

## Notice: Upcoming Code Changes

Code changes are on their way. The main changes from SFY 2021 to SFY 2022 are the modifiers. The primary goal of this change is to link the provider qualifications to the individual codes, making it



easier to identify all of the services that an individual job title is qualified to perform. Many code changes are affecting SUD, and MHL Medicaid provided by the CMHSP's. Specific areas include SUD detox and Residential modifiers for each ASAM level of care, along

with modifiers being added for group therapy in order to delineate the number of participants in the group, etc. If you have questions about how this will affect you, reach out to a SWMBH Provider Network Specialist.

## Upcoming Trainings

Brian Walters, Clinical Operations Specialist

⇒ **2020 DBT Summit: The Latest in Practice-Based Innovations,**  
**Wednesday August 11th, & Friday,**  
**August 13th 9:00am-12:30pm**

It's clear our current reality is we are living in hard times. Does it cause pain? Want to learn how to live in the moment, develop healthy ways to cope with stress, regulate emotions, and improve relationships with others for yourself and the people you serve? Dialectical Behavior Therapy's guiding theory and deep use of acceptance-based and CBT tools and techniques makes it **one of the most adaptable and useful treatments across settings and diagnoses.**

<https://zoom.us/meeting/register/tjMvde6pqz4pHNVSiarFxIDgLib2SacDh6N-8>

**SWMBH is in search of  
Spanish-speaking  
MI Health Link clinicians.**

*Are you a MHL Provider who  
speaks Spanish? Let us know!*

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## Upcoming Trainings Continued

### ⇒ **Gaslighting—Wednesday, September 1st, 2021 9:00am-12:00pm**

"It's my own fault isn't it..." The trauma caused by the verbal and emotional abuse of Gaslighting can and leave clients doubting their self-worth, feeling isolated and questioning their sense of reality. They can lose hope as their abuser wears them down and takes control. Make sure you're prepared to help clients facing the devastating impacts of this growing form of psychological abuse. <https://zoom.us/join/zoom/register/tjYtdO-hqz0tG9xGXVvmFjMtpLzL-oWyBMu4>

### ⇒ **Suicide and Self-Harm in Adolescents: Effective Assessment and Intervention Strategies for Young People in Crisis—Wednesday, Sept 22nd & Friday, September 24th. 9:00am-12:00pm**

Helping young people heal is your greatest reward. This recording will provide you with the assessment tools you need to unmask self-harming and suicidal thoughts, adapt interventions from DBT and CBT to work with the distinct challenges of treating suicidal and self-harming adolescents, and manage the specific confidentiality and liability issues that accompany working with minors. There's too much at stake to be unprepared! Finish this critical program feeling confident and capable in using these vital assessment tools and treatment techniques to bring hope and healing to vulnerable young clients! <https://zoom.us/join/zoom/register/tjwkdeGpqzwtG9Ts7cqNftXHbNM4k3o3SU1R>

### ⇒ **SIS Assessment Orientation—Tuesday, October 19th, 2021 10:00am-11:30pm**

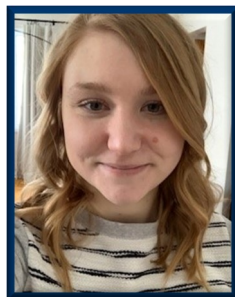
The Supports Intensity Scale (SIS) is a strength-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related and social activities in order to identify and describe the types and intensity of the supports an individual requires. The SIS includes background information on health, medical conditions, activities of daily living and cognitive, social and emotional skills. The SIS was designed to be part of person-centered planning processes that help all individuals identify their unique preferences, skills and life goals. [https://zoom.us/join/zoom/register/tjYtcu2opjMjGtEptC\\_gFg4nXcHFveS0Zg2q](https://zoom.us/join/zoom/register/tjYtcu2opjMjGtEptC_gFg4nXcHFveS0Zg2q)

## New SWMBH Staff

**Not Pictured: Angela Marchi** — Care Management Specialist II



**Karen Farwell**  
Care Management Specialist II



**Sam Fulkerson**  
Care Management Specialist II



**Sally Weigandt**  
CCBHC Coordinator



**Ellie DeLeon**  
Audit & Accreditation Specialist



**Ashambi Guy**  
Integrated Healthcare Specialist

## “We Treat Hep C”

MDHHS has announced a public health campaign called [We Treat Hep C](#), aimed at eliminating Hepatitis C Virus (HCV) in Michigan. New treatments can cure patients of HCV in as little as 8 weeks through oral medications taken once per day. The We Treat Hep C initiative involves increasing the number of people who are tested for HCV, increasing the number of providers who treat HCV, and expanding access to HCV curative treatments. MDHHS is working towards the goal of curing the estimated 40,000 Medicaid beneficiaries currently living with HCV.

