

## Contents:

CMH Association Activities: .....	3
CMHAM Committee Schedules, Membership, Minutes, And Information.....	3
State and National Developments and Resources: .....	3
Pine Rest to Open Psychiatric Urgent Care Center .....	3
What Does it Take to Become Trauma-Informed? Lessons from Early Adopters.....	3
USDA and ONDCP Unveil Latest Tool to Help Rural Communities Address the Opioid Epidemic .....	4
Michigan Project Funded with Multi-Million-Dollar Grant Supports Primary Care Providers in Addressing Children’s Mental Health Issues .....	5
State Legislative Update: .....	5
Schuette Health Care Agenda.....	5
Whitmer Health Care Agenda .....	8
Federal Update: .....	10
President Trump Signs Opioid Package into Law .....	10
Education Opportunities: .....	12
MyStrength Offers 3 <sup>rd</sup> Part in Webinar Series on Addressing SUD and the Opioid Crisis .....	12
MDHHS announces training on best practice in autism evaluation for Medicaid providers .....	12
myStrength, Relias, and partners offer opioid crisis webinar .....	14
Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019 .....	14
Annual Home and Community Based Waiver Conference: November 13-14 .....	15
Michigan Developmental Disabilities Council – Upcoming Events .....	15
NASW-Michigan’s Legislative Education and Advocacy Day November 1st in Lansing (5.5 CE).....	16
HMA Health Home Webinar.....	16
Miscellaneous News and Information:.....	17
Job Opportunity: Michigan Healthy Transitions (MHT) Project Director .....	17
Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director .....	17
Contact information of the CMH Association’s Officers and Staff:.....	18
CMHAM Officers Contact information: .....	18
CMHAM Staff Contact information: .....	18

# ***CMHA WEEKLY UPDATE***

---

### **CMH Association Activities:**

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

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

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

#### **Pine Rest to Open Psychiatric Urgent Care Center**

Below is an excerpt from a recent news story covered by WOOD TV regarding the opening of a psychiatric urgent care unit at Pine Rest hospital.

An urgent care will soon be available for those with mental health problems in West Michigan.

"You can walk in and get rapid attention," Dr. Mark Eastburg, president and CEO of Pine Rest Christian Mental Health Services, explained the concept behind the hospital's new Psychiatric Urgent Care Center.

"The hope is that within two hours, you can get a plan and treatment in place ready to go instead of maybe a month wait for an outpatient appointment," he continued.

The Contact Center on the Pine Rests' campus on 68th Street SE east of Division Street in Cutlerville will house the pilot program. Patients 18 years and older will be able to walk in for evaluations seven days a week. Commercial, Medicaid health plans and Medicare insurances will be accepted.

The idea grew out of research with those in the mental health field, area hospitals, law enforcement, emergency medical service providers and others who deal with problems accessing mental health care.

The full story can be found at:

<https://www.woodtv.com/news/kent-county/pine-rest-to-open-psychiatric-urgent-care-center/1562409945>

#### **What Does it Take to Become Trauma-Informed? Lessons from Early Adopters**

Below are excerpts from an announcement, by the Center for Health Care Strategies (CHCS), of the recently completed report on the experiences of Trauma-Informed Care providers.

Trauma-informed care has emerged as a core competency to improve how health care organizations deliver services to people who have experienced adverse life events. Through the Advancing Trauma-Informed Care (ATC) initiative, and with support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies convened innovators in the field to build on existing trauma-informed efforts and share lessons nationally. The Urban Institute conducted an implementation analysis to better understand how participating pilot sites adapted clinical and organizational practices to advance trauma-informed care. Following is a

## **CMHA WEEKLY UPDATE**

---

summary of key findings from the study, Early Adopters of Trauma-Informed Care: An Implementation Analysis of the Advancing Trauma-Informed Care Grantees.

The full report can be found at:

[https://www.chcs.org/what-does-it-take-to-become-trauma-informed-lessons-from-early-adopters/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=4034839ae8-CHCS+Monthly+Update+-+October+2018&utm\\_medium=email&utm\\_term=0\\_bbc451bf-4034839ae8-152144421](https://www.chcs.org/what-does-it-take-to-become-trauma-informed-lessons-from-early-adopters/?utm_source=CHCS+Email+Updates&utm_campaign=4034839ae8-CHCS+Monthly+Update+-+October+2018&utm_medium=email&utm_term=0_bbc451bf-4034839ae8-152144421)

### **USDA and ONDCP Unveil Latest Tool to Help Rural Communities Address the Opioid Epidemic**

Below are excerpts of the announcement by the White House Office of National Drug Control Policy (ONDCP) and the U.S. Department of Agriculture; Office for Rural Development, regarding a recently released listing of Federal programs that can be used to build resilient communities to fight the opioid epidemic.

