

LifeWays Provider Meeting

February 11, 2020 | 9:00am-10:30am | Pine Room

Facilitator – Michael Cupp, Director of Contracts

Recorder – Tia Truitt, Administrative Assistant

- Introductions
- Provider Kudos
- LifeWays Procedure Changes & Announcements
- Director Updates
- Utilization Management Updates
- Office of Recipient Rights Updates
- Relias and Credentialing Updates
- 30 Second PSA



LifeWays

Community Mental Health

KUDOS!



If you would like to publicly recognize someone with a kudos at the next provider meeting, please complete the Google form:

<https://forms.office.com/Pages/ResponsePage.aspx?id=xVg1eNLP30y9MovGh5pi8gjG6oresJpPsgEZuOC-yPdUMegwSVVSMFk5R1BCNVA5S0dHUIJWWkFUQy4u>

- Name of person you are recognizing
- Organization of the person you are recognizing
- A small summary about what you are recognizing them for
- Your name and organization



Kudos!

"A special thank you to Bobby Coleman and Jason Obits from Segue, who have gone the extra mile for some challenging clients. Thank you for your support and assistance for a challenging client. Your positive attitude and support are inspiring and we appreciate all you do to assist clients and our staff."

Lisa Monk, Tenacious Living

"I want to give a shout out to Lifespan. Thank you to Barb and Bob for taking an emergency call from me to problem solve how to help a child and family on a Friday. Barb worked with me to problem solve some services that we could put in place over the weekend to support him and his family. And Bob, who kept me updated all weekend on how things were going and what was provided to assist the family. I truly appreciate their willingness to entertain my conversation for emergency supports and their flexibility in finding supports over the weekend that would be available to the family as needed. We can only be successful when we work together.."

Shannan Clevenger, LifeWays



Provider Meeting Agenda Request

- If you need to give an update, address a concern/issue, or submit a Provider Kudos at either of our provider meetings – a request form must be completed, no later 5 days prior to each meeting.
- If you have any documents or handouts to supplement your topic, please ensure you send this to the Administrative Assistant of Contracts and Provider Network Management, Tia Truitt at tia.truitt@lifewayscmh.org. ***If there isn't enough details in the request then it may not be included.***
- <https://forms.office.com/Pages/ResponsePage.aspx?id=xVg1eNLP30y9MovGh5pi8gjG6oresJpPsgEZuOC-yPdUMEGwSVVSMFk5R1BCNVA5S0dHUIJWWkFUQy4u>

LifeWays Procedure Changes & Announcements



LifeWays Process Alerts are a monthly publication containing important information to LifeWays' Network Providers and their staff. Process Alerts are published on the last Thursday of each month. For more information about Process Alerts, please contact Rebecca Calkins at 517-789-2490

Sign up for Provider Process Alerts - <https://lifewayscmh.org/Provider-Portal>

The following are publication since the last provider meeting updates.

Special Process Alert | February 6, 2020
Commencement of 7-Day Comment Period for revisions to
Operating Procedure 4-02.13 Residential Services

Special Process Alert | February 5, 2020
Deweese and Sheffield homes are clear of the flu

Special Process Alert | February 3, 2020
Commencement of 21-Day Comment Period for revisions to operating procedure 4-01.01
Authorization of LifeWays Services

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The following are publication since the last provider meeting updates.

Special Process Alert | January 29, 2020

Notice of 7-Day Comment Period for Revised Operating Procedure 16-06.11

Non-Engagement Process (formerly 15-01.17)

Special Process Alert | January 29, 2020

Notice of 21-Day Comment Period for Revised Operating Procedure 4-02.13 Residential Services

Special Process Alert | February 3, 2020

Special Process Alert | January 29, 2020

7-Day Comment Period for Revised Operating Procedure 08-05.02 Electronic Medical Record (EMR) Management

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The following are publication since the last provider meeting updates.

Special Process Alert | January 29, 2020

21-Day Comment Period for revised Operating Procedure 14-03.03 Criteria for Children's Crisis Response

Special Process Alert | January 29, 2020

21-Day Comment Period for revised Operating Procedure 14-03.06 ICSS Follow Up Services

Special Process Alert | January 29, 2020

7-Day Comment Period for Revised Operating Procedure 08-05.02 Electronic Medical Record (EMR) Management

Special Process Alert | January 28, 2020

Active Flu Concerns

2020 Annual Celebration Awards Luncheon



2020 Annual Celebration Awards Luncheon | 5/7/2020 12:00 PM - 2:00 PM

Location: Commonwealth Commerce Center, 209 East Washington Ave., Jackson, MI 49201

We Need Your Nominations! Each year, LifeWays recognizes the consumers we serve and our network of providers at our Annual Celebration. While we have gotten some well written and deserving nominations over the years, we want to step it up this year. If you know someone receiving LifeWays services, a provider agency or staff member who deserves recognition, click below and fill out the form to nominate them.

Reserve Your Table

It's time for LifeWays Community Mental Health to recognize the many achievements of the consumers we serve and our network of providers at our Annual Celebration on Thursday, May 7, 2020. Purchase your sponsorship today! [Click here to download your sponsorship form.](#) Also attached with the minutes!

If you have any questions, please contact:

Rebecca Calkins

517.789.2490

Rebecca.Calkins@lifewayscmh.org

Announcements



Self-determination conference: May 5, 2020 | 8am – 5pm

- This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-determination! Flyer attached.

Behavioral Health Public Forums Flyer

- Opportunities to obtain and provide information/feedback related to the MDHHS vision and future of behavioral health in Michigan. PDF attached with minutes

Director Updates

Michael Cupp, Director Contracts and Provider Network

- Self-Determination, Self-Direction and PCP
- PCP Facilitation
- Overnight Health and Safety
- LEO advisory group
- Coronavirus

Utilization Management

David Lowe, Supervisor, Utilization Management

- Primary Case Holder – A staff person at the primary provider that is assigned to the case and is responsible for coordinating the service delivery on behalf of the individual and is accountable for the formal review.
- Utilization Management has received several authorization request outside of the primary case holder. Secondary Service Provider – All other service providers that have an authorization to serve the individual and a role in the treatment plan, but do not perform the primary role. Secondary service providers are responsible for providing a summary of progress to the Primary Case Holder to support the formal review.
- Per the Person centered policy and procedure "The Primary Case Holder submits authorization requests for all services based on the PCP meeting and identified interventions via the IPOS. Supporting documentation required by the LifeWays Provider Manual for specific service requests (e.g., PC/CLS worksheet) are scanned and attached to the IPOS. This is not the secondary provider responsibility.

Office of Recipient Rights

Angie O'Dowd, LifeWays Recipient Rights Officer

Voting Rights

- Did you know? Recipients' civil rights are protected even though they are receiving mental health services. They have the right to register and to vote. If they are receiving treatment in an inpatient psychiatric facility or are a resident of a group home, staff must inquire if they wish to vote, and if they do, must arrange to transport them to a voting location or provide an absentee ballot.
- Attached posters with the minutes

Relias and Credentialing Update

Conner Gibbons, Credentialing Coordinator, Contracts and Provider Network

- Relias and Credentialing

CredentialMyDoc

Conner Gibbons, Credentialing Coordinator

What is CredentialMyDoc?

- CredentialMyDoc is the software platform we will be using to track and manage credentialing information for the staff within the network.
- This system will create a uniform credentialing process for all provider agencies to use.
- It aids in the process of sharing information between LifeWays and Provider Agencies.
- Provides auditors with easy access to staff information when needed.

CredentialMyDoc

Conner Gibbons, Credentialing Coordinator

How will we be using CMD?

- CMD will be our one-stop shop for staff information, which means all staff credentialing information will need to be uploaded.
- Each staff member will put in their own information with their own account.

CredentialMyDoc

Conner Gibbons, Credentialing Coordinator

How will we be using CMD?

- Credentialing Coordinators will be responsible for assuring that the credentialing checklist is complete for each staff member. This includes obtaining and uploading license and background check documents.
- We will have a complete set of policies and instructions available soon so we can start to prepare your organizations for CredentialMyDoc.

CredentialMyDoc

Conner Gibbons, Credentialing Coordinator

What are the benefits of using CMD?

