



Northeast Michigan Community Mental Health Authority

Board Meetings - January 2021



Happy New Year



All meetings are held at the Board's Main Office Board Room located at 400 Johnson St in Alpena unless otherwise noted.

* Meeting held in the Administrative Conference Room



Board Meeting, Thursday, January 14 @ 3:00 p.m.



Recipient Rights Advisory Committee*, Wednesday, January 20 @ 3:15 p.m.

The Board & Recipient Rights meeting will be available as a Conference Call Meeting using:

888-627-8019 PIN # 40994

Board Meeting Only via Zoom

<https://zoom.us/j/911168583?pwd=SEc3bDZlUW5FY1lSU1R1NFdXTmNLZz09>

Meeting ID: 911 168 583

Password: 013259

In-Person attendance is an option as well.

Northeast Michigan Community Mental Health Authority Board

Board Meeting [In-Person, Zoom, Uber Conference]

December 10, 2020

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present: In Person: Les Buza, Roger Frye, Lynnette Greskowiak, Eric Lawson, Gary Nowak, Gary Wnuk
Via Zoom: Bob Adrian
Via Uber Conference: Bonnie Cornelius, Judy Jones, Albert LaFleche, Pat Przeslawski

Absent: Terry Larson (excused)

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Connie Cadarette, Mary Crittenden, Erin Fletcher, Lynne Fredlund, Ruth Hewett, Nicole Kaiser, Cheryl Kobernik, Larry Patterson, Nena Sork, Jen Whyte

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Wnuk was appointed as evaluator of this meeting.

V. Acknowledgement of Conflict of Interest

There was no conflict of interest to acknowledge.

VI. Information and/or Comments from the Public

No information or comments were presented.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Roger Frye, to approve the minutes of the November 12, 2020 meeting with correction as presented. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak; Judy Jones, Albert LaFleche, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Terry Larson. Motion carried.

VIII. Consent Agenda

1. Leases

- a. **Sub-Lease of Fletcher Street Office to ABA Pathways LLC**
- b. **Sub-Lease of Harrisville Office to District Health Department #2**

Moved by Gary Nowak, supported by Gary Wnuk, to approve the Consent Agenda as presented Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak; Judy Jones, Albert LaFleche, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Terry Larson; Motion carried.

IX. December Monitoring Reports

1. Grants or Contracts 01-011

Nena Sork reported this monitoring report has not changed much from the previous year's report. Due to COVID, monitoring efforts were on hold with the contract manager anticipating providing a virtual review to assure compliance.

Moved by Gary Nowak, supported by Les Buza, to accept the December monitoring report as presented. Roll call vote: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette

Greskowiak, Judy Jones, Albert LaFleche, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk;
Nays: None; Absent: Terry Larson. Motion carried.

X. Board Policy Review and Self Evaluation

1. Grants or Contracts 01-011

Board members reviewed this policy. This policy is associated with the monitoring report presented at this meeting. There were no recommended revisions.

2. Board Member Recognition 02-011

Board members reviewed this policy. Board members determined they were in compliance with the policy and there were no revisions needed.

3. Board Member Orientation 02-015

The content of this policy seems to be sufficient; however, due to COVID this past year the orientation has been more difficult to attain. More focus will need to be taken in the future to comply with the elements of the policy.

XI. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meetings

i. December 9, 2020

The NMRE held their combined November/December meeting yesterday. Roger Frye noted the NMRE has requested support of a motion made at their meeting yesterday based on information presented to them by Chip Johnson, Director of CentraWellness. Nena Sork provided some historical information related to Section 928. She noted the local community mental health agencies provide the State with local match dollars for a draw-down and the state sends it to the federal government and in return receives more Medicaid dollars back. CMS has indicated this practice has to end and last year the legislature passed a bill to phase out this practice. The State passed boilerplate language intending that they would continue at a 20% reduction each year until the local match was \$0 and the State abided by the bill in last fiscal year as the Agency had a 20% reduction in the local match draw-down requirement. This year, due to budget constraints, the State did not reduce the local match draw-down requirement; however, some of the community mental health boards withheld their first quarter local match payment to the state. Mr. Johnson requested the Board pass a motion to support the boilerplate language passed last year. Nena Sork reported should we follow this lead, the state will most likely take the 20% local match from our General Fund. For this Agency, our local match drawdown is \$199,580 for the current fiscal year. The transfer of the draw-down dollars to the General Fund dollars could impact our Agency for several years. Legally there is good rationale for this fight; however, it might be harmful to services to our individuals in the end, as you cannot mix how the funding is used. General Fund dollars allows for greater flexibility than Medicaid and if the State took this 20% from General Funds, some services provided with General Fund dollars would not be provided. Board members felt they would need more information to make an informed decision.

Eric Lawson reported in the by-laws, the Executive Committee is charged to meet to discuss legislative actions and this might be a role the Executive Committee should pay. This would need to be acted upon by February when the next payment of local match is due. It was suggested Chip Johnson be requested to provide an educational session for the Board at the January meeting. At this point, the dollars we give in local match, we get returned in Medicaid dollars. There are some boards that do not get back as much as they give. Nena Sork reported while this is somewhat questionable as to how the state is doing this, it does not harm the Agency. Nena Sork reported CMS will be dictating how the state handles the draw-down in a few years. Eric Lawson suggested we go through with an educational session related to this topic at the January meeting. Gary Nowak indicated after hearing these additional details, he did not support having Chip Johnson

provide the explanation and have Nena Sork gather more information. Gary Wnuk reported the draw-down dollars are local and the local community should have control.

Moved by Gary Nowak, supported by Les Buza to table this topic until the next meeting to gather further information. Bob Adrian reported this is something that should be brought to the attention of our legislators. Bonnie Cornelius indicated right is right and wrong is wrong. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Albert LaFleche, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Terry Larson. Motion carried.

Gary Nowak reported there were several disbursements of the liquor tax dollars at the NMRE meeting yesterday.

ii. October 28, 2020

The minutes from the October meeting were distributed to Board members at this meeting.

2. Community Mental Health Association of Michigan (CMHAM)

a. Northern Regional Meeting

Gary Wnuk reported he attended the regional meeting and was the only board member in the five board area to attend. Representative Sue Allor was nominated for the Go to Bat Award from the Northern Region. Gary Wnuk reported it is very important for a commissioner to be a conduit between the CMH and the county to either support specific bills or be a conduit for communication. Bob Adrian questioned if there was a possibility of presenting a plaque to Representative Sue Allor with board member signatures. Board members were supportive of providing recognition to Representative Sue Allor.

Moved by Gary Wnuk, supported by Roger Frye, to nominate Representative Sue Allor for the Go to Bat Award from the Northern Region. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Albert LaFleche, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Terry Larson. Motion carried.

Nena Sork reported a possible press release would be appropriate. Gary Nowak also suggested we contact Representative Allor to get her opinion on the Section 298 stall.

Moved by Bob Adrian supported by Gary Wnuk, to send a letter to Representative Allor in recognition of her nomination for this award. Roll call vote: Ayes: : Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Albert LaFleche, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Terry Larson. Motion carried.

3. Advisory Council

Les Buza reported the Advisory Council meeting was very informative. He reported the members viewed a video on the virtual Walk a Mile in My Shoes Rally held in late September. This rally traditionally held in May but due to COVID was delayed. CMHAM informed our Agency the day before the rally of the event, which precluded participating for our group. Rebecca Stockford, new Council member, attended the meeting in person. Rebecca provides screening of visitors at the entry some days.

XII. Operations Report

Mary Crittenden provided an update on the services provided for the month of November. Overall, 1,006 individuals received services during this past month. With the increase of COVID cases in the area, some of the programs' numbers were down slightly.

XIII. Chair's Report

Eric Lawson welcomed new Board member Lynette Greskowiak, representing Alpena County, and thanked Gary Wnuk for his service noting he appreciates the value Mr. Wnuk has brought to the Board.

1. By-Law Review

Board members reviewed the by-laws. The Nomination's Committee was discussed as to whether this is a Standing Committee, adhoc committee or really needed. This could be a function of the full Board. The language will be addressed and a proposal will be made to the Board at their January meeting. Gary Nowak suggested changing the appointments to a two-year term versus a one-year term. Nominations would be from the floor rather than a Slate of Officers being presented. Gary Wnuk questioned whether under Section 4 Removal of an Officer if the vote should be 2/3 versus the majority of the Board. Board members felt the simple majority would be adequate. Members also discussed the need to have a meeting evaluator; however, this is a requirement of CARF. Bob Adrian suggested Board packets be submitted electronically to Board members versus receiving hard copies to save mailing costs. Bob indicated the county has a board book that is accessible by the public as well as board members.

Discussion ensued related to Section 8. Decorum during Debate. In question is the sentence "Such person shall thence be seated until the Chair shall have determined whether the person is in order." As the person from the public presenting information does not always stand the wording may need to be revised. Possibly be worded to indicate the Chair will provide warning to the individual of possible removal if found unruly. Gary Nowak reported, under "Committees," the Executive Committee appointments are based by the officer position held by the member. Gary Wnuk questioned the quorum definition of 50% and suggested that possibly this should be 50% plus one. The Policy Governance guidelines will be checked for his concern.

Gary Nowak departed the meeting at 4:15 p.m.

XIV. Director's Report

1. Director Report

Nena Sork reported she continues participation in the Northern Michigan Opioid Response Consortium (NMORC) Prevention Committee and on the Board. She reported internally protocols were sent out to supervisors to provide guidance on how staff should be operating in today's COVID environment. She reports at this time the Spring Board Conference is still scheduled as a face-to-face gathering. The Winter Conference will continue as a virtual setting. She reports she continues participation in the Emergency Managers conference call. In addition, District Health Department #4 (DHD4) has requested we survey our staff related to their intent/willingness to receive the COVID vaccine when available. This will assist DHD#4 in planning for administration. A survey will be sent out to staff yet this week.

Nena Sork informed Board members of the hiring of a new Residential Manager, Nicole Kaiser. She also reported a new group was formed through the AMA/ESD with collaborative community partners. This group will be addressing student concerns in the community since COVID and associated truancy.

The Consent Agenda for this meeting contained a sub-lease for one of our providers we now contract with to provide autism services for the Agency. Since the mailing went out, the second provider we use for autism services has also requested to lease a conference room at the Fletcher Street Office to conduct testing. This will be \$14 each day they use it beginning January 5, 2021.

Moved by Roger Frye, supported by Gary Wnuk, to approve the sub-lease of the Fletcher Street Office to Autism of America as presented. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Albert LaFleche, Eric Lawson, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Terry Larson, Gary Nowak. Motion carried.

Nena Sork reported the staff holiday luncheon/party has been postponed until the environment is safer to host a gathering. Nena reported recruitment efforts continue for vacant positions. Staff are being very cautious during the recent surge in COVID cases. Staff have had to quarantine. At this

point, staff shortages have been manageable. She reports the morning calls twice a week continue to keep everyone connected during this restricted time. All essential services continue to be provided.

XV. Information and/or Comments from the Public

There was no information or comments presented.

XVI. Information and/or Comments for the Good of the Board

Gary Wnuk reported he has enjoyed serving on this Board. He notes a family member has a mental illness and reports he appreciates the work done by the Board in the various programs. He reports he recognizes the good work done by staff. Les Buza reported when his daughter was discharged from the Mt. Pleasant Center she was put in this area and he was very appreciative of the services she received.

XVII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, January 14, 2021 at 3:00 p.m.