*Rural Resource Guide is the One-Stop-Shop Listing of Federal Programs That Can Support Grassroots Strategies to Address the Opioid Epidemic and Build Resiliency*

White House Office of National Drug Control Policy (ONDCP) Deputy Director Jim Carroll and U.S. Department of Agriculture Assistant to the Secretary for Rural Development Anne Hazlett today unveiled a listing of Federal programs that can be used to build resilient communities and address opioid misuse in rural communities. The Rural Resource Guide to Help Communities Address Substance Use Disorder and Opioid Misuse is a first-of-its-kind, one-stop-shop for rural leaders looking for Federal funding and partnership opportunities.

"Many rural communities in America have been especially hard hit by the opioid crisis," said Deputy Director Carroll. "ONDCP and USDA partnered to create this guide to help them find the Federal resources that can help them respond."

"Strong and healthy communities are a cornerstone for prosperity in rural America," Hazlett said. "Under the leadership of President Trump, USDA is committed to empowering rural leaders with tools to better leverage state, local and private resources with federal investment."

The Rural Resource Guide to Help Communities Address Substance Use Disorder and Opioid Misuse was developed by the Rural Opioid Federal Interagency Working Group. In May 2018, the ONDCP stood up the Rural Opioid Federal Interagency Working Group to help address the opioid crisis by improving coordination and reducing potential overlap among federal agencies responding to the crisis in the Nation's rural communities.

The Rural Resource Guide to Help Address Substance Use Disorder and Opioid Misuse is the second tool announced this month in USDA's Community Opioid Misuse Toolbox – a suite of essential tools supporting grassroots strategies to address the opioid epidemic. Earlier this month, USDA launched the Community Assessment Tool, an interactive database to help community leaders assess how and why the opioid epidemic is impacting their regions. USDA's Community Opioid Misuse Toolbox is free and available to the public. It can be accessed on USDA's Rural Opioid Misuse Webpage. (<https://www.usda.gov/topics/opioids> )

USDA Rural Development provides loans and grants to help expand economic opportunities and create jobs in rural areas. This assistance supports infrastructure improvements; business

## **CMHA WEEKLY UPDATE**

---

development; housing; community facilities such as schools, public safety and health care; and high-speed internet access in rural areas. For more information, visit [www.rd.usda.gov](http://www.rd.usda.gov).

The full guide can be found at:

<https://www.rd.usda.gov/files/RuralResourceGuide.pdf>

### **Michigan Project Funded with Multi-Million-Dollar Grant Supports Primary Care Providers in Addressing Children's Mental Health Issues**

The Michigan Department of Health and Human Services (MDHHS) will expand a program statewide to support primary care providers in addressing children's and pregnant women's mental health issues with a five-year federal grant for \$445,000 annually.

The U.S. Department of Health and Human Services Health Resources and Services Administration is awarding the funding to MDHHS for its Pediatric Mental Health Care Access Program.

MDHHS will support implementation of the five-year project called the Michigan Child Collaborative Care-Connect, also known as MC3-Connect. MDHHS will expand its partnership with the University of Michigan and build a new partnership with Michigan State University-Pediatrics. MC3 is in 50 counties in northern, western and southern Michigan. Expansion of this psychiatric consultation service will be in the thumb, mid-Michigan and western counties in the Upper Peninsula.

"This project will target urban and rural populations through supporting local primary care providers who treat children with mental health issues in their clinics," said Dr. George Mellos, director of MDHHS's Behavioral Health and Developmental Disabilities Administration. "So far MC3 has served 2,762 children. Expanding this effective program will be beneficial to children around the state who need support from their primary care provider and referrals to mental health programs to address their mental health needs."