The primary method of HCV transmission is through injectable drug use. The Centers for Disease Control (CDC) recommends routine periodic HCV testing for people who currently inject drugs and share needles or other drug preparation equipment. In addition, because many people may be reluctant to disclose stigmatizing risks, and because people with HCV may not show symptoms until the disease progresses, the CDC recommends that all adults should be tested for HCV at least once in their lifetime. PIHPs are uniquely positioned to identify beneficiaries with risk factors, and will be an important partner in eradicating HCV. This memo provides background on HCV and the We Treat Hep C campaign, and outlines the expectations for PIHPs around care coordination, including ordering HCV tests for beneficiaries with risk factors and connecting beneficiaries with HCV to treatment.

### Expanding Access to Treatment

MDHHS has entered into a three-year agreement with the manufacturer AbbVie to expand access to the Direct-Acting Antiviral (DAA) MAVYRET® (glecaprevir/pibrentasvir) for Medicaid and Healthy

Michigan Plan beneficiaries. MAVYRET is an oral prescription medication used to treat adults and children ages 12 and older with HCV. In most cases, the treatment regimen is three pills taken once daily for eight weeks. Starting April 1, clinical prior authorization (PA) is no longer required for MAVYRET when prescribed in accordance with Food and Drug Administration-approved labeling. This includes removal of the requirement that HCV medications must be prescribed by or in consultation with a specialist. All providers who have prescriptive authority will be able to prescribe this treatment to beneficiaries with HCV.

MAVYRET is the only DAA identified as Preferred on the *Michigan Preferred Drug List/Single PDL*. PA will still be required for Non-Preferred agents, with documentation explaining why the preferred agent MAVYRET cannot be used. Beneficiaries who are currently taking a Non-Preferred agent will be able to complete their course of therapy.

### Program Goal

Through the We Treat Hep C initiative, MDHHS' goal is to treat all of the estimated 40,000 Medicaid beneficiaries with HCV. With the removal of PA on the curative therapy, this goal is within reach. It will involve:

- o Testing all adult beneficiaries for HCV, per CDC recommendations
- o Prescribing treatment for those with a confirmed HCV diagnosis

Removing PA means that any provider who can prescribe will be able to prescribe MAVYRET and other DAAs. DAAs are safe and have few contraindications or side effects. In most cases, treatment can be prescribed by a primary care provider (PCP).

## CDC Recommendations for Hepatitis C Screening Among Adults in the United States

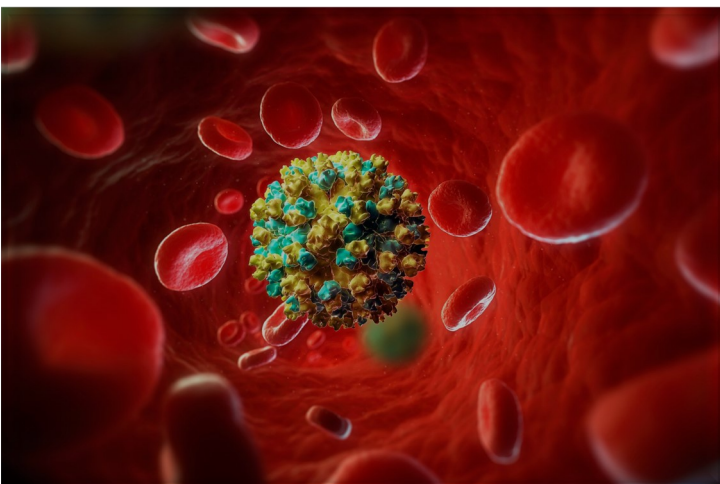
### Universal hepatitis C screening:

- Hepatitis C screening at least once in a lifetime for **all adults** aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%\*
- Hepatitis C screening for **all pregnant women during each pregnancy**, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%\*