- The information will be easily accessible and reportable for everyone who need the information.
 - No more collecting staff information for audits
- Automatic timelines and alerts to keep us in compliance
- Complete records for past provider staff
- Open-Source
 - Information can be viewed on a smart phone as well
 - Possible information entering on a smart phone
- Lower administrative time
- Paperless

CredentialMyDoc

Conner Gibbons, Credentialing Coordinator

CMD Questions

Relias

Conner Gibbons, Credentialing Coordinator

What is Relias?

- Relias is the training program that is currently rolling out to the provider network
- We have established training plans that keep all of our staff in compliance while also encouraging an increasing quality of service to consumers.

Relias

Conner Gibbons, Credentialing Coordinator

How will we be using Relias?

- Just like CMD, all staff will be given accounts in Relias and will be assigned trainings
- I will be controlling the trainings that staff need to be in compliance with LifeWays and MSHN

Relias

Conner Gibbons, Credentialing Coordinator

How will we be using Relias?

- Training coordinators will have the ability to assign trainings to staff
- They will also have access to any Training plans that LifeWays has already developed.
- Also, in the future, if you want a Relias training plan for your organization, I will be able to set that up.
- Both myself and Training Coordinators will be able to run a variety of reports to see who has completed what trainings or to satisfy audit requirements.

Relias

Conner Gibbons, Credentialing Coordinator

How will this improve the network?

- Developing a culture that values learning and improving service
- Transparent training compliance
- Which trainings are required?
- Who needs to complete them?
- What does each training cover?
- Corrective action training options

Relias

Conner Gibbons, Credentialing Coordinator

Timeline

- This has already started to rollout to Residential Providers. All agencies have been added and we will be releasing the training plan soon.
- If you haven't yet, please send me the contact for the person or persons who will be handling Relias and CredentialMyDoc for your organization.

Contact Information

Conner Gibbons, Credentialing Coordinator

- conner.gibbons@lifewayscmh.org
- 517.796.4509

Meetings

- Provider Meetings and Residential Provider Meetings will both be held twice each quarter on the 2nd Tuesday of the month. The Provider Meetings will be from 9am–10:30am and the Residential Manager Meetings will be from 11am–12:30pm.
- The Autism Services Meeting and Case Holder Supervisor Meeting will continue to meet the first Thursday on alternating months from 8:30am-9:30am.

30 second PSA

Next Provider Meeting

March 10, 2020

LifeWays Community Mental Health

Thank You for Attending!



Contracts & Provider Network Management

Michael Cupp
Director

Tia Truitt
Administrative Assistant II

Rick Van Wagoner
Contract Manager
Phone: 517-780-3315
rick.vanwagoner@lifewayscmh.org

Tony McMurtry
Contract Manager
Phone: 517.796.4577
Tony.McMurtry@lifewayscmh.org

Makena L'Huillier
Provider Analyst

Roxie McUmber
Claims Analyst

Conner Gibbons
Credentialing Coordinator

Tia is the primary contact for all inquiries for the Contracts and Provider Network Management Department.

LifeWays Contact and Communication

Day-to-Day Operations

Providers are encouraged to contact LifeWays' departmental staff for regular day-to-day operations as defined in LifeWays procedure (i.e., provider case management supervisor contacts Utilization Management staff about authorizations, etc.).

Problems and Concerns

If provider staff have problems with LifeWays processes or issues with LifeWays staff members, concerns about another provider or if they are not sure how to address a situation, they should first discuss the matter with their supervisor and then the LifeWays' Contract and Provider Network Management staff for assistance. Providers are invited to contact their assigned Contract Manager and/or Michael via Conner as needed.

All network staff are encouraged to contact the Office of Recipient Rights and/or the LifeWays Compliance Officer **whenever** needed for compliance or when a recipient's rights are a concern.

Contacting LifeWays Chiefs

LifeWays' Chief Executive, Operations, Finance, and Clinical/Quality Officers are available when needed. When a provider's attempt to work with Contract and Provider Network Management staff to problem solve concerns has been unsuccessful, their agency leadership is encouraged to contact the appropriate Chief.

Formal Contract Notifications

Provider contracts with LifeWays have specific notification requirements. Please note that conversations with or emails to LifeWays' departmental or leadership staff do not meet formal notification requirements. Changes to service status, changes to ownership and control, changes to accreditation, pending litigation, and intent to terminate all or part of a contract are some of the situations requiring formal notice delivered to the attention of the Director of Contracts and Provider Network Management as defined in the contract.

LifeWays Provider Network Communication

LifeWays Provider Network Communication

- Clinical care coordination occurs in the individuals Electronic Health Record via Progress Notes or Chart Notes. Specific relevant content can be copied into an email to aid in communication.
- Text of email chains should not be copied and pasted into an Electronic Health Record.
- Administrative communication should be sent outside LEO. Any Protected Health Information should be encrypted to protect the data.
- Use the following coding system to classify email:

LifeWays Provider Network Communication

LifeWays Provider Network Communication

- Use the following coding system to classify email:
 - RED | Urgent please respond immediately
 - YELLOW | Priority please respond within 1 business day
 - GREEN | Normal please respond within 1 business week
 - BLUE | FYI only- no response needed
 - PURPLE | Audit related- please respond within 1 business day
- Emails should include those that need to respond in the TO line and those who are FYI in the CC line.
- Emails should clearly specify the individuals and the desired response in the text.
- Emails should include a signature line that includes name/title/agency/address/phone number at a minimum.

LifeWays Provider Network Communication

LifeWays Provider Network Communication

- Email is the primary method of communication within the network.
- Phone call and/or meetings should be used when the need cannot be resolved with a 1 page email or a 4 email chain.
- Phone calls should be used when an urgent response is needed.
- Providers should have a phone line monitored during business hours including a method for urgent contact.



Are you registered to vote?

**Visit Michigan.gov/vote
to find out!**

You can register to vote at the
Secretary of State
59 E St Joe St.
Hillsdale, MI 49242
Hillsdale County Clerk's Office
29 N Howell St #1
Hillsdale, MI 49242



Are you registered to vote?

Visit Michigan.gov/vote
to find out!

You can register to vote at the
Secretary of State
1184 Jackson Crossing
Jackson, MI 49202
Jackson County Clerk's Office
312 S Jackson St.
Jackson, MI 49201

2019 NOVEL CORONAVIRUS

The Michigan Department of Health and Human Services (MDHHS) is working closely with healthcare providers, local public health departments, and the Centers for Disease Control and Prevention (CDC) to actively monitor any potential cases of 2019 Novel Coronavirus (2019-nCoV) in Michigan. MDHHS will update information as it becomes available at: michigan.gov/coronavirus.

What is 2019 Novel Coronavirus?

2019 Novel Coronavirus is a virus strain that has only spread in people since December 2019. Health experts are concerned because little is known about this new virus and it has the potential to cause severe illness and pneumonia.

How does 2019 Novel Coronavirus spread?

Health experts are still learning the details about how this new coronavirus spreads. Other coronaviruses spread from an infected person to others through:

- the air by coughing and sneezing.
- close personal contact, such as touching or shaking hands.
- touching an object or surface with the virus on it, then touching your mouth, nose, or eyes.
- in rare cases, contact with feces.

What are the symptoms of 2019 Novel Coronavirus?

People who have been diagnosed with 2019 Novel Coronavirus have reported symptoms that may appear in as few as two days or as long as 14 days after exposure to the virus:



Fever



Cough



Difficulty Breathing

Who is at risk for 2019 Novel Coronavirus?

Currently the risk to the general public is low. At this time, there are a small number of individual cases in the United States. To minimize the risk of spread, health officials are working with healthcare providers to promptly identify and evaluate any suspected cases.

Travelers to and from certain areas of the world may be at increased risk. See [cdc.gov/travel](https://www.cdc.gov/travel) for the latest travel guidance from the CDC.

How can I protect myself from getting 2019 Novel Coronavirus?

If you are traveling overseas (to China but also to other places) follow the CDC's guidance: [cdc.gov/travel](https://www.cdc.gov/travel).

Right now, there are no additional precautions recommended for the general public. Steps you can take to prevent spread of flu and the common cold will also help prevent 2019 Novel Coronavirus:



Wash your hands often with soap and water. If not available, use hand sanitizer.



Avoid touching your eyes, nose or mouth with unwashed hands.



Cover your mouth and nose with a tissue when coughing.



Avoid contact with people who are sick.