The project will provide same-day telephone psychiatric consultation from child, adolescent and perinatal psychiatrists from U-M or MSU to primary care providers regarding their patients, including children, youth and pregnant women, as well as telehealth evaluations for complex patients. Complex patients have mental health needs and may have experienced trauma or toxic stress or are at risk for a higher level of care – such as hospitalization or intensive treatment.

Behavioral health consultants from Community Mental Health Services programs will be available to primary care providers to help connect patients to local mental health services.

More than 2,000 primary care providers have enrolled in MC-3 Connect. The goal of the newly funded grant is to expand psychiatric consultation via telephone to primary care providers serving children, youth and pregnant women statewide along with educational opportunities for those primary care providers.

## **State Legislative Update:**

### **Schuetz Health Care Agenda**

### **Fight the Scourge of Opioids and Help Those Trapped by Addiction**

## ***CMHA WEEKLY UPDATE***

---

The opioid epidemic is a public health crisis that is shattering families and communities all across Michigan. It knows no social or economic barriers; it doesn't care about race or gender. It claims young and old alike, and impacts every county in our state.

In 2016, Michigan had more opioid prescriptions than people, and more Michiganders died from drug overdoses than from car accidents.

We cannot arrest our way out of this problem. Of course we need effective law enforcement, but we also need effective education, prevention and treatment.

I have visited recovery centers, like Ten16 Recovery Network in Midland, and seen the heartbreaking devastation firsthand. I am fully committed to efforts to save Michigan lives from this tidal wave of addiction.

The Bill Schuette Record As attorney general, I created Michigan's first Opioid Interdiction Unit to stop the pill mill doctors and drug dealers, and made this issue a priority by:

- Joining 41 states in the investigation of opioid manufacturers and distributors.
- Winning over \$100 million in pharmaceutical lawsuit settlements for Michigan.
- Urging the legislature to use settlement money for opioid awareness and treatment.
- Helping update state law to prevent doctor-shopping and set common sense prescribing limits.
- Participating in the White House Summit on Opioids.

The Bill Schuette Plan: As governor, I will take a multi-faceted approach to combating this challenge:

- Education & Prevention – One way to slow the scourge of addiction is to stop it before it starts. We need greater public awareness of the dangers of opioid addiction and stronger education programs in schools, homes and medical facilities about proper storage and disposal methods to keep prescription drugs from getting into the wrong hands.
- Treatment – We must have more treatment centers and better treatment options, both inpatient and outpatient, for those already struggling with addiction. Families need to know how to spot the signs of addiction and where to turn to get their loved ones help.
- Enforcement – We will continue to crack down on drug crime, but also give our law enforcement agencies smarter, more effective tools for helping people in need.

### **Ensuring Affordable, Accessible Healthcare for All**

Every Michigander deserves high quality, affordable healthcare. Yet, skyrocketing healthcare costs continue to threaten financial stability for too many Michigan families. We can't gloss over this problem and pretend the system isn't broken.

Michigan doesn't need one-size-fits-all mandates from Washington or Lansing. Government-run programs mean loss of personal control over your doctor, your plan, and your premium costs.

## **CMHA WEEKLY UPDATE**

---

We need real solutions with real results: more affordable health insurance and more freedom to choose plans that fit our needs.

Senator Whitmer wants government-dominated and government-run healthcare, known as “single-payer.” But the one paying the skyrocketing costs will be you. And you’ll have fewer choices and less control as well.

The Veterans Administration (VA) is a great example of a failing government-run program. Veterans deserve better. They deserve access to care near their homes, and choices in physicians. After sacrificing so much, they deserve the best care available.

Our children also deserve better. As the number of Michigan children on Medicaid approaches 50%, we want them instead to lead independent, innovative, productive lives free from government dictates – qualities that have made America great.

We need a safety net for vulnerable Michigianians and those who need a hand up. I will preserve and protect that safety net. But I also want to empower people to prosper.

Giving individuals and their employers more freedom and control in their healthcare decisions will make Michigan more competitive nationally as a better place to live, work, and raise a family, drawing more jobs and more privately provided healthcare.

I want to grow our state to have more jobs and bigger paychecks, so people have better options than government-run health insurance. Let’s get more people working again so they have better health care and better lives, and so we spend more on our roads and schools.

