

Northeast Michigan Community Mental Health Authority Board July 2021 Meetings



All meetings are held in the Board Training Room at 400 Johnson Street in Alpena except those indicated with a "*" which are held in the Administrative Conference Room



 **Board/Strategic Planning Meeting -- Thursday, July 8, @ 3:00pm**



 **Recipient Rights Committee Meeting* -- Wednesday, July 21 @ 3:00pm**

*** This meeting will be available as a Conference Call Meeting using:
1-888-627-8019 PIN # 40994**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING/ STRATEGIC PLANNING – PART III
July 8, 2021 at 3:00 p.m.
A G E N D A**

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (See pages 1-5)**
- VIII. Educational Session – Strategic Plan Review(See slides 1 - 36)**
- IX. July Monitoring Reports**
 - 1. Budgeting 01-004 (Available at Meeting)**
 - 2. Asset Protection 01-007 (See pages 6-18)**
 - 3. Community Resources 01-010..... (See pages 19-20)**
- X. Board Policies Review and Self-Evaluation**
 - 1. Community Resources 01-010.....[Review]..... (See page 21)**
 - 2. Public Hearing 02-010.....[Review & Self Evaluate] (See pages 22-23)**
- XI. Linkage Reports**
 - 1. Northern Michigan Regional Entity Update**
 - a. June 23, 2021 Meeting (Verbal Update)**
 - 2. CMHAM**
 - a. CMH PAC Update.....(See page 24-25)**
- XII. Chair’s Report**
 - 1. Planning for Executive Director Evaluation (See page 26)**
- XIII. Director’s Report.....(Verbal)**
 - 1. Director’s Update(Verbal)**
 - 2. QI Council Update..... (Available at Meeting)**
- XIV. Information and/or Comments from the Public**
- XV. Information and/or Comments for the Good of the Board**
- XVI. Next Meeting – Thursday, August 12 at 3:00 p.m.**
 - 1. Set August Agenda..... (See page 27)**
 - 2. Meeting Evaluation (All)**
- XVII. Adjournment**

<p>MISSION STATEMENT</p> <p>To provide comprehensive services and supports that enable people to live and work independently.</p>

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING/ STRATEGIC PLANNING – PART III
July 8, 2021 at 3:00 p.m.
A G E N D A [Revised]

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (See pages 1-5)**
[Motion Needed to Approve]
- VIII. Educational Session – Strategic Plan Review(See slides 1 - 36)**
- IX. July Monitoring Reports**
 - 1. Budgeting 01-004 (Available at Meeting)**
 - 2. Asset Protection 01-007 (See pages 6-18)**
 - 3. Community Resources 01-010..... (See pages 19-20)**
[Motion Needed to Accept July Monitoring Reports]
- X. Board Policies Review and Self-Evaluation**
 - 1. Community Resources 01-010.....[Review]..... (See page 21)**
 - 2. Public Hearing 02-010.....[Review & Self Evaluate] (See pages 22-23)**
- XI. Linkage Reports**
 - 1. Northern Michigan Regional Entity Update**
 - a. June 23, 2021 Meeting (Verbal Update)**
 - 2. CMHAM**
 - a. CMH PAC Update.....(See page 24-25)**
- XII. Operational Report..... (Handout)**
- XIII. Chair’s Report**
 - 1. Planning for Executive Director Evaluation (See page 26)**
- XIV. Director’s Report.....(Verbal)**
 - 1. Director’s Update(Verbal)**
 - 2. QI Council Update..... (Available at Meeting)**
- XV. Information and/or Comments from the Public**
- XVI. Information and/or Comments for the Good of the Board**
- XVII. Next Meeting – Thursday, August 12 at 3:00 p.m.**
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- XVIII. Adjournment**

[Motion to Adjourn]

<p>MISSION STATEMENT</p> <p>To provide comprehensive services and supports that enable people to live and work independently.</p>

**Northeast Michigan Community Mental Health Authority Board
Board / Advisory Council Strategic Planning Meeting (Part II)
June 10, 2021
[This meeting was held in person and using ZOOM]**

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:01 p.m.

II. Roll Call and Determination of a Quorum

Present: Board Members:
Bob Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynette Greskowiak, Judy Jones, Eric Lawson, Pat Przeslawski, Terry Small

Advisory Council Members:
Janet Freeman (Zoom), Anne Ryan, Rebecca Stockford

Absent: Board Members:
Gary Nowak (excused), Terry Larson

Advisory Council Members:
Roger Boston, Alan Fischer, Eileen Tank

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, Lee Ann Bushey, Connie Cadarette, Erin Fletcher, Lynne Fredlund, Ruth Hewett, Cheryl Kobernik, Larry Patterson, Nena Sork, Brenda Stanton, Jen Whyte

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Acknowledgement of Conflict of Interest

No conflicts were identified.

V. Appointment of Evaluator

Judy Jones was appointed as evaluator for this meeting.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Roger Frye, supported by Pat Przeslawski, to approve the minutes of the May 13, 2021 meeting as presented. Motion carried.

VIII. Consent Agenda

Nena Sork reported this agreement with GoExceed will make mobility management simpler and protects the agency with a monitoring feature for the many cell phones deployed to staff.

Terry Larson arrived @ 3:10 p.m.

Moved by Pat Przeslawski, supported by Terry Small, to approve the Consent Agenda as presented. Roll Call Vote: Ayes: Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Terry Small; Nays: None; Absent: Gary Nowak. Motion carried.

IX. June Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending April 30, 2021. Connie reported the revenues are coming in at 15.6% higher than the original amount

budgeted for revenues. At this point, the Agency is \$2.7 M underspent in Medicaid revenues. There are some expenditures which will impact this amount currently underway. Many of the expenditures should show up in the June Budgeting report. She noted the General Funds are also underspent and we will be providing some services within the community which will be expensed to those revenues.

Larry Patterson reviewed the negative variances in the expense portion of the report. He noted the Staff Recruiting and Development will most likely increase as we are really advertising to fill positions. Community relations is due to recent push to get our Agency's services out in the public. A couple of the items will require a budget amendment to address. The Property & Liability Insurance is a timing issue and will resolve when the Asset Distribution payment is received from the insurer. The tax adjustment required on a property is affecting the Rent line item. He notes the expenses are still within the amount of budget at this point.

2. Ends 04-001

The semi-annual report on the Ends the Board established for this fiscal year was reviewed. The measurements reported at this point is for the half-way point. The "Services to Children" sub-end is going well with a marked increase in intensive home-based services from 33% to 62%. The Sub-End related to development of residential facilities in our catchment area has been a struggle. Nena reported there were two potential opportunities but due to COVID the providers have either withdrawn from the development process or changed their minds due to unable to secure staffing. The Sub-End addressing development of additional supported independent services is on target with one complete by March 31, 2021 and since that time additional individuals are now living in a supported independent setting.

Eileen Tank arrived at 3:15 p.m.

The Sub-End related to the Behavioral Health Homes are all on target. The "Financial Outcomes" Sub-Ends are also doing well.

Nena Sork reviewed the "Community Education" and suggested this may be an End we may need to change as we have no control over the education provided by another provider. Eric Lawson noted this is something the Board needs to consider when establishing Ends for the next fiscal year. There are elements in this Sub-End beyond our control. Eric noted the End in behavioral health home indicating individuals will be offered participation is a good example of a Sub-End.

Rebecca Stockford suggested the Agency resume some of the trips and outings previously offered to individuals such as a day trip to Mackinac Island.

Moved by Bonnie Cornelius, supported by Pat Przeslawski, to accept the June Monitoring Reports as presented. Motion carried.

X. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting May 26, 2021

Roger Frye reported NMRE met on May 26 and an election of officers was held and there was a lot of liquor tax dollars expenditures approved. The new Chair of the NMRE is Don Tanner. Gary Nowak is on the Executive Board. Nena Sork reported there was much discussion related to reinvestment, recruiting and support to provider networks. The NMRE Board is financially in a good position. Stabilization of the provider network was identified as a focus item.

2. Community Mental Health Association of Michigan (CMHAM)

a. Spring Conference Update

Due to this held as a virtual conference, there were no registrations for the conference requested from Board members. Erin Fletcher will be attending the conference as a staff and will provide a brief update to the Board at a future meeting.

XI. Operational Report

Erin Fletcher reviewed the May Operation's statistics with Board members. Access department provided 59 calls with one emergent. She noted there were 63 crisis contacts and 63 prescreens provided. For the month of May a total of 1,083 individuals received services. Eric Lawson inquired about the Contracted Residential expenditures and where those numbers are included in this report. Nena Sork reported these contracted providers could be Hope Network, Premier Care, etc. and are included in the "Other Contracted Residential Services" line item.

XII. Chair's Report

1. Strategic Plan Review

Eric Lawson provided the Board with a potential sample of the materials they will receive for the July meeting of Strategic Planning. Board members received a copy of the Strategic Plan for FY20-21. Eric Lawson requested clarification related to Evidence Based Practices. Nena Sork provided information related to EBPs such as ACT, Motivational Interviewing, EMDR, TF-CBT, Infant Mental Health, etc. She noted some of the EBPs take over a year of training for staff to be certified to provide the services.

Les Buza inquired about our collaboration with the schools related to the Opioid epidemic. Nena Sork reported she is a member of the Northern Michigan Opioid Response Consortium (NMORC) Board. The Agency is not licensed as a substance abuse agency; Catholic Human Services provides that service for the community. We are allowed to provide co-occurring disorder treatment and host Integrated Dual Disorder Treatment (IDDT) groups which focuses on individuals who have a mental illness along with a substance use disorder. Bob Adrian inquired how "DARE" (Drug Abuse Resistance Education) ties into this. Nena Sork reported Catholic Human Services has a very active group working to address the Opioid epidemic in the region. They work with the schools. The Alcona Health Center also has a MAT (Medication Assisted Treatment) clinic similar to a methadone clinic to aid individuals in weaning themselves from addiction to substances.

Eric Lawson noted the Health Information Exchange is still in development. Nena Sork reported PCE is a good conduit in exchanging information.

Eric Lawson requested input from the Advisory Council members to address goals and services. Bonnie Cornelius indicated COVID has definitely affected services and with the COVID restrictions easing up, the next year should be better.

Eric Lawson requested clarification on the Per Member Per Month (PEPM) funding for services. Nena Sork provided a brief summary of how the services are funded and who qualifies for the services according to the contracts we hold with the Michigan Department of Health and Human Services. Services provided are crisis services, inpatient hospitalization services and other services for those meeting the criteria according to the Mental Health Code. Nena Sork reported when the State changed to the funding model of PEPM, we had three years of no harm where cost settlements were made until we had to live within the funding amounts. Eric Lawson informed the newer Board members of the trust put in to staff as they have continually managed the budgets and programs effectively.

Nena Sork informed the Board the reason our funding being in such great shape with so much underspending is due to the state is not requiring redeterminations in Medicaid nor are they applying any spend-downs to the individuals we serve. All these costs were previously covered through General Funds.

Jail services may be an area to revise with the updated progress we have made in this population. Eric Lawson reviewed the Mega End.

Next month the new Ends will be developed and Board members should contemplate any new or revision to existing Sub-Ends they wish to see.

Consensus is it will be good to get COVID behind us.

Bob Adrian left the meeting at 3:55 p.m.

XIII. Director's Report

1. Director's Update

Nena Sork provided Board members with an update of the various activities she has participated in during the past month. She noted the Operations Committee is looking at ways they can support the provider network. She continues to participate in the MDHHS and PIHP/CMHSP Director's conference calls. She noted the Alpena Emergency Managers meeting will have one last meeting. She noted several staff participated is helping out DHD #4 at the shot clinics. She notes she meets with the AMA ESD in a collaborative meeting addressing student concerns. Management team met this week and leadership is focusing on how to get staff hired for the vacant positions in the residential group homes, community living supports and supported independent living. Recruitment has been very difficult and it was determined to start offering a sign-on bonus and also a finder's fee if a staff member refers someone to the agency and they stay for six months. She reports we are looking at billboard ads, television ads, radio ads, etc. Retention payments are being made to staff until the end of the year to retain staff. The Employee Recognition will be held in June and we will have a staff picnic the day prior to the recognition. Staff will also be completing some annual staff training during the picnic day. Board members will need to RSVP to Kay Keller if they plan to attend the Employee Recognition. Board members were instructed to call Kay at 358-7701.

Nena Sork provided Board members with a recap of some of the equipment being replaced and group home renovations scheduled. The main office will get their air units replaced with new ones. Two have already failed due to age. Nena Sork informed the Board of the relationship developed with the Besser Senior Living Community by allowing our residents from Princeton Home to reside there until the renovation of Princeton is completed. What a great community partner! She reported generators will be purchased for the out county homes which will be electric start. She informed the Board of our investigation of having a fiber connection to the two group homes in Montmorency County. The Agency's fleet of vehicles will have their handicap vans replaced. She reported the Agency has had several demonstrations for a new telephone system and it was decided TelNet was the best fit for our needs. She noted the telephone system has waived the installation cost due to a special promotion in place right now.