Stay home if you are sick, and contact your healthcare provider.

How is 2019 Novel Coronavirus treated?

There are no medications specifically approved for coronavirus. People infected with 2019 Novel Coronavirus should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

2019 Novel Coronavirus Information Updates:

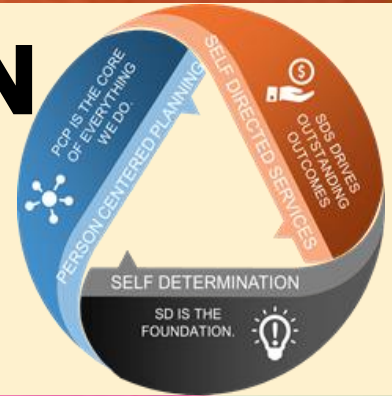
Centers for Disease Control and Prevention: [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Michigan Department of Health and Human Services: [michigan.gov/coronavirus](https://www.michigan.gov/coronavirus)

SAVE THE DATE!

The Michigan Department of Health and Human Services &
The Community Mental Health Association of Michigan Present:

SELF-DETERMINATION CONFERENCE: May 5, 2020 | 8am – 5pm



Conference Objective:

This conference will broaden and deepen your understanding of the crucial elements of Self-Direction and the importance of Self-Determination in Behavioral Health. It will provide training and technical assistance on the topics of Effective Person-Centered Planning, Independent Facilitation, Supported Decision-Making, Fiscal Intermediaries, How to Structure Self-Directed Service Arrangements, Budget Development, and more. Dynamic presenters and speakers will reenergize your commitment to the principles and practice of Self-Determination!

Location:

Lansing Center
333 E Michigan Ave
Lansing, MI 48933

Who Should Attend:

This conference contains content tracks appropriate for all individuals who receive services, family members, case managers, supports coordinators, clinicians, CMH administrative and clinical staff, providers, HCBS and waiver coordinators, fiscal intermediaries and independent facilitators.

The Michigan Department of Health and Human Services, through the Community Mental Health Association of Michigan has provided funding for this initiative through a Federal Community Mental Health Block Grant.



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

FOR IMMEDIATE RELEASE
Dec. 4, 2019

CONTACT: Lynn Sutfin
517-241-2112
SutfinL1@michigan.gov

MDHHS presents new approach to strengthen behavioral health at joint legislative hearing

LANSING, Mich. – Today Robert Gordon, director of the Michigan Department of Health and Human Services (MDHHS), presented to a bipartisan panel of legislators the department’s vision for a strengthened behavioral health system, serving individuals with severe mental illness, substance use disorders, and developmental disabilities. The new system will integrate physical and behavioral health services to improve outcomes and meet the growing demand for mental health care in Michigan.

“Michigan has a golden opportunity to improve services for our loved ones – to expand access, to reduce red tape and to strengthen our behavioral health system for the long haul,” Gordon said. “We have so many strengths to build on, beginning with the heroic work of providers and caregivers statewide. We’re going to build on those strengths and establish an integrated approach to care that finally treats the whole person.”

Despite the strengths of the current public behavioral health system, Medicaid participants continue to face challenges, such as a lack of coordination between physical health and mental health professionals. Participants find the system confusing to navigate and it can be difficult for families to find the right services.

MDHHS proposes a new approach to behavioral health that will lead to greater choice of providers, better coordination of services, and increased investment in behavioral health. To advance these goals, Gordon outlined three key principles for system design:

- Preserving a strong safety net.
- Integrating physical and behavioral health in both care and financing.
- Establishing Specialty Integrated Plans (SIPs).

SIPs bring together the management skills of traditional insurance companies with the expertise and depth of behavioral health organizations. Already in use in other states, including North Carolina, Arizona and Arkansas, SIPs allow for stronger and simpler oversight with lower administrative costs.

The department’s approach will also preserve the extra protections available today, including person-centered planning (ensuring people actively participate in the design of their care), recipient rights and comprehensive services and supports. It also creates opportunities for further innovation in how care can be delivered.

- MORE -

“To achieve better care for Michiganders, the department will work together with families, advocates, providers and legislators,” Gordon said. “We look forward to sharing this approach with our stakeholders and especially with those we serve. Working with them, and building on the best of our current system, we will design a model that improves outcomes and treats individuals with the dignity they deserve.”

It is expected the new Medicaid-funded integrated health plan will launch in 2022. Four public forums will be scheduled in January 2020 to hear feedback and questions as policy design and planning move forward.

More information can be found at Michigan.gov/FutureOfBehavioralHealth, where there is also an opportunity to provide comment on this vision to improve the public behavioral health system.

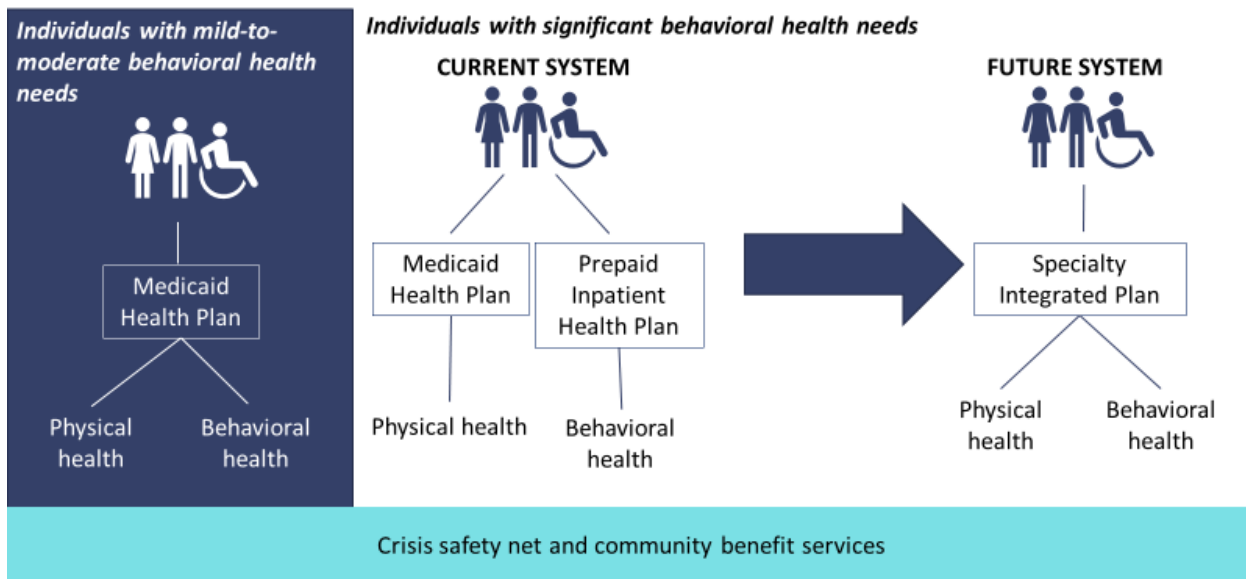
#

What is the vision MDHHS is proposing?

MDHHS has outlined a vision for a whole person approach to providing care for people in Medicaid with significant mental health, substance use disorder, and intellectual or developmental disabilities. Currently, this population receives their physical health benefits and care management from the Medicaid Health Plans (MHPs), and their behavioral health benefits and case management from the Prepaid Inpatient Health Plans (PIHPs).

This bifurcated system is difficult for people to navigate. Likewise, it creates extra hurdles for providers trying to coordinate and integrate services. The current system does not incentivize providers and managed care organizations to make investments in keeping people well, when they have no way of capturing and reinvesting those savings to sustain these services. The design means that there is no single point of accountability for the health and wellbeing of the whole person. This leads to cost shifting, finger-pointing, and challenges with communication and data-sharing.

To help address these issues, MDHHS is proposing a future integrated system that reduces complexity, lowers barriers to care, and makes it easier for individuals to navigate. Instead of each person having two separate health plans, each person will have just one — a *specialty integrated plan (SIP)*. This means that just one entity will pay for and manage all of their needs. And people will have choices between multiple integrated care management organizations, including one statewide choice of a plan led by public entities currently responsible for behavioral health care.



What is a specialty integrated plan?