The Bill Schuette Plan As governor, I will:

- Protect coverage for people with pre-existing conditions. This is a priority. Federal laws need fixing to give Michigan families better control over choosing their doctor and relief from skyrocketing costs. But key provisions of the ACA must be kept in place, and this is one of them. Insurance companies must not be allowed to deny coverage and care for people with pre-existing conditions.
- Improve Healthy Michigan. Healthy Michigan is state law, and is here to stay. It’s crucial that the program remain solvent for those who need it most due to a health crisis or other circumstances outside their control. Improving it with common sense reforms like work requirements for able-bodied, childless adults will focus resources on our most vulnerable citizens, and help others find jobs with good pay and healthcare benefits. Michigan currently has 80,000 unfilled jobs that simply require some basic skills, a shortage that stifles our economic growth. The Paycheck Agenda’s emphasis on job training will give people a better quality of life and grow our economy.
- Pursue patient-focused, consumer-driven ideas and solutions that favor the free market over a single-payer system or government-run bureaucracy. This includes encouraging the use of health savings accounts and price transparency tools to help patients make the best-informed decisions that result in the most value.
- Keep children on parents’ policies until age 26.
- Help small businesses get affordable insurance for their employees.

## ***CMHA WEEKLY UPDATE***

---

- Root out Medicaid fraud to ensure the sickest, most vulnerable people are prioritized.
- Expand access to mental health treatment for all Michiganders by working with the mental health community to develop more providers and greater access to their services. Michigan and America are facing a mental health crisis, too often resulting in violent and fatal attacks in schools and other places. We must act urgently to expand treatment options and to identify and help people before a tragedy can occur.
- Lower the cost of prescription drugs by working with our federal partners.
- Embrace 21st century innovations for better access and lower costs. This includes harnessing the power of technology to increase patient-physician accessibility, help physicians share resources and knowledge, and let modern medical technology achieve its full potential.

Link to complete agenda:

<https://billschuetter.com/wp-content/uploads/2018/09/Schuetter-Policy-Agenda-Final.pdf>

### **Whitmer Health Care Agenda**

Creating a reinsurance program for the state would help control costs of medical care by spreading out risks and costs to care for unhealthy or chronically ill individuals who generate high claims, Democratic gubernatorial candidate Gretchen Whitmer said in releasing a long-awaited health care proposal.

Her proposal also called for the state to increase the age when persons can lawfully acquire and use tobacco to 21, from the current 18. That would put legal tobacco use in Michigan on a par with alcohol use. Most states have 18 as the legal age for tobacco use as federal law requires a minimum age of 18 to purchase and use tobacco. Currently five states have a legal age for tobacco use at 21.

Ms. Whitmer said the proposal would help cut Michigan's high tobacco usage. In 2014 the U.S. Centers for Disease Control said 22.6 percent of all persons in the state older than 18 used some form of tobacco.

In releasing her proposal, Ms. Whitmer said she would defend the Healthy Michigan plan, which provides health insurance through Medicaid to persons earning no more than 133 percent of the federal poverty level and currently covers more than 680,000 people, "from Republican attacks and fight to expand quality, affordable coverage for every Michigander."

Ms. Whitmer also said the plan would help protect individuals with pre-existing conditions as well as lower prescription costs and fight the state's opioid epidemic.

She also said she would boost funding for mental health, help improve overall health care quality in the state, take steps to recruit more health care practitioners to the state and help insure greater food security and access, especially in poorer communities.

Below is the specific section in the plan related to Mental Health Services:

### **Mental Health Funding**

- Cuts to mental health services have had a detrimental effect on those services' quality and availability to Michiganders. In 2014, CMH funding for crisis and prevention services, on which

## ***CMHA WEEKLY UPDATE***

---

all Michiganders rely, and for the services upon which the uninsured depend on for recovery was cut drastically by 60 percent and consequently we lost mental health services to 10,000 Michiganders. Some counties have been forced to resort to raising local property taxes in an attempt to make up the difference. My administration will work to increase funding for Michigan's mental health safety net, ensuring access to quality behavioral health services.

- Michigan has major unmet needs for behavioral health providers, like social workers and psychiatrists. To address the rampant issues caused from having too few mental health professionals – such as Michigan's growing problem with adverse childhood experiences and opioid addiction – my administration will pursue federal funding for training mental health professionals that is available to states via Substance Abuse and Mental Health Services Administration (SAMHSA). Additionally, a new cabinet-level position within the administration with a focus on mental health will be established to oversee improvements in Michigan's mental health outcomes.