1. Set January Agenda

The January agenda items were reviewed.

XVIII. Evaluation of Meeting

Gary Wnuk reported the meeting began on time. He reported there was much discussion and interaction. The Board is engaged and understands their purpose.

XIX. Adjournment

Moved by Les Buza, supported by Gary Wnuk, to adjourn the meeting. Motion carried. This meeting adjourned at 4:32 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: January 4, 2021

1. Contracts/Agreements

a. Merit Network Inc.

Merit Network, Inc. is a non-profit organization committed to providing internet access – including Internet2 access – and other network-based services to the educational, governmental, health care, and research needs of the state of Michigan. Merit will provide the Agency's internet access to the offices located in Alpena, Montmorency and Presque Isle. The cost of this service has an annual recurring fee of \$1,620 and annual access fees of \$5,700. We recommend approval of this Agreement.

b. The Regents of the University of Michigan [MC-3 Grant]

This is a continuation agreement where under a grant from the Michigan Department of Health and Human Services and The Regents of the University of Michigan provides \$31,961 in funding to this Agency to provide behavioral health consultation services to address services for children, adolescents and perinatal women based upon recommendations by the MC3 consulting psychiatrist. The consultant identifies and contacts primary care providers and practices in our catchment area to create awareness of MC3 and coordinate informational meetings with them. We recommend approval of this award.

POLICY CATEGORY:
POLICY TITLE AND NUMBER:
REPORT FREQUENCY & DUE DATE:

Executive Limitations
Emergency Executive Succession
Annual: January 2021

POLICY STATEMENT:

In order to protect the board from sudden loss of the Executive Director services, the Executive Director may not have less than one other executive familiar with board and Executive Director issues and processes.

- **Interpretation**

I interpret the policy to require plans to address two possible scenarios: 1) the temporary assumption of the Executive Director’s responsibilities during, for example, a brief period of illness, and 2) the assumption of these responsibilities if the Executive Director’s position were to be suddenly vacated.

- **Status**

“Scenario 1” In the event of a temporary absence there should not be a significant problem with the current administrative staffing available at the agency. The Leadership Teams [Management and Clinical Leadership], our program managers and clinical staff are competent and capable of managing services on a day-to-day basis.

In “Scenario 2” situations, Mary Crittenden (Chief Operations Officer) with assistance of the Leadership Teams [Management and Clinical Leadership] and Erin Fletcher (Clinical Director) is well qualified to step in as interim director while the Board considered its options. With many long-standing members of the Administrative Team, I am confident the operations would not be adversely impacted, under Ms. Crittenden’s guidance.

SUMMARY:

We are fortunate to have a strong contingent of management staff members, many of whom have been employed for a lengthy period of time, on whom the Board will be able to rely if need be.

Board Review/Comments

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relevant and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

EXECUTIVE LIMITATIONS

(Manual Section)

EMERGENCY EXECUTIVE SUCCESSION

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
January 9, 2020

●1 **POLICY:**

In order to protect the board from sudden loss of Executive Director services, the Executive Director may not have less than one other executive familiar with board and Executive Director issues and processes.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

BOARD STAFF RELATIONSHIP

(Manual Section)

EXECUTIVE DIRECTOR ROLE

(Subject)

Board Approval of Policy
Last Revision to Policy Approved by Board:

August 8, 2002
January 09, 2020

●1 **POLICY:**

The Executive Director is accountable to the board acting as a body. The board will instruct the Executive Director through written policies, delegating to him or her interpretation and implementation of those policies.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Extension of FY19-20 NMRE Contract
DATE: January 4, 2021

As the Department has not finalized the contracts for this fiscal year, the Northern Michigan Regional Entity is again extending the current contract through February 28, 2021. Once the Department's FY20-21 contract is finalized, the NMRE will be able to prepare the sub-contract for our Agency. We recommend approval of this contract extension.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

BYLAWS

PREAMBLE^[DH1]

Recognizing the responsibility of the Alcona, Alpena, Montmorency, and Presque Isle County Boards of Commissioners to provide suitable mental health services to the above named counties, the boards of commissioners have duly appointed a Community Mental Health Board as a Mental Health Authority according to Public Act 258, 1974, as amended.

Recognizing further the responsibility of this Authority in upholding the best interests of the citizens through concerted effort in providing and maintaining mental health services in accordance with Public Act 258, 1974, as amended, the Northeast Michigan Community Mental Health Authority hereby organizes in conformity with bylaws and regulations herein-stated.

For the purpose of these bylaws, whenever the term "Authority" shall appear, it shall be interpreted to mean the Northeast Michigan Community Mental Health Authority, who shall have authority in the government of the county mental health services for the above-mentioned counties. Whenever the term "Board" shall appear, it shall be interpreted to mean the Board of Directors of the Northeast Michigan Community Mental Health Authority. Whenever the term "Department" is used, it shall be interpreted to mean the Michigan Department of Health and Human Services.

ARTICLE I - NAME

The name of this Board shall be the NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY.

ARTICLE II - MISSION

To provide comprehensive services and supports that enable people to live and work independently.

ARTICLE III - DUTIES

This community mental health authority shall:

- A. Examine and evaluate the mental health needs of the counties it represents and the public and nonpublic services necessary to meet those needs.

Approved by the Northeast Board – March 10, 1994

Last revision approved by the Northeast Board – ~~December 13, 2018~~ January 14, 2021??

- B. Review and approve an annual plan and budget for the program. (The format and documentation of the annual plan and budget shall be as specified by the Department.)
- C. Provide and advertise a public hearing on the annual plan and budget.
- D. Submit to each board of commissioners a copy of the Board's needs assessment, annual plan and requests for new State funds.
- E. Take such actions as it deems necessary and appropriate to secure private, federal, and other public funds to help support the program.
- F. Approve and authorize contracts for services.
- G. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the program.
- H. Appoint an executive director of the community mental health program who shall meet standards of training and experience as established by the Department in Administrative Rules.
- I. Establish general policy guidelines within which the director shall execute the program.
- J. Subject to the provisions of Chapter II of Public Act 258, 1974, as amended, the Authority may enter into contracts for purchase of mental health services with private or public agencies.

Contracts may be entered into with any facility or entity of the Michigan Department of Health and Human Services with the approval of the Michigan Department of Health and Human Services.

ARTICLE IV- MEMBERSHIP

Section 1. Appointment

The county boards of commissioners of the counties involved, being Alcona, Alpena, Montmorency, and Presque Isle, shall establish a 12-member community mental health authority board of directors. Each board of commissioners shall appoint the board members from its county.

Section 2. Composition

The composition of the Board shall be as specified in the Mental Health Code, section 222.

Section 3. Terms; Vacancies; Removal of Member

The term of office of a board member shall be three (3) years from April 1 of the year of appointment. Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board members are encouraged to attend all board meetings. If a Board member misses two consecutive meetings without advance notice to the Board Chairperson or his or her designee, a letter from the Board Chairperson will be sent to the board member inquiring about the member's intent to fulfill his or her term of office. If no response is received within 30 days, a second letter will be sent with a copy to the Chairperson of the appointing County Commission. If no response is received within 30 days, a letter will be sent to the Chairperson of the appointing County Commission requesting the removal of the board member according to the requirements of the Mental Health Code, § 224, which states in part: A board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office.

ARTICLE V - OFFICERS

Section 1. Officers; Election; Term of Office

The officers of this Board shall consist of a Chair, Vice-Chair, and Secretary who shall perform the duties usually pertaining to such offices or as provided by the Board. All officers shall be elected for a term of one year and shall hold office until the next regular election; such election to be held at the April meeting of each year.

The annual election of Board Members to Board Offices shall be conducted in the following manner:

- By the October Meeting, ~~prior to the April election, the Chair will recommend to the Board, subject to the approval of the Board, a "Board Officers Nominating Committee", a Special Committee of the Board which shall exist for the sole purpose of nominating candidates to fill the positions of the Board's Offices; that Committee~~ or as needed to fill Board vacancies, the Chair will appoint a "Board Member Composition Committee," which shall consist of at least four and no more than six Board Members, preferably one from each county ~~and excluding the Chair.~~

~~The Nominating Committee shall also~~ This Committee shall review the terms of all Board members with terms expiring and to identify the need for individuals with lived experience consumer ~~or consumer~~ a family member of an individual with lived experience for potential representative appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county Boards of Commissioners as necessary by the Board's Chair or his/her designee.

- By At the March Meeting, ~~that Committee shall report its recommendations to the~~the Chair shall lead discussion with the Board's ~~for its members' in developing a Slate of Officers for~~ consideration prior to the April election meeting.
- During the April Meeting, a slate of candidates for the Board's three offices shall be placed in nomination ~~first by the Nominating Committee, which shall give its report at the call of the Chair.~~
- Election of the Board's Chair for the next year shall be the first election, and shall be conducted by the current Chair, who shall ~~state the Nominating Committee's nomination, then~~ ask ~~if there are any [further]for~~ nominations from the floor; if/when none is heard after *three* such invitations, then the Chair shall declare that nominations are closed and the election may proceed.
- Balloting may be by voice, by show-of-hands or by secret written ballot at the request of any Board member, ~~as the Board may determine in advance or by its majority vote at any time during the election process;~~ a majority of votes cast shall determine the outcome of the election.
- Following the election of a new Chair (and assuming the current Chair does not succeed to the office), the immediate-past-Chair shall relinquish the chair to the new Chair, who shall conduct the balance of the elections in the same manner.
- Elections then proceed in this order:
Vice-Chair... then Secretary.
- Newly-elected officers assume their offices immediately upon elections.
- If questions of procedure arise before or during the meeting or elections, the Board shall resolve these questions via reference to its ByLaws, Policies and/or Robert's Rules.

Section 2. Duties

Chair - The Chair shall be the presiding officer at all meetings of the Board; shall be an ex officio member of all committees; shall appoint the Chair of the standing and special committees; shall sign and execute in the name of the Board; shall call meetings of the Board; shall work with the Executive Director to create the meeting agenda; and shall perform such other duties as are required by the Board.

Vice-Chair - The Vice-Chair, in the event of the incapacity or absence of the Chair, shall assume the duties prescribed to the Chair. In the absence of the Chair from a meeting of the Board, the meeting shall be called to order by one of the officers of the appointed Board, designated as temporary Chair, in the following order of precedence:

Vice Chair ... then Secretary.

If the Chair does arrive, the temporary Chair shall surrender the chair to him/her.

Secretary - The Secretary or his/her designee shall send appropriate notices ~~and prepare agendas for all meetings of the Board~~, shall act as custodian of all records and reports, and shall be responsible for the keeping and reporting of adequate records of all meetings of the Board.

Section 3. Additional Officers

The Board may elect or appoint such other officers or agents as it may deem necessary for the transaction of business of the Board, and for terms to expire the same as other officers provided for in these Bylaws.

Section 4. Removal of an Officer

The Board may remove an Officer for just cause by the majority of the Board (7). A member removed from office shall remain a member of the Board unless he or she is removed from the Board by the appointing board of commissioners according to Article IV, Section 3.

Section 5. Replacement of an Officer

Should an Officer be unable to finish their term of office, the Board Chair will appoint a replacement for the position vacated, preferably from the same County to assure equal representation on the Executive Committee. If the appointee rejects the appointment, the Chair will appoint another Board member.