SIPs bring together the management skills of traditional insurance companies, with the expertise, enhanced services, and commitments of behavioral health organizations. SIPs will be provided by qualified managed care entities, which will maintain provider networks, manage claims, conduct utilization management, and do individual care coordination for members – like MHPs and PIHPs do today. These entities will bear risk, and receive a capitated payment for every enrolled member. The plan will include all of the benefits available today through the MHP and PIHP systems, including supports services and investments to address social determinants of health, not just traditional medical services.

The plan will come with all of the protections and the higher-touch model of care from the public behavioral health system. This includes person-centered planning, recipient rights, and case management. It will have rigorous network adequacy standards for both physical and behavioral health services to ensure the same or greater access than people have today. It will have a high bar for performance, contract requirements, and other features that provide additional safeguards and a higher degree of oversight by MDHHS.

Furthermore, the organizations offering specialty plans will not just be traditional managed care entities. These plans will have to demonstrate expertise in managing complex physical and behavioral health needs, including relevant clinical experts on staff. They will need to show their experience with and commitment to the core values of our public system, including self-determination, person-centeredness, recovery orientation, and community inclusion.

Who can offer a specialty integrated plan?

We will allow all organizations that can meet these challenging requirements to compete to offer a SIP. We will support the establishment of at least one statewide public plan run by the leaders of our public behavioral health system. In addition, we invite health plans, providers, hospitals, and others to step forward and sponsor SIPs, encouraging all parties to form partnerships that bring in complementary expertise, networks, and relationships. MDHHS will be seeking public input on the detailed application requirements that will ensure every organization is anchored in the necessary expertise and commitments. Examples of what this could look like:

| Model | Leadership | Key Features |
|------------------------------------|--|---|
| Public-led | Led by statewide independent provider association of CMHs | Managed care and provider partners as needed |
| Option: Plan-led | Led by one of the Medicaid Health Plans | Behavioral health and provider partners as needed |
| Option: Provider-led | Led by a provider association of specialty behavioral health providers, physical health providers, and a hospital system | Managed care partners as needed |
| Option: Public/private partnership | Led by a partnership between a Medicaid Health Plan, PIHP, FQHCs, and several large regional providers | |

Why does MDHHS think this change is a good idea?

It is time for Michigan to move towards truly integrated health care that serves the whole person. We are committed to making services better for people: easier to access, more consistent across the state, simpler to navigate, and better coordinated. Changing our overall funding structure will enable greater investment in behavioral health services and supports by capturing savings from improved physical health outcomes. Ensuring one entity is accountable for each person will improve results and reduce complexity. Supporting multiple plans will give people choices they do not have today, and it will enable much greater public accountability for results than in our current system. The goal of this change is to improve outcomes for people, and keep them healthy, stable and in long-term recovery, in their homes and communities, living self-directed meaningful lives.

How is this different from the Section 298 model of financial integration?

We have learned a great deal from the Section 298 pilots about how financial integration can be done in a way that draws on the strengths of all of the parts of our system. In 298, individuals with behavioral health needs were folded into Medicaid Health Plans, where all funding and ultimate responsibility for care management rested. Here, new entities are established that combine the management skill of health plans with the expertise, enhanced services, and commitments of behavioral health organizations. A new, more diverse set of organizations will have the opportunity to lead, including at least one plan led by public entities currently responsible for behavioral health. We believe that allowing diverse, self-directed partnerships to emerge is a better idea than forcing one model from the department.

What will happen to the safety net and services for non-Medicaid members?

This plan will preserve and strengthen the safety net and community benefit system, including our commitment to serving all people in crisis, regardless of insurance. These services will continue to be funded and managed through the CMHs, with greater statewide consistency, while retaining flexibility and responsiveness to meet local needs. We will ensure a clearly defined set of core services are available everywhere, and that there's separate dedicated funding to support those activities.

What will be different in the future system for people served?

The ultimate goal of these changes is to improve service-level integration. Everyone will have one entity managing their care and responsible for all of their needs – not two or none, as happens too often today. The Department expects new offering entities will bring new providers into the Medicaid network. Individuals with mild-to-moderate needs will be better able to access services from CMHs and other specialty providers. Individuals will have more consistency in approved and provided services, and there will be stronger requirements and oversight by the state. People will not have to re-write their person-centered plan or change providers if they move across county lines. There will be more investment in prevention and living supports that keep people stable and well, paid for by savings from keeping people out of emergency departments and hospitals. We also expect there will be more innovation in care management and delivery – for example, expansion of health home models – enabled by integrated financing.

What will happen next? How will people have an opportunity to provide input on these plans?

To move forward, we will work in a collaborative partnership among MDHHS, the state legislature, providers, payers, and—most importantly—people served. Over the next few months, we look forward to conversations with all of you about the direction for the future of our system. We will be working with the legislature to identify statutory changes that will need to be made and pass any necessary bills. Following agreement on the overarching vision, we anticipate leading a collaborative process throughout 2020 to make detailed design decisions. There are many critical questions still to answer, and we hope to do so with full public and stakeholder input.

If you would like to weigh in on our proposal, MDHHS will be scheduling four open forums in January 2020. Details about forums, updates about this effort, and an opportunity to submit thoughts electronically are available at www.michigan.gov/futureofbehavioralhealth.



HAPPY VALENTINE'S DAY!

J-Town Clubhouse Newsletter
Written By J-Town Clubhouse
Edition: January/February 2020

J-Town Clubhouse Mission Statement
To Serve the member of J-Town Clubhouse
by developing & enhancing our relationships
within the community Through employment
& educational opportunities, Community
Resources, & fund-raising.

Hours of Operation

Mon.....8:00am-5:00pm
Tues.....8:00am-5:00pm
Wed.....8:00am-7:00pm
Thurs.....8:00am-5:00pm
Fri.....8:00am-5:00pm
Sat.....TBA.....

J-Town Clubhouse
700 Wildwood Ave.
Jackson, MI 49201
Phone#: (517) 962-4815
jtownnewsletter@gmail.com



Generalist (Staff Member)

Spotlight...

Interviewer: Allen... Interviewee: Patrycja

This month were changing it up a bit. This month's Member Spotlight will be on a Generalist (staff member) of J-Town. This month's "Generalist Spotlight" is on Patrycja.

How long have you worked at J-Town?

"One year and seven months."

What does a Generalists do?

"A Generalist supports members with Work Order Day tasks, and becomes a support network for those members."

What do you like most about J-Town?

"Working along and socializing with some great individuals."

Do you have any hobbies?

"Anything outdoors. Working on my self care: yoga, meditation, working out."

What's on your bucket list?

"To travel more."

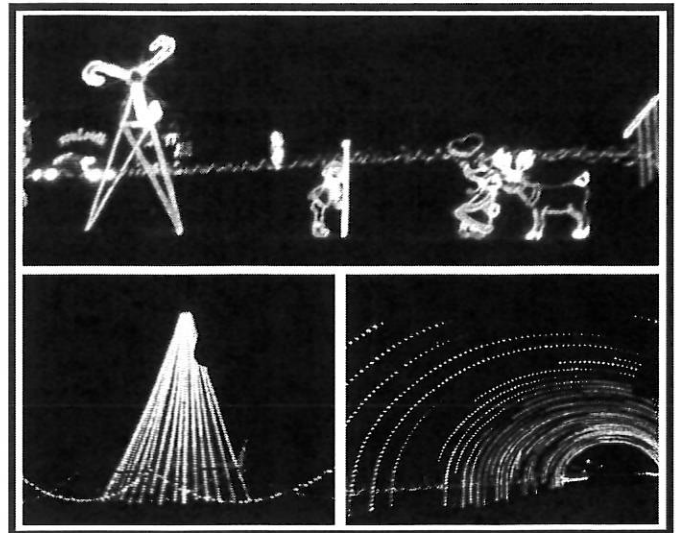
What's your favorite color?

"Green."

I just want to thank Patrycja for the interview. It's great having you here at J-Town. You're a great worker and a dear friend indeed.

ATTENTION EVERYONE

Starting February 3rd, J-Town will be adding a later pick up route. Please see enclosed Transportation Guidelines flier for changes.



Nite Lites @ The MIS...

Written By Allen

J-Town had a lot of outings in December. The first one we went to was the Nite Lites at the MIS. I thought it was a lot of fun. I thought the Nite Lites were really neat. I especially liked the light displays that had movement; like the helicopter, the tunnel of lights, and the rein deer that looked like it was hopping while running. I took lots of pictures and videos as well. It was all around fun.