### One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures:

- People with HIV
- People who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago
- People with selected medical conditions, including:
  - people who ever received maintenance hemodialysis
  - people with persistently abnormal ALT levels
- Prior recipients of transfusions or organ transplants, including:
  - people who received clotting factor concentrates produced before 1987
  - people who received a transfusion of blood or blood components before July 1992
  - people who received an organ transplant before July 1992
  - people who were notified that they received blood from a donor who later tested positive for HCV infection
- [Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood.pdf icon\[PDF – 177 KB\]](#)
- Children born to mothers with HCV infection

### Routine periodic testing for people with ongoing risk factors, while risk factors persist:



- People who currently inject drugs and share needles, syringes, or other drug preparation equipment
- People with selected medical conditions, including:
  - people who ever received maintenance hemodialysis

**Any person who requests hepatitis C testing** should receive it, regardless of disclosure of risk, because many persons may be reluctant to disclose stigmatizing risks



# Recognizing the Signs of Human Trafficking

Sarah Green, Integrated HealthCare Manager

At any given time, there are just under twenty-five million victims of human trafficking worldwide, according to the US Department of State Human Trafficking webpage. The state of Michigan currently ranks number nine in the United States for highest number of trafficked persons per capita with 3.64 per 1000. With these staggering numbers it is imperative to know the signs and to recognize and take action for potentially trafficked victims.

Recognize some potential **Red Flags**:

- Patient is being controlled
  - Companion speaks for them
  - Companion refuses to let you speak to the patient alone
  - Patient is not in possession of their own ID



- Patient cannot provide a home address or reports living with their employer
- Does not know current date or time
- Scripted, memorized, or mechanically recited history
- Malnourished
- STIs or advanced health issues

- Drug addiction
- Mental Illness
- Unwilling or unable to answer questions
- Subordinate, hyper-vigilant, or fearful demeanor
- Stated age is older than appearance

**Questions to ask** if you suspect a patient is being trafficked:

Are you afraid?

Do you feel safe to talk right now?

Do you feel like you are in danger being here?

Has or is anyone hurting you?

Do you feel trapped?

Have you or your family been threatened?

Is there any way that I can make you feel safer?

If you suspect someone is being trafficked, you can get assistance by calling the **National Human Trafficking Resource Center Hotline at 1-888-373-7888** or the local police.

Make sure every staff member is aware of red flags, questions to ask, and is trained in what to document and report. Identification and Action for potential human trafficking can save lives!

World Population Review: Human Trafficking Statistics by State 2021 [Human Trafficking Statistics By State 2021 \(worldpopulationreview.com\)](https://worldpopulationreview.com/human-trafficking-statistics-by-state-2021/)

U.S. Department of State: About Human Trafficking [Human Trafficking Statistics By State 2021 \(worldpopulationreview.com\)](https://www.state.gov/about-human-trafficking/)

Public Health Emergency: Human Trafficking & Health Professionals: Questions & Answers [Human Trafficking Statistics By State 2021 \(worldpopulationreview.com\)](https://www.hhs.gov/ashpr/public-health-emergency/human-trafficking-and-health-professionals-questions-and-answers/)



Presenting Partner is Michigan

## Hour to Empower

Let's talk about the Home and Community Based Services (HCBS) Rule

Friday, September 17th, 2021

12:00 Noon to 1:00 pm

### Description of Presentation:

Participants will learn about the Home and Community Based Services Final Rule through HCBS Trainers sharing their experiences. The HCBS Trainers will discuss the importance of the HCBS Rule and its impact on services and supports for individuals with disabilities. Information will be presented on the individual rights the HCBS Rule provides to live in the community, have freedom, a person-centered plan, and respect and privacy.

### Course Objectives:

- Increase of knowledge about the HCBS Rule regarding What are Home and Community Based Services and Who funds Home and Community Based Services
- Awareness of How Home and Community Based Services can support individuals to live a more fulfilled life
- Ideas and realities on ways the HCBS Rule supports people to work, live, and play

**Speakers:** This webinar features a panel of Five HCBS Trainers with the Michigan Developmental Disabilities Institute .