Nena Sork reported she did contact Bill Furbish to develop training on autism in conjunction with the Carter Bag distribution. She noted she did reach out to Sheriff Kielieszewski regarding a recent suicide his deputies witnessed. Phil Heimerl, True North Radio, did a follow up story with her after her presentation to the Alpena County Board of Commissioners.

Nena Sork reported the Agency would be supporting the suicide prevention walk in September.

2. Telephone System Update

Covered in discussion above.

XIV. Information and/or Comments from the Public

There was no information or comments presented.

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

Nena Sork reported 188 individuals submitted to receive the incentive for getting the vaccine. Of that amount 14 are due to religious/health reasons.

XVI. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, July 8, 2020 at 3:00 p.m.

1. Set July Agenda

The July agenda items were reviewed. Strategic Planning continues with Part III focusing on developing "Ends" for next fiscal year.

XVII. Evaluation of Meeting

Judy Jones noted the meeting began on time. The Ends report had a lot of information and the Chair revved Board members up for the next meeting. She noted Nena Sork's update was very informative and the Agency has some hard working staff.

XVIII. Adjournment

Moved by Les Buza, supported by Pat Przeslawski, to adjourn the meeting. Motion carried. This meeting adjourned at 4:15 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NeMCMHA STRATEGIC PLAN PROPOSAL

2021 - 2022

**Educational Session
July 2021**



MISSION STATEMENT

- **CURRENT:**

TO PROVIDE COMPREHENSIVE SERVICES AND SUPPORTS THAT ENABLE PEOPLE TO LIVE AND WORK INDEPENDENTLY

- **PROPOSED: NO CHANGES**

VISION

- **CURRENT:**

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH WILL BE THE INNOVATIVE LEADER IN EFFECTIVE, SENSITIVE MENTAL HEALTH SERVICES.

IN SO DOING, SERVICES WILL BE OFFERED WITHIN A CULTURE OF GENTLENESS AND DESIGNED TO ENHANCE EACH PERSON'S POTENTIAL TO RECOVER, AND WE WILL CONTINUE TO BE AN ADVOCATE FOR THE CONSUMER WHILE EDUCATING THE COMMUNITY IN THE PROMOTION OF MENTAL HEALTH.

- **PROPOSED: NO CHANGES**

CORE VALUES:

- **A PERSON-CENTERED FOCUS SHALL BE AT THE HEART OF ALL ACTIVITIES.**
- **HONESTY, RESPECT AND TRUST ARE VALUES THAT SHALL BE PRACTICED BY ALL.**
- **RECOGNITION OF PROGRESS AND MOVEMENT TOWARD A CONTINUOUSLY IMPROVING ENVIRONMENT IS A RESPONSIBILITY FOR ALL.**
- **WE PREFER DECISION-BY-CONSENSUS AS A DECISION-MAKING MODEL AND WILL HONOR ALL CONSENSUS DECISIONS.**

- **PROPOSED: NO CHANGES**

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

- **PAYORS/PAYMENT REFORM**
 - REIMBURSEMENT BASED ON HEALTH OUTCOMES
 - AFFORDABLE CARE ACT (ACA)
 - HEALTH SYSTEM INSURANCE PLANS
 - ~~SECTIONS 298 AND 928~~
 - **GEARING TOWARD INTEGRATION (SEN. SHIRKEY PROPOSAL) AND HOUSE BILLS INTRODUCED BY MARY WHITEFORD**
- **PERSONS SERVED**
 - AGING POPULATION AND OTHER DEMOGRAPHIC CHANGES
 - EXPANSION OF COVERAGE
 - INCREASING COMORBID CONDITIONS
 - INDIVIDUALS SERVED ACCESSING HEALTH INFORMATION

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

- **QUALITY IMPROVEMENT**
 - **HEALTH AND SAFETY**
 - **MINIMIZING WASTE, FRAUD AND ABUSE**
 - **RIGHT AMOUNT OF SERVICE: SCOPE & DURATION**
- **REGULATORY CHANGES**
 - **HOME- AND COMMUNITY-BASED SERVICES RULES**
 - **POTENTIAL CARVE-IN OF SPECIALTY BEHAVIORAL HEALTH**
 - **1115 WAIVER APPLICATION**

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

- **WORKFORCE**

- ***SHORTAGE OF QUALIFIED STAFF* OF ALL TYPES OF DISCIPLINES (PROFESSIONAL AS WELL AS DIRECT CARE)**
- **AGING WORKFORCE**
- **COMPETING WITH THE PRIVATE SECTOR (LOWER PAY)**
- **CHALLENGING WORK ENVIRONMENT**
- **EVIDENCE-BASED PRACTICES**
- **TRAINING OF STAFF TO ADDRESS CURRENT ENVIRONMENT**

- **TECHNOLOGY**

- **ELECTRONIC HEALTH RECORD (EHR)**
- **DATA ANALYTICS**
- **INCREASE MOBILE CAPABILITIES**
- **SELF-MANAGEMENT TOOLS/CONSUMER PORTAL**

CURRENT GOAL:

- **TO REDUCE THE RISK OF METABOLIC SYNDROME IN BOTH ADULTS AND CHILDREN.**

Keep

Revise

Discard

- ✓ **Nursing staff will collect BPs, weights and BMI on all new psychiatric evaluations and all children receiving medication clinic services.**
- ✓ **The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.**
- ✓ **Clinical Staff will work with the Medicaid Health Plans to coordinate care and treatment.**
- ✓ **Participate in PIHPs QAPIPs (Quality Assessment Performance Improvement Projects).**
 - **QAPIP #1 – Follow up Care for Children Prescribed ADHD Medications**
 - **QAPIP #2 – Adults prescribed psychotropic medications for more than six months will be screened for Diabetes**

If proposed for revision, list revision here:

CURRENT GOAL:

- **PROMOTE A TRAUMA-INFORMED COMMUNITY THROUGH EDUCATION, ASSESSMENT AND PARTICIPATION IN COMMUNITY INITIATIVES.**

Keep

Revise

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

- **SUPPORT AND EXPAND SERVICES TO ALL CHILDREN AND YOUNG ADULTS DIAGNOSED WITH AUTISM SPECTRUM DISORDERS.**

Keep

Revise

Discard

If proposed for revision, list revision here:

Discussion needed on this goal.

CURRENT GOAL:

- **COORDINATE COMMUNITY EDUCATION AND PARTNERSHIPS IN SUICIDE PREVENTION.**

Keep

Revise

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

- **TO INCREASE SUBSTANCE USE DISORDER (SUD) SERVICES AND TRAINING WITHIN THE AGENCY, WHILE PARTNERING WITH LOCAL SUD PROVIDERS TO EDUCATE AND REDUCE SUBSTANCE USE IN THE COMMUNITY.**

Keep

Revise

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

- **TO COLLABORATE WITH THE VETERAN'S ADMINISTRATION ASSURING COMPREHENSIVE BEHAVIORAL HEALTH SERVICES ARE AVAILABLE.**

Keep

Revise

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

- **TO FURTHER UTILIZE THE HEALTH INFORMATION EXCHANGE (HIE) WITH GREAT LAKES HEALTH CONNECT AND LOCAL ORGANIZATIONS IN ORDER TO SHARE CRITICAL HEALTH CARE INFORMATION. *(IT SHOULD BE NOTED, OUR CURRENT ELECTRONIC RECORD SYSTEM (PCE) IS A CONDUIT FOR THIS INFORMATION MAKING THIS UTILIZATION MUCH EASIER.)***

Keep

Revise

Discard

If proposed for revision, list revision here:

CURRENT GOAL:

- **TO KEEP CURRENT IN EDUCATION AND INFORMATION TECHNOLOGY (IT).**

Keep

Revise

Discard

If proposed for revision, list revision here:

NEW GOAL:?

If proposed, list new goal(s) here:

- **ARE THERE ANY ADDITIONAL NEW GOALS TO ADD:**

BARRIERS/CHALLENGES:

- **HOME AND COMMUNITY-BASED SERVICES – NeMCMHA WILL NEED TO WORK WITH OUR PROVIDERS TO ASSURE COMPLIANCE WITH THE RULES FOR ALL.**

Proposed:

- **ABA EXPANSION – QUALIFIED PROVIDERS, EITHER IN-PERSON OR THROUGH A TELEHEALTH ARRANGEMENT, ARE LIMITED IN THIS PROGRAM AREA.**

Proposed:

Barriers/Challenges: (cont'd):

- **INTEGRATED HEALTHCARE – THE HEALTH INFORMATION EXCHANGE (HIE) IS NOT PROGRESSING AS RAPIDLY AS PREVIOUSLY ANTICIPATED. DATA PROVIDED IS NOT SUFFICIENT TO ADDRESS REAL TIME QUERIES ON HEALTH INFORMATION OF THE POPULATIONS SERVED. CURRENT RESTRICTIONS OF PERSONAL HEALTH INFORMATION (PHI) SPECIFIC TO SUBSTANCE USE DISORDERS/TREATMENT DOES NOT ADDRESS THE TOTAL NEEDS OF THE INDIVIDUAL IN AN HIE VENUE.**

Proposed:

Barriers/Challenges: (cont'd):

- **FUNDING– THE CONTRACTUAL OBLIGATIONS TO THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) WHILE STAYING WITHIN THE PER MEMBER PER MONTH (PMPM) FORMULA PROVIDED BY THE PIHP.**

Proposed:

- **Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.**

Proposed:

Barriers/Challenges: (cont'd):

- **RECRUITING AND RETENTION OF QUALIFIED STAFF – LOCAL COMPETITION FOR POSITIONS HAS MADE IT DIFFICULT TO RECRUIT.**

Proposed:

- **Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.**

Proposed:

BARRIERS/CHALLENGES: (cont'd)

- **RESIDENTIAL OPTIONS – DECREASE OF FAMILY OPERATED FOSTER CARE RESULTING IN THE NEED TO CONTRACT WITH MORE EXPENSIVE CORPORATE SPECIALIZED FOSTER CARE PLACEMENTS**

Proposed:

- **OPIOID EPIDEMIC – THE INCREASING OPIOID EPIDEMIC HAS STRAINED COMMUNITY RESOURCES.**

Proposed:

Barriers/Challenges: (cont'd):

- **INCREASING VIOLENCE IN OUR SOCIETY – THE INCREASING VIOLENCE IN OUR SOCIETY IS REQUIRING COMMUNITIES TO COME TOGETHER TO DEVELOP A COMPREHENSIVE COMMUNITY ACTION PLAN.**

Proposed:

BARRIERS/CHALLENGES (CONT'D):

- **ARE THERE MORE TO BE ADDED?**

OPPORTUNITIES

- **WORK COLLABORATIVELY WITH THE COMMUNITY PARTNERS IN THE REGION TO PROMOTE INTEGRATED SERVICES, DEVELOP SHARED SERVICES AND IMPROVE CONSUMER ACCESSIBILITY, HEALTH OUTCOMES AND EFFICIENCIES.**
- **INTRODUCE NEW EVIDENCE-BASED PRACTICES (EBPS) AND TRAINING IN THE DELIVERY OF SERVICES.**
- **THE INFRASTRUCTURE OF NeMCMHA IS RELATIVELY STRONG, WITH EXCELLENT FACILITIES, DEDICATED STAFF, CONTINUED IT INVESTMENT AND A BALANCED BUDGET.**
- **PROVIDE EDUCATION TO THE COMMUNITY AT LARGE AND SUPPORT AND PROMOTE LOCAL ADVOCACY EFFORTS.**

OPPORTUNITIES (CONT'D.)