Alex said, "I thought it was really pretty. I really liked the tunnel of lights, it was really cool."

Warner said, "The Nite Lites were a spectacular event to go to. They were pretty. And I really liked the lights. I liked the movable put-put golf lights, the Good Year Blimp, the balloon ride, and the car #24 display."

The Grinch Showing @ The Michigan Theatre of Jackson

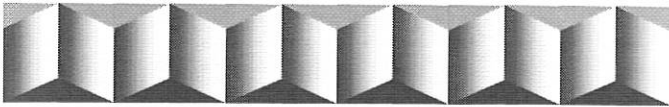
The Grinch version we went to at the Michigan Theatre was the animated version in 2018.

Quotes from J-Town colleagues:

Patrycja said, "It was very cute and funny."

Velvet said, "It was very interesting and funny."

Mike said, "I would like to go to more Michigan Theatre movies. I'd like to go see the Easy Rider movie because Jack Nicholson is my favorite actor."

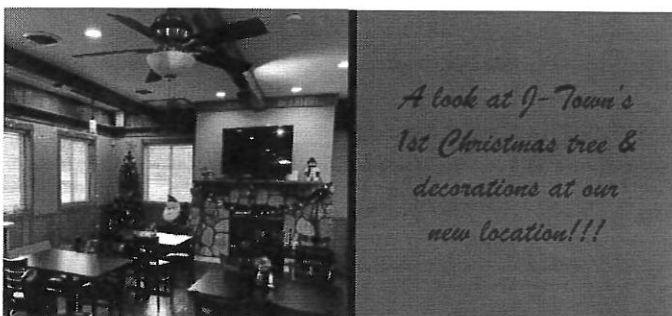


New Years Day @ J-Town

Written By Allen

I did come in that day. The food was good, and the comradery amongst members and staff a like was good too. To eat we had corn dog nuggets, tortilla chips with bean & cheese dip, dessert, and we watched the Rose Bowl Parade.

During the major holidays we are open for 4 hours. We have some food to eat during these times, games and or a movie. We just really had a good time.



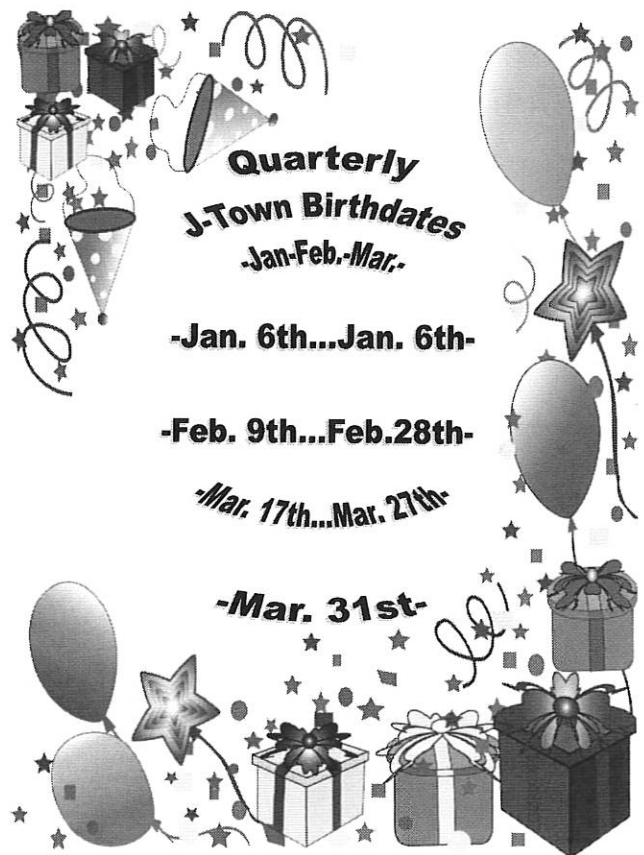
Alex says, "Next year we're going to try to open on New Years Day for one of the Bowl Games."

J-Town's Holiday White Elephant Gift Exchange & Christmas Day Get-Together

We all had Fazoli's for lunch and every one thought it was delicious. After that we participated in a White Elephant Gift Exchange. What's the definition of a White Elephant Gift Exchange: It is a gift swapping game where everyone tries to get the "Best Gift".

Warner said, "I had a good time at the White Elephant Exchange. I got a face kit. We had a lot of food from Fazoli's. A lot of members came to the Christmas party we had and a lot of family members came.

Allen Said, "I did not attend but had a great time with family. We also bought a new tree this year. It was beautiful. I put up the tree and members decorated it."

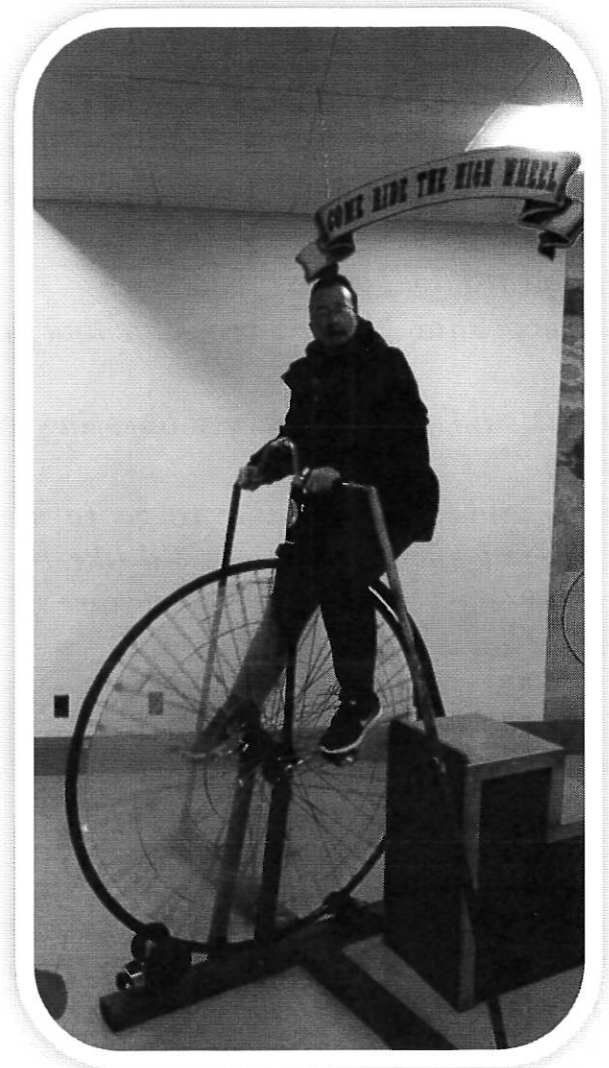


The Michigan History Museum

Written By Velvet

Velvet said, "Enjoyed it very much. We should make this an annual event. I liked going shopping for the gifts. And I also enjoyed the meal and being with friends. It was a good turnout."

A Generalist and 3 members went to the Michigan History Museum in Lansing on Saturday. It was very interesting to see all the exhibits. There were 3 floors that had a lot of things to look at. They celebrated their 135th anniversary. They had cake which was really good. We also went in to the gift shop and went shopping. We also got our picture taken. And after we got done, we went and had Chinese for lunch. I had a really great time. I would like to do that again.



Squirrel Appreciation Day

Written By Velvet

Written by Ria

1-21-2020 was Squirrel Appreciation Day. In honor of those adorable, comical, nut loving creatures, here's a list of 10 facts that you might find interesting.

1. Squirrels used to be very popular as pets, but that has been banned in most states under exotic pet laws.
2. Just like beavers, a squirrels 4 front teeth never stop growing.
3. There are over 200 species of squirrels in the world.
4. Squirrels are everywhere, except for Australia and Antarctica.
5. Squirrels can smell food under a foot of snow.
6. Prairie dogs are actually a type of squirrel.
7. Squirrels can't burp, vomit or get heartburn.
8. You know Punxsutawney Phil, the Groundhog Day groundhog? He's a marmot, a Really Big Ground Squirrel!
9. The squirrel scene in Charlie and the Chocolate Factory used real squirrels, not computer generated images. It took a team of trainers 19 weeks to train the squirrels for just that once scene!
10. In 2007, Iran claimed that 14 squirrels found near their borders were actually spies.

J-Town has a mascot. She was here when we moved in and comes to our window for snacks and will politely pose for pictures while she's munching away.



