMI) within the Center for Medicare and Medicaid (CMS) to get specific about implementation plans for a provision in the new legislative opioid package allowing that group to incentivize behavioral health providers to adopt health IT products.

The opioid legislation, which awaits President Donald Trump's signature, describes a demonstration program that could nudge behavioral health centers to use EHRs. The Behavioral Health Information Technology Coalition has asked CMMI for a meeting to discuss the agency's demonstration program on bundled payments for medication-assisted treatment for substance use disorder, according to coalition president and CEO Al Guida.

In a letter to CMMI head Adam Boehler the group argued that updated EHRs could enhance behavioral health providers' ability to combat the opioid crisis, potentially by allowing better e-prescribing.

### **Controversial Former Aide to Maine's LePage to Run Medicaid**

Below are excerpts from a recent story in Politico discussing the reaction to the recent appointment of the new national Medicaid head, within the Center for Medicare and Medicaid Services:

## **CMHA WEEKLY UPDATE**

---

The Trump administration has tapped Mary Mayhew — the architect of Maine's aggressive conservative reforms to the social safety net — to oversee the national Medicaid program. She has been an ally of outgoing Maine Gov. Paul LePage, a Republican who has fought as hard as any governor against expanding Medicaid under Obamacare.

CMS announced the move internally Monday, the day Mayhew began as the agency's deputy administrator and director of Medicaid and the Children's Health Insurance Program.

Mayhew served as Maine's health commissioner for six years under LePage, leading efforts to tighten the state's Medicaid eligibility standards, add work requirements to the food stamp program and implement other conservative reforms. She supported LePage as he rejected efforts to expand the state's Medicaid program — repeatedly vetoing legislation and then resisting after nearly 60 percent of Maine voters approved expansion on a ballot measure in 2017. LePage is spending his final months in office fighting a court order to expand the program.

Mayhew stepped down in May 2017 and ran to succeed LePage as governor, losing in the June Republican primary. As part of her campaign, Mayhew touted how safety-net programs had shrunk under her watch, pointing to a 70 percent decrease in enrollment in the Temporary Assistance for Needy Families program — one of the sharpest declines in the nation — and a 24 percent decrease in Medicaid enrollment.

She has defended the rollbacks as a necessary trade-off. "We don't live in a world of unlimited resources," Mayhew argued at an Ohio Senate hearing in January 2018, as legislators in that state weighed their own safety-net reforms. "When those ends do not meet at the state level, you all must make difficult decisions to prioritize spending."

Mayhew joins CMS as the agency works to finalize a request Maine submitted in August 2017 to impose work requirements on Medicaid beneficiaries. Mayhew has said she was previously approached about joining the Trump administration to oversee the nation's food stamps program.

Advocates have warned that Maine's safety-net suffered under Mayhew's leadership, noting that measures of hunger and poverty rose even while she oversaw cuts to programs designed to feed and support low-income residents.

"It's an alarming choice given her track record," said Claire Berkowitz, executive director of Maine Children's Alliance. "We saw the results in our data of parents who lost coverage under her leadership and that's concerning."

Mayhew's department also grappled with several scandals, including allegations concerning a plagiarized report by an outside consultant on the state's Medicaid system and an HHS inspector's general report that found vulnerable Medicaid patients were placed at risk.

Mayhew is the second failed gubernatorial candidate recently tapped by the Trump administration to join the agency. Paul Mango, who joined CMS this summer as chief of staff and chief principal deputy administrator, unsuccessfully ran for the Republican nomination for governor in Pennsylvania.

## **CMHA WEEKLY UPDATE**

---

### **Report: World Support for Mental Health Care Is 'Pitifully Small'**

Below is an excerpt from a recent National Public Radio story on a report on financial support, across the globe, of mental health services:

It's a major milestone in the fight to recognize mental health and mental illness as global issues: a comprehensive report from the Lancet Commission on Global Mental Health (<https://www.thelancet.com/commissions/global-mental-health>) three years in the making, released this past week at a London summit with royals Prince William and Kate Middleton, Duchess of Cambridge, in attendance to show their support for the cause.

But it was not a celebratory event. Threaded throughout the 45-page report is a lament that the world is ignoring millions of suffering people.

That neglect is reflected in "pitifully small" levels of financial support from governments and assistance groups for research and patient care, say the 28 mental health researchers, clinicians and advocates from across five continents who authored the report. And there are far-reaching economic as well as psychological consequences, the report notes: Untreated patients are often unable to support themselves, and sometimes their caretakers can't work as well.

The situation is especially dire in low-income countries, where mental health care is often unavailable. Only one in 27 people with depression in developing countries receives adequate treatment, according to the report. Developed countries do a bit better – one in five people with depression get treatment. But overall, wealthier countries have a poor enough record of providing adequate services that the report states that "all countries can be thought of as developing countries in the context of mental health."