- **WORK COLLABORATIVELY WITH THE COMMUNITY PARTNERS IN THE REGION TO ADDRESS CHALLENGES RELATED TO THE INCREASING OPIOID EPIDEMIC AND INCREASE IN VIOLENCE AND ANGER DYSCONTROL.**
- **TAKE ADVANTAGE OF TRAINING OPPORTUNITIES PROVIDED BY MDHHS.**

OPTIONS

- **THE AGENCY MUST CONTINUE TO STRENGTHEN ITS RELATIONSHIPS WITH OTHER PARTNERS OF THE MARKET AND REINFORCE ITS NICHE IN INTENSIVE SERVICES FOR PEOPLE WITH SERIOUS MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE AND **INTELLECTUAL**/DEVELOPMENTAL DISABILITIES, INCLUDING THOSE WHOSE DISABILITIES CO-OCCUR WITH SUBSTANCE USE. THE AGENCY MUST STRATEGIZE TO BECOME A VALUED PARTNER AND BE INDISPENSABLE IN THE PURSUIT OF QUALITY, ACCESSIBLE HEALTH CARE AT A LOWER COST. OPTIONS TO BE CONSIDERED:**
 - **SHARED PSYCHIATRIC STAFF WITH OTHER CLINICS**
 - **EASY AND CONSISTENT FLOW OF INDIVIDUALS AND INFORMATION BETWEEN BEHAVIORAL HEALTH AND PRIMARY CARE PROVIDERS**

OPTIONS TO BE CONSIDERED: (CONT'D)

- **GROWTH OF HEALTH CARE AWARENESS AND SERVICES IN CMH SERVICES THROUGH ENHANCED TRAINING IN HEALTH COACHING AND THE USE OF DATA ANALYTICS**
- **WORK CLOSELY TO ASSURE PEOPLE WITH SERIOUS MENTAL ILLNESS AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES ARE RECEIVING ALL NECESSARY PRIMARY CARE AND BEHAVIORAL HEALTHCARE. EXPAND TELEMEDICINE SERVICES AS IT RELATES TO PEDIATRIC AND ADULT SERVICES.**
- **PROVIDE COMMUNITY MEMBERS AND STAFF WITH TRAINING AS IT RELATES TO MENTAL HEALTH FIRST AID FOR YOUTH AND ADULTS, SUICIDE PREVENTION, INCREASING VIOLENCE IN OUR SOCIETY, CO-OCCURRING DISORDERS AND THE EFFECTS OF TRAUMA ON INDIVIDUALS.**
- **CONTINUE TO BE A MEMBER OF HUMAN SERVICES COLLABORATIVES.**

PLAN

- **COMMUNITY PARTNERS WILL BE ESSENTIAL FOR NeMCMHA AS WE CONTINUE TO BE SUCCESSFUL IN THE PROVISION OF INTEGRATED, COMPREHENSIVE PHYSICAL AND BEHAVIORAL HEALTH SERVICES. NORTHEAST WILL CONTINUE TO WORK COLLABORATIVELY WITH THE MAJOR PRIMARY HEALTH CARE PROVIDERS AND THE MEDICAID HEALTH PLANS (MHPS) TO ENSURE THE REQUIREMENTS TO MEET THE HEALTH CARE REFORM CHALLENGES ARE MET. JOINT VENTURES WILL BE ESTABLISHED WITH COMMUNITY PARTNERS TO PROVIDE SEAMLESS SYSTEMS OF CARE THAT ELIMINATES DUPLICATION, LOWER COSTS, ENSURE QUALITY CARE AND ACHIEVE SUPERIOR OUTCOMES.**
- **THE ENDS STATEMENTS REFLECT METHODS OF MONITORING POPULATION GROUPS AND DEPARTMENT SPECIFIC GOALS.**

ENDS

- **ALL PEOPLE IN THE REGION, THROUGH INCLUSION AND THE OPPORTUNITY TO LIVE AND WORK INDEPENDENTLY, WILL MAXIMIZE THEIR POTENTIAL.**

[THIS IS THE BOARD'S MEGA STATEMENT DEVELOPED DURING POLICY GOVERNANCE TRAINING]

SUB-ENDS SERVICES TO CHILDREN

1. CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES SERVED BY NORTHEAST WILL REALIZE SIGNIFICANT IMPROVEMENT IN THEIR CONDITIONS.

INCREASE THE NUMBER OF CHILDREN RECEIVING HOME-BASED SERVICES; REDUCING THE NUMBER OF CHILDREN RECEIVING TARGETED CASE MANAGEMENT SERVICES. CURRENT PERCENTAGE IN EACH PROGRAM IS 33% IN HOME-BASED SERVICES AND 67% IN TARGETED CASE MANAGEMENT. GOAL IS TO REACH 80% IN HOME-BASED SERVICES.

HOW THIS WILL BE MEASURED...

SUB-ENDS - SERVICES TO ADULTS WITH MENTAL ILLNESS AND PERSONS WITH I/DD

2. INDIVIDUALS NEEDING INDEPENDENT LIVING SUPPORTS WILL LIVE IN THE LEAST RESTRICTIVE ENVIRONMENT.

HOW THIS WILL BE MEASURED...

- a. DEVELOPMENT OF ONE ADDITIONAL CONTRACT RESIDENTIAL PROVIDER WITHIN OUR CATCHMENT AREA TO INCREASE CAPACITY FOR PERSONS REQUIRING RESIDENTIAL PLACEMENT.**
- b. DEVELOPMENT OF ADDITIONAL SUPPORTED INDEPENDENT SERVICES FOR TWO INDIVIDUALS CURRENTLY LIVING IN LICENSED FOSTER CARE.**

SUB-ENDS

SERVICES TO ADULTS WITH CO-OCCURRING DISORDERS

3. ADULTS WITH CO-OCCURRING DISORDERS WILL REALIZE SIGNIFICANT IMPROVEMENT IN THEIR CONDITION.

HOW THIS WILL BE MEASURED...

- a.** 10% OF INDIVIDUALS SERVED WITH TWO OR MORE OF THE FOLLOWING CHRONIC CONDITIONS – ASTHMA/COPD, HIGH BLOOD PRESSURE, DIABETES, MORBID OBESITY, CARDIAC ISSUES WILL BE ~~OFFERED ENROLLMENT ENROLLED~~ IN THE BEHAVIORAL HEALTH HOME.
- b.** 95% OF INDIVIDUALS SERVED ENROLLED IN THE BEHAVIORAL HEALTH HOME WILL SEE THEIR PRIMARY CARE PROVIDER ANNUALLY.
- c.** 100% OF INDIVIDUALS SERVED ENROLLED IN THE BEHAVIORAL HEALTH HOME WILL HAVE A BASE-LINE A1C.

FINANCIAL OUTCOMES

- 4. THE BOARD'S AGENCY-WIDE EXPENSES SHALL NOT EXCEED AGENCY-WIDE REVENUE AT THE END OF THE FISCAL YEAR (EXCEPT AS NOTED IN 5.B BELOW)**
- 5. THE BOARD'S MAJOR REVENUE SOURCES (MEDICAID AND NON-MEDICAID) SHALL BE WITHIN THE FOLLOWING TARGETS AT YEAR-END.**
 - A. MEDICAID REVENUE: EXPENSES SHALL NOT EXCEED 100% OF REVENUE UNLESS APPROVED BY THE BOARD AND THE PIHP.**
 - B. NON-MEDICAID REVENUE: ANY OVER-EXPENDITURE OF NON-MEDICAID REVENUE WILL BE COVERED BY FUNDS FROM THE AUTHORITY'S FUND BALANCE WITH THE PRIOR APPROVAL OF THE BOARD.**

COMMUNITY EDUCATION

6. THE BOARD WILL PROVIDE COMMUNITY EDUCATION. THIS WILL INCLUDE THE FOLLOWING:

- A. DISSEMINATE MENTAL HEALTH INFORMATION TO THE COMMUNITY UTILIZING AVAILABLE TECHNOLOGY AND AT LEAST ONE REPORT TO THE COMMUNITY.**
- B. DEVELOP AND COORDINATE COMMUNITY EDUCATION IN MENTAL HEALTH FIRST AID FOR ADULTS AND YOUTH, TRAUMA AND THE EFFECTS OF TRAUMA ON INDIVIDUALS AND FAMILIES, SUICIDE PREVENTION, CO-OCCURRING DISORDERS AND THE INCREASING VIOLENCE IN OUR SOCIETY.**
- C. SUPPORT COMMUNITY ADVOCACY.**

COMMUNITY EDUCATION (CONT'D)

CONCLUSION

- **THE ENDS WILL BE MONITORED BY THE BOARD AT LEAST SEMI-ANNUALLY.**
- **THE STRATEGIC PLAN WILL BE REVIEWED BY THE BOARD AT LEAST ANNUALLY.**

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eighth Month Ending May 31, 2021
66.67% of year elapsed

	Actual May Year to Date	Budget May Year to Date	Variance May Year to Date	Budget FY21	% of Budget Earned or Used
Revenue					
1 State Grants	50,613.95	69,058.00	\$ (18,444)	103,587.00	48.9%
2 Private Contracts	12,591.78	39,274.64	(26,683)	58,912.00	21.4%
3 Grants from Local Units	439,693.05	377,300.00	62,393	565,950.00	77.7%
4 Interest Income	1,258.99	8,110.00	(6,851)	12,165.00	10.3%
5 Medicaid Revenue	18,401,988.85	18,230,565.12	171,424	27,345,847.00	67.3%
6 General Fund Revenue	525,627.17	697,786.08	(172,159)	1,046,679.00	50.2%
7 Healthy Michigan Revenue	967,362.42	1,250,177.44	(282,815)	1,875,266.00	51.6%
8 3rd Party Revenue	259,601.26	258,232.00	1,369	387,346.00	67.0%
9 Behavior Health Home Revenue	9,125.22	0.00	9,125	0.00	0.0%
10 SSI/SSA Revenue	338,581.05	347,701.12	(9,120)	521,552.00	64.9%
11 Other Revenue	52,453.02	29,600.72	22,852	44,401.00	118.1%
12 Total Revenue	21,058,897	21,307,805	(248,908)	31,961,705	65.5%
Expense					
13 Salaries	8,484,654.95	9,070,528.48	585,874	13,612,264.00	62.3%
14 Social Security Tax	369,078.32	457,567.28	88,489	686,351.00	53.8%
15 Self Insured Benefits	2,232,078.89	1,977,290.28	(254,789)	2,965,936.00	75.3%
16 Life and Disability Insurances	133,770.35	150,177.84	16,407	225,267.00	59.4%
17 Pension	692,033.49	709,946.32	17,913	1,064,919.00	65.0%
18 Unemployment & Workers Comp.	106,100.76	122,830.64	16,730	184,246.00	57.6%
19 Office Supplies & Postage	29,004.30	31,814.48	2,810	47,721.00	60.8%
20 Staff Recruiting & Development	68,035.65	60,336.80	(7,699)	90,505.00	75.2%
21 Community Relations/Education	11,950.54	9,694.64	(2,256)	14,542.00	82.2%
22 Employee Relations/Wellness	34,499.36	34,714.64	215	52,072.00	66.3%
23 Program Supplies	317,946.23	410,038.64	92,092	615,058.00	51.7%
24 Contract Inpatient	891,310.41	838,830.64	(52,480)	1,258,246.00	70.8%
25 Contract Transportation	33,767.34	44,331.92	10,565	66,498.00	50.8%
26 Contract Residential	3,868,318.90	3,555,011.36	(313,308)	5,332,517.00	72.5%
27 Contract Employees & Services	2,372,790.78	2,638,886.04	266,095	3,958,329.00	59.9%
28 Telephone & Connectivity	99,443.32	89,330.08	(10,113)	133,995.00	74.2%
29 Staff Meals & Lodging	2,674.67	20,149.92	17,475	30,225.00	8.8%
30 Mileage and Gasoline	159,656.57	206,123.04	46,466	309,185.00	51.6%
31 Board Travel/Education	1,794.74	9,109.36	7,315	13,664.00	13.1%
32 Professional Fees	29,818.59	44,382.64	14,564	66,574.00	44.8%
33 Property & Liability Insurance	78,193.90	43,544.64	(34,649)	65,317.00	119.7%
34 Utilities	107,378.37	106,163.84	(1,215)	159,246.00	67.4%
35 Maintenance	72,888.08	104,981.92	32,094	157,473.00	46.3%
36 Rent	175,786.81	159,001.60	(16,785)	232,027.00	75.8%
37 Food (net of food stamps)	31,858.74	43,708.80	11,850	65,563.00	48.6%
38 Capital Equipment	45,671.99	38,289.80	(7,382)	57,435.00	79.5%
39 Client Equipment	24,403.92	9,885.36	(14,519)	14,828.00	164.6%
40 Miscellaneous Expense	77,360.69	72,638.56	(4,722)	108,958.00	71.0%
41 Depreciation Expense	214,220.17	248,495.92	34,276	372,744.00	57.5%
42 Total Expense	20,766,491	21,307,805	541,315	31,961,705	65.4%
43 Change in Net Position	\$ 292,406	\$ (0)	\$ 292,406	\$ -	0.1%
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 2,621,239				
46 Healthy Michigan Funds (Over) / Under Spent	637,092				
47 Total NMRE (Over) / Under Spent	\$ 3,258,331				
47 General Funds to Carry Forward to FY22	\$ 33,388				
48 General Funds Lapsing to MDHHS	155,789				
49 General Funds (Over) / Under Spent	\$ 189,177				

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Asset Protection, 01-007
REPORT FREQUENCY & DUE DATE: Annual, July 2021

POLICY STATEMENT:

The Executive Director may not allow assets to be unprotected, inadequately maintained nor unnecessarily risked.

Accordingly, he or she may not:

1. Fail to insure against theft and casualty losses at:
 - Actual cash value less any reasonable deductible for vehicles
 - Replacement value less any reasonable deductible for personal and real property; and,
 - Against liability losses to board members, staff or the organization itself in an amount greater than the average for comparable organizations.
 - **Interpretation**
A broad program of insurance or self-insurance is to be in place providing protection against these potential losses. Coverage is to be at replacement value. The level of liability coverage is to be “above average.”
 - **Status**
Northeast has been a member of Michigan Municipal Risk Management Authority (MMRMA) since 1982. The program provides coverage at or above the prescribed levels. Please see Attachment A - “Coverage Overview.” Presently, personal and real property owned by the Board is insured at replacement value; however, vehicles are covered at actual cash value.
2. Allow unbonded personnel access to material amounts of funds.
 - **Interpretation**
Any employee with access to agency funds is to be covered by fidelity bond.
 - **Status**
MMRMA provides blanket employee fidelity bond for all employees at the level of \$1,000,000. See attached “Coverage Overview (Attachment A, Page 3, Line 16).”
3. Unnecessarily expose the organization, its board or staff to claims of liability. The Executive Director’s annual report shall include a risk analysis summary.
 - **Interpretation**
The organization is to be managed and services are to be provided in ways that reduce exposure to liability.
 - **Status**
The agency’s Risk Management Plan is attached; it includes notes evaluating our status relative to each of the six major areas of risk covered by the plan.