ACTIVITY ANNOUNCEMENTS MOVIE NIGHT

The Michigan Theatre of Jackson
Elton John: Rocket Man
Thursday, February 6th, 2019 at 6:30pm
Meet up at J-Town

Valentines Day Dinner @ J-Town
Friday, February 14th, 2019 at 5pm to 7pm

Pizza & Movie Night at J-Town
Wednesday, February 19th, 2019
at 5pm to 7pm

Annual Spaghetti Dinner
at Genesis House
Thursday, February 27th, 2019 3pm to 7pm
Meet up at J-Town

Members can sign up for outings
at J-Town on the outing sheets
provided on the bulletin boards.

St. Valentine Day

I love you

Match the words to the correct pictures and complete the crossword. Then find a secret message.



10



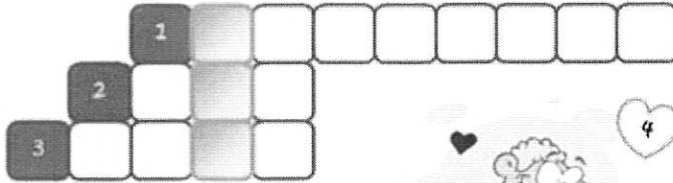
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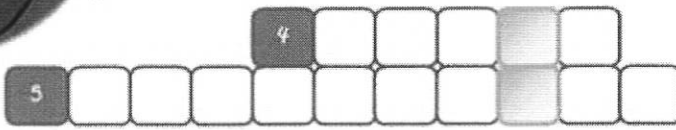
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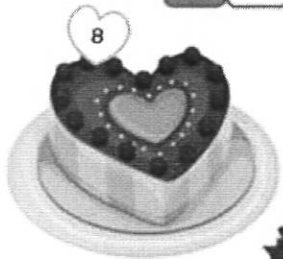
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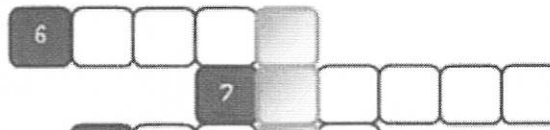
16



arrow
balloons
broken heart
cake
chocolate



8

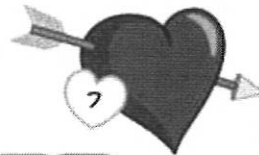
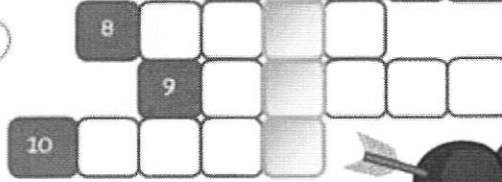


13

Cupid
date
doves
flowers



15

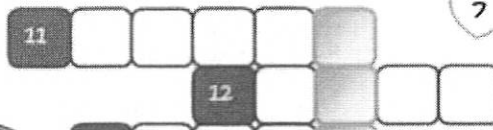


7

gift
heart
hug
kiss
love



12

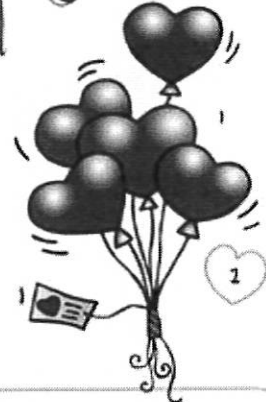
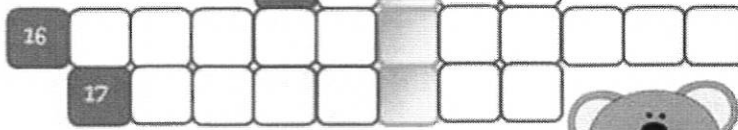


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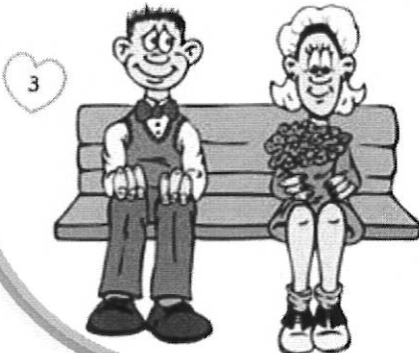
poem
rose
teddy



5



1



3



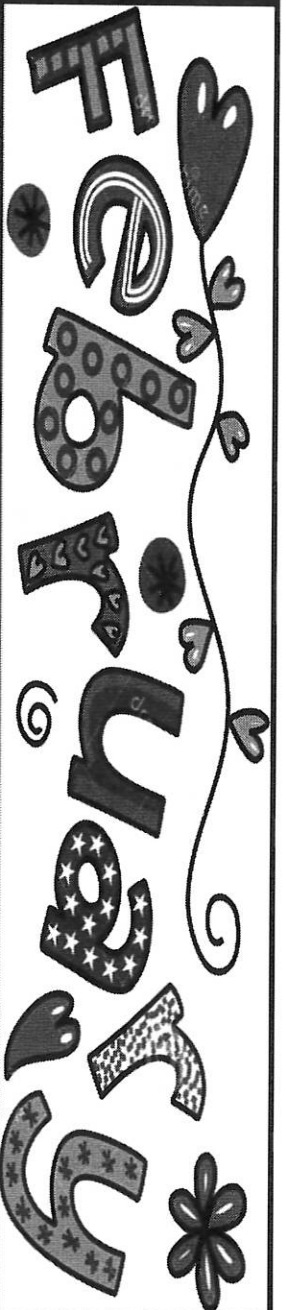
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14

The secret message is Anyone can catch your eye, _____
_____ special to catch your heart.

*Memberships Meeting every Wednesday at 1pm
 *Morning Unit Meeting at 9am daily
 *Afternoon Unit Meeting at 1pm daily
 *Job Development during Morning Unit Meetings



2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------------------------------|-----------------------------------|--|---|----------|
| | | | | | | |
| | | | | | | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | Safety Committee 10am | | Movie at Michigan Theatre 6:30pm | Job Development 10am | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | | Advisory Board 5:15-6:15pm | | Outreach Committee 2pm | Valentine's Day dinner 5-7pm Job Development 10am | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| | | Job Seekers Workshop 10am | Pizza and movie night 5-7pm | Menu Planning Committee 10:30am | Events Committee 2:30pm Job Development 10am | |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| | | | | Annual Spaghetti dinner 3-7pm | Job Development 10am | |

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|---|--|---|---|
| 3 Stuffed Fish Rice Pilaf Veggie | 4 Chef's Choice Veggie | 5 Chicken Salad on Salad | 6 Scalloped Potatoes w/Ham Side Salad | 7 Grilled Cheese Tomato Soup |
| 10 Spaghetti w/Meatballs Side Salad | 11 Tacos | 12 1-Town Chicken Sandwich Broccoli n Cheese Soup | 13 Ravioli Side Salad | 14 Pancakes Omelet Scramble Baked for Breakfast |
| 17 Baked Potato | 18 Baked Chicken Mac n Cheese Veggie | 19 Beef Stroganoff Green Beans | 20 Caesar Salad w/Grilled Chicken | 21 Chef's Choice |
| 24 Goulash Garlic Toast | 25 Potato Pancakes Fried Cabbage | 26 Quinoa Samosas | 27 Cheese Quesadillas Chicken Tortilla Soup | 28 Fried Chicken Roasted Potatoes Roasted Squash |



BUG OFF

Bed Bugs Can't Survive Extreme Heat! Using **heat** is the most effective means to **kill bedbugs, cockroaches, fleas, and lice.**

Heat Treatment Rental include set up and monitoring of heating device from start to finish.

Bug off is certified and will supply a **Superior Heat Treatment machine** (990,000 BTU) BUG OFF will set up, monitor and tear down the heat machine. No pets or humans can remain in the home during treatment due to extreme heat. Bug off will return within 90 days if new evidence of bed bugs are found. Directions for preparation for treatment must be completed prior to treatment.

Call Chip today to set up your appointment. **517-740-6717**
Serving Jackson, Michigan and surrounding areas.

Price =Qualifying Applicant's pay \$650 per apartment and most homes. Payment plans accepted.

Tenant Heat Treatment

Pre-project checklist

The pre-project checklist details the step of preparation that the occupants should take to insure a successful remediation. This checklist must be covered thoroughly with the occupants. Prior to the start of the project, all items must be reviewed by the technician to verify compliance. Corrective measures shall be taken if steps are not fully completed.