### **Health Access for People with Disabilities**

- Michiganders with disabilities deserve the access to quality healthcare in order to live full lives, with equal rights and opportunities, in the communities they call home. To ensure this access, our Medicaid expansion must continue to protect people with preexisting conditions, and our exchange marketplace must be staffed with a sufficient number of navigators to help Michiganders shop and purchase healthcare. My administration will also work to raise reimbursements for in-home caretakers, restore the MI Disability Commission of Concerns, develop more ADA approved and affordable housing and increase access to education services for Michiganders with disabilities.

### **Fighting the Opioid Epidemic**

- The opioid epidemic has hit too close to home for too many Michiganders for too long. Addiction is a disease that has ravaged communities and families across Michigan. Overdose deaths in Michigan from opioid abuse jumped 54 percent between 2015 and 2016. In 2015, more Michiganders died from opiate-related deaths than died from gun violence or automobile fatalities. In 2016, Michigan had more annual opioid prescriptions than we had people – enough that every citizen of the state could have been given 84 opioid pills.
- It is past time for studying the problem and mulling over solutions. The opioid epidemic has become a \$78.5 billion cost on the U.S. economy. If something is not done soon, the resources needed to control this problem may not be available. For the health and wellbeing of Michiganders, our state needs a governor who will lead the fight against this emergency and help addicted Michiganders get back on their feet and back to work, and if elected I will wage war against opioids and we will win.

### **Following are five proposals I will spearhead to take on the opioid crisis:**

- Declare a State of Emergency.
- Create the best treatment system in the country.
- Establish a more effective prescription drug monitoring system.
- Provide adequate funding for mental health.
- Educate residents about the problem.

Below is a link to the complete Health Plan:

[https://s3-us-west-2.amazonaws.com/gps-public-static/Gretchen-Whitmer/Whitmer\\_HealthcarePolicyDocument\\_09252018.pdf](https://s3-us-west-2.amazonaws.com/gps-public-static/Gretchen-Whitmer/Whitmer_HealthcarePolicyDocument_09252018.pdf)

## Federal Update:

### President Trump Signs Opioid Package into Law

On Wednesday, President Trump signed into law a sweeping bipartisan opioid package (H.R. 6) passed by the House and Senate earlier this year. The SUPPORT for Patients and Communities Act (SUPPORT Act) promotes many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. While the SUPPORT for Patients and Communities Act is an important step toward curbing the opioid epidemic, a more comprehensive response that invests in the full continuum of addiction services is needed to address the nation's addiction crisis.

#### 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 and its member organizations have been advocating for a number of important measures, many of which have been included in the new law.

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 Addiction Treatment Access Improvement Act to expand access to medication-assisted treatment (MAT), which is considered the gold standard of opioid use disorder treatment. 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)

**MDHHS announces training on best practice in autism evaluation for Medicaid providers**

---

## WHO SHOULD ATTEND?

Psychologists, physicians, social workers, BCBA's, BCaBA's, supervisors, medical directors, and other medical and mental health professionals and administrators serving the Medicaid population who are interested in learning about the best practices in the evaluation of autism spectrum disorder.

---

The Department of Psychology at Wayne State University is approved by the American Psychological Association to sponsor continuing education for psychologists. The Department of Psychology at Wayne State University maintains responsibility for this program and its content.

---

## ABOUT THE TRAINING

The Michigan Department of Health and Human Services (MDHHS) and Dr. Kara Brooklier have partnered to present Best Practice in Autism Evaluation, a course designed to provide mental health professionals and administrators with an understanding of the process for accurate diagnosis of autism spectrum disorder in toddlers, children, and teens. The focus of this course will surround 1) understanding the core symptoms of autism, 2) common differential co-morbid conditions, and 3) best practices for evaluation from data gathering to clinical formulation and caregiver feedback. Aspects of assessment needed for differential and co-morbid diagnosis of autism spectrum disorders will be thoroughly reviewed.