ARTICLE VI - MEETINGS

Section 1. Regular Meetings

The board of directors of Northeast Michigan Community Mental Health Authority shall hold at least twelve regular meetings annually at a time and place to be designated by the Chair of the Board. All meetings of the Board shall be open to the public and shall be held in a place available to the general public. All meetings shall be held in accord with 1976 P.A. Act 267 (the "Open Meetings Act") and 1976 P.A. 422 (the "Freedom of Information Act"). Within ten days after the April meeting of the Board in each year, the Secretary shall post a public notice stating the dates, times and places of its regular meetings.

If there is a change in the schedule of regular meetings of the Board, there shall be posted within three days after the meeting at which the change is made, a public notice stating the new dates, times, and places of its regular meetings.

Upon written request, at the same time a public notice of meeting is posted, the Secretary shall provide a copy of the public notice of that meeting to any newspaper published in the state and to any radio and television station located in the state, free of charge.

Other requirements pertaining to regular meetings of this Board contained in Public Act 267, 1976 shall be adhered to.

The agenda for regular meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Pledge of Allegiance
- Appointment of Evaluator
- Acknowledgement of Conflict of Interest
- Information and/or Comments from the Public
- Board Training
- Approval of Minutes
- Consent Agenda
- Monitoring Reports
- Policy Review, Approval & Self-Evaluation (if any)
- Linkage Reports
- Operation Report (if any)
- Chair's Report
- Director's Report
- ~~Operation's Report (if any)~~
- Next Meeting – Setting Agenda
– Meeting Evaluation
- Adjournment

Section 2. Special Meetings

Special meetings of the Board may be called by the Chair or upon written request of any three members of the Board filed with the Secretary or his/her designee. Notices of a special meeting shall be given by one of the following means or as required by the Open Meetings Act:

- a. Personal notice by telephone or otherwise to each Board member at least 24 hours before such meeting.
- b. Public notice at least eighteen hours before such meeting, stating date, time, and place.
- c. As otherwise determined by the Chair.

Each notice of a special meeting shall state the time, place, and purpose thereof.

The agenda for special meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Statement of Purpose of Meeting
- Transaction of Business According to Stated Purpose
- Adjournment

Section 3. Closed Meetings

A 2/3 majority roll call vote of appointed Board members shall be required to call a closed session, for purposes stated in Section 8, Public Act 267, 1976. The roll call vote and the purpose or purposes for calling the closed meeting shall be entered into the minutes of the meeting at which the vote is taken.

Section 4. Meeting by Remote Communication

A Board member may participate in a meeting by conference telephone or any similar communication equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

Section 5. Minutes

The Board shall keep minutes of each meeting showing the date, time, place, members present, members absent, any decisions made at a meeting open to the public, and the purpose or purposes for which a closed session is held. The minutes shall include all roll call votes taken at the meeting.

Minutes shall be public records open to public inspection and shall be available at the address designated on posted public notices pursuant to Section 1. Copies of the minutes shall be available to the public at a reasonable estimated cost for printing and copying.

Proposed minutes shall be available for public inspection no later than eight (8) business days after the meeting to which the minutes refer. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting at which the minutes are approved by the Board.

A separate set of minutes shall be taken by the Secretary or his/her designee at the closed meeting; these minutes shall not be available to the public, and shall only be disclosed if required by a civil action filed under Section 10, 11, or 13 of Public Act 267, 1976. These minutes may be destroyed one year and one day after approval of the minutes of the regular meeting at which the closed meeting was approved.

Section 6. Materials to be Furnished Board Members

Insofar as possible, all members of the Board shall be mailed a copy of the proposed agenda and copies of all material to be considered at regular Board meetings in advance of such meetings, ~~unless this requirement shall be waived by unanimous consent of Board members present at any regular meeting; provided,~~ however, that any Board member or the Director may place an item on the agenda by requesting the Chair to include such item or items.

Insofar as possible, all members of the Board shall be mailed copies of the agenda to be considered at special Board meetings, unless this requirement shall be waived by unanimous consent of all Board members.

Section 7. Quorum and Voting

One-half plus one of the appointed Board members, which shall include one officer, shall constitute a quorum of the Board. Consistent with Robert's Rules of Order, motions made during Board and committee meetings shall require a second in order to be considered. The affirmative vote of the majority of the votes cast shall be required for the passage of any motion or resolution at any meeting of the Board or its committees. The Chair of the Board will be allowed to vote.

It shall be the prerogative of any Board member to require a roll call vote on any motion.

Section 8. Decorum during Debate

Board members shall confine their remarks to the question, be courteous in their language and behavior, not arraign the motives of another board member and emphasize it is not the individual, but the measure which is subject of debate. The Chair will assure enforcement of these behavioral guidelines.

The Chair shall call to order any person who is being disorderly by speaking or otherwise disrupting the meeting proceedings by failing to be courteous, by speaking longer than a reasonable time or by speaking vulgarities. Such person shall thence be ~~seated until the Chair shall have determined whether the person is in order~~ warned by the Chair that he/she may be expelled from the meeting and, ~~If the person shall have been ruled out of order,~~ he/she shall not be permitted to speak further at the same meeting except upon special request of the board. If the person continues to be disorderly and disrupt the meeting, the Board Chair or a designee shall contact local law enforcement to have said individual removed from the meeting. No person shall be removed from a public meeting except for an actual breach of the peace committed at the meeting.

ARTICLE VII - COMMITTEES

The Board of Directors shall establish the following standing committees: Executive Committee and Recipient Rights Committee. The standing committees shall perform such functions and duties as designated by the Board.

At the annual organizational meeting of the Board, the Chair of the Board shall appoint the Chair and members of the standing committees; those persons shall be members of the Board, except that the Recipient Rights Committee membership may include Community Mental Health Board members, staff personnel, government officials, attorneys, mental health consumer interest group representatives, or other persons, at the discretion of the Board Chair.

The Chair shall appoint the chair and members of special committees, subject to the approval of the Board; those persons need not be members of the Board, shall be counted for quorum and shall be eligible to vote on committee matters. The Chair of the Board shall be the only ex officio member of any and all standing committees, shall be included in counting for quorum, if present, and shall be eligible to vote.

The Board may establish such other committees as it deems proper.

All standing and special committees shall meet upon the call of the committee Chair, with the concurrence of the Board Chair, to consider whatever business is before said committee in order to recommend appropriate action to the Board.

Committees of the Board may meet by teleconference providing all requirements of the Open Meetings Act are met including providing and announcing a location at which members of the public may attend and hear the entire deliberations of the committee and all committee members.

Matters reported by a committee may be reported with a recommendation for Board action, or solely for the information of the Board.

Tenure on standing committees shall be for a one-year term beginning in April or until the appointment of a new committee; however, nothing herein shall be construed to prevent reappointment of any committee member.

Nothing contained in this Article shall be construed to deny any Board member the right to attend any meeting of any standing or special committee.

For Board committees a quorum shall be defined as equal to at least fifty percent (50%) of the committee membership.

Notices to the public regarding committee meetings shall be posted pursuant to Section 5, Public Act 267 of 1976, and Article VI of these Bylaws.

Section 1. Executive Committee

The Executive Committee shall consist of four members: the Chair, Vice-Chair, Secretary of the Board and immediate past Chair. If the immediate past Chair is no longer a current member of the Board, the Board shall elect an additional board member to serve as an at-large member of the Committee. It is the preference of the Board to have all four counties represented on the Committee. This committee shall have authority to act on behalf of the Board during the period between meetings of the Board, subject to any prior limitation imposed by the Board and with the understanding that all matters of major importance be referred to the Board.

At the request of the board (by consensus or majority vote) or the Chair, tThis Committee ~~shall~~may research and apprise Board members of proposed, pending and current legislation pertaining to mental health services, and shall recommend a Board position.

Section 2. Recipient Rights Committee

This Committee shall advise the Board and Director concerning implementation of policy as it relates to the Recipient Rights system and shall review the operation of the Office of Recipient Rights in accordance with Section 757 of the Mental Health Code. This Committee shall serve as the Appeals Committee under Section 784.

ARTICLE VIII - DIRECTOR OF COMMUNITY MENTAL HEALTH AUTHORITY

The Director of the Northeast Michigan Community Mental Health Authority shall be selected by the Board. The Director shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as may be adopted by the Board, or any of its committees to which it has delegated authority. The Director shall ensure that appropriate orientation programs for new Board members and continuing education programs for all Board members are carried out and shall represent the Board in all areas in which the Board has not formally designated some other person to so act.

ARTICLE IX - MISCELLANEOUS

Section 1. Amendment and Adoption of Bylaws

These Bylaws may be amended or repealed by the affirmative vote of a majority of the members of the Board present at any regular or special meeting of the Board if notices of the proposed amendment or repeal are contained in the written notice of the meeting, such notice to be given prior to such a meeting by ordinary mail. Bylaws may also be amended without notice by a three-fourths vote of the Board members present.

Section 2. Rules of Order

Robert's Rules of Order shall be the parliamentary guideline for all matters of procedure not specifically covered by the Bylaws or by specific rules or procedures adopted by this Board.

Section 3. Conflict of Interest

No Board member shall in any way be a contractor for purposes of remuneration of this Authority or its contracting agencies unless a competitive bid process is utilized, the Board member discloses the association and affiliation, and a two-thirds (2/3) majority vote of the Board supports such a contract.

Section 4. Employment

Employment of a Board member or any member of his or her immediate family is prohibited.

Section 5. Suspension of Rules

The rules governing all matters of procedure of the Board provided in the Bylaws and in subsequent governing resolutions may be temporarily suspended at any time by the unanimous consent of the members present to facilitate the accomplishment of any legal objectives of the Board.

Section 6. Depository

As a Mental Health Authority, the Board may act as its own depository of funds, or, at its discretion, designate a county willing to act as depository.

Section 7. Per Diem and Reimbursement

Board members shall be paid in accord with the payment schedule for Northeast Michigan Community Mental Health Authority.

Section 8. Assurances

With respect to both employment practices and services rendered, the Authority will not discriminate against persons because of religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation or physical or mental handicap.

No service or program provided by the Authority will be withheld from any person on the basis of residence in a county other than Alcona, Alpena, Montmorency, and

Presque Isle counties. If a person cannot meet financial obligations incurred by such program or service, the county of residence will be billed.