The full article can be found at:

<https://www.npr.org/sections/goatsandsoda/2018/10/15/656669752/report-world-support-for-mental-health-care-is-pitifully-small?sc=ipad&f=1001>

## **State Legislative Update:**

### **Senate Fiscal Agency Breaks Down Costs for November Ballot Initiatives**

This week the Senate Fiscal Agency completed their fiscal analysis for each of the ballot proposal appearing on the November 6 ballot.

#### *Proposal 1: Legalizes marijuana for recreational use*

The SFA is projecting [Proposal 1](#) will generate more tax revenue than the proponents of the proposal did in the analysis they paid for. The Coalition to Regulate Marijuana Like Alcohol (CRMLA) released a study last week that predicted \$520 million in combined tax revenue in its first five years, through 2024.

The SFA tally put the tax revenue total at \$737.9 million, between FYs 2020 and 2023. That includes sales tax revenue and money generated from the proposed excise taxes. It also incorporates the required distributions of that revenue.

## **CMHA WEEKLY UPDATE**

---

As for costs associated with Prop 1, SFA broke it down by state department.

For the Michigan Department of Licensing and Regulatory Affairs (LARA), it anticipated needing \$2.5 million to pay new staff to help implement the recreational marijuana initiative.

For Treasury, it predicted \$1.9 million in one-time costs for a new tax system, and \$1.2 million in ongoing costs for support staff in the Michigan Department of Technology, Management and Budget (DTMB).

Back in Treasury, the cost of additional support and staff due to the recreational marijuana business being "primarily cash-based" means anywhere from \$1.75 million and \$3.1 million in additional costs, based on the volume of sales.

The SFA predicted an indeterminate effect on the Michigan State Police (MSP) and a potential positive fiscal impact on state and local government because of potentially fewer felony arrests and convictions.

The report also said local governments could suffer a negative fiscal impact, if those local units prohibited marijuana establishments or had no establishments but had current medical marijuana provisioning centers, because those local units would lose the excise tax revenue tied to those centers.

### *Proposal 2: Creates an independent citizens redistricting commission*

Citizens appointed to the proposed independent redistricting commission could take home a \$39,825 salary for their work to redraw legislative districts, and implementing the entire proposal would cost the state an extra \$4.6 million, according to a [Senate Fiscal Agency \(SFA\) report](#) released today. On Proposal 2, the redistricting commission constitutional amendment, the SFA said the language requires the 13 commissioners to earn equal to at least 25 percent of the Governor's annual salary, which is \$159,300. That breaks down to \$39,825 per commissioner, or \$517,800 total. The SFA report also said if the salary is not "sufficient," the state is required to "indemnify each commissioner for all incurred costs."

In total, the proposal backed by Voters Not Politicians (VNP) would cost the state at least \$4.6 million to implement, because the language requires the Legislature to appropriate funds for it equal to at least 25 percent of the General Fund (GF) budget of the Secretary of State's (SOS) office.

In Fiscal Year (FY) 2019, that GF number was \$18.5 million, meaning the absolute minimum was \$4.6 million. The SFA report also notes the Legislature is required to appropriate the funds sufficient to enable the commission to carry out its work, leaving the door open to more funds if the initial appropriation isn't enough.

### *Proposal 3: Creates state constitutional rights to certain voting policies*

[Proposal 3](#) would have some negative fiscal impact on the SOS, the SFA said, but that cost is indeterminate. Yet, the SFA said some of the proposal's elements that would be enshrined in the constitution if approved -- Election Day voter registration, no-reason absentee voting and straight ticket voting -- would not have a significant impact on the state.

Mailing absentee ballots to military service members overseas as well as doing post-election audits also

## **CMHA WEEKLY UPDATE**

---

wouldn't have a significant impact since the SOS already does these things, the SFA said.

The SOS noted costs for implementing automatic voter registration would depend on whether there's a mechanism for opting out, or if there's a change to the update or renewal form that is already mailed to all registered drivers or personal identification card, the SFA reported.

### **Federal Update:**

#### **Congress Passes Major Opioid Package**

House and Senate leaders announced an agreement on legislation to address the nation's opioid addiction crisis. The bipartisan agreement (H.R. 6) supports many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. The package also reveals the fate of controversial measures on the Institutions for Mental Disease (IMD) rule and the privacy of substance use disorder (SUD) treatment records that Congressional lawmakers and staff have worked through over the last several weeks.

#### REACTION

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the final opioid package, it ultimately falls short on providing desperately needed long-term investments in prevention, treatment and recovery services. 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. This program has shown tremendous results in expanding access to comprehensive addiction services in a sustainable way.