Northeast Michigan Community Mental Health Authority Monitoring Report

4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$250 without having obtained comparative prices and quality. Make any purchase over \$5,000 without a stringent method of assuring the balance of long term quality and cost; further, such purchases over \$5,000 not included in the Board's capital equipment budget, shall require Board approval. Orders shall not be split to avoid these criteria.
 - **Interpretation**

Management is to assure that purchasing decisions are made following a consistently applied procedure that meets these restrictions. The procedure should not be so onerous that savings that might accrue from it are lost to bureaucratic oversight.
 - **Status**

The organization uses a policy that places much responsibility for purchasing at the staff level we hold responsible for budget performance—supervisors. When a proposed purchase exceeds the noted levels, additional approvals are required.
5. Fail to protect intellectual property, information and files from loss or significant damage.
 - **Interpretation**

The organization will protect work products (primarily clinical records, management and financial records) from fire or other potential causes of loss.
 - **Status**

The organization uses an electronic medical record (EMR). Case records are maintained in electronic format with controlled access. This matter has received considerable attention since the advent of HIPAA. Only designated personnel have access to maintenance of electronic records. Key to success is staff training and compliance with these procedures. Our policies 3810 and 5200 (“Confidentiality—Disclosure & Security of Information” and “Consumer Records”) detail these procedures. Staff are trained at time of hire and periodically thereafter. These clinical records are backed up and stored off-site. Information stored on agency computer systems is backed up nightly. The same high standard of security and privacy is being upheld with the EMR system as it was with the past paper chart system.
6. Receive, process or disburse funds under controls which are insufficient to meet the board-appointed auditor's standards.
 - **Interpretation**

Agency policies regarding internal controls and separation of duties will be followed; these policies will take into account the Auditor's advice.
 - **Status**

Policies 4300, 4310, 4315, 4330 (among others) document these controls which are followed by employees. There has never been a significant loss of agency funds with the exception of very minor and infrequent shortages of petty cash accounts.

Northeast Michigan Community Mental Health Authority Monitoring Report

7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest bearing accounts except where necessary to facilitate ease in operational transactions.
 - **Interpretation**
Operating funds are to be managed only according to the organization's cash management policy.
 - **Status**
All cash reserves are maintained according to our cash management policies. Since all cash is invested in either CD's or our interest-earning checking account as needed, there is a risk of loss due to maximum insurable FDIC rules. Four local banks are used to spread the FDIC risk.

8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission, including changing the name of the organization or substantially altering its identity in the community.
 - **Interpretation**
The mission of the organization, as established by the Board, must guide service provision and the interface with the community.
 - **Status**
Over the past several years, we have worked hard to sharpen the focus of the organization to address the mandates of the mental health code and, due to general fund shortages, limit service to the "must serve" populations (versus "may serve"). Recognizing and observing this limitation has been somewhat painful—for individuals receiving services, Board members, staff and community partners. We continue to excel in supporting people with the most severe disabilities in the community and in doing so the staff are very resourceful. We will have to continue to identify appropriate referral sources for people who do not meet our eligibility criteria. Since October 1, 2014 we have been responsible for Access Services locally. That has permitted us to make immediate referrals for individuals who are not eligible for our services.

9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.
 - **Interpretation**
The physical assets of the organization will not be abused and will be regularly maintained both for safety reasons and to extend their useful lives as much as possible.
 - **Status**
The organization's policies require regular inspection and maintenance of all facilities and significant equipment.

The organization uses a fleet of 62 vehicles. Fleet vehicles generally have a service life of 120,000 miles and/or five to six years of service. The Agency is committed to providing quality transportation in the four-county area.

Northeast Michigan Community Mental Health Authority
Monitoring Report

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?

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
COVERAGE OVERVIEW**

Member: Northeast Michigan C.M.H.S. **Proposal No:** M0001074

Date of Original Membership: July 29, 1982

Overview Dates: July 1, 2020 To July 01, 2021

Member Representative: Connie Cadarette **Telephone #:** (989) 358-7704

Regional Risk Manager: Michigan Municipal Risk Management Authority **Telephone #:** (734) 513-0300

A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter “MMRMA”) is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **Northeast Michigan C.M.H.S.** (hereinafter “Member”) is eligible to be a Member of MMRMA. **Northeast Michigan C.M.H.S.** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

Northeast Michigan C.M.H.S. is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Proposal summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member’s Self Insured Retention (SIR) and deductibles contained in this Coverage Proposal, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

B. Member Obligations – Deductibles and Self Insured Retentions

Northeast Michigan C.M.H.S. is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member’s Self Insured Retention (hereinafter the “SIR”). **Northeast Michigan C.M.H.S.’s** SIR and deductibles are as follows:

Table I
Member Deductibles and Self Insured Retention

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	\$75,000 Per Occurrence
Vehicle Physical Damage	\$1,000 Per Vehicle	\$15,000 Per Vehicle \$30,000 Per Occurrence
Fire/EMS Replacement Cost	N/A	N/A
Property and Crime	\$1,000 Per Occurrence	N/A
Sewage System Overflow	N/A	N/A

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

Member's Motor Vehicle Physical Damage deductible applies, unless the amount of the loss exceeds the deductible. If the amount of loss exceed the deductible, the loss including deductible amount, will be paid by MMRMA, subject to the Member's SIR.

The **Northeast Michigan C.M.H.S.** is afforded all coverages provided by MMRMA, except as listed below:

1. Sewage System Overflow
2. Specialized Emergency Response Recovery Coverage
- 3.
- 4.

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

Northeast Michigan C.M.H.S. agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

C. MMRMA Obligations – Payments and Limits of Coverage

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

TABLE II
Limits of Coverage

Liability and Motor Vehicle Physical Damage	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Liability	15,000,000	N/A	N/A	N/A
2. Judicial Tenure	N/A	N/A	N/A	N/A
3. Sewage Systems Overflows	0	N/A	0	N/A
4. Volunteer Medical Payments	25,000	N/A	N/A	N/A
5. First Aid	2,000	N/A	N/A	N/A
6. Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7. Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8. Michigan No-Fault	Per Statute	N/A	N/A	N/A
9. Terrorism	5,000,000	N/A	N/A	5,000,000

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Buildings and Personal Property	8,665,382	350,000,000	N/A	N/A
2. Personal Property in Transit	2,000,000	N/A	N/A	N/A
3. Unreported Property	5,000,000	N/A	N/A	N/A
4. Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5. Fine Arts	2,000,000	N/A	N/A	N/A
6. Debris Removal (25% of insured direct loss plus)	25,000	N/A	N/A	N/A
7. Money and Securities	1,000,000	N/A	N/A	N/A
8. Accounts Receivable	2,000,000	N/A	N/A	N/A
9. Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10. Fire and Emergency Vehicle Rental (12 week limit)	1,000 per week	N/A	N/A	N/A
11. Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12. Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
13. Marine Property	1,000,000	N/A	N/A	N/A
14. Other Covered Property	10,000	N/A	N/A	N/A
15. Income and Extra Expense	5,000,000	N/A	N/A	N/A
16. Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
17. Faithful Performance	Per Statute	N/A	N/A	N/A
18. Earthquake	5,000,000	N/A	5,000,000	100,000,000
19. Flood	5,000,000	N/A	5,000,000	100,000,000
20. Terrorism	50,000,000	50,000,000	N/A	N/A

TABLE III

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement.			
	Limits of Coverage Per Occurrence/Claim	Deductible Per Occurrence/Claim	Retroactive Date
	\$5,000,000		
Coverage A Network and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage B Media Injury Liability	Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage C Network Security Loss Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above Each Business Interruption Loss Included in limit above	\$25,000 Each Unauthorized Access Retention Period of 72 hours of Business Interruption Loss	Occurrence
Coverage D Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	\$25,000 Each Unintentional Data Compromise	Occurrence
Coverage E PCI Assessments:	Each Payment Card Breach \$1,000,000 Occ/\$1,000,000 Agg. Included in limit above	\$25,000 Each Payment Card Breach	Occurrence
Coverage F Social Engineering Loss:	Each Social Engineering Incident \$100,000 Occ./\$100,000 Agg. Included in limit above	\$25,000 Each Social Engineering Incident	Occurrence
Coverage G Reward Coverage	Maximum of 50% of the Covered Claim of Loss; up to \$25,000 Included in Limit above	Not Applicable	Occurrence
Coverage H Telecommunications Fraud Reimbursement	\$25,000 Included in limit above	Not Applicable	Occurrence

Annual Aggregate Limit of Liability

Member Aggregate	All Members Aggregate
\$5,000,000	\$25,000,000

The total liability of MMRMA shall not exceed \$5,000,000 per Member Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

The total liability of MMRMA and MCCRMA shall not exceed \$25,000,000 for All Members Combined Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

TABLE IV
Specialized Emergency Response Expense Recovery Coverage
Limits of Coverage

Specialized Emergency Response Expense Recovery	Limits of Coverage per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
	N/A	N/A	N/A	N/A

TABLE V
Specialized Emergency Response Recovery Coverage
Deductibles

Specialized Emergency Response Expense Recovery	Deductible per Occurrence
	Member
	N/A

NeMCMH Risk Management Plan FY2021

Northeast Michigan Community Mental Health Authority (NeMCMHA) is a member of a five Board PIHP called the Northern Michigan Regional Entity (NMRE). NeMCMHA provides services to consumers living in the Alcona, Alpena, Montmorency and Presque Isle Counties. Northeast is subject to surveys and audits from the State of Michigan, CARF and the NMRE.

Northeast Michigan CMHA Mission Statement:

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

Risk Reduction Efforts

NeMCMHA is committed to reducing risk in all areas of service. In order to provide the services promised in our Mission Statement, NeMCMHA expends time, finances and creativity in the prevention, reduction and monitoring of risk areas.

Financial Risk:

1. Annually a budget is developed for the upcoming year. This is completed every August prior to the beginning of a new fiscal year. Various supervisors of programs and the Finance Director complete this budget. The budget is shared and approved by the Board of Directors.
2. Supervisors receive monthly statements showing actual operational results as compared to their approved budgets. All operational results are reviewed monthly by finance staff and the Management Team.
3. As changes in the budget are needed, amendments are completed and reported to the Board of Directors for approval as applicable.
4. Annually a CPA Audit is completed. A representative of the CPA firm reports the results of this audit to the Board of Directors.
5. Monthly budget reporting to the Board.
6. Compliance hotline to report potential risks areas. Compliance forms are available on site for reporting compliance violations.

Environmental Safety Risk:

1. An external authority completes safety site reviews on every site. These reviews and recommendations of these reviews are addressed as identified.
2. NeMCMHA has a Safety Committee to review various areas of risk. This committee focuses on the reduction of staff injury risk. The Safety Committee looks at staff safety with regard to vehicle safety and physical environment. The Committee reviews all accident reports submitted by staff. Once reviewed, areas of potential risks to other staff are identified and recommendations for improvement are submitted.
3. Safety Committee is responsible for ensuring the Environment of Care Manual and Emergency Flip charts are up to date. These flip charts allow staff easy access to what to do in the event of emergency. Emergency Flip Charts are located at all sites.

4. The Safety Committee is a Standing Committee to the Quality Improvement (QI) Council and all areas of improvement are filtered to and from the QI Council.
5. Emergency drills are conducted at all work sites on all shifts.
6. NeMCMHA has an assigned infection control nurse.

Technology Risk:

1. NeMCMHA has a network usage policy 3600, which is designed to protect employees, partners and the Agency from illegal or damaging actions by individuals, either knowingly or unknowingly.
2. NeMCMHA has installed a spam filter/virus protection server for all incoming email and has an internet firewall protection server for browsing the internet.
3. NeMCMHA uses an encryption email server for confidential emails to outside emails.

Insurance and Liability Risk:

1. Internal claims verification and documentation reviews.
2. Quarterly the NMRE's Regulatory Compliance Director reviews claims of the previous quarters to ensure staff adhere to required documentation standards and individual plans of service are followed.
3. Adequate Insurance Coverage – NeMCMHA is a member of Michigan Municipal Risk Management Authority (MMRMA), which provides broad coverage for the organization and staff.
4. Independent contractors are required to have the appropriate insurances to complete the services requested.

Person Served Risk:

1. NeMCMHA has policies in place, which safeguard individuals' served funds.
2. NeMCMHA has a sentinel event policy, including protocols to follow in the event an individual served by the Agency has been involved in an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. These events are reported to the state, reviewed, analyzed and recommendations are identified and implemented.
3. Incident Reports are completed on individuals served involved in any unusual incident.
4. Death reports are completed on all deaths of an individual served by CMH when manner of death is indeterminate. The Recipient Rights Officer reviews every death report that is presented.
5. A CMH psychiatrist completes death reviews post mortem when death is by drug overdose.
6. Behavior Support Committee (BSC) meets monthly to approve/review proposed and current behavior plans.