FEBRUARY AGENDA ITEMS

Policy Review

Asset Protection 01-007

Policy Review & Self-Evaluation

Board Committee Principles 02-005

Delegation to the Executive Director 03-002

Monitoring Reports

Treatment of Consumers 01-002 (Recipient Rights Report)

Staff Treatment 01-003 (Turnover Report)

Budgeting 01-004 (Finance Report)

Financial Condition 01-005 (CPA Audit Report)***

Asset Protection 01-007 (CPA Audit Report)***

Activity

Ownership Linkage

Educational Session

*** This will be delayed due to late onset of audit

WEEKLY Update

December 18, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

TABLE OF Contents

CMH Association and Member Activities	3
<i>New! CMH and provider crisis lines now posted on CMHA web.....</i>	<i>3</i>
<i>New! CMHA members eligible for National Council COVID-19 Relief Fund.....</i>	<i>3</i>
<i>Recipient Rights Booklet: Annual Bulk Order & Personalization Available</i>	<i>3</i>
<i>CMHA and partners announce cultural and linguistic competence learning community.....</i>	<i>4</i>
State & National Developments and Resources.....	5
<i>New! Live Q&A sessions and other resources for AFCs and HFAs on COVID-19 Emergency Response....</i>	<i>5</i>
<i>New! Michigan Health Alert Network COVID-19 immunization updates</i>	<i>6</i>
<i>New! Blazing New Trails: federal Administration for Community Living announces Direct Support Professionals support competition</i>	<i>6</i>
<i>New! Value of and need to better support Direct Care Workers.....</i>	<i>6</i>
<i>New! Youth Suicide Prevention Summit presentation resources.....</i>	<i>7</i>
<i>New! Michigan releases COVID-19 Vaccination Interim Prioritization Guidance</i>	<i>7</i>
<i>New! Resources – valuable to persons served and staff - available to CMHA members - Michigan's Stay Well program (COVID-related crisis response system)</i>	<i>7</i>
<i>New! Longtime CMHA partner and Michigan Health Endowment Fund staff issues paper as part of Columbia University Square One Justice Project</i>	<i>8</i>

<i>New! As a physician and a patient, i've seen the damage caused by the stigma of addiction. It must end</i>	8
State Legislative Update	9
<i>New! Legislative Video Update added to CMHA's Website</i>	9
<i>New! Lame Duck Session – To Be Continued</i>	9
<i>DHHS EMERGENCY ORDERS</i>	10
<i>Executive Orders Signed</i>	11
Federal Update	11
<i>House Passes Short-Term Federal Funding</i>	11
<i>The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities</i>	11
Education Opportunities	13
<i>Improving Outcomes Virtual Conference – Registration Open</i>	13
<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open</i>	14
<i>VIRTUAL Pain Management and Mindfulness Trainings – Registration Open</i>	14
<i>New! 2021 Virtual Annual Winter Conference – Registration Opens January 1, 2021</i>	15
<i>FY21 Virtual Motivational Interviewing College Trainings – Registration Open</i>	16
<i>Practicing Effective Management Virtual Training</i>	17
Education & Training Resources from Great Lakes MHTTC	17
<i>Catalog of MHTTC resources</i>	17
News from Our Preferred Corporate Partners	18
<i>Abilita: Are you ready for E-911?</i>	18
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma</i> ..	18
CMH Association's Officers & Staff Contact Info	18
<i>CMHA Officers Contact Information:</i>	18
<i>CMHA Staff Contact Information:</i>	19

CMH Association and Member Activities

New! CMH and provider crisis lines now posted on CMHA web

While the access numbers for all the state's CMHs have been posted on the CMHA website, for years, the 24/7 crisis lines numbers have not. Now those crisis numbers are a part of the CMH listing section, searchable via an interactive map. (Acknowledgement to our partners at BHDDA/MDHHS who developed this map and keep it updated). The CMH maps, access numbers, websites and crisis numbers are [found here](#).

New! CMHA members eligible for National Council COVID-19 Relief Fund

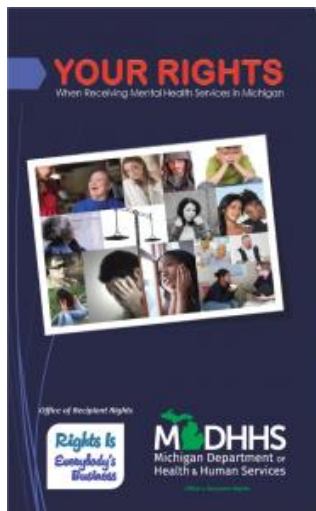
For those who are not aware, the National Council's COVID-19 Relief Fund is still disbursing unrestricted funds (up to \$1000) to our non-profit members.

Any and all CMHA are eligible to receive these dollars – which can be used to acquire PPE, cleaning supplies, secure telehealth equipment, or for any other needs – by [applying here](#). The application should only take about 5 minutes to complete.

If you have any questions about the National Council's COVID-19 Relief Fund, please feel free to reach out to my colleague Jeremy Attermann (JeremyA@TheNationalCouncil.org).

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute “Your Rights When Receiving Mental Health Services in Michigan” booklet to each recipient receiving services. **Last revised 12/2020.**



Section 330.1788 (788 for short): Please be advised that per MDHHS, the current Recipient Rights booklet can continue to be used, if a label is placed on page 37 of the booklet over section 788, that states, “Section 1788 has been rescinded. If you have a dispute related to your service planning or the services provided by a Community Mental Health Services Program (CMHSP) or a contracted service provider of a CMHSP, you have the right to mediation under section 1206(a)”.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 51¢ per booklet. Orders must be received by January 8, 2021 to qualify for the discount. Any booklets ordered after January 8, 2021, will be charged 63¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an**

additional charge of \$100 per order. Personalization is only offered annually – deadline is January 8, 2021. The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork via email in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets at no additional cost.

Prices for Booklets:

- Cost Per Booklet if Ordered on or before **January 8, 2021: 51¢ (Plus Shipping)**
- Cost Per Booklet if Ordered After **January 8, 2021: 63¢ (Plus Shipping)**

Payment is *required* when the order is placed.

Shipments will take place within 60 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

CMHA and partners announce cultural and linguistic competence learning community

Great Lakes Mental Health Technology Transfer Center, Michigan Developmental Disability Council, and CMH Association of Michigan announce the [Cultural and Linguistic Competence Learning Community: Request for Applications](#)

Background

The Great Lakes Mental Health Technology Transfer Center (MHTTC), the Michigan Developmental Disabilities Council and the Community Mental Health Association of Michigan (CMHA) have jointly developed an 8-month-long Cultural and Linguistic Competence (CLC) Learning Community for Michigan's public mental health system – in collaboration with the Georgetown University National Center for Cultural Competence.

This learning community is based on the cultural and linguistic competence framework of the National Center for Cultural Competence at Georgetown University. This framework was introduced by Dr. Vivian Jackson at the CMHA fall conference (2020). This framework, refined and implemented across the country for decades, is nationally recognized for moving individuals, organizations, and communities toward cultural and linguistic competence.

This learning opportunity will consist of an eight-month long Cultural and Linguistic Competence (CLC) Learning Community utilizing the Georgetown CLC framework, running from March 2021 through October 2021.

Team-based learning

The Cultural and Linguistic Competence (CLC) Learning Community will consist of **up to seven (7) teams**. Each team will include up to ten (10) members from each participating organization. Below is a description of the suggested team composition:

Cost

Note that there is **no cost to the participating teams in this learning community**. This learning community is being unwritten by the Great Lakes Mental Health Technology Transfer Center, the Michigan Developmental Disabilities Council, and the Community Mental Health Association of Michigan.

Full Request for Applications

Full Request for Applications: <https://cmham.org/wp-content/uploads/2020/12/CLC-Learning-Community-RFA-final-12.20.pdf>

State & National Developments and Resources

New! Live Q&A sessions and other resources for AFCs and HFAs on COVID-19 Emergency Response

Below are key resources and links from the recent MDHHS Q&A session (December 9th) related to the COVID isolation and quarantine procedures for Adult Foster Care Homes and Homes for the Aged.

Epidemic Order: On December 8, 2020, MDHHS Director Gordon issued a new "Requirements for residential care facilities" Epidemic Order, found [here](#). The order was effective the same day and rescinded the order effective October 26th that had the same title. This information, along with two supporting infographics, is published on the MDHHS Epidemic Orders webpage, found [here](#). We have also updated the AFC/HFA COVID-19 Emergency Response Tool guidance document (attached) with these new requirements.

AFC Q&A series: The next Q&A for AFCs/HFAs will be:

Friday, December 18, 2020 at 11:00 a.m.

(highlighting emergency planning and preparedness and other key themes identified by those attending the December 9 Q&A)

[Click here to join](#) (Persons who are not state employees should choose the "anonymous sign-in" option.)

Save The Date – Future Sessions (same sign in as December 18 Q&A):

Wednesday, December 30th 2 p.m. – 3 p.m.

Wednesday, January 6th 2 p.m. – 3 p.m.

Wednesday, January 13th 2 p.m. – 3p.m.

Please email any questions to fuel the AFC/HFA Q&A sessions to: MDHHS-COVID-AFC-HFA-Response@michigan.gov

[AFC & HFA COVID Response Decision Tool 12-08-2020](#)

[AFC & HFA QA Presentation 12-09-2020](#)

[AFC HFA COVID 19 Emergency Response Decision Tool Guidance Document 12-10-2020](#)

New! Michigan Health Alert Network COVID-19 immunization updates

The Michigan Health Alert Network (MIHAN) is a secure, web-based communication system that was established by the Michigan Department of Health and Human Services, Bureau of EMS, Trauma & Preparedness with guidance and funding from the Centers for Disease Control and Prevention. The MIHAN serves to alert key public health, healthcare and public safety personnel of conditions that could adversely impact the health and safety of Michigan's citizens. The system also provides situational awareness about important but non-emergency health-related information.

As CMHA members and Weekly Update readers, you can access the information and resource of MIHAN at <https://www.michiganhan.org/>.

New! Blazing New Trails: federal Administration for Community Living announces Direct Support Professionals support competition

The Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) is announcing a competition to strengthen the Direct Support Professional (DSP) workforce and overall stability of home and community-based services (HCBS) for individuals with intellectual and developmental disabilities (ID/DD). To achieve this, the Blazing New Trails for Community Based Direct Support Professionals challenge seeks to engage the marketplace to innovate, pilot, and expand innovations that will transform the DSP workforce.”

More information on this competition can be [found here](#).

New! Value of and need to better support Direct Care Workers

Recently Crain's Business Detroit featured several stories and editorials about the value of and need for far better compensation and other supports for Michigan's Direct Care Workers/Director Support Professionals. The editorials were written by members of the DCW Coalition of which CMHA is a longtime member.

The links to these articles and editors can be found below:

[Opinion | Michigan direct care workers, families headed for choppy waters](#)

[Crain's Forum – Caregiving at a crossroads](#)

New! Youth Suicide Prevention Summit presentation resources

For those Weekly Update readers able to attend all or part of the December 9 Youth Suicide Prevention Summit, thank you for your time and commitment to this important work. A recording of the morning session, which includes an overview/purpose for our collective work and presentations from our guest speakers, can be viewed [here](#). The slides from each of the presenters are also available below:

If you participated in one of the workgroups, you have already received or will receive more information soon from your facilitator with next steps. If you are not already in a workgroup and would still like to participate, we are seeking additional volunteers for the workgroup to address safely transitioning students from hospital placement to school (please email me if interested).

[Presentation](#) slides from Representative Luke Meerman, Sara Lewandowski and Nick Jaskiw

[Presentation](#) slides from Elizabeth Koschman, U of M TRAILS

[Presentation](#) slides from Brian and Paul Quinnet, QPR Institute

[Presentation](#) slides from Allen Tien, mdlogix

[Presentation](#) slides from Melissa Reeves, SIGMA

New! Michigan releases COVID-19 Vaccination Interim Prioritization Guidance

In case Weekly Update readers did not see this, CMHA wanted to get something out as quickly as possible regarding a COVID vaccination plan. The Michigan COVID-19 Vaccination Interim Prioritization Guidance can be [found here](#).

Persons working in Adult Foster Care (AFC) homes and other facility-based programs, like hospitals and long-term care sites, will be included in the Tier 1A, priority 2. Tier 1A, priority 2 will be broken into two groups (A & B), group A will be the workers who have direct contact with large number of vulnerable residents, which would include staff who come in and out of the buildings, group B would be the vulnerable residents in these facilities. All other CMH, provider, and PIHP staff who see clients directly are in Tier 1b. These folks will have access to vaccines via hospital labs, pharmacies, and primary care centers – as they would a flu shot.