#### WHAT'S IN?

Throughout Congress' efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, many of which have been included in the final compromise bill:

The National Council was pleased to see the following measures in the package:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders via telemedicine in rural and frontier areas and is a direct result of National Council advocacy efforts.
- The Substance Use Disorder Workforce Loan Repayment Act will create incentives for students to pursue addiction treatment careers, increasing timely access to treatment for individuals living with addiction. This legislation was introduced as a result of education and advocacy by the National Council and the Association for Behavioral Healthcare in Massachusetts.
- Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs). The National Council has been working for passage of this legislation since 2009, when behavioral health was left out of a law

## ***CMHA WEEKLY UPDATE***

---

that created financial incentives for providers and hospitals to implement EHR systems to improve patient care.

- 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.
- 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.
- MAT Prescribing Expansions: The packages pulls a provisions from the TREAT Act and the Addiction Treatment Access Improvement Act to expand access to medication-assisted treatment (MAT), which is considered the gold standard of opioid use disorder treatment. Together, these measures will: 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine (a MAT medication), 2) temporarily expand the definition of "qualifying practitioner" to prescribe buprenorphine to include nurse anesthetists, clinical nurse specialists, and nurse midwives, 3) permit a DATA-2000 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, and 4) codify a change that expanded the number of patients that a physician can treat with buprenorphine at any one time to 275 patients, up from 100 patients. A separate provision would also ensure physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meet the other training requirements to prescribe MAT, can obtain a waiver to prescribe MAT.
- Medicare SUD Treatment Access: The bill creates a demonstration project that would allow Medicare beneficiaries to receive MAT and certain wraparound services at an Opioid Treatment Program (OTP), also known as a methadone clinic. Currently, OTPs are not recognized as Medicare providers, meaning that Medicare beneficiaries receiving MAT at OTPs must pay out-of-pocket.
- IMD Rule Changes: The National Council was pleased to see a provision to temporarily repeal the Institutions for Mental Disease (IMD) exclusion, a policy that prohibits Medicaid payment for residential SUD and mental health care in facilities with more than 16 beds, broadened to cover residential treatment of all substance use disorders, rather than just opioid use disorders. The repeal would last for five years, and cover patient stays of up to 30 days within the previous 12 months. The provision also contains strict maintenance-of-effort requirements. Again, the National Council is disappointed to see little investment in community-based services that ensure patients can maintain a successful recovery after exiting inpatient treatment.

A controversial measure to loosen 42 CFR Part 2, the regulation governing the privacy of SUD treatment records, was not included in the final bill.



## **CMHA WEEKLY UPDATE**

---

The final compromise opioid package contains over 70 opioid-related bills. For a more comprehensive summary of the package's provisions, please see the [section-by-section summary here](#).

### **Education Opportunities:**

#### **MyStrength Offers 3<sup>rd</sup> Part in Webinar Series on Addressing SUD and the Opioid Crisis**

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 3] The Role of Technology in Solving the Opioid Crisis

Date: November 7 at 2 p.m. ET

Presenters: Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength, Bonni Hopkins, PhD, VP Analytic Innovation and Strategy – Beacon Health Options and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

Join us to discuss the **state of the opioid epidemic in healthcare**, including what progress has been made since the commission report release and declaration of a national State of Emergency. Aaron Williams, MA, Senior Director of Training and Technical Assistance for Substance Abuse at the National Council for Behavioral Health, will moderate a discussion with clinical experts about the current state of healthcare as it pertains to moving the needle on the opioid epidemic. We'll also hear from Bonni Hopkins, PhD, VP of Analytic Innovation and Strategy from Beacon Health Options, about **how they have used technology to support their efforts**.

Where should healthcare providers, health systems, health plans and payers go from here?  
How can the newest digital tools impact self-reported opioid use, quality of life and health outcomes?  
What is the role of research in shaping technology to help manage healthcare crises?  
What role can predictive modeling play to ensure good opioid stewardship, reduced risk and prevention of dependence?

This webinar is featured as one of a 3-part webinar series from Relias on **Addressing Substance Use Disorders (SUDs) and the Opioid Crisis**. Click below to learn more and register:

[http://go.reliaslearning.com/opioids-wbn-series-hub.html?utm\\_source=partner&utm\\_medium=email&utm\\_campaign=partner-toolkit\\_webinar-hub\\_opioids](http://go.reliaslearning.com/opioids-wbn-series-hub.html?utm_source=partner&utm_medium=email&utm_campaign=partner-toolkit_webinar-hub_opioids)

# **CMHA WEEKLY UPDATE**

---

## **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](#) *Full – Registration Closed!*
- 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: November 13-14**

Registration is open for the 2018 Annual Home and Community Based Waiver Conference November 13-14, 2018 at the Kellogg Hotel and Conference Center in East Lansing.