Record Review:

1. Record reviews are completed by supervisors on a monthly basis to ensure records contain the appropriate information and staff are documenting services as policy demands.
2. Quarterly, the Regional Entity's Regulatory Compliance Coordinator, during the claims review, reviews the documentation to ensure compliance with documentation standards.

Potential Risk:

- The Risk Management Committee, when presented with a potential risks area, will analyze and present recommendations for risk reduction in that area.

Disclaimer: During COVID-19, NeMCMHA has reduced risks as it relates to addressing the pandemic. A Pandemic Plan has been developed. There have been environmental changes, multiple staff working from home, policy revisions, practice revisions etc., to reduce the spread of COVID-19. NeMCMHA is committed to continue to perform the essential services for which NeMCMHA is responsible.

NeMCMHA through their ongoing processes; outside audits, surveys and self-assessments continue to demonstrate its commitment to protect its human, financial, and goodwill assets and resources through the practice of effective risk management. The Board, management and staff of NeMCMHA are committed to safeguarding the safety of individuals receiving services, staff, and anyone who has contact with the organization.

NeMCMHA continues to strive to improve its risk management program. Every year, new and innovative ways of reducing risk are identified and added to the list of efforts.

Annually the Risk Management Committee will review the Risk Management Plan.

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Community Resources, 01-010
REPORT FREQUENCY & DUE DATE: Annual: July 2021
POLICY STATEMENT:

With respect to the attainment of Northeast Michigan Community Mental Health Authority, the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

- **Interpretation**

The agency will develop and maintain collaborative and productive relationships within the community; we will be actively represented on Community Collaboratives (CCs). Further, agency staff will actively participate on appropriate community coordination/planning groups. Wherever possible, “wrap-around” approaches to serve families and children with complex needs should be pursued.

- **Status**

There are four CCs in the four-county area, one representing each county. We have staff regularly attending the Montmorency County Community Collaborative, Alcona County Community Collaborative, Alpena HSCC [including its Executive Committee] and the Presque Isle HSCC. In addition, we have staff actively representing the agency on the ESD Transition Planning Council, CAN (Child Abuse & Neglect) Teams, EPSDT (Early & Periodic Screening, Diagnostic and Treatment), Children’s Closet, Child Death Review Team, Wraparound Community Teams, Great Start Collaborative, and Catholic Human Services. Northeast staff are members of the Substance Use Coalition. We are members of Alpena County Prevention Council, Alpena Suicide Prevention Task Force, Critical Incident Stress Management and debriefing team; several staff are members of the CISM Team of Northeast Michigan, responding to community critical incidents. We have collaborated with District Health No. 2 and the Alpena County Community Emergency Response Departments to be included in the Community Emergency Response Plan. In addition, we hold a seat as Board member on the Northern Michigan Opioid Response Consortium (NMORC) and their Prevention Committee. We are a member of the newly formed AMA Collaborative on Student Concerns workgroup.

We participate in several community partnerships, in addition to contracting with Partners in Prevention to provide education to the community, including the schools on the effects of trauma, suicide prevention and Adult and Youth Mental Health First Aid. During the First and Second Quarter of FY 21, training in Youth Mental Health First Aid was scheduled as a blended course with two hours of online pre-work, followed by a 4 ½ hour in-person class. Many of the courses had to be canceled due to COVID restrictions during this timeframe. NeMCMHA staff has provided Alpena Combat Readiness Training Center with a presentation on stress management.

NeMCMHA has staff trained by the University of Michigan “TRAILS” (Transforming Research into Action to Improve the Lives of Students) model sponsored by MDHHS. “TRAILS” provides free training to school professionals in core concepts of cognitive behavioral therapy (CBT) and mindfulness – two evidence-based strategies shown to reduce anxiety and depression in youth. TRAILS is unique in that school partners receive not only classroom instruction, but also are provided a personal coach (trained CMH staff) who helps implement a CBT- and mindfulness-based skills group to students in need, right at school. The trained staff has worked with the Posen School District to implement this model. The

Northeast Michigan Community Mental Health Authority
Monitoring Report

staff continue to work with the school success workers to expand this program to other schools.

NeMCMHA, Partners in Prevention and other community partners are providing community-wide suicide awareness/prevention training during FY21. NeMCMHA has partnered with Presque Isle Suicide Prevention Task Force to increase suicide awareness and prevention using 'safeTALK' from Living Works. The most recent safeTALK presentation was held on June 14, 2021 at the Presque Isle District Library by Partners in Prevention. Partners in Prevention will be providing suicide intervention training July 14 & 15 at Alpena Community College. Applied Suicide Intervention Skills Training (ASIST) is a two-day workshop open to 16+ provide skills to help save a life.

NeMCMHA staff is a member of the Family Recovery Care Team (Catholic Human Services, Alpena/Montmorency County DHHS, Courts and Freedom Recovery Center) targeting families involved with DHHS Child Welfare services and have a caregiver identified as having a substance use disorder or concern that substance abuse is present in the home. This project is a result of the Health Endowment Fund grant awarded to Catholic Human Services.

NeMCMHA staff partnered with District Health Department #4 when the COVID vaccine rolled out. One clerical staff provided clerical support each day scheduling vaccine appointments, registering individuals for appointments and assisted registration at the vaccine clinics. Two nursing staff were provided for each vaccine clinic held in the health department's coverage areas, which included Cheboygan County.

NeMCMHA has purchased the Carter Kits and is in the process of distributing them to law enforcement personnel and emergency responders. A brief training is done at the distribution date and a more formal training is being developed through Fire Chief Bill Forbush, which will provide CEs for their staff.

Board Review/Comment

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?

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNITY RESOURCES

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
July 11, 2019

●1 **POLICY:**

With respect to the attainment of Northeast Michigan Community Mental Health Authority “Ends,” the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

PUBLIC HEARINGS

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
July 14, 2016

●1 **POLICY:**

The Authority shall conduct public hearings of its response to the Michigan Department of Health and Human Services Annual Submission (a.k.a. – PPGs) prior to its submission, and for its adoption of its annual budget at or before the beginning of the fiscal year.

The Annual Submission public hearing may be conducted by the Director at a time and date necessary to accommodate a timely submission of required documents; Board members will be invited to participate in the hearing as well as members of the public.

The public hearing regarding the adoption of the budget shall be conducted by the Chair of the Authority at a meeting of the Board of the Authority.

The hearings shall adhere to these guidelines:

Annual Submission (PPGs) Hearing:

This hearing will be scheduled to be conducted as soon as possible after the release of the guidelines by the Department of Health and Human Services. The purpose of the hearing will be to explain to the public the requirements of those guidelines and the likely effect on local mental health programs; further, to receive public input from members of the public about ways to meet the intent of the guidelines and to offer opportunities for the public to suggest other priorities, as well.

Annual Budget Hearing:

This hearing will be conducted during either the September or October meetings of the Board of the Authority. The purpose of the meeting will be to adopt in public session a budget for the fiscal year that incorporates and supports the Ends adopted by the Board and reflects program adjustments that may have been included in the response the Department's Program Policy Guidelines.

Required Notice for Public Hearings:

Ten days advance notice of public hearings shall be required. The notice shall be placed in all area newspapers and shall include information about the purpose of

the hearing and the form of input members of the public may offer. Depending upon the type of hearing, specific invitations may be sent to interested parties such as county commissions, mental health service providers, the medical societies, boards of education, mental health advocacy organizations, etc.

Format of Hearings:

Hearings shall be conducted in such fashion as to assure that members of the public receive adequate information about the matter to be acted upon, and have sufficient opportunity to offer suggestions and alternative points of view.

The Hearing shall be documented, noting the names of participants, their affiliations, if any, and a summary of the input offered.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

Annual Submission (PPGs): Guidelines released annually by the Michigan Department of Health and Human Services in which the Department introduces new directions it intends the public mental health system to move and gathers information from community mental health services programs regarding their level of readiness for such transitions. This annual submission also includes the annual needs assessment required by the Mental Health Code as well as statistical information about services offered and provided.

Fiscal Year: October 1 through September 30

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JUNE 23, 2021
GAYLORD BOARDROOM**

ATTENDEES:	Roger Frye, Randy Kamps, Gary Klacking, Terry Larson, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Don Smeltzer, Joe Stone, Don Tanner
VIRTUAL ATTENDEES:	Karla Sherman (Petoskey), Nina Zamora (Traverse City)
ABSENT:	Ed Ginop, Christian Marcus
NMRE/CMHSP STAFF:	Brian Babbitt, Joanie Blamer, Eugene Branigan, Chip Johnston, Mari Hesselink, Eric Kurtz, Trish Otreмба, Pamela Polom, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek, Lisa Hartley
PUBLIC:	Joyce Fetrow, Jackie Wurst

CALL TO ORDER

Let the record show that Chairman Tanner called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Ed Ginop and Christian Marcus were excused from the meeting on this date; all NMRE Board Members were in attendance either virtually or in person.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting agenda items were expressed.

APPROVAL OF AGENDA

Let the record show that Chairman Tanner called for any additions or corrections to the meeting Agenda.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JUNE 23, 2021; SUPPORT BY JAY O’FARRELL. ROLL CALL VOTE.

“Yea” Votes: R. Frye, N. Zamora, M. Marois, R. Schmidt, R. Kamps, K. Sherman, J. Stone, T. Larson, G. Klacking, J. O’Farrell, D. Smeltzer, G. Nowak, D. Tanner

“Nay” Votes: Nil

MOTION CARRIED.

APPROVAL OF PAST MINUTES

Let the record show that the May minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE MAY 26, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY TERRY LARSON. ROLL CALL VOTE.

“Yea” Votes: D. Smeltzer, G. Klacking, G. Nowak, R. Schmidt, J. O’Farrell, N. Zamora, R. Kamps, K. Sherman, T. Larson, R. Frye, J. Stone, M. Marois, D. Tanner

“Nay” Votes: Nil

MOTION CARRIED.

ANNOUNCEMENTS

Let the record show that Brian Babbitt, North Country CMH Chief Operating Officer (sitting in for Christine Gebhard), Trish Otremba, AuSable Valley CMH Chief Quality Officer (sitting in for Diane Pelts), and Joanie Blamer, Northern Lakes Chief Population Officer and Interim CEO (sitting in for Karl Kovacs) were introduced to the Board.

CORRESPONDENCE

- 1) The minutes from the June 3, 2021 PIHP CEO Meeting.
- 2) Email correspondence from Jim Johnson, Region 10 CEO, regarding concurrent system demands.
- 3) Correspondence from Lisa Morse of regarding the Proposed Financial Reporting Redesign.
- 4) The draft minutes of the June 9, 2021 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the memo from Jim Johnson regarding numerous (onerous) changes proposed for October 1st implementation.

- Certified Community Behavioral Health Clinics (affects Centra Wellness Network)
- Implementation or Continuation of Behavioral and Opioid Health Homes
- American Society of Addiction Medicine (ASAM) continuum trained providers
- Transition from Supports Coordination (T1016) to Targeted Case Management (T1017)
- Standard Cost Allocation (SCA), which requires either changing or codifying CMHSP & PIHP General Ledgers
- Tiered rates for Residential Services (dictated by the State)
- State established inpatient hospital rates
- Changes to the Encounter Quality Reporting
- Provider survey using SCA Model

PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

REPORTS

Executive Committee Report

Let the record show that no meetings of the NMRE Executive Committee have occurred since the May Board Meeting.

CEOs Report

The NMRE CEO Monthly Report for June 2021 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to the Health Home presentation given by Centra Wellness, Northern Lakes and NMRE during the CMHAM Summer conference; he thanked those involved for doing a “great job”.

April 2021 Financial Report

- Traditional Medicaid showed \$116,233,957 in revenue, and \$98,812,377 in expenses, resulting in a net surplus of \$18,087,038. Medicaid ISF was reported as \$7,738,320 based on the unaudited final FSR. Medicaid Savings was reported as \$4,515,675.
- Healthy Michigan Plan showed \$18,079,775 in revenue, and \$13,468,118 in expenses, resulting in a net surplus of \$4,611,657. HMP ISF was reported as \$7,058,552 based on the unaudited Final FSR. HMP savings was reported as \$0.
- Net Position* showed net surplus Medicaid and HMP of \$22,698,695. Medicaid carry forward was reported as \$4,515,675. The total Medicaid and HMP Current Year Surplus was reported as \$23,175,370. Medicaid and HMP combined ISF based on unaudited Final FSR was reported as a \$14,796,872; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$37,972,242.
- Health Home showed \$258,913 in revenue, and \$209,495 in expenses, resulting in a net surplus of \$49,418.
- SUD showed all funding source revenue of \$11,815,371, and \$9,822,157 in expenses, resulting in a net surplus of \$1,993,214. Total PA2 funds were reported as \$6,238,536.

Mr. Kamps asked where the region stands in terms of smoothing out the surplus. Mr. Kurtz responded that the Boards and the NMRE developed spending plans totaling \$7M, much geared toward retention and recruitment of staff. Mr. Kurtz explained that the continued increase in revenue is due to increased rates in part due to direct care wage increase and the pause in Medicaid redeterminations and spenddowns (due to COVID).