According to the guidance, timing to administer vaccinations for Tier 1A groups could take up to 5 weeks and Tier 1B groups anywhere from 5 weeks to 10 weeks. As CMHA obtains additional information, look for that information to appear in the Weekly Update.

New! Resources – valuable to persons served and staff - available to CMHA members - Michigan's Stay Well program (COVID-related crisis response system)

In an effort to provide CMHA members with an opportunity to learn more about the Stay Well line, MDHHS and CMHA co-hosted a webinar earlier this week. During this web-based discussion, MDHHS and their Stay Well partners outlined a number of resources available to CMHA members as you work to help your staff and communities understand and make wise use of the Stay Well initiative. Those resources are outlined below:

1. Stay Well website: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_99557---,00.html

At this site, you will find:

- Mental health webinars
- Registration for on-line live support groups
- The full set of mental health and related crisis lines in the state -including the link to the CMH crisis line listing: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_99557---,00.html
- A set of very sound video resources
- A large set of behavioral health guides – **designed around specific populations in your communities and the community-at-large** (many in languages other than English)
- A sound set of guides for **supporting your colleagues/staff** during the pandemic:
- [Supporting Emotional Health of the Health Care Workforce](#)
- [Supporting First Responders During COVID-19](#)
- [Supporting Emotional Health of the Behavioral Health Workforce During COVID-19](#)

2. MDHHS's Stay Well Outreach Workers can provide a broad range of Stay Well resources tailored to your organization and community. Those resources include:

- Webinars/live dialogues with and for your organization's staff
- Webinars/live dialogues with your local community

If you are interested in these locally-tailored resources, please contact Jody Lewis at lewisj@michigan.gov

New! Longtime CMHA partner and Michigan Health Endowment Fund staff issues paper as part of Columbia University Square One Justice Project

Lynda Zeller, a long-time partner of CMHA, currently with the Michigan Health Endowment Fund, and formerly the Director of the Behavioral Health and Developmental Disabilities Administration (BHDDA) within MDHHS, recently co-authored a paper as part of Columbia University Square One Justice Project. The press release and the full paper can be [found here](#). The media packet can be [found here](#) for those Weekly Update readers who want to help in getting the work out on this groundbreaking paper.

New! As a physician and a patient, i've seen the damage caused by the stigma of addiction. It must end

In a recent edition of STAT News, Dr. Sean Fogler provides a thoughtful piece about the severe toll stigma has on those with addiction. Many are aware of the harm created by the War on Drugs, the criminal justice system and the pervasive effects of stigma but Dr. Fogler goes further to call out the health care system and our colleagues for being a significant barrier to those who most need our help. The article can be [found here](#).

State Legislative Update

New! Legislative Video Update added to CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high level overview of the key items impacting the public mental health system that (or each) month at the State Capitol. Our first November Briefing features CMHA Associate Director, Alan Bolter, provides a 2020 election recap and gives a quick preview of the upcoming legislative lame duck session which will start in early December.

[Click Here for November Capitol Briefing](#)

New! Lame Duck Session – To Be Continued...

The House of Representatives and Senate have had a busy week as the end of the 100th Legislature nears. Due to the House cancelling session last week it has forced additional days for both chambers. The Senate returns today for a rare Friday session day and the House will return next Monday, December 21, both days are expected to be the last session days of the year for both chambers. Below are a handful of COVID-19-related bills and other health policy-related items that saw legislative action during the week:

- [SB 1246](#) amends the Open meetings Act to handle remote attendance during electronic meetings of public bodies.
Status: This measure passed out of the Senate on December 17 and is heading to the Governor's desk.
- [SB 1185](#) creates the Pandemic Response Health Care Immunity Act which would provide protection from liability for health care provider and health care facilities that provided services under circumstances related to the pandemic, with some exceptions. The legislation repeals and replaces an immunity bill that passed earlier in the year and now applies to services provided from October 30-2020 through February 13, 2021. In addition, the newly created act would apply to psychiatric hospitals, psychiatric units, and nursing home care and recovery centers.
Status: The measure passed out of the House on December 17 and heads back to the Senate for concurrence.
- [SB 1253](#) amends the Public Health Code to limit the duration of epidemic orders to 28 days unless the legislature approves of an extension.
Status: The measure passed out of the House on December 17 and heads back to the Senate for concurrence.
- [SB 879](#) and [920](#) amends the Insurance Code and Public Health Code to provide for the temporary relaxation of regulations regarding pharmacists and prescriptions until March 31, 2021. Specifically, the bill package would, among other things, allow for emergency refills of up

to a 60-day supply for covered maintenance prescription drugs, and provides coverage for an early refill of any 30-day or 60-day covered maintenance prescription drug up to a 90-day supply.

Status: These measures passed out of the House on December 17 and await concurrence votes in the Senate.

In addition, the Senate passed concurrent resolution SCR 36, which would create a Joint Committee on Inter-Session Rules and Regulations. The Committee could be empowered to suspend a rule or regulation implemented by an administrative agency subsequent to adjournment of the last preceding session. The suspension would continue no longer than the end of the next regular session. Presumably, the intent is to suspend any orders associated with the state's COVID-19 response; however, there are conflicting interpretations of the actual implications of the resolution.

Finally, the proposed supplemental budget, the Governor has requested nearly \$300 million for COVID-19 relief, including funding for small businesses, unemployment support, and health-related items such as the continuation of a wage increase for Direct Care Workers. The Senate passed a \$250 million supplemental appropriations measure for unemployment relief late last week but the House has not yet acted on the measure as discussions continue. Late Thursday night, the Senate released a general overview of a COVID relief plan that includes expanded virus testing and vaccine distribution, support to address nursing shortages, and an extension of the pay increase for direct care workers. As of this writing, a deal appeared imminent but details remain sparse.

DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For clients still interested, or in need of referencing previous *Executive Orders*, please click [here](#).

Department of Health and Human Services (DHHS) Director Robert Gordon signed a new Emergency Order on mask wearing and gathering restrictions. This DHHS Emergency Order updates the order signed on December 8, 2020 and allows certain indoor activities to resume. The Emergency Order signed today goes into effect Monday, December 21, and remains in effect until January 15, 2021.

Multiple changes are being made under today's DHHS Emergency Order from the December 8 order, mainly allowing indoor activities where Michiganders can remain masked to re-open. Specific changes under the new Emergency Order includes the following: high schools are able to return to in-person learning, which is up to the discretion of local school districts; casinos, theaters, bowling alleys, stadiums/arenas, bingo halls and arcades are all able to re-open with certain safety protocols in place; and outdoor, non-contact sports are able to resume. All indoor settings that are able to re-open must limit their capacity to 100 individuals, food and drink concessions must be closed, and social distancing must be followed/enforced.

Governor Whitmer and DHHS have created multiple infographics to provide further details on the DHHS Emergency Order and COVID-19 in Michigan. These infographics can be viewed below:

- [Social Gathering Guidance](#)

- [Dec. 18 Gatherings Order Infographic](#)
- [Dec. 18 Capacity Limits Flyer](#)
- [Safe Social Pods Guidance](#)
- [Key Metrics Infographic](#)
- [Outdoor Seating Guidance](#)

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer’s Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-181** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 181.

Federal Update

House Passes Short-Term Federal Funding

This week, the House of Representatives passed a short-term continuing resolution (CR) through December 18 to provide appropriators with additional time to reach a spending agreement for fiscal year (FY) 2021. The CR also includes provisions that would extend several expiring health care policies, including Certified Community Behavioral Health Clinics (CCBHCs). The Senate now has until midnight tonight to vote on the CR to avert a shutdown.

The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities



The response to the COVID-19 pandemic has not recognized the importance of the 4.5 million direct care workers in the United States who care for the elderly and people with disabilities.

There are steps policymakers could take to protect direct care workers and help people who depend on their services to stay in their homes

Nancy, a single woman with cerebral palsy, experienced a decline in functioning in middle age. By using a personal care aide (PCA) a few hours each day to help her bathe, dress, cook, and clean, Nancy was able to live on her own for many years.

As her needs increased, she reached limits on what Medicaid would pay. Nancy made the difficult decision to move to assisted living with onsite 24/7 personal care support.

Then COVID-19 hit. Nancy knows the advantages of social distancing, but her care requires close physical contact. Her PCAs take public transportation and care for others besides Nancy. They do not have regular access to personal protective equipment (PPE) because of shortages and lack of priority status to obtain such equipment. The facility attempts to compensate by screening staff members' temperatures and symptoms upon arrival and through reliance on handwashing, but Nancy worries this is not enough. She hears that in some states up to 50 percent of deaths from COVID-19 are people who reside in [long-term-care facilities](#).

Who Are Direct Care Workers?

Nancy's PCAs are one example of direct care workers — people who assist older adults and others with disabilities with daily tasks and long-term-care activities. Half of PCAs work in home-based settings. There are [4.5 million direct care workers](#) in the United States. They are overwhelmingly women (86%), most are people of color (59%), and about a quarter are immigrants. About 18 percent live in poverty and another 44 percent have low incomes. More than half (53%) rely on some form of public assistance; a quarter have Medicaid (26%) or use supplemental nutrition (SNAP) benefits (24%). About one in five lack health insurance. More than half are middle-aged or older (30% over age 55), placing them at higher risk for infection with COVID-19. They are unlikely to have [sick leave](#) if they become ill. Given the aging American population, the direct care workforce is projected to be the fastest-growing segment in the U.S. labor market in the next decade.

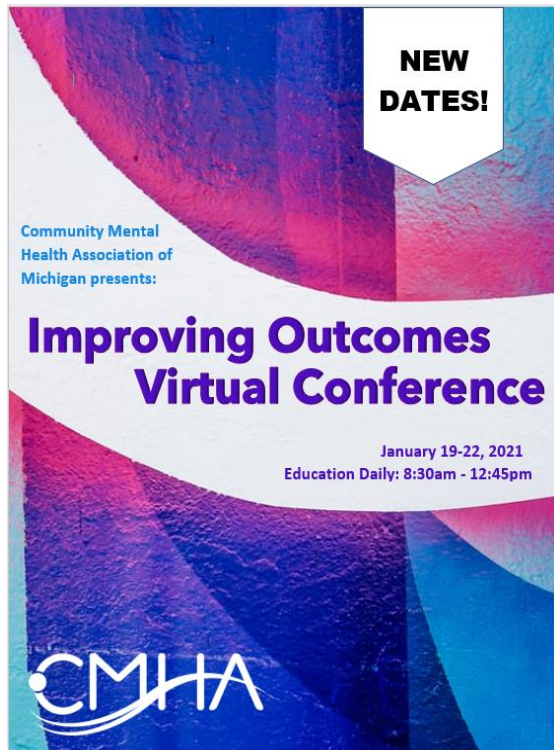
Who Needs Direct Care Workers?

[Twenty million](#) older adults and people with disability need assistance with activities of daily living (e.g., bathing, dressing) and routine daily tasks (e.g., cooking, shopping). The overwhelming majority (17 million) live in the community, rather than in facilities. Most receive assistance from unpaid caregivers — family or friends — but many require support from paid direct care workers. Someone turning 65 today has a 70 percent chance of needing long-term care; 20 percent over 65 will need this support for [five years or longer](#). More than [4 million](#) people receiving personal care in the community have low incomes and qualify for home- and community-based services through Medicaid. [Recipients of home- and community-based services](#) are disproportionately older adults, people of color, have chronic illnesses, and are at high risk for serious illness and death if they contract COVID-19. If their in-home care system falls apart, they could easily end up with worsening health, [hospitalized, or in a nursing home](#).