**WHO SHOULD  
ATTEND?**

**INDIVIDUALS AND  
FAMILY MEMBERS,  
PROFESSIONALS IN  
THE BEHAVIORAL  
HEALTH FIELD**

**NO COST  
FOR SWMBH  
AFFILIATES**

**REGISTER**

**A CERTIFICATE OF  
COMPLETION WILL BE  
ISSUED UPON  
VERIFICATION OF  
ATTENDANCE**



**It's about Freedom to decide how to live your life  
Having Authority over resources and supports  
Being Responsible for ones own decisions and actions  
and being Supported on your way to a full life**

### About this Webinar :

This webinar is promoted by "Building Better Lives" for the purpose of:

- Increasing the use of Self-Determination arrangements
- Promote Person Centered Planning
- Increase education and training for clients/ family members and staff on due process
- Increase education and training for clients/ family members and staff on Advance Directives and alternatives to guardianship

## Call Center Corner

Beth Guisinger, Manager of Utilization Management & Call Center

Wrapping up quarter 3 for SFY21 has kept the SWMBH Call Center on their toes as the total number of incoming calls from April 1, 2021 – June 30, 2021 was 5,454 across the 8 incoming phone lines. Across that same time span, 12,890 outgoing calls were made ensuring members were notified regarding ongoing authorizations, initial and annual screens, and referrals made for behavioral health and substance use treatment services.

The SWMBH Call Center is currently comprised of 19 staff, 14 of which are licensed Master's level clinicians (LPC/LLPC, LLP, LMSW/LLMSW), and all hold a CAADC or DP-C certification through MCBAP. The Call Center covers two main departments within Southwest Michigan Behavioral Health – Utilization Management and Customer Services. All of the staff work closely together, consulting and collaborating on complex customer cases from across region 4. Each team member has their area of expertise and focus; however, everyone chips in to ensure each call is answered by a live person as quickly as possible. Over 95% of the incoming calls are answered in 10 seconds or less.

### Did you know?

8 different phone lines come into the Call Center at Southwest Michigan Behavioral Health (\*denotes provider lines)

- Substance Use Disorder Access
- MI HealthLink (MHL) Member Access & Crisis
- Customer Services (Medicaid/Healthy Michigan Plan, Block Grant, General Fund)
- MHL Member Services
- MHL Provider Authorization\* (Non-Urgent)
- MHL Urgent\* (Emergent Hospitalization)



- After Hours Urgent Detox\*
- Utilization Management\*

We have a priority clinical queue so if a caller has no return phone number, the very first clinical staff available will answer the call, regardless of what their primary job function consists of.

The Call Center does a lot more than answer phones. Some of the things we do are:

- Complete ASAM and refer individuals to substance use treatment providers
- Complete LOCUS and refer MHL members to behavioral health treatment providers
- Process continued authorization requests for ongoing substance use and behavioral health treatment
- Complete higher level of care requests
- Care coordination and case consultation
- Complete Interrater Reliability Testing
- Continued stay reviews for psychiatric hospitalizations, crisis residential, partial hospitalization programs, and substance abuse residential treatment
- Process customer appeals, grievances, and state fair hearings

## Follow-Up After Hospitalization for Mental Illness (FUH)

Sarah Green, Integrated Healthcare Manager



It is crucial for members to follow-up with behavioral health services after an inpatient hospitalization. This continues to be a closely monitored metric as well as an area to enhance best practice.

Approximately one in four adults in the U.S. suffer from mental illness in a given year; nearly half will develop at least one mental illness in their lifetime.<sup>1,2</sup> There are over 2,000,000 hospitalizations each year for mental illness in the United States.<sup>3</sup> Patients hospitalized for mental health issues are vulnerable after discharge and follow-up care by primary care and

mental health providers is critical for their health and well-being.

A recent study found that patients who do not receive early interventions, such as discharge planning and connection to community-based services after discharge, were 2.83 times more likely to be readmitted to the hospital within 30 days of an inpatient discharge for mental illness.<sup>4</sup>

Did you know there is a different process to schedule and authorize services for Medicaid members and MI Health Link members? SWMBH has partnered with Meridian Health Plan to create flyers and help providers and inpatient units understand the importance and the process to ensure adequate follow-up is completed. Please see the following flyers that emphasize the different processes and notify the SWMBH Integrated Health Care team if there are questions!