- Remove all trash from all receptacles and clear common areas preceding treatment.
- Have each person in your apartment select one set of clothing to wear the day of the treatment. Place the clothing in the dryer one hour on high heat, then place in a sealed bag outside of the structure. **Leave all other items in the household (do not stack in piles).**
- Remove all pressurized cylinders, aerosol cans, paints, and flammable chemicals.
- Remove small items such as picture frames, paintings, or paperwork that may be blown away by air circulation from equipment during the remediation process.
- Leave electronic equipment in the structure, but unplug during remediation. Electronics have a high potential for infestation in source area. The equipment is usually rated for temperatures above 165 degrees.
- Remove oil paintings, aquariums containing fish, and pets from the space during treatment.
- Remove soap, candles, chocolate, cosmetics, bottled alcohols, medications, cologne, perfume, fruits, vegetables, and store them in the refrigerator.
- All cushions, frames, mattresses, cabinets, and desks are to remain in the space to be treated. Remove all linens from the bed. Wash and dry (hot cycle) and store outside the apartment until treatment is completed. All drawers should be open and empty and will be manipulated during the process to ensure successful treatment.
- Leave as much in the structure as possible, since success requires treatment of all possible items.
- One-of-a-kind items such as heirlooms and irreplaceable possessions should always be removed from the premises prior to treatment.
- **DO NOT STCK BLANKETS OR CLOTHING IN PILES.**
- **All clothing should be placed on hangers.**

A list of common heat-sensitive items/materials, including but not limited to:

- Wax
- Chocolate
- Certain adhesives
- Aquariums- fish & pets
- Aerosol cans
- Creams and lotions
- Wine or other alcohols
- Oil paintings
- Medication
- Silk clothing
- Perishable items (fruits, vegetables)
- Cologne or perfume
- Empty plastic bottles (pop or water)
- Deceptive olive oil glasses
- Bullets and Guns
- All live plants must be removed from unit prior to heat
- Plastic Blinds
- Make-up/Cosmetics
- Household cleaning products in aerosol cans

Some items may be placed in the refrigerator to protect them during the remediation.

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[A-Z Index](#)[Health & Environment](#) +[Pest Control](#) +[Pesticide Products](#) +[Pesticide Incidents](#) +[Emergency](#) +

Related Topics:

PDF Version

**Diatomaceous Earth
Overview**

What are pests?

Learn about a pest

Identify a pest

Control a pest

**Integrated Pest
Management**

What are pesticides?

Herbicides

Disinfectants

Fungicides

Insecticides

**Natural and Biological
Pesticides**

Repellents

Rodenticides

**Other types of
pesticides**

Diatomaceous Earth

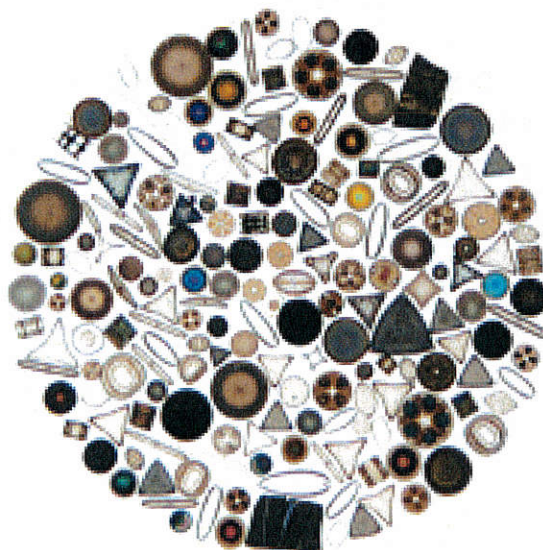
General Fact Sheet

- **What is diatomaceous earth?**
- **What are some products that contain diatomaceous earth?**
- **How does diatomaceous earth work?**
- **How might I be exposed to diatomaceous earth?**
- **What are some signs and symptoms from a brief exposure to diatomaceous earth?**
- **What happens to diatomaceous earth when it enters the body?**
- **Is diatomaceous earth likely to contribute to the development of cancer?**
- **Has anyone studied non-cancer effects from long-term exposure to diatomaceous earth?**
- **Are children more sensitive to diatomaceous earth than adults?**
- **What happens to diatomaceous earth in the environment?**
- **Can diatomaceous earth affect birds, fish, and other wildlife?**

What is diatomaceous earth?

Diatomaceous earth is made from the fossilized remains of tiny, aquatic organisms called diatoms. Their skeletons are made of a natural substance called silica. Over a long period of time, diatoms accumulated in the sediment of rivers, streams, lakes, and oceans. Today, silica deposits are mined from these areas.

Silica is very common in nature and makes up 26% of the earth's crust by weight. Various forms of silica include sand, emerald, quartz, feldspar, mica, clay, asbestos, and glass. Silicon, a component of silica, does not exist naturally in its pure form. It usually reacts with oxygen and water to form silicon dioxide. Silicon dioxide has two naturally occurring forms: crystalline and amorphous. Most diatomaceous earth is made of amorphous silicon dioxide. However, it can contain very low levels of crystalline silicon dioxide. The first pesticide products containing silicon dioxide (diatomaceous earth) were registered in 1960 to kill insects and mites.



What are some products that contain diatomaceous earth?

Products containing diatomaceous earth are most commonly dusts. Other **formulations** include wettable powders and pressurized liquids. Currently, there are over 150 products registered for use inside and outside of buildings, farms, gardens, and pet kennels. Some products can also be used directly on dogs and cats. Diatomaceous earth products are registered for use against **bed bugs**, **cockroaches**, crickets, **fleas**, **ticks**, **spiders**, and many other **pests**.

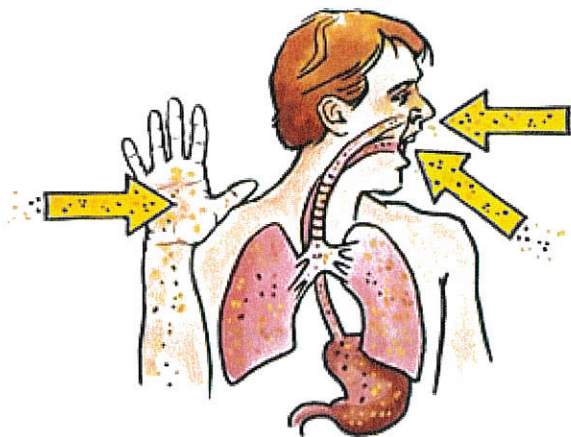
There are thousands of non-pesticide products that contain diatomaceous earth. These include skin care products, toothpastes, foods, beverages, medicines, rubbers, paints, and water filters. The Food & Drug Administration lists diatomaceous earth as "Generally Recognized as Safe". "Food grade" diatomaceous earth products are purified. They may be used as anticaking materials in feed, or as clarifiers for wine and beer.

Always **follow label instructions** and take steps to **minimize exposure**. If any exposures occur, be sure to follow the First Aid instructions on the product label carefully. For additional treatment advice, contact the Poison Control Center at 1-800-222-1222. If you wish to **discuss a pesticide problem**, please call 1-800-858-7378.

How does diatomaceous earth work?

Diatomaceous earth is not poisonous; it does not have to be eaten in order to be effective. Diatomaceous earth causes insects to dry out and die by absorbing the oils and fats from the cuticle of the insect's exoskeleton. Its sharp edges are abrasive, speeding up the process. It remains effective as long as it is kept dry and undisturbed.

How might I be exposed to diatomaceous earth?



People can be exposed to diatomaceous earth if they breathe in the dust, eat it, get it on their skin, or get it in their eyes. For example, when applying the dust or when entering a treated area before the dust has settled. Exposures can also occur if products are accessible to children or pets. Exposure can be limited by reading and following label directions.

What are some signs and symptoms from a brief exposure to diatomaceous earth?

If breathed in, diatomaceous earth can irritate the nose and nasal passages. If an extremely large amount is inhaled, people may cough and have shortness of breath.

On skin, it can cause irritation and dryness. Diatomaceous earth may also irritate the eyes, due to its abrasive nature. Any dust, including silica, can be irritating to the eyes.

What happens to diatomaceous earth when it enters the body?