The full article can be found [here](#).

Education Opportunities

Improving Outcomes Virtual Conference – Registration Open



January 19-22, 2021

Educational sessions will be held daily from 8:30am – 12:45pm

Conference highlights include:

Keynote Addresses:

Updates from MDHHS

Allen Jansen, Deputy Director, Behavioral Health and Developmental Disabilities Administration

CMHA Perspectives on Michigan’s Public Behavioral Healthcare System

Robert Sheehan, MSW, MBA, Chief Executive Officer, Community Mental Health Association of Michigan

How to Manage Disruptive Change: Managing Changes in the Age of Disruption

Adam White, CEO, Adam White Speaks and Adam Empowers

Workshops:

- MSHN Dashboard
- Pathways Residential Module in PCE EMR
- EDIT Session
- Integrating ADTs into Clinical Processes
- What to do Before, During and After an IT Security Breach?
- Using Cloud-Based Contract Software to Reduce Administrative Time and Increase Compliance in CMH Provider Contracting
- Get Ready for 2021 Changes to Evaluation and Management Documentation and Coding Rules

Conference Fees:

CMHA Member: \$70 per person
Non-Member: \$84 per person

The conference registration fee includes access to all keynote sessions, all workshops and electronic handouts.

There will be *NO continuing education credits* for this conference.

Registration Deadline: Registration closes 3 business days prior to the conference.

Payment Due: Payment must be received 3 business days prior to the conference. Conference links will only be sent to paid registrants. Purchase orders are not considered payment. All no shows will be invoiced the full registration amount.

[**CLICK HERE TO REGISTER FOR THE CONFERENCE!**](#)

Congratulations to Thomas Cole, System Administrator at Macomb County CMH Services, the recipient of the 2020 Nick Filonow Award of Excellence

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

- January 11, 2021 (**SOLD OUT**)
- February 22, 2021 ([Register Here](#)) (**33 spots left**)
- March 22, 2021 ([Register Here](#)) (**61 spots left**)
- April 5, 2021 ([Register Here](#)) (**64 spots left**)
- April 26, 2021 ([Register Here](#)) (**63 spots left**)

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees: \$120 CMHA Members \$143 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- January 21, 2021 (**SOLD OUT**)
- March 8, 2021 ([Register Here](#)) (**30 spots left**)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees: \$43 CMHA Members \$51 Non-Members



New! 2021 Virtual Annual Winter Conference – Registration Opens January 1, 2021



CMHAM 2021 Virtual Annual Winter Conference, “Focus on Wellness: Refresh · Renew · Refocus,” will be held in the mornings from February 9-12, 2021.

Here’s some key benefits on why you don’t want to miss this conference!

Reduced Registration Fee: Eliminating the cost of food, meeting room rental, audio-visual rental, and materials allows us to lower our conference fee.

Save on Travel Costs: The extra costs such as mileage reimbursement, hotel overnight costs, meal per diems *substantially increase* the cost of each person attending the conference.

attending the conference.

Group Agency Discounts: For the first time, we’ll be offering discounted tiers for sending multiple attendees from the same agency. **This discount will only be offered until Monday, January 18, 2021.**

	1-4 attendees	5-9 attendees	10-19 attendees	20 or more	Recording Only (no CEs)
Member	\$210 per attendee	\$190 per attendee	\$170 per attendee	\$150 per attendee	\$50 per attendee
Non-Member	\$252 per attendee	\$228 per attendee	\$204 per attendee	\$180 per attendee	\$70 per attendee

Increase your Purchase Power - the Savings Add Up!

- Average cost for In-person conference: \$980/attendee (includes registration fee, overnight, travel and meals)
- Average cost for virtual conference: \$190/attendee
- **Average savings: \$790/attendee**

How Far Does \$3,000 Go? Invest in your staff and board members by making sure they are up to date on the latest evidence-based practices and hot topics in our industry. Traditionally, for \$3,000 a member organization could only send 3 attendees to an in-person conference.

Virtual conferences allow you to stretch that \$3,000 to send 20 attendees!

Time Efficient: The conference takes place in the mornings only - so your afternoons are available for meetings, emails and projects.

Location: You can attend from anywhere that has internet access: office, home, coffee shop, out of state, the beach....the possibilities are endless!

More Accessibility: Virtual conferences are more accessible to a larger and more diverse audience. Traveling long distances and prolonged time away from home, office, personal commitments are no longer barriers with a virtual environment.

The Education Never Ends – Don’t Miss Any Sessions: Usually during in-person conferences, there are so many sessions taking place at the same time – but you can only select 1 per timeslot. With virtual conferences, you’ll have access to view ALL the educational sessions for up to 3 months after the conference concludes (no continuing education credits for viewing the recordings).

FY21 Virtual Motivational Interviewing College Trainings – Registration Open

Registration is now open for the FY21 VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the revamped MI for Leadership & Organizations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
Jan. 11-12, 2021	M.I. Basic	CLICK HERE
Jan. 14-15, 2021	M.I. Advanced	CLICK HERE
Jan. 21, 2021	M.I. Supervisory	CLICK HERE
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE
April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE


Times:

Training(s) start promptly at 9:00am and adjourn at 4:15pm each day. Zoom Waiting Room opens at 8:30am each morning; attendees must be logged on by 8:45am. (All times in EST)

Training Fees:

\$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

Practicing Effective Management Virtual Training

 Practicing Effective Management A Comprehensive Virtual Training to Improve Relationships & Results	<p>4 Half-Day Sessions January 14, 15, 21 & 22 \$379</p> <p>REGISTER NOW at EventBrite or Email MollyR@TBDSolutions.com www.TBDSolutions.com</p>	<p>TBD Solutions is hosting its next Practicing Effective Management Training online on January 14, 15, 21, and 22. This virtual training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.</p>
--	--	---

Since 2016, TBD Solutions has proudly trained more than 300 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, while maintaining a 98% satisfaction rate. To learn more or register for the training, visit <https://www.eventbrite.com/x/practicing-effective-management-tickets-129950135353> or email Molly at MollyR@TBDSolutions.com.

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.



News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out www.abilita.com/michigan-e911 to learn more and find out what you need to do to prepare!

myStrength: new digital behavioral health resources empower consumers to move beyond trauma

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo.](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the direct phone lines and e-mail addresses below:

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org

Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org

Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org

Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org

Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org

Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org

Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org

Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org

Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org

Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org

Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org

Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org

WEEKLY Update

December 11, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

TABLE OF Contents

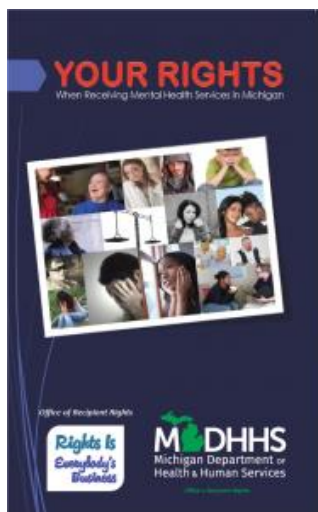
CMH Association and Member Activities	2
<i>New! Recipient Rights Booklet: Annual Bulk Order & Personalization Available</i>	<i>2</i>
<i>New! CMHA and partners announce cultural and linguistic competence learning community</i>	<i>3</i>
State & National Developments and Resources.....	4
<i>New! Important Updates on AFCs and HFAs on COVID-19 Emergency Response.....</i>	<i>4</i>
<i>New! Summary of Michigan’s progress in its work to improve care for justice involved persons</i>	<i>5</i>
<i>New! Partners in Crisis announce 2020/2021 winter event</i>	<i>5</i>
<i>New! Well Being Trust announces well-being/self care resources</i>	<i>6</i>
<i>New! CMS releases information on the best practices for designing and implementing Substance Use Disorder (SUD)-Focused Health Homes.....</i>	<i>7</i>
State Legislative Update	7
<i>Legislative Video Update added to CMHA’s Website</i>	<i>7</i>
<i>New! Governor Whitmer Announces Commission for COVID-19 Vaccination Education</i>	<i>7</i>
<i>New! MDHHS Announces New Crisis Line Launching April 2021.....</i>	<i>8</i>
<i>New! House Cancels Session Due to COVID</i>	<i>8</i>
<i>New! Senate Quickly Moves Extension on ‘No Reason’ Remote Board Sessions Due to House Cancellation</i>	<i>9</i>

DHHS EMERGENCY ORDERS.....	9
<i>New! Executive Orders Signed</i>	10
Federal Update.....	10
<i>New! House Passes Short-Term Federal Funding</i>	10
<i>The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities</i>	10
Education Opportunities.....	12
<i>New! Improving Outcomes Virtual Conference – Registration Open</i>	12
<i>Call for Presentations: 2021 Virtual Annual Winter Conference – Deadline December 16, 2020</i>	13
<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open</i>	13
<i>VIRTUAL Pain Management and Mindfulness Trainings – Registration Open</i>	14
<i>FY21 Virtual Motivational Interviewing College Trainings – Registration Open</i>	14
<i>New! Practicing Effective Management Virtual Training</i>	15
Education & Training Resources from Great Lakes MHTTC	15
<i>Catalog of MHTTC resources</i>	16
News from Our Preferred Corporate Partners	16
<i>Abilita: Are you ready for E-911?</i>	16
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma</i> ..	16
CMH Association’s Officers & Staff Contact Info	16
<i>CMHA Officers Contact Information:</i>	16
<i>CMHA Staff Contact Information:</i>	17

CMH Association and Member Activities

New! Recipient Rights Booklet: Annual Bulk Order & Personalization Available

The Mental Health Code states that CMHSPs are required to distribute “Your Rights When Receiving Mental Health Services in Michigan” booklet to each recipient receiving services. **Last revised 12/2020.**



Section 1788: Please be advised that per MDHHS, the current Recipient Rights booklet can continue to be used, if a label is placed on the booklet that states, “Section 1788 has been rescinded. If you have a dispute related to your service planning or the services provided by a Community Mental Health Services Program (CMHSP) or a contracted service provider of a CMHSP, you have the right to mediation under section 1206(a)”.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 51¢ per booklet. Orders must be received by January 8, 2021 to qualify for the discount. Any booklets ordered after January 8, 2021, will be charged 63¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. **There is an additional charge of \$100 per order. Personalization is only offered annually – deadline is January 8, 2021.** The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork via email in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to adaul@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets at no additional cost.

Prices for Booklets:

- Cost Per Booklet if Ordered on or before **January 8, 2021: 51¢ (Plus Shipping)**
- Cost Per Booklet if Ordered After **January 8, 2021: 63¢ (Plus Shipping)**

Payment is *required* when the order is placed.

Shipments will take place within 60 days after payment has been received.

Order Booklets: To place your order, click here: [ORDER YOUR RIGHTS BOOKS HERE!](#)

New! CMHA and partners announce cultural and linguistic competence learning community

Great Lakes Mental Health Technology Transfer Center, Michigan Developmental Disability Council, and CMH Association of Michigan announce the Cultural and Linguistic Competence Learning Community: Request for Applications

Background

The Great Lakes Mental Health Technology Transfer Center (MHTTC), the Michigan Developmental Disabilities Council and the Community Mental Health Association of Michigan (CMHA) have jointly developed an 8-month-long Cultural and Linguistic Competence (CLC) Learning Community for Michigan’s public mental health system – in collaboration with the Georgetown University National Center for Cultural Competence.