### References

1. National Alliance on Mental Illness. 2011. "Mental Illness: What is Mental Illness: Mental Illness Facts." <https://www.nami.org/Search?searchtext=about+mental+illness&searchmode=anyword>
2. Centers for Disease Control and Prevention. Updated September 1, 2011. CDC Mental Illness Surveillance. "CDC Report: Mental Illness Surveillance Among Adults in the United States." [https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s\\_cid=su6003a1\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1_w)
3. Centers for Disease Control and Prevention. 2010. "Health Data Interactive." <http://www.cdc.gov/nchs/hdi.htm>
4. Shaffer, S.L., Hutchison, S.L., Ayers, A.M., Goldberg, R.W., Herman, D., Duch, D.A., Terhost, L. (2015). Brief critical time intervention to reduce psychiatric rehospitalization. *Psychiatric Services: A Journal of the American Psychiatric Association*, 66 (11), 1155-1161. <https://doi.org/10.1176/appi.ps.201400362>



## > It Starts Before Discharge!

### Improving Follow-Up After Hospitalization for Mental Illness

The following educational guide is for members with MeridianHealth (Meridian). Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources.



#### Proper follow-up care with a mental health provider after a hospitalization helps patients:

- Increase medication adherence
- Reduce risks of readmission
- Get their needs met for everyday activities

The Follow-Up After Hospitalization for Mental Illness (FUH) Healthcare Effectiveness Data and Information Set (HEDIS®) measure looks at the number of discharged patients following hospitalization for treatment of selected mental illness diagnoses or intentional self-harm who had a follow-up visit with a mental health provider.

It is split into two rates: seven day follow-up and 30-day follow-up.

The Michigan Department of Health and Human Services (MDHHS) instituted a statewide Quality Improvement Project focused around improving FUH. Southwest Michigan Behavioral Health (SWMBH) and Meridian are implementing interventions to improve members' quality of care through the post-discharge care transition.

A recent study found that patients who do not receive early interventions, such as discharge planning and connection to community-based services after discharge, were **2.83 times more likely to be readmitted to the hospital** within 30 days of an inpatient discharge for mental illness.<sup>1</sup>

Engaging patients in appropriate follow-up care starts before discharge. You can help support this project by engaging in the following best practices:



#### Notifying the member's local Community Mental Health (CMH) provider of an inpatient admission while member is still inpatient and upon discharge

- SWMBH authorizes and coordinates behavioral healthcare services in partnership with the local community mental health provider and works with Meridian to help align with necessary medical healthcare services
- Local CMHs coordinate behavioral healthcare services with behavioral health inpatient units for their aligned Medicaid members
- Please share the patient's phone number and address with SWMBH or the member's local CMH, based on insurance type, for ongoing contact with the patient after discharge
- For any behavioral health inpatient admission after business hours, contact the local CMH the morning of the next business day. See below for phone numbers, if needed
- Provide discharge documentation to SWMBH via fax at **269-441-1234** within 24 hours of patient's discharge. Also, share discharge information with the local CMH or follow-up outpatient provider

<sup>1</sup>Shaffer, S.L., Hutchison, S.L., Ayers, A.M., Goldberg, R.W., Herman, D., Duch, D.A., . . . Terhost, L. (2015). Brief critical time intervention to reduce psychiatric rehospitalization. *Psychiatric Services: A Journal of the American Psychiatric Association*, 66 (11), 1155-1161. <https://doi.org/10.1176/appi.ps.201400362>



**Communicate with the member's county CMH or follow-up provider during the discharge planning process to develop the most appropriate plan for members. Provide SWMBH continued stay review documentation for members who live in Barry, Berrien, Branch, Calhoun, Cass, St. Joseph, and Van Buren counties. Kalamazoo county continued stay reviews should occur with Kalamazoo county representatives**

Barry County CMH 269-948-9041  
Berrien County CMH 269-925-0585  
Branch County CMH 517-278-2129  
Calhoun County CMH 269-966-1460

Cass County CMH 269-445-2451  
Kalamazoo County CMH 269-373-6000  
St. Joseph County CMH 269-467-1000  
Van Buren County CMH 269-427-6602

SWMBH and CMH staff are available to assist with discharge planning for complex cases and to provide support as needed.