MOTION BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2021; SUPPORT BY GARY NOWAK. ROLL CALL VOTE.

“Yea” Votes: M. Marois, D. Smeltzer, T. Larson, J. Stone, R. Frye, J. O’Farrell, K. Sherman, R. Schmidt, N. Zamora, G. Klacking, G. Nowak, R. Kamps, D. Tanner

“Nay” Votes: Nil

MOTION CARRIED.

NMRE SUD Oversight Board Report

The next meeting of the Northern Michigan Regional Entity Substance Use Disorder Oversight Board meeting is scheduled for 10:00AM on July 12, 2021. Mr. Kurtz noted that a representative is needed for Grand Traverse County; Mr. Kamps offered to intervene.

Operations Committee

The minutes from June 15, 2021 were included in the meeting materials in draft form.

NEW BUSINESS

NMRE Financial Audit RFP

Mr. Kurtz announced that a regional RFP to secure an auditing firm for FY21–FY23 has been posted on the NMRE.org website. Proposals are due to the NMRE by July 16, 2021 so that a final selection may be made no later than August 31, 2021.

OLD BUSINESS

House Bill 4925/Whiteford Bill

Several informational documents were included in the materials for the meeting on this date. Mr. Kurtz drew attention to the Connecticut model review by the Center for Health Law and Policy

Innovation of Harvard Law School (March 2016). The Connecticut model was managed by a private Medicaid Health Plan, which did not have to respond to FOIA or meet transparency requirements. Mental Health Services (not including I/DD or SUD) were then bid out and given to Value Options, a private, for-profit entity. A meeting is scheduled on June 25th in Ste. Saint Marie that Rep. Whiteford is reportedly scheduled to attend. Mr. Kamps highlighted the importance of stressing the efficiency and transparency of the current system. The possibility of the CMHSPs/PIHPs taking over the mild/moderate population was discussed as an option. It was noted that the Senate bill (Shirkey) has not been introduced to date.

CE-CERT Regional Training

The Board approved the cost for a regional training on the Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT) in March. Six cohorts have been scheduled in July and August. NMRE will act as the host and handle registration, which is currently underway. An additional one-day session is available for supervisors in September.

PRESENTATION

FY21 Mental Health Satisfaction Survey

Mari Hesselink, NMRE Customer Services Specialist, was in attendance to present the results of the regional mental health services satisfaction survey. The survey, consisting of 21 questions, was administered from April 1, 2021 – April 22, 2021. Based on prior feedback from individuals served, surveys for Outpatient Therapy, Case Management, Medical Services, Assertive Community Treatment (ACT), Peer Support Services, and Psychosocial Rehabilitation (Clubhouse) were combined into one. Overall participation rate was calculated at 13.1% (853 responses). Areas for improvement were identified (how to file a grievance or appeal, smoking, alcohol, and drug use, and medication side effects) that will be addressed through targeted training. Positive feedback was received in terms of staff making individuals feel comfortable with asking questions or receiving services, staff dedication to cultural competency and respect for gender identity, and individuals being satisfied with their appointment times and their involvement in the care they receive. It was noted that a separate survey is conducted for home-based services.

COMMENTS

Board

- Mr. Frye expressed concern that recent mass shootings have not identified a need for better mental health care, stating that “it’s a person problem not a mental health problem and not a gun problem.” Mr. Tanner noted that individuals with mental illness are more often a victim of a gun crime than a perpetrator.
- Mr. Stone commented that the CMHAM Fall Conference is scheduled October 25 – 26 at the Grand Traverse Resort. The Spring 2022 Conference will also be in Traverse City.
- Mr. Kamps gave kudos to the Association for its efforts in response to legislative efforts, new mandates, etc.
- Mr. Kamps requested that Board Members consider contributing to the CMH PAC.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on July 28, 2021.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:12AM.



June 10, 2021

To: CMH Board Members/Executive Directors (CMH & PIHP)/Management Staff (CMH & PIHP)/Provider Alliance Members

From: PAC Committee

Re: 2021 Annual PAC Campaign

This memorandum is being sent to all CMH boards, PIHPs and Provider Alliance members to announce and solicit participation in this year's CMH-PAC campaign. The CMH-PAC is a political action committee that helps support representatives and senators in leadership positions and those who champion the funding, legislation, and policy initiatives that help support and improve the provision of community-based mental health and substance use disorder services.

Your donations to the CMH PAC help support candidates who are supportive of our efforts at CMHA. The money that is raised for the CMH PAC helps raise awareness of our issues. While we are not able to match dollar for dollar the contributions of the larger interest groups your efforts go a long way and give CMHA a "seat at the table".

Obviously, the last year and a half have been like nothing we have seen before and supporting the CMH PAC was probably one of furthest things from everybody's mind. With that said, **we have gone over a year without collecting any significant PAC contributions and therefore our fund balance is at an all-time low.** It is safe to say that the remainder of this year and next year will be extremely critical. As you know, both the Michigan House and Senate are currently working on dramatic system wide change proposals, both of which could have devastating impacts for years to come. With so much attention on behavioral health reform in the Michigan it is critical we maintain an active presence – **WE MUST BUILD OUR PAC FUND BACK UP** and support those key leaders who are willing to work with us.

Part of the delay in announcing the 2021 CMH PAC campaign was the development of our new online capabilities. **We can now take credit card payments online by accessing the link below and using our secure online checkout function.**

<https://cmham.org/public-policy/cmh-pac/>

Due to COVID we will not have a drawing for Detroit Tiger suite tickets this year, but if your board gets the required 6 contributions we will add your board into the drawing for next year, so you could have more than one entry in the mix for next year's drawing (if your board meets the criteria in 2021 & 2022).

Again, you can pay online at the link listed above or make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).

If you have any questions regarding this year's campaign, please contact Robert Sheehan or Alan Bolter at CMHAM. Thank you for your participation.

	Program	Consumers served June 2021 (6/1/21 - 6/30/21)	Consumers served in the Past Year (7/1/20 - 6/30/21)	Running Monthly Average(year) (7/1/20 - 6/30/21)
1	Access / Crisis / Prescreens	60 - Routine 1 - Emergent 0 - Urgent 51 - Crisis 77 - Prescreens	667 - Routine 2 - Emergent 4 - Urgent 652 - Crisis 624 - Prescreens	56 - Routine 0 - Emergent 0 - Urgent 55 - Crisis 51 -Prescreens
2	Doctors' Services	398	1412	411
3	Case Management			
	Older Adult (OAS)	108	206	104
	MI Adult	112	360	136
	MI ACT	30	136	26
	Home Based Children	68	126	52
	MI Children's Services	162	384	146
	IDD	182	410	156
4	Outpatient Counseling	166(32/134)	398	169
5	Hospital Prescreens	77	624	51
6	Private Hospital Admissions	26	236	20
7	State Hospital Admissions	0	4	0
8	Employment Services			
	IDD	41	89	46
	MI	20	65	22
	Touchstone Clubhouse	81	92	81
9	Peer Support	40	61	41
10	Community Living Support Services			
	IDD	70	131	74
	MI	67	114	64
11	CMH Operated Residential Services			
	IDD Only	57	62	57
12	Other Contracted Resid. Services			
	IDD	31	35	31
	MI	37	44	37
13	Total Unduplicated Served	1072	2324	1075

County	Unduplicated Consumers Served Since July 2020
Alcona	258
Alpena	1439
Montmorency	251
Presque Isle	282
Other	76
No County Listed	18

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Diane Hayka
SUBJECT: Director's Evaluation
DATE: June 28, 2021

At our meeting next month, we will complete the Director's evaluation. According to Policy 03-004 "Monitoring Executive Performance," this is based upon Ends and Monitoring Reports provided to the Board over the course of the year. These monitoring reports were distributed to you in your monthly Board packets.

If you would like copies of any of the monitoring reports prior to the August Board meeting, please contact me or feel free to drop by the office to review this material.

DRAFT



QI Council Minutes

For Meeting on 06/21/21

10:17 AM/11:55 AM

Board Training Room

Meeting called by: Angela Stawowy
Type of meeting: Bi-Monthly
Facilitator: Angela Stawowy
Note taker: Diane Hayka via digital recorder
Timekeeper:

Attendees: Angela Stawowy, Mary Crittenden, Genny Domke, Lynne Fredlund, Amber Gapske, Jen Whyte

Absent: Joe Garant (Exc), Rich Greer (Exc), Nena Sork (Exc.)

QI Coordinator: Lynne Fredlund

Assistant: Lee Ann Bushey

Agenda Topics

Review of Minutes

Discussion:

By consensus, the minutes of the April 19, 2021 meeting were approved.

Action items:

Person responsible:

Diane Hayka via digital recorder

Deadline:

ASAP

Committees requesting Additional Time

There were no requests from the Committees to have additional time.

Management Team

Discussion:

The minutes of the May 10, 2021 meeting were included in the materials for this meeting. Mary Crittenden reported the Management Team is monitoring the budget and the Behavioral Health Home revenue is beginning to come in. Medicaid and Healthy Michigan revenues are underspent and contract inpatient and contract residential are overspent. The overspending will most likely need a budget adjustment to correct.

Per diem payments related to COVID absences and shift demands was approved. This will apply to staff having to work additional shifts to cover other staff absences specific to COVID quarantines. Supervisors are submitting data for eligible staff. She noted vaccine incentives were approved and many staff have submitted their incentive request.

Mary Crittenden reported staff are not utilizing the training courses offered on the training calendar related to Majestic training. Supervisors will be encouraged to have their staff take advantage of the trainings as refresher courses, etc.

DRAFT

She reported the Agency has been investigating a replacement phone system. Dennis Bannon has secured several vendors with various options for the future communication needs and it was narrowed down to one vendor. She noted Dennis is on vacation this week but things will begin rolling when he returns. The new phone system will be a big improvement over the current system.

The Annual Report was completed and sent out to the community. Policy 3590 – Reimbursement of Expenses was reviewed and recommend revision clarifies some language related to mileage reimbursement. The Grievance and Appeals policy was updated due to audit findings and the Purchasing policy was under review.

Mary reported the staff picnic is scheduled for Wednesday, June 23. All staff able will be encouraged to attend. Staff recognition will be held the following day, June 24. The Agency will participate in a Pop-Up Pantry in August but the date is not confirmed at this time.

Mary informed the Council of Management Team's plan to transition staff working from home back to the office setting.

Jen Whyte noted the staff survey results were reviewed by Management Team. Mary Crittenden reported she has a draft email to All Staff prepared and Nena will review and tweak if necessary prior to sending it. This should be accomplished this week. Lynne Fredlund questioned if this will be posted in the homes for staff not having email. Mary Crittenden noted all staff now have access to email so they will receive this correspondence in their inbox. Mary noted the PowerPoint presented at Management Team related to the survey results will be included in the email to staff. Mary noted there was a small workgroup that met and reviewed all comments. She noted the staff survey may be handed off to QI for the next round possibly in January 2022.

Action Items:

Report Monthly

Person Responsible:

Nena Sork/Mary Crittenden

Deadline:

Advisory Council

Discussion:

The Advisory Council did not meet independently; they joined the full Board meeting in June to participate in Segment II of the annual Strategic Planning.

Action Items:

Report Bi-Monthly

Person Responsible:

Nena Sork

Deadline:

CARF Committee

Discussion:

Lynne Fredlund reported the CARF Committee met in-person/Teams to begin their regular meetings to assure CARF preparedness for next year's review. She noted this was a brief meeting to confirm Committee members had received the CARF standards for their area of responsibility. Lynne reported she is currently working to compile the CARF Conformance Report, which is submitted on the interim years from the actual reviews. She reported the focus at this point is updating the program descriptions, which must be done annually. She reported this Committee will now be meeting monthly until the CARF review in 2022.

DRAFT

Action Items:**Person Responsible:**

Lynne Fredlund

Deadline:

Clinical Leadership Team

Discussion:

The minutes from the May 26, 2021 and June 9, 2021 meetings are included in the packet. Mary Crittenden reported she had requested the Team to discuss a representative for the QI Council at their next meeting as Mary is no longer a Team member.

Mary Crittenden noted the CLT approved several conference requests which included – Basic Skills for DBT Therapy, ADHD and Adults, Eating Disorders, and Enhanced LOCUS Training. The CLT continues to monitor inpatient hospitalization usage. She reported the CLT is either in the process or has reviewed policies 5110 – Accessibility of Services and 5200 – Consumer Records and 5650 – Behavior Supports.

Mary Crittenden noted the CLT recently received an internship request for a MSW. The intern requested to focus on home-based services.

Mary reported CLT is working with Donna Roussin of issues related to BH-TEDS when there is an admission/discharge and the need to develop a process to resolve the problem. Mary notes it is important to be in compliance with the requirements of BH-TEDS as required by federal guidelines. She reported initially agencies were threatened with sanctions should they not maintain compliance. Mary stressed the importance of staff assuring individuals are closed with this Agency when they transfer their services to another CMH as the individual cannot be listed in two different agencies.