This learning community is based on the cultural and linguistic competence framework of the National Center for Cultural Competence at Georgetown University. This framework was introduced by Dr. Vivian Jackson at the CMHA fall conference (2020). This framework, refined and implemented across the country for decades, is nationally recognized for moving individuals, organizations, and communities toward cultural and linguistic competence.

This learning opportunity will consist of an eight-month long Cultural and Linguistic Competence (CLC) Learning Community utilizing the Georgetown CLC framework, running from March 2021 through October 2021.

Team-based learning

The Cultural and Linguistic Competence (CLC) Learning Community will consist of **up to seven (7) teams**. Each team will include up to ten (10) members from each participating organization. Below is a description of the suggested team composition:

Cost

Note that there is **no cost to the participating teams in this learning community**. This learning community is being unwritten by the Great Lakes Mental Health Technology Transfer Center, the Michigan Developmental Disabilities Council, and the Community Mental Health Association of Michigan.

Full Request for Applications

Full Request for Applications: <https://cmham.org/wp-content/uploads/2020/12/CLC-Learning-Community-RFA-final-12.20.pdf>

State & National Developments and Resources

New! Important Updates on AFCs and HFAs on COVID-19 Emergency Response

Below are key resources and links from the recent MDHHS Q&A session (December 9th) related to the COVID isolation and quarantine procedures for Adult Foster Care Homes and Homes for the Aged.

Please see the links and attachments below.

AFC HFA PowerPoint Presentation Given December 9th

YouTube video link: [MDHHS AFC/HFA Presentation 12092020](#)

Epidemic Order:

On December 8, 2020, MDHHS Director Gordon issued a new "Requirements for residential care facilities" Epidemic Order, found [here](#). The order was effective the same day and rescinded the order effective October 26th that had the same title. This information, along with two supporting infographics, is published on the MDHHS Epidemic Orders webpage, found [here](#). We have also updated the AFC/HFA COVID-19 Emergency Response Tool guidance document (attached) with these new requirements.

"Open Office Hours" Session for Mandatory Testing Info, Friday, December 11th 2pm - 3pm:

Please use this [link](#) to join the COVID-19 Testing and Collections Coordination Team at MDHHS for an Open Office Hours session to help answer questions related to mandatory COVID testing in AFCs and HFAs.

The next Q&A for AFCs/HFAs will be Friday, December 18, 2020 at 11:00 a.m. and will highlight emergency planning and preparedness and other key themes identified from your survey feedback. Please email any questions to: MDHHS-COVID-AFC-HFA-Response@michigan.gov

[AFC HFA COVID Response Decision Tool 12-08-2020](#)

[AFCHSA QA Presentation 12-09-2020](#)

[AFC HFA COVID 19 Emergency Response Decision Tool Guidance Document 12-10-2020](#)

New! Summary of Michigan's progress in its work to improve care for justice involved persons

Recently, MDHHS staff provided an update on the success of Michigan's Improving Care for the Justice Involved Patient (ICJIP) initiative. The key components of the update are outlined below:

- MDHHS received the implementation funding for the next phase of this work from the Michigan Health Endowment Fund. In this phase, MDHHS seeks to expand access to CareConnect360 to booking officers and jail medical staff and to improve Medicaid continuity for releasing individuals.
- MDHHS is currently undertaking the following activities to implement this project:
 - Working with Optum to create new user roles in CareConnect360
 - Working with 8 county jails to provide access to CareConnect360 and integrate it into their workflow and other data systems (Branch, Calhoun, Eaton, Isabella, Kalamazoo, Livingston, Washtenaw, Wayne)
 - Developing best practices guidelines for MDHHS field offices to promote Medicaid continuity and decrease churn

New! Partners in Crisis announce 2020/2021 winter event

2020 Michigan Partners in Crisis Winter Event

The Mental Health Justice Coalition

Below is a recent announcement from the Michigan Partners in Crisis regarding their 2020/21 winter event:



This year, we will have an abbreviated virtual conference, due to COVID-19, that will bring real life observations and experiences to the attention of attendees. This event will take place via Zoom. Once you are registered, you will receive the Zoom information in a confirmation email.

Three panelists will reflect on their own experiences, describe situations that serve as examples and make observations from where they sit in the law enforcement, service and advocacy systems. They will also be asked: In a perfect world of unlimited resources, what changes would you make? What would you like to see in terms of state policy? Where are the gaps in service, and what practical solutions might exist?

Panelists:

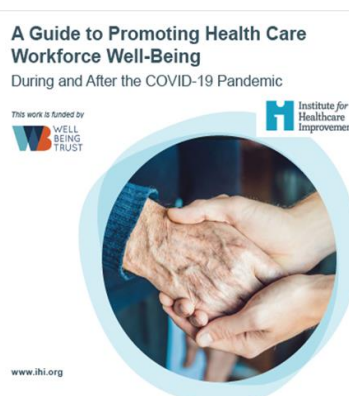
Sheriff Jerry Clayton, Washtenaw County

Lisa Gentz, Washtenaw County Community Mental Health

Jen Baker, Investigator-Advocate, Community and Institutional Rights Division

We hope you can attend this genuine and intriguing session of the [Partners in Crisis Winter Event](#).

New! Well Being Trust announces well-being/self care resources



Over the past four years, Well Being Trust with partners and grantees, have made enormous progress in transforming health care delivery, informing and changing policy, increasing access to care, and addressing upstream factors for improving mental health and well-being. In the context of the ongoing upheaval of the COVID-19 syndemic and other layered crises, this mission is more critical than ever.

Today, the Institute for Healthcare Improvement (IHI) and Well Being Trust (WBT) are releasing two powerful Guides for health care providers, payors, and their community partners to:

- Advance community strategies to save lives from deaths of despair (overdose and suicide) while increasing well-being for all; and,
- Care for caregivers and first responders, who are confronting mental health and substance misuse issues themselves as they care for others during the sustained burdens of COVID-19.

[Resources for Health Systems and Communities to Address Mental Health and Well-Being in the time of COVID-19](#)

The Well Being Trust resources are linked below:

[A Guide for Health Systems to Save Lives from “Deaths of Despair” and Improve Community Well-Being](#)

[Mental Health Action Guide to Stem the Mental Health Crisis from COVID-19](#)

[A Guide to Promoting Health Care Workforce Well-Being During and After the COVID-19 Pandemic](#)

New! CMS releases information on the best practices for designing and implementing Substance Use Disorder (SUD)-Focused Health Homes

Today, the Centers for Medicare & Medicaid Services released a new resource for states to utilize when considering a Substance Use Disorder (SUD)-focused health home program to care for their beneficiaries.

Specifically, this resource provides a description of the best practices for designing and implementing a SUD-focused health home state plan amendment based on the experiences of states with approved SUD-focused health home programs, as required per section 1006(a)(2) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.

The full description of these practices can be found at:

[Best Practices for Designing and Implementing Substance Use Disorder \(SUD\)-Focused Health Homes](#)

State Legislative Update

Legislative Video Update added to CMHA's Website

The Capitol Briefing is a monthly resource available to CMHA members providing a high level overview of the key items impacting the public mental health system that (or each) month at the State Capitol. Our first November Briefing features CMHA Associate Director, Alan Bolter, provides a 2020 election recap and gives a quick preview of the upcoming legislative lame duck session which will start in early December.

[Click Here for November Capitol Briefing](#)

New! Governor Whitmer Announces Commission for COVID-19 Vaccination Education

During a press conference today, Governor Gretchen Whitmer announced she had signed [Executive Order 2020-193](#). This order creates the bipartisan Protect Michigan Commission through the Michigan Department of Health and Human Services (MDHHS) and will help raise awareness and educate Michiganders on the safety and effectiveness of FDA-approved COVID-19 vaccines.

The Protect Michigan Commission will advise Governor Whitmer and MDHHS, and provide public leadership to reinforce the importance of COVID-19 vaccines, identify barriers that create vaccine hesitancy such as the spread of misinformation, and develop an outreach plan to overcome these barriers.

The commission will be co-chaired by Lieutenant Governor Garlin Gilchrist II, Former Lieutenant Governor Brian Calley, Chief Medical Executive Dr. Joneigh Khaldun, Detroit Pistons player Blake Griffin,

and several other members of the medical community. The 50-member make up of the commission will be intended to reflect the diversity of the state.

If you are interested in applying, the deadline is 5:00 p.m. on Monday, December 28, 2020. You can find the application [here](#).

New! MDHHS Announces New Crisis Line Launching April 2021

The Michigan Department of Health and Human Services (MDHHS) has selected a staffing vendor and initial pilot program regions for the Michigan Crisis and Access Line (MiCAL) that will be available for anyone in the state who needs behavioral health or crisis response services.

MiCAL will be staffed 24 hours a day, seven days a week and will provide Michiganders with crisis services and non-crisis “warm line” services, informational resources, and facilitated coordination with local systems of care such as Community Mental Health Services Programs, Prepaid Inpatient Health Plans, and other applicable entities. In addition, MiCAL will integrate with treatment registries including psychiatric beds, substance use disorder services, and crisis residential services.

The target implementation for MiCAL is late April 2021 in two pilot regions. MDHHS estimates the pilot will last four months after which MiCAL will be successively rolled out to the entire state. The two pilot regions are the Upper Peninsula led by NorthCare Network and Oakland County led by Oakland Community Health Network.

“These pilot sites provide geographic and demographic diversity with unique needs that will ultimately help MDHHS scale MiCAL to the entire state,” said All Jansen, senior deputy director, Behavioral Health and Developmental Disabilities Administration. “Utilizing the selected vendor’s knowledge, expertise, and core values of empowerment, collaboration, and diversity and inclusivity, MDHHS is thrilled for the critical crisis services and resource support they will provide to Michiganders via MiCAL.”

Through a request for proposal with the Michigan Department of Technology, Management & Budget, MDHHS has selected Common Ground as the MiCAL staffing vendor. Common Ground is a Michigan-based organization in Oakland County. Common Ground responds to crises 24-hours a day, 7 days per week, 365 days a year. Through phone, text, email, and in-person services, Common Ground cares for more than 80,000 people annually. As the MDHHS MiCAL staffing vendor, similar crisis support and services will be delivered to all Michiganders in need.

For more information, please visit Michigan.gov/MiCAL.

[MDHHS Crisis Line Press Release](#)

New! House Cancels Session Due to COVID

Early in the week, House Speaker Lee Chatfield (R-Levering) announced the House was cancelling session for week. Democratic members of the House were already pressing the Speaker to consider the potential health repercussions of a recent Michigan visit by President Trump’s attorney, Rudy Giuliani after confirming he tested positive for COVID-19. As has been widely covered, Mr. Giuliani met with various House members prior to testifying before the House Oversight Committee last week. The

hearing lasted more than four hours and Mr. Giuliani did not wear a mask while testifying. Mr. Giuliani has asserted he took two COVID-19 tests prior to arriving in Michigan, both of which came back negative.

The cancellation also raises the question regarding lingering lame duck issues and whether the Legislature would come back to Lansing one day during the week of December 20th, which was not originally planned.

New! Senate Quickly Moves Extension on ‘No Reason’ Remote Board Sessions Due to House Cancellation

The Senate was forced to quickly passed SB 1246, which is identical to HB 6207. Due to the House cancelling session for the week forced the Senate to move their bill in order to avoid the chamber having to return to Lansing for one day during the week of December 20th. The Michigan Constitution states the “No bill can become law at any regular session of the legislature until it has been printed and reproduced and in the possession of each house for at least 5 days. (Const. 1963, art. IV, sec. 26.)”