**Scheduling follow-up appointments to occur within seven days of discharge before the patient leaves the hospital helps**

- There is a greater likelihood that patients will attend appointments if they are already scheduled
- It can be difficult to reach patients for appointment scheduling after they leave the hospital
- The follow up appointment should be scheduled with a mental health provider
- If unable to schedule a follow-up outpatient appointment within seven days, focus on helping the member make and keep a follow-up outpatient appointment before 30 days post-discharge
- Be sure to include the appointment provider, date, and time in the discharge instructions, and communicate the information clearly with the member
- SWMBH has a utilization case manager for discharge planning questions, available at **800-676-0423**



**Assessing for social determinants of health needs, such as transportation and housing**

- Patients may not know how to access resources that will help support them after discharge and assist them in getting to future appointments and needed care
- Help connect the patient with any needed community supports and notify the local CMH of needs to help continue to support

## > It Starts Before Discharge!

### Improving Follow-Up After Hospitalization for Mental Illness



Proper follow-up care with a mental health practitioner after a hospitalization helps patients:

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The Michigan Department of Health and Human Services (MDHHS) instituted a statewide Quality Improvement Project focused around improving FUH. MeridianComplete and Southwest Michigan Behavioral Health (SWMBH) are implementing interventions to improve members' quality of care through the post-discharge care transition.

A recent study found that patients who do not receive early interventions, such as discharge planning and connection to community-based services after discharge, were **2.83 times more likely to be readmitted to the hospital** within 30 days of an inpatient discharge for mental illness.<sup>1</sup>

Engaging patients in appropriate follow-up care starts before discharge. You can help support this project by engaging in the following best practices:



**Notifying SWMBH of an inpatient admission while member is still inpatient and also upon discharge**

- SWMBH helps coordinate behavioral healthcare services for patients and works with MeridianComplete to help align with necessary medical healthcare services
- Please share the patient's phone number and address with SWMBH for ongoing contact with the patient after discharge
- For any behavioral health inpatient admission after business hours, contact SWMBH at **800-676-0423** the morning of the next business day
- Provide discharge documentation to SWMBH via fax at **269-441-1234** within **24 hours** of patient's discharge

<sup>1</sup>Shaffer, S.L., Hutchison, S.L., Ayers, A.M., Goldberg, R.W., Herman, D., Duch, D.A., . . . Terhost, L. (2015). Brief critical time intervention to reduce psychiatric rehospitalization. *Psychiatric Services: A Journal of the American Psychiatric Association*, 66 (11), 1155-1161. <https://doi.org/10.1176/appi.ps.201400362>



### **Communicate with the SWMBH utilization case manager during the discharge planning process to develop the most appropriate plan**

- Integrated Healthcare Specialists are on staff to assist with discharge planning for complex cases and to provide support as needed



### **Schedule follow-up outpatient appointments to occur within seven days before the patient leaves the hospital**

- There is a greater likelihood that patients will attend appointments if they are already scheduled
- It can be difficult to reach patients for appointment scheduling after they leave the hospital
- The appropriate provider type for Follow-Up After Hospitalization for Mental Illness is Mental Health Practitioner
- If unable to schedule a follow-up outpatient appointment within seven days, focus on helping the member make and keep a follow-up outpatient appointment before 30 days post-discharge
- Be sure to include the appointment provider, date and time in the discharge instructions
- SWMBH has a utilization case manager for discharge planning questions, available at **800-676-0423**



### **Assess for social determinants of health needs, such as transportation and housing**

- Patients may not know how to access resources that will help support them after discharge and assist them in getting to future appointments and needed care
- Help connect the patient with any needed community supports and notify SWMBH of needs to help continue to support



# SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

## Quality and Excellence through Partnerships

Southwest Michigan Behavioral Health  
5250 Lovers Lane, Suite 200  
Portage, MI 49002

Main Line: 800-676-0423  
Fax: 269-441-1234  
Direct Number: 269-488-8922



WE'RE ON THE WEB!

[WWW.SWMBH.ORG](http://WWW.SWMBH.ORG)

Check out the SWMBH Provider Manual and Provider Directory, on our SWMBH website: [www.swmbh.org](http://www.swmbh.org). The website contains information about the SWMBH policies and procedures as well as helpful information on topics such as provider responsibilities, customer rights, utilization management and other helpful material.

Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for eight Michigan counties, and is in partnership with the Community Mental Health (CMH) agencies of these counties. SWMBH, in partnership with the CMH's and local providers, provides mental health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with developmental disabilities, and individuals with substance use disorders. As the manager of services, SWMBH will make sure that services are provided to you based on your needs and goals and are within the guidelines set by the state of Michigan. SWMBH Strives to ensure that you and your family members are treated with dignity and respect.



Do you wish to stay up-to-date on SWMBH Trainings? If YES, please submit your name and the organization you work for to [traininginfo@swmbh.org](mailto:traininginfo@swmbh.org) with a request to be added to the training email list. This will allow SWMBH to send to you information on all the latest and greatest training/webinar opportunities.