Mary reported the Agency will be participating in Project Connect in Montmorency County and will be funding haircuts during this event.

Action Items:

Report Monthly

Person Responsible:

Mary Crittenden

Deadline:

Customer Satisfaction Committee

Discussion:

Angela Stawowy provided an update of the Customer Satisfaction Committee. The minutes from the June 7, 2021 meeting were included in the meeting materials for this meeting. She reports this Committee will now be going back to quarterly, face-to-face meetings. The 2021 survey results are now starting to come in. The MI Employment Survey was sent out and three responses have been received thus far. She reported due to the low return rate the Committee is looking to administer the survey by handing out the surveys personally in hopes to get a better return rate.

Angela Stawowy reported the Behavioral Supports survey is currently being compiled and Carolyn Bruning will be bringing the results for committee to review at their next meeting.

DRAFT

Mary Crittenden noted low return rate seems to be a common theme when the Agency conducts surveys. Angela Stawowy questioned if there was an incentive available to provide to individuals who do complete the requested surveys. Lynne Fredlund noting incentives are not something we can consider as it could be construed as a type of bribe to get a good review. Jen Whyte echoed the incentive response. She noted this past year has been especially challenging with COVID impacting the survey response as well. Many individuals do not have access at their homes to internet so they could not complete them electronically and many had restrictions in place to limit access to their homes.

Angela Stawowy noted the surveys are sent to all enrolled in the program where the MI Services survey is handed out during an appointment with a link listed for them to go home and complete. Angela noted the DD Customer Satisfaction survey has been reworded and because it has become an annual event, the response rate has increased.

Mary Crittenden voiced her observation that much depends on how staff present the survey and the importance of the survey to the individual. Jen Whyte observed if the survey is kept simple, with only a few questions, sometimes response rates are higher.

Action Items:

Report Bi-Monthly

Person Responsible:

Angie Stawowy

Deadline:

Resource Standards and Development Committee

Discussion:

The May 6, 2021 and June 3, 2021 minutes of the RS & D Committee were distributed in this meeting. Genny Domke reported the Team of the Month is winding down and in its place will be the Committee of the Month. She reported Friday Trivia, Random Acts of Kindness, Shout Outs and Theme Days. The picture board is also updated periodically. The Committee put together some baskets to be awarded as prizes during the staff training/picnic.

Recently, the Committee has sent out some self-care information and suggestions such as crossword puzzles. A doughnut day was held at the Alpena office. Genny reported the Committee is teaming up with Nicole Kaiser to assure there is a similar event for the homes so everyone will get some type of event.

Angela Stawowy noted her department has a job coach that comes to Alpena once a week from Hillman and one that comes from Rogers City at least twice a week to help in getting such events to those offices as well.

Action Items:

Monthly

Person Responsible:

Genny Domke

Deadline:

Risk Management Committee

Discussion:

Lynne Fredlund reported the Risk Management Committee has had difficulty in getting together. The minutes from the June 8, 2021 meeting were included in the meeting materials for this meeting. She noted Dayna Barbeau reported to their Committee related to grievance and appeals noted there were four grievances received in the 2nd quarter of this fiscal year. There were no requests for Second Opinions, local appeals or Medicaid Fair Hearings during the quarter.

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Lynne Fredlund informed Council members Dayna now had a new reporting requirement to indicate the number of instances when an Independent Facilitator has been requested in the Person-Centered Planning process. Mary Crittenden suggested possibly having a radio-button added to flag the contact as independent facilitation to assure this data does not get missed. Jen Whyte noted the button could be programmed to make sure the question is answered as to whether the individual had independent facilitation – Yes or No – before they continue. At this point, the Agency has two Independent Facilitators: Deb Hemgesberg and Lorell Whitscell. Lynne Fredlund noted according to contract we need to have at least one. If we have more than one, it provides more choice for individuals. This offered through a contractual arrangement. Most individuals currently utilize their case manager as a facilitator. This might be a good educational session for clinical staff on how to provide these choices to individuals.

Lynne Fredlund noted the Behavior Support data is included with the Risk Management report included in the materials for this meeting. She did note the report indicates the Behavior Support Committee reviews “Accommodations for Safety.” She also informed the Council the number of physical interventions for the six-month period is higher than normal. Lynne Fredlund noted this type of activity is reviewed by the Behavior Support Treatment Committee and does not flow through Risk Management. A process is being developed to assure Lynne gets a copy so themes can be identified and corrected if needed.

Lynne reported the Risk Management Committee received a report from Ruth Hewett on activity related to recipient rights. She reported the Risk Review Committee has reviewed some events recently with all reporting requirements to PIHP and the Department completed.

Lynne Fredlund informed the Council the Committee will be requesting supervisors to submit any areas of risk they would like the Agency to focus on for the next year. The Risk Plan will be reviewed for any necessary revisions assuring any CARF 2021 standards are included.

Lynne reported new member Laura Marcotte was welcomed by the Risk Management Committee; Laura will be replacing Bailey Ross.

Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

Safety Committee

Discussion:

The minutes for the March 23, 2021 Safety Committee are included in the materials for today’s meeting. Rich Greer was not available to provide an update. The minutes include items the committee is focusing on such as reviewing the Safety Manual/Flip Charts, looking at preventative maintenance and the fire safety program, reviewing site audits and evacuation drill logs or event logs. The Safety Committee is developing an infestation procedure to include in a policy.

Action Items:

Person Responsible:

Rich Greer

DRAFT

Deadline:
ASAP

Utilization Management

Discussion:

Jen Whyte reported Utilization Management met in May. She notes the committee continues to monitor their standard reports monthly. The review respite utilization to assure respite services are authorized appropriately. The clinical case review form was revised slightly. Jen reported Cheryl Kobernik consulted on the form and worked with Julie Hasse. Julie Hasse is in the process of developing some instructions for completing the form so there is some direction and consistency among supervisors using the form.

Jen Whyte reported Meaningful Use attestation was complete and funding has been received. She noted this year wrapped up the program as it stands and individuals will continue to be encouraged to use the portal.

Jen reported the committee continues to monitor LOCUS scores. A recent staff training was conducted to assure scoring is consistent among staff. Mary Crittenden noted supervisors need to be encouraged to send staff for a refresher course on LOCUS, especially for those staff struggling with this assessment tool. Mary noted periodically there are Train the Trainer courses available for LOCUS; however, she has not seen any recent trainings. The Agency has only about four individuals to provide this training and could use more. Genny Domke informed Council members that LOCUS is on the training list for new hires; however, it is coordinated through the staff's supervisor. This trainings will be added to the mandated training to have completed by their six-month review if this is a requirement of their position.

Jen Whyte reported the Utilization Management members also monitor COVID services provided noting services are returning to office and community services getting away from phone call contacts.

Jen Whyte reported the Committee also reviewed the Utilization Management policy.

Action Items:
Report Monthly

Person Responsible:
Jennifer Whyte

Deadline:

Quality Oversight Committee - NMRE

Discussion:

Lynne Fredlund reported this committee met on May 4, 2021 and June 8, 2021. The minutes from the May meeting are included with the materials for this meeting. She reported the NMRE has blended Quality Improvement and Compliance into one meeting and they are now referred to as Quality & Compliance Oversight Committee. Lynne Fredlund reported the NMRE has a new Chief Compliance Officer, Tema Pefok leading the QI/Compliance programs. Lynne reported the Oversight Committee is discussing critical incidents as it is a requirement of Health Services Advisory Group (HSAG) that the PIHP analyze and evaluate critical incidents by count and category. Lynne reported critical events get reported monthly to the PIHP through Ruth Hewett. The risk piece is the process used to review the incidents internally and there has not been a good method to report the results of one type of risk event to the PIHP. Lynne Fredlund provided Council members of the process used in risk reviews noting there is a lookback period so a perpetual calendar is maintained to track data. Due to the definition of this particular risk event being an event occurring within a 12-month period, she would not report on the event until it met the threshold. She notes work is being done to determine how to report meaningful information related to the risk.

Lynne Fredlund addressed the site review conducted by MDHHS which will be discussed in more detail later in this meeting.

Lynne Fredlund noted HSAG reviews portions of the Balanced Budget Act related to behavioral health and the provider network to assure compliance is met. The look at the indicator reports to assure they can validate the data

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we are reporting. HSAG reviews the Behavior Supports process to assure the technical advisories established by the state are being adhered to. The exam process can be onsite or via uploading files digitally.

Lynne Fredlund reported there was also a Medicaid Event Verification (MEV) discussed at the QOC meeting. Jen Whyte noted this data is reviewed through compliance and data is sent out quarterly. She also provides the Board of Directors with an update annually, which includes this information. Jen reports the reviews are random and the claims reviewed are usually ten internal claims and ten provider claims.

Lynne Fredlund reported QOC has been tasked to be a Behavior Treatment Review Committee (BTRC) and are charged with reviewing the monthly reports submitted from the Behavior Supports Committees at least quarterly to identify trends. This will begin in the near future.

The QOC reviewed the NMRE Compliance Program Description and Plan. Lynne reported a new Behavioral Health Peer Review tool was reviewed. This is not a mandated tool, but could be used to review just a segment of the health care record. Lynne reported there are similar optional tools for Access review and other elements of the patient record. Mary Crittenden noted using a tool to review Access could be beneficial. Jen Whyte noted Access is a difficult element to review and using a tool may help when the State and/or NMRE want data related to Access. Mary noted with the recent expansion of Access, Renee Curry may want to review the tool. Renee has been involved in case review for some time. Lynne Fredlund informed Council members of the request of the NMRE to have a quarterly report on chart review and have the compliance group review the data. Lynne had suggested to them to compile the data for the five boards and share the information with QI Coordinators at the local level so improvement efforts could a focus and the board could learn from each other what works well. Lynne Fredlund noted it is quite common for several of the five boards, if not all, to get cited for a similar issue. She reported Brian Babbitt, North Country CMH Chief Operations Officer, inquired to her about how our Board was handling a particular citation as all Boards were cited for the same issue. Lynne Fredlund reported an exclusion screening was also discussed. She reported monthly the PIHP checks the National Provider Exclusion database to assure staff and board members are not on this list. The PIHP conducts this search for the five member boards. Tema Pefok would like to delegate the responsibility back to the member boards. Lynne noted there is a cost associated with the checks. Jen Whyte noted initially the background checks for newly hired staff are completed by the local human resources department. One of the checks requires individual social security numbers to perform the check so at this point, we must provide that information to the PIHP. If the local board were to assume that responsibility, we would no longer have to provide all that information to the PIHP, only other demographic data. This has been referred to the OPS Committee and is on a holding pattern.

Action Items:

Report Bi-Monthly

Person Responsible:

Lynne Fredlund

Deadline:

QI Member Concerns

Discussion:

Members had no concerns.

Action Items:

Person(s) Responsible:

All members

Deadline:

DRAFT

Project Team/Workgroup Update/Old Business

1. MDHHS Audit (Plan of Correction Underway)

Lynne Fredlund reported the recent MDHHS audit identified some themes which will be addressed in the Plan of Correction. She noted in this audit, MDHHS reviewed five Habs Support Waiver charts. Persons enrolled in the Habs Support Waiver are individuals with an I/DD diagnosis. In addition there was one chart reviewed in the Children's Waiver program, of which our Agency only has one individual enrolled. It was noted whenever there are restrictions identified for an individual, the Behavior Supports Team needs to have a role in services. This is a repeat citation. Lynne reported initially the department accepted our plan of correction; however, they would now like to have the information reviewed regularly instead of annually. Julie Hasse and Lynne will be working to develop a process. Lynne noted there was lack of evidence of coordination of care in the charts. A new policy has been approved to address the processes. Genny Domke noted that even though there were only six charts reviewed, the workload to address their specific areas of review was major as one individual could have ten staff touch their lives in service provision and all ten staff had to be checked to assure they all had proper training and credentialed to provide the services. Lynne reported the Plan of Service documentation also had citations address related to scope, duration and frequency. Lynne noted the PIHP had trained staff on this; however, the department did not accept our interpretation so this will need to be addressed in the Plan of Correction. Lynne noted there were a couple of staff who were late in recertifying their CPR/First Aid, which was allowable under COVID; however, those staff will need to receive their training now and we will have to include this in the Plan of Correction. Lynne reported one family decided they did not want to stay enrolled in the Habs Support Waiver program and only wanted to have Respite available to them. In the Plan of Service for individuals in the Children's Waiver program, specific language needs to be contained in the plan. This is being corrected through amendment and since this review, our Agency has enrolled another individual in the Children's Waiver program. Another citation received was related to training staff working with the individual on their Plan of Service. During COVID, staff working with the individuals were required to read the Plan of Service and sign an attestation stating they had reviewed the Plan. The State requires the case manager to provide the training on the Plan directly and to the supervisor who will train staff not available for the training. The staff will sign an attestation and the case manager and/or supervisor providing the training must sign the attestation form. A training will be conducted in July for case managers so they will know what training they will need to provide to staff. Jen Whyte reported she will be participating in the training along with Stuart from NMRE. The Plan of Correction is due July 2, 2021. Lynne will be meeting with appropriate staff to assist in the development of the Plan of Correction.