When diatomaceous earth is eaten, very little is absorbed into the body. The remaining portion is rapidly excreted. Small amounts of silica are normally present in all body tissues, and it is normal to find silicon dioxide in urine. In one study, people ate a few grams of diatomaceous earth. The amount of silicon dioxide in their urine was unchanged.

After inhalation of **amorphous** diatomaceous earth, it is rapidly eliminated from lung tissue. However, **crystalline** diatomaceous earth is much smaller, and it may accumulate in lung tissue and lymph nodes. Very low levels of **crystalline** diatomaceous earth may be found in pesticide products.

Is diatomaceous earth likely to contribute to the development of cancer?

When mice were forced to breathe diatomaceous earth for one hour each day for a year, there was an increase in lung cancers. When rats were fed silica at a high dose for two years, there was no increase in cancer development.

Most diatomaceous earth is made of **amorphous** silicon dioxide. However, it can contain very low levels of **crystalline** silicon dioxide. Amorphous diatomaceous earth has not been associated with any cancers in people.

Has anyone studied non-cancer effects from long-term exposure to diatomaceous earth?

In a rabbit study, researchers found no health effects after applying diatomaceous earth to the rabbits' skin five times per week for three weeks. In a rat study, researchers fed rats high doses of diatomaceous earth for six months. They found no reproductive or developmental effects. In another rat study, the only effect was more rapid weight gain. That study involved 90 days of feeding rats with a diet made of 5% diatomaceous earth.

When guinea pigs were forced to breathe air containing diatomaceous earth for 2 years, there was slightly more connective tissue in their lungs. When researchers checked before the 2-year mark, no effects were found.

A very small amount of **crystalline** diatomaceous earth may be found in pesticide products. Long-term inhalation of the crystalline form is associated with silicosis, chronic bronchitis, and other respiratory problems. The bulk of diatomaceous earth is **amorphous**, not crystalline. The **amorphous** form is only associated with mild, reversible lung inflammation.

Are children more sensitive to diatomaceous earth than adults?

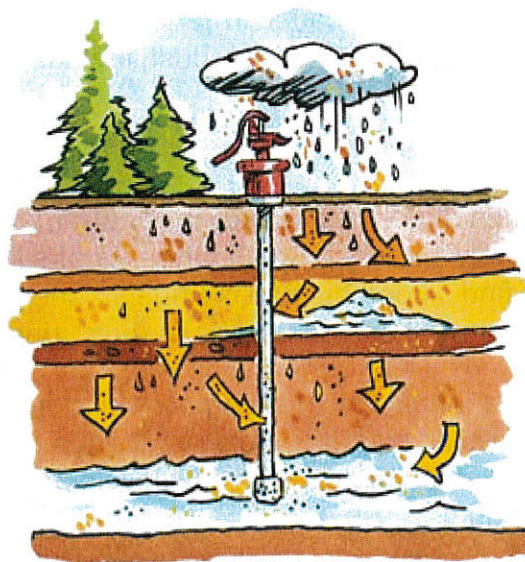
Children may be especially sensitive to pesticides compared to adults. However, there are currently no data to conclude that children have an increased sensitivity specifically to diatomaceous earth.

What happens to diatomaceous earth in the environment?

Silicon is a major component of diatomaceous earth. It is the second most abundant element in soils. It's a common component of rocks, sands, and clays. It is also abundant in plants and plays a role in their growth and development. Due to its chemical makeup, diatomaceous earth is not degraded by microbes or by sunlight. Also, it does not emit vapors or dissolve well in water.

The ocean contains vast amounts of diatomaceous earth. Many marine organisms use it to build their skeletons.

Can diatomaceous earth affect birds, fish, or other wildlife?

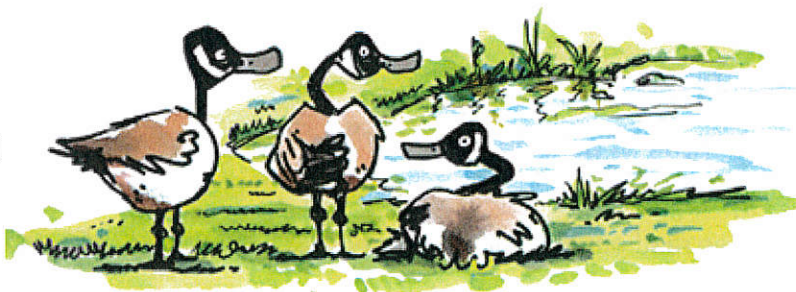


Diatomaceous earth is practically non-toxic to fish and aquatic invertebrates. It is commonly encountered by birds and other **wildlife**, and it's not known to be harmful. However, no toxicity evaluations for wildlife were found. Agencies have stated that diatomaceous earth is unlikely to affect birds, fish, or other wildlife in a harmful way.

Diatomaceous earth is made of silicon dioxide. When chickens were fed a diet that contained less silicon dioxide than normal, their bone formation was harmed. This suggests that silicon dioxide plays an important role in bone formation.

Where can I get more information?

For more detailed information about diatomaceous earth please visit the list of **referenced resources** or call the National Pesticide Information Center, Monday - Friday, between 8:00am - 12:00pm Pacific Time (11:00am - 3:00pm Eastern Time) at 1-800-858-7378 or visit us on the web at <http://npic.orst.edu>. NPIC provides objective, science-based answers to questions about pesticides.



Date Reviewed: January 2013

Please cite as: Bunch, T. R.; Bond, C.; Buhl, K.; Stone, D. 2013. ***Diatomaceous Earth General Fact Sheet***; National Pesticide Information Center, Oregon State University Extension Services. <http://npic.orst.edu/factsheets/degen.html>.

NPIC fact sheets are designed to answer questions that are commonly asked by the general public about pesticides that are regulated by the U.S. Environmental Protection Agency (U.S. EPA). This document is intended to be educational in nature and helpful to consumers for making decisions about pesticide use.



Related Topics:

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[Diatomaceous Earth Overview](#)

What are pests?

[Learn about a pest](#)

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[Control a pest](#)

[Integrated Pest Management](#)

What are pesticides?

[Herbicides](#)[Disinfectants](#)[Fungicides](#)[Insecticides](#)[Natural and Biological Pesticides](#)[Repellents](#)[Rodenticides](#)[Other types of pesticides](#)

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NPIC provides objective, science-based information about pesticides and pesticide-related topics to enable people to make informed decisions. NPIC is a cooperative agreement between **Oregon State University** and the **U.S. Environmental Protection Agency** (cooperative agreement #X8-83560101). The information in this publication does not in any way replace or supersede the restrictions, precautions, directions, or other information on the pesticide label or any other regulatory requirements, nor does it necessarily reflect the position of the U.S. EPA.

MDHHS PUBLIC FORUMS: THE FUTURE OF BEHAVIORAL HEALTH IN MICHIGAN

Please join the Michigan Department of Health and Human Services (MDHHS) for a conversation about the **future of behavioral health in Michigan**.

In December 2019, MDHHS outlined a vision for a stronger behavioral health system that integrates specialty behavioral health and physical health services. If you are served by Michigan's Medicaid-funded behavioral health system or are the family member of a person served, we want to hear from YOU.

MDHHS is hosting **five public forums** throughout the state and online in early 2020. Department leadership will be in attendance to further discuss the vision, answer your questions, and listen to your feedback. **Please join us!**

1

Detroit: January 8, 2020 from 5:00-6:30 p.m.
Cadillac Place, 3044 W Grand Blvd
Conference Room L-150

2

Grand Rapids: January 9, 2020 from 5:00-6:30 p.m.
Grand Valley State University L.V. Eberhard Center, 301 W Fulton
Room 201

3

Marquette: January 22, 2020 from 5:00-6:30 p.m.
Marquette Senior High School, 1203 W Fair Ave
Little Theater

4

Saginaw: January 30, 2020 from 5:00-6:30 p.m.
Saginaw Valley State University Gilbertson Hall, 7400 Bay Road
Ott Auditorium

5

Virtual Forum: February 6, 2020 from 5:00-6:30 p.m.
The link for this event will be shared on www.michigan.gov/FutureOfBehavioralHealth in late January.



To learn more about the Department's vision, please visit www.michigan.gov/FutureOfBehavioralHealth. If you cannot attend an event, we would still love to hear from you. You can email your feedback to FutureOfBH@michigan.gov.