### LEARNING OBJECTIVES:

1. Participants will be aware of the core variables and symptoms associated with autism spectrum disorder
2. Participants will be able to identify common conditions in the differential diagnosis of autism spectrum disorders
3. Participants will demonstrate understanding of the best practice process for diagnosis of autism spectrum disorder in toddlers, children, and teens

---

## REGISTRATION INFORMATION

**DATE:** November 27, 2018

**TIME:** 9:00 am- 12:00 pm

**LOCATION:** The Children's Center (Training Rooms A&B) 79 W. Alexandrine, Detroit MI 48201

**CAPACITY:** 70 attendees

**REGISTER HERE:** <https://goo.gl/ifn1Eu>

---

**DATE:** December 7, 2018

## ABOUT DR BROOKLIER:

Dr. Kara Brooklier has been a practicing pediatric neuropsychologist for over 15 years. Her specialization is in the area of neurodevelopmental disorders and specifically autism spectrum disorders. She is Director of Neuropsychological Services at the Children's Center of Wayne County and is clinical training faculty at Children's Hospital of Michigan and Wayne State University Department of Psychiatry & Behavioral Neurosciences. Dr. Brooklier works with her team of staff psychologists, doctoral interns, and postdoctoral fellow to conduct neuropsychological and differential diagnostic evaluations of autism spectrum disorders and associated neurodevelopmental conditions.

---

## CMHA WEEKLY UPDATE

**TIME:** 9:00 am- 12:00 pm

**LOCATION:** South Grand Building (Grand Conference Room) 333 S. Grand Avenue, Lansing MI 48933

**CAPACITY:** 100 attendees

**REGISTER HERE:** <https://goo.gl/QUaXrq>

### myStrength, Relias, and partners offer opioid crisis webinar

Webinar: The Role of Technology in Solving the Opioid Crisis

**Date:** 2:00 p.m. EST on Wednesday, November 7

[Register Now](#)

*Can't make it? Register anyway to receive a link to the recording!*

A lot has happened since last year's opioid commission report and declaration of a national Public Health Emergency... Or has it? Join us at 2 p.m. EST on November 7th as experts from Beacon Health Options, the National Council for Behavioral Health, Relias, and myStrength discuss the current state of the opioid crisis and what providers and payers can do about it.

Unlike any webinar you've attended before, this presentation offers an engaging and conversational panel discussion about the crisis – which is impacting all genders, most age groups, and all income levels; with less-educated groups being hit the hardest.

#### Coming Soon: myStrength Support for Opioid Recovery

Each day, more than 130 people in the U.S. die from opioid-related drug overdoses. **myStrength**, a digital self-care platform for behavioral health and overall well-being, will soon announce expansive new resources to support prevention, treatment and recovery from opioid use disorder, including new tools to educate individuals about medication-assisted treatment (MAT). Join this webinar to learn more about the rich new evidence-based resources, and stay tuned for the launch announcement!

**Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019**

## **CMHA WEEKLY UPDATE**

---

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.

- 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.

### **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.

## **CMHA WEEKLY UPDATE**

---

### **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

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.web](https://hlthmgtevents.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.7676331623259461&main_url=https%3A%2F%2Fhlthmgtevents.web)

## **CMHA WEEKLY UPDATE**

---

[ex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU\\_unq-ett74Gw6YDzKZbHVPhsj6Qk6fw2%26](https://www.ex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b000000046f8f14a68d20fa9e8f9cc19491cb0c92c8c43252bd1b733a494e509be83e6027%26siteurl%3Dhlthmgtevents%26confViewID%3D108054679401823579%26encryptTicket%3DSDJTSwAAAAT-wTLZTXroGU_unq-ett74Gw6YDzKZbHVPhsj6Qk6fw2%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:**

- 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.

## **CMHA WEEKLY UPDATE**

---

- 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>.

## **Contact information of the CMH Association's Officers and Staff:**

### **CMHAM Officers Contact information:**

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](mailto:Stonejoe09@gmail.com); (989) 390-2284

First Vice President: Lois Shulman; [Loisshulman@comcast.net](mailto:Loisshulman@comcast.net); (248) 361-0219

Second Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124

Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972

Treasurer: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451

Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### **CMHAM Staff Contact information:**

Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)

Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)

Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)

Dana Owens, Accounting Clerk, [dowens@cmham.org](mailto:dowens@cmham.org)

Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)

Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)

Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)

Annette Pepper, Training and Meeting Planner, [apepper@cmham.org](mailto:apepper@cmham.org)

Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)

Anne Wilson, Training and Meeting Planner, [awilson@cmham.org](mailto:awilson@cmham.org)