SB 1246 would extend the ability for local boards to meet remotely, for any reason, through March 31, 2021. It would also allow a local ordinance declaring a local emergency approved by a “local chief administrative officer,” sufficient to allow for remote meetings.

DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For clients still interested, or in need of referencing previous *Executive Orders*, please click [here](#).

- **Reporting of Confirmed and Probable Cases of COVID-19 at Schools** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- **Temporary Restrictions on Entry into Congregate Care and Juvenile Justice Facilities** – Signed October 6, 2020, please click [here](#) to access the emergency order.
- **Requirements for Residential Care Facilities** – Signed October 21, 2020, please click [here](#) to access the emergency order.
- **Testing Requirements for Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities** – Signed October 29, 2020, please click [here](#) to access the emergency order.
- **Gathering Prohibition and Mask Order** – Signed October 29, 2020, please click [here](#) to access the emergency order.

The recent (11/18/20) *DHHS Emergency Order* does the following:

- Requires high schools, colleges and universities to move to distance learning. Elementary and middle schools can remain open for in-person learning if the district wishes to do so. All K-12 sports are suspended;

- Theaters, movie theaters, conference centers, concert halls, performance venues, sporting venues, stadiums, casinos, arcades, bowling centers, ice skating rinks and indoor water parks, amusement parks, bingo halls, night clubs, and trampoline parks are closed;
- Group fitness classes are prohibited. Gyms and fitness centers can remain open for individual workouts with a continued capacity limit of 25 percent but now must assure 12 feet, up from six, of distance between stations;
- Retailers, libraries and museums are now limited to 30 percent occupancy, down from 50 percent in the previous order, though retailers can allow one additional customer at a time to enter if adhering to the 30 percent limit would result in closure; and
- Indoor gatherings remain limited to 10 people but now include a limit of two households;
- Outdoor gatherings, previously limited to 100 in residential settings and approximately 1,000 in nonresidential settings, are limited to 25 people at all outdoor settings; and
- Funerals are limited to 25 people.

To view the **DHHS Emergency Order**, please click [here](#). To view the PowerPoint from the **Governor's** press conference, please click [here](#). To view the infographic created by **DHHS** on what is open, and what is not, under the **Emergency Order**, please click [here](#).

New! Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-181** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 181.

Federal Update

New! House Passes Short-Term Federal Funding

This week, the House of Representatives passed a short-term continuing resolution (CR) through December 18 to provide appropriators with additional time to reach a spending agreement for fiscal year (FY) 2021. The CR also includes provisions that would extend several expiring health care policies, including Certified Community Behavioral Health Clinics (CCBHCs). The Senate now has until midnight tonight to vote on the CR to avert a shutdown.

The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities



The response to the COVID-19 pandemic has not recognized the importance of the 4.5 million direct care workers in the United States who care for the elderly and people with disabilities.

There are steps policymakers could take to protect direct care workers and help people who depend on their services to stay in their homes

Nancy, a single woman with cerebral palsy, experienced a decline in functioning in middle age. By using a personal care aide (PCA) a few hours each day to help her bathe, dress, cook, and clean, Nancy was able to live on her own for many years.

As her needs increased, she reached limits on what Medicaid would pay. Nancy made the difficult decision to move to assisted living with onsite 24/7 personal care support.

Then COVID-19 hit. Nancy knows the advantages of social distancing, but her care requires close physical contact. Her PCAs take public transportation and care for others besides Nancy. They do not have regular access to personal protective equipment (PPE) because of shortages and lack of priority status to obtain such equipment. The facility attempts to compensate by screening staff members' temperatures and symptoms upon arrival and through reliance on handwashing, but Nancy worries this is not enough. She hears that in some states up to 50 percent of deaths from COVID-19 are people who reside in [long-term-care facilities](#).

Who Are Direct Care Workers?

Nancy's PCAs are one example of direct care workers — people who assist older adults and others with disabilities with daily tasks and long-term-care activities. Half of PCAs work in home-based settings. There are [4.5 million direct care workers](#) in the United States. They are overwhelmingly women (86%), most are people of color (59%), and about a quarter are immigrants. About 18 percent live in poverty and another 44 percent have low incomes. More than half (53%) rely on some form of public assistance; a quarter have Medicaid (26%) or use supplemental nutrition (SNAP) benefits (24%). About one in five lack health insurance. More than half are middle-aged or older (30% over age 55), placing them at higher risk for infection with COVID-19. They are unlikely to have [sick leave](#) if they become ill. Given the aging American population, the direct care workforce is projected to be the fastest-growing segment in the U.S. labor market in the next decade.

Who Needs Direct Care Workers?

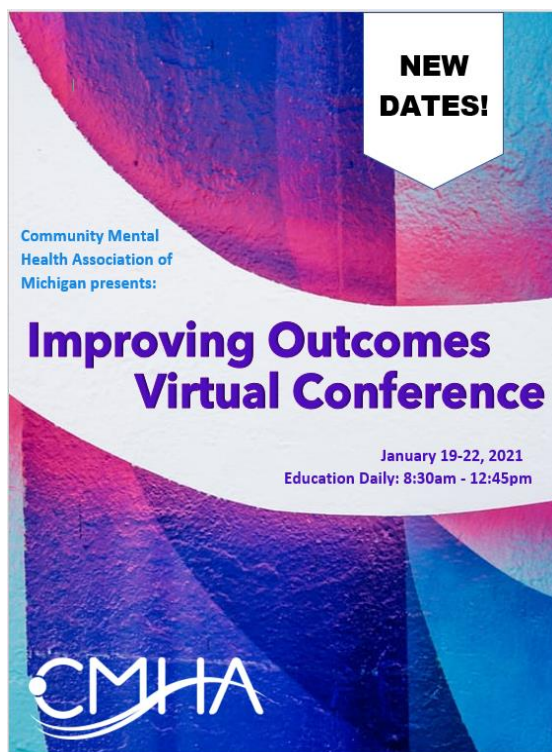
[Twenty million](#) older adults and people with disability need assistance with activities of daily living (e.g., bathing, dressing) and routine daily tasks (e.g., cooking, shopping). The overwhelming majority (17 million) live in the community, rather than in facilities. Most receive assistance from unpaid caregivers — family or friends — but many require support from paid direct care workers. Someone turning 65 today has a 70 percent chance of needing long-term care; 20 percent over 65 will need this support for [five years or longer](#). More than [4 million](#) people receiving personal care in the community have low incomes and qualify for home- and community-based services through Medicaid. [Recipients of home-](#)

[and community-based services](#) are disproportionately older adults, people of color, have chronic illnesses, and are at high risk for serious illness and death if they contract COVID-19. If their in-home care system falls apart, they could easily end up with worsening health, [hospitalized, or in a nursing home](#).

The full article can be found [here](#).

Education Opportunities

New! Improving Outcomes Virtual Conference – Registration Open



January 19-22, 2021

Educational sessions will be held daily from 8:30am – 12:45pm

Conference highlights include:

Keynote Addresses:

Updates from MDHHS

Allen Jansen, Deputy Director, Behavioral Health and Developmental Disabilities Administration

CMHA Perspectives on Michigan’s Public Behavioral Healthcare System

Robert Sheehan, MSW, MBA, Chief Executive Officer, Community Mental Health Association of Michigan

How to Manage Disruptive Change: Managing Changes in the Age of Disruption

Adam White, CEO, Adam White Speaks and Adam Empowers

Workshops:

- MSHN Dashboard
- Pathways Residential Module in PCE EMR
- EDIT Session
- Integrating ADTs into Clinical Processes
- What to do Before, During and After an IT Security Breach?
- Using Cloud-Based Contract Software to Reduce Administrative Time and Increase Compliance in CMH Provider Contracting
- Get Ready for 2021 Changes to Evaluation and Management Documentation and Coding Rules

Conference Fees:

CMHA Member: \$70 per person
Non-Member: \$84 per person

The conference registration fee includes access to all keynote sessions, all workshops and electronic handouts.

There will be *NO continuing education credits* for this conference.

Registration Deadline: Registration closes 3 business days prior to the conference.

Payment Due: Payment must be received 3 business days prior to the conference. Conference links will only be sent to paid registrants. Purchase orders are not considered payment. All no shows will be invoiced the full registration amount.

[CLICK HERE TO REGISTER FOR THE CONFERENCE!](#)

Congratulations to Thomas Cole, System Administrator at Macomb County CMH Services, the recipient of the 2020 Nick Filonow Award of Excellence

Call for Presentations: 2021 Virtual Annual Winter Conference – Deadline December 16, 2020

CMHAM 2021 Virtual Annual Winter Conference, “Focus on Wellness: Refresh · Renew · Refocus,” will be held in the mornings from February 9-12, 2021.

Download the Workshop Submission Proposal Form by [CLICKING HERE](#).

Deadline: Tuesday, December 16, 2020

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

- January 11, 2021 *(SOLD OUT)*
- February 22, 2021 [\(Register Here\)](#) *(40 spots left)*
- March 22, 2021 [\(Register Here\)](#) *(61 spots left)*
- April 5, 2021 [\(Register Here\)](#) *(64 spots left)*
- April 26, 2021 [\(Register Here\)](#) *(64 spots left)*

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees: \$120 CMHA Members \$143 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- January 21, 2021 ([Register Here](#)) (6 spots left)
- March 8, 2021 ([Register Here](#)) (57 spots left)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees: \$43 CMHA Members \$51 Non-Members

FY21 Virtual Motivational Interviewing College Trainings – Registration Open

Registration is now open for the FY21 VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the revamped MI for Leadership & Organizations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
Jan. 11-12, 2021	M.I. Basic	CLICK HERE
Jan. 14-15, 2021	M.I. Advanced	CLICK HERE
Jan. 21, 2021	M.I. Supervisory	CLICK HERE
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE
April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE

Times:

Training(s) start promptly at 9:00am and adjourn at 4:15pm each day. Zoom Waiting Room opens at 8:30am each morning; attendees must be logged on by 8:45am. (All times in EST)

Training Fees:

\$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

New! Practicing Effective Management Virtual Training

TBD Solutions is hosting its next Practicing Effective Management Training online on January 14, 15, 21, and 22. This virtual training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

tbdSolutions

Practicing Effective Management

A Comprehensive Virtual Training to Improve Relationships & Results

4 Half-Day Sessions
January 14, 15, 21 & 22
\$379

REGISTER NOW
at EventBrite
or
Email
MollyR@TBDSolutions.com
www.TBDSolutions.com

Since 2016, TBD Solutions has proudly trained more than 300 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, while maintaining a 98% satisfaction rate. To learn more or register for the training, visit <https://www.eventbrite.com/x/practicing-effective-management-tickets-129950135353> or email Molly at MollyR@TBDSolutions.com.

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.



Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out www.abilita.com/michigan-e911 to learn more and find out what you need to do to prepare!

myStrength: new digital behavioral health resources empower consumers to move beyond trauma

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo.](#)

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the

Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the direct phone lines and e-mail addresses below:

Alan Bolter, Associate Director, (517) 237-3144; abolter@cmham.org
Audrey Daul, Administrative Assistant, (517) 237-3141; adaul@cmham.org
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; dferguson@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; mfrancis@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; brademacher@cmham.org
Alexandra Risher, Training and Meeting Planner, (517) 237-3150; arisher@cmham.org
Carly Sanford, Training and Meeting Planner, (517) 237-3151; csanford@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org