Click Here to Register:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5208&AppCode=REG&CC=118101003651&REGTYPE=4002-51&REGTYPE=TUESATTENDEE&REGTYPE=4002-22&REGTYPE=4002510>

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, administrative staff, providers, autism coordinators, people receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Conference Rate: Full Conference is \$170. One day rate is \$100. Rates include breakfast and lunch and materials. (Yes, we will be making photocopies of presentations that we have received).

Special Rate: A special \$20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and child care. Deadline to request scholarship: October 17, 2018. To request a scholarship form, contact Anne Wilson at [awilson@cmham.org](mailto:awilson@cmham.org) or 517-374-6848.

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. Please call 517-432-4000 and mention that you are attending

## **CMHA WEEKLY UPDATE**

---

the C-Waiver Conference, the discount code is 1811DCH&MA. As of the afternoon of October 12, much of the room block has sold out however the Kellogg has other rooms at a higher rate. We are working on an overflow hotel at the State Per Diem Rate. The overflow will be listed on our website.

### **Michigan Developmental Disabilities Council – Upcoming Events**

The Michigan Developmental Disabilities Council is hosting learning opportunities and a train-the-trainer session November 26-28, 2018, at the Kellogg Hotel & Conference Center in East Lansing, MI.

#### **Monday, November 26<sup>th</sup> Charting the Course to Employment Summit:**

Join us to learn about Charting the LifeCourse and the roles we hold in our day-to-day lives to support individuals with Intellectual and Developmental Disabilities (IDD). You will learn about key principles for supporting individuals and engaging families to enhance a person-centered approach for planning and supporting life experiences that will provide preparation for employment.

#### **Tuesday, November 27<sup>th</sup> Train-the-Trainer: Family Engagement around Employment and Partnering with Families around employment:**

The Michigan Employment First Initiative has sponsored the creation of two training resources to build the capacity of educators, employment professionals and advocates in Michigan to better engage families around employment. This event will provide curriculums and presenter notes for each.

#### **Wednesday, November 28<sup>th</sup> Charting the LifeCourse Community Wide Event:**

Join us for this interactive, hands-on workshop to learn about tools that can be used at every life stage to enhance a person-centered approach for planning and supporting life experiences that support a person to reach their vision of the life they choose.

The cost to attend each day is \$20. There are scholarships available for self-advocates and family members. Please call the DD Council office at 517-335-3158 to request a scholarship. [Registration](#) deadline is November 16<sup>th</sup>. Space is limited so please register ASAP!

Please contact Yasmina Bouraoui at [bouraouiy@michigan.gov](mailto:bouraouiy@michigan.gov), with questions related the Employment Summit and Family Engagement Train-the Trainer, or Tracy Vincent at [vincentt1@michigan.gov](mailto:vincentt1@michigan.gov) with questions about the Charting the LifeCourse Community wide Event.

### **NASW-Michigan's Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE)**

Join together with hundreds of social justice advocates from around Michigan for the largest annual gathering of social workers in the state! This all-day event features an advocacy oriented keynote address, networking opportunities, social justice forums, and 16 workshops on legislative issues, political action, and advocacy efforts. 5.5 CEs (1 in pain available) will be awarded to social work licensed attendees. The event is held at the Lansing Center November 1 from 9-4:40. Register here: <https://bit.ly/2OTRmED>

### **HMA Health Home Webinar**

Medicaid Health Homes:

Lessons from the Field for Successful Development, Implementation  
Tuesday, October 30

## **CMHA WEEKLY UPDATE**

---

1 to 2 p.m. EDT

Health Homes have been implemented in at least 22 states under the federal Medicaid Health Home state plan option, and initial results illustrate the potential for meaningful improvements in the quality and cost of care associated with serving individuals with chronic physical, mental, or behavioral conditions.

During this webinar, HMA experts will discuss some of the key lessons learned in these early Health Home initiatives, with a special emphasis on the experience in New York and the District of Columbia. The webinar will also provide practical solutions for the successful development, implementation, and refinement of Health Home care models.

Register at:

[https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main\\_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU\\_unq-ett74Gw6YDzKZbHVPPhsj6Qk6fw2%26](https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU_unq-ett74Gw6YDzKZbHVPPhsj6Qk6fw2%26)

### **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!](#)

#### **Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director**

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

#### **Minimum Qualifications:**

## ***CMHA WEEKLY UPDATE***

---

- Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.
- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

### **Application Process:**

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to [mbrand@mpas.org](mailto:mbrand@mpas.org)
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: <https://www.mpas.org>.