2. QI Training to be Scheduled

Lynne Fredlund reported the QI Training for new Council members is scheduled for July 8, 2021.

3. Satisfaction Survey Results

Lynne Fredlund noted the Mental Health Services Survey results for Northeast was sent to Council members. She suggests the Customer Satisfaction Committee review the data, develop suggestions and present suggestions back to the QI Council. Lynne reported this survey was not conducted last year due to COVID. She informed Council members there were some differences in the distribution method used this year as tallies were not kept to account for the number of surveys being distributed. She indicated the # of clients given survey is not accurate as surveys were presented to more individuals. She noted some of the boards assist the individual when completing the survey; however, our initial training did not allow for that type of assistance. The participation rate is higher as it was gauged on how many individuals actually logged on to the survey online. She suggested to the NMRE that the deliverance of the survey and completion be offered in the same manner, either with assistance or not, so each board can truly be compared versus the variance we see as the methods are different among the participants. This survey covered multiple programs – outpatient, case management, medical services, ACT, peer support and clubhouse. Lynne Fredlund noted the primary case holder distributed the surveys to the individuals. Mary Crittenden questioned if some of the responses could be duplicate. Lynne reported for Northeast she indicated in the instructions an individual was to complete the survey only once. She is not sure how other boards handled the instructions. Mary Crittenden suggested possibly having an internal goal for the survey process might increase the response rate such as setting a goal for return rate and if it is met, provide a pizza party for staff or something like this type of incentive.

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Department/Program Process Improvements/New Business

1. Improvements by Department/Program

Lynne Fredlund reported there were two improvements presented.

a. CLC Internal Work Group

CLC internal workgroup – Cultural and Linguistic Competency Learning collaborative include eight organizations throughout Michigan. This is an opportunity to enhance our competency in cultural competency. She noted our agency is the only rural agency in this collaborative. She noted during an exit interview and staff person had provided some insight into some experiences had during their time in the community related to racism and bigotry, not internally. She noted the Agency's team is comprised of ten members along with Lynne Fredlund as QI. Twice a month internal meetings are held. Of this 10-member group, there is a core group – Lisa Anderson, Larry Patterson, Erin Fletcher and Mary. The core group attends webinars bi-monthly. There are many videos available to teach different aspects. Mary noted this is a slow process. Their first activity was to bring an object to the meeting to represent their individual culture. She reported the group is looking at policy and the cultural competency plan and ways to address the diversity within the workforce. The training ends in late August or early September.

In addition to the core group and QI representative, Karen Grochowski, Jessica Barbeau, Mickey Knoch, Nicole Kaiser, Jeff Wirgau and Rose Vogelheim are participating in this workgroup.

Mary Crittenden reported there are times when one individual may require different supports to do their job. She reported a buddy system for new hires might be something to develop just to help get assistance in settling in. It might be a new staff moving to the area and needing to get recommendations for a hair dresser, veterinarian, etc. Mary notes this carries over to how services are provided to individuals we serve.

b. ACE Team – Provider Level Certification

Approved Continuum Education (ACE) – Mary Crittenden reported Peggy Yachasz and Cheryl Kobernik spearheaded this project. This project provides a provider level certification to allow our agency to provide internal training and staff to receive CEs for attending. A workgroup was developed to develop the training. Mary reported the certification is a one-year probationary certification. The workgroup will be looking at short-term and long-term goals for training.

2. Other

There was no other presented.

Adjournment

Discussion: Next Meeting is scheduled for August 16, 2021, at 10:15 a.m. in the Board Training Room.

Action Items: By consensus, this meeting adjourned at 11:55 a.m.

AUGUST AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Chairperson's Role 02-004

Board Member Per Diem 02-009

Board Self-Evaluation 02-012

Monitoring Reports

Treatment of Consumers 01-002 (Recipient Rights Complaint Log)

Staff Treatment 01-003 (Turnover Report/Exit)

Budgeting 01-004 (Finance Report)

Financial Condition 01-005 (Quarterly Balance Sheet)

Activity

Begin Self-Evaluation

Old Business

Ownership Linkage

Educational Session

Compliance Audit Presentation



WEEKLY Update

July 2, 2021

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](#)**.

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CMH Association and Member Activities

New! CMHA employee receives national certification

Congratulations to Anne Wilson, Training & Meeting Planner for Community Mental Health Association of Michigan for passing her exam to obtain SGMP's Certified Government Meeting Professional designation. The Certified Government Meeting Professional designation is designed for planners whose work is governed by the rules and regulations of the federal government. Individuals who have earned their CGMP have obtained the highest designation available that is specifically for government meeting professionals. Anne has been with CMHA for 7 years and is a vital part of our CMHA education team. Congratulations Anne!

Seeking Nominations: Nick Filonow Award of Excellence for 2021

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

You can download a copy of the nomination form by [CLICKING HERE](#).

Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at mfrancis@cmham.org. Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at mfrancis@cmham.org.

State & National Developments and Resources

New! Video recording available from recent MDHHS webinar: COVID 19 emergency response

The latest MDHHS Updates on AFCs and HFAs COVID-19 Emergency Response, held June 30, 2021, can be [found here](#). Access Passcode: a46M%pEz

New! Free childcare for parents and caregivers receiving vaccinations

Some of the nation's largest childcare providers are offering free childcare to all parents and caregivers getting a COVID-19 vaccination or recovering from a vaccination until Monday, July 4.

Employees or their clients can sign up at www.Vaccines.gov, text 438829 or call 1-800-232-0233. Vaccines are free and available to everyone, regardless of immigration or insurance status. Included below are links for a printable English and Spanish version of this information in a flyer format.

[English](#) [Spanish](#)

New! Bridge magazine publishes series on children's mental health issues

A recent series of articles, published by Bridge magazine ([Day 1 story](#), [Day 2 story](#), and [Day 3 story](#)), written by Robin Erb and several of her colleagues is a very well done piece of journalism and describes with clarity and truth, the advancements needed in Michigan's, and the nation's mental health system. As she has in the past, Robin interviewed CMHA staff and other CMHA members and allies – all knowledgeable and trusted sources - as she and her team wrote this article.

New! 2021 TYSP-Mi3 ED Network Request for Applications

Transforming Youth Suicide Prevention in Michigan-3 (TYSP-Mi3) is a statewide program funded by SAMHSA that is designed to benefit all youth and young adults ages 10-24 in Michigan via strategic outreach to youth-serving professionals as well as support for local community-based prevention. One goal of the TYSP Program is to build a network of emergency departments (EDs) across Michigan that consider suicide prevention a core priority and consequently implement evidence-based assessment, intervention, continuity of care, and follow-up strategies for youth at risk for suicide and their families. Over the next 3 years, we will enroll several additional general medical emergency departments, creating a "community of practice" working to improve the quality of care provided to youth and families seeking emergency care for suicide risk in Michigan.

[Click here for a Request for Applications](#) to join the Youth Suicide Prevention Emergency Department Network. The University of Michigan's Psychiatric Emergency Services (PES) along with members of UM's Youth Depression and Suicide Prevention Research Team will serve as a Technical Assistance (TA)

Center to support the dissemination of evidence-based suicide risk assessment, brief intervention, and continuity of care strategies to other EDs.

Applications are due August 31, 2021 and can be submitted via email to Tayla Smith, MPH at TaylaSmi@med.umich.edu. Please contact Cynthia Ewell Foster, Ph.D. at cjfooster@umich.edu if you have any questions about this application.

New! U.S. Surgeon General to Discuss Our Nation's Wellbeing

What is the current state of mental health and substance use treatment in America? What does the future hold for our field? Find out during "Our Nation's Wellbeing: Where Do We Go from Here?" a new installment in National Council for Mental Wellbeing's "Wellbeing Wednesdays" virtual learning series featuring Vice Admiral Vivek H. Murthy, MD, MBA, the 21st U.S. Surgeon General; Chuck Ingoglia, president and CEO of the National Council; and Laurie Santos, PhD, a renowned cognitive scientist, professor of psychology at Yale University and host of "The Happiness Lab" podcast. [Join this discussion](#) on Wednesday, July 14, from 2-3 p.m. ET!



New! Minority Mental Health Awareness Month



A recently announced set of resources available through the National Council for Mental Wellbeing (formerly the National Council on Behavioral Health), Addressing Health Equity and Racial Justice, can be [found here](#).

New! CMS releases the Medicaid and CHIP Managed Care Monitoring and Oversight Tools Center Informational Bulletin

Recently, the Centers for Medicare & Medicaid Services (CMS) released a Center Informational Bulletin (CIB) to introduce a series of tools and toolkits for states and CMS to utilize in improving the monitoring and oversight of managed care in Medicaid and the Children's Health Insurance Program (CHIP) which will help increase beneficiaries' access to care.

This CIB also provides guidance setting the content and format of the Annual Managed Care Program Report required by CMS regulations at 42 CFR § 438.66(e)(1). The annual report is part of CMS' overall strategy to improve access to care by supporting Federal and state monitoring of access for Medicaid beneficiaries within a managed care delivery system. Finally, the CIB introduces additional resources and technical assistance toolkits that states can use to improve compliance with managed care standards and requirements.

This bulletin can be [found here](#).

New! CMS publishes 2021-2022 Medicaid Managed Care Rate Development Guide

Today, the Centers for Medicare & Medicaid Services (CMS) released the 2021-2022 Medicaid Managed Care Rate Development Guide for use by states in setting their capitation rates for contract rating periods between July 1, 2021 and June 30, 2022 for managed care programs subject to the actuarial soundness requirements.

This guide includes information that states must include in their rate certifications to ensure that CMS can determine compliance with the applicable provisions in federal regulation and statute. This managed care rate development guide can be [found here](#).

State Legislative Update

View June's Legislative Video on 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 at the State Capitol.

Our June briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the House behavioral health redesign proposal, HBs 4925-4929.

To view the latest video, [CLICK HERE!](#)

New! Legislature Only Passes School Aid Budget Before Leaving Town

In action being praised by legislators, school advocates and the administration, the legislature passed a FY22 School Aid Budget with broad bi-partisan support. House Bill 4411 reflects historic investment in students and schools, with the budget appropriating more than \$17 billion. The school aid fund was buoyed by unprecedented federal dollars and a state school aid surplus. The House and Senate however, did not pass a General Omnibus Budget for all other state departments prior to adjourning until mid-July, leaving a summer of budget negotiations ahead.

In addition to the School Aid Budget, multiple other spending bills saw legislative action late this week, but were not sent to the Governor. House Bill 4410 and Senate Bill 27 both received substitutes to make them similar supplemental funding bills. In the S-1 version of House Bill 4410, the bill was completely rewritten to reflect a FY21 supplemental appropriation bill, while also including local revenue sharing money for FY 2021-2022. Before the Senate change, House Bill 4410 was the General Omnibus Budget. Senate Bill 27 was discharged from the House Appropriations Committee and amended to provide supplemental funding. Both bills, outside of the revenue sharing in House Bill 4410, would provide a total of \$385.2 million in funding, with \$17.2 million from the General Fund and the rest being federal

COVID-19 relief funding. Neither bill was sent to the Governor and is anticipated to be part of further budget negotiations.

The other supplemental funding bill that received changes this week was Senate Bill 28. Senate Bill 28 would provide financial assistance to facilities that experience a systemic deficit because of the fee schedule in the auto no-fault law which takes effect, July 1. The Senate adopted an S-1 substitute for Senate Bill 28 that increased the dollar amount in the Post-Acute Injury Provider Relief Fund from \$10 million to \$25 million. Additionally, the Post-Acute Injury Provider Relief Fund would be managed by the Department of Treasury. Senate Bill 28 passed the Senate 33-0 and the House 79-30. The bill is expected to be signed by the Governor.

The House and Senate adjourned yesterday and will remain in-district until the House returns to Lansing on July 14 and the Senate on July 15.

New! Governor Announces Launch of “Mi Shot To Win Sweepstakes”

This week, Governor Whitmer announced the creation of the “MI Shot to Win Sweepstakes”, a lottery-style raffle that gives vaccinated Michiganders a chance to win \$5 million in cash and a combined total of nearly \$500,000 in college scholarships. Powered by Meijer and in partnership with the Michigan Association of United Ways and the State of Michigan, residents age 18 and older who have received one dose of vaccine are eligible to register for the cash giveaways. Other business and philanthropic partners supporting the campaign include, but are not limited to, Business Leaders for Michigan, the Protect Michigan Commission, and the Michigan Association of State Universities.

In addition to the \$5 million in cash giveaway, Michiganders between the ages of 12-17 will have an opportunity to win one of nine scholarship drawings if their parents enter on their behalf. Each scholarship drawing prize consists of a four-year Michigan Education Trust (MET) charitable tuition contract (valued at \$55,000) that may be used to pay for tuition and mandatory fees at a college or university in accordance with MET terms and conditions.

Poking fun of the state’s rivalry with Ohio, while also crediting that state’s first-in-the-nation lottery style launch of their “Vax-a-Million” campaign, Governor Whitmer stated, “If there’s one thing every Michigander can agree on, it’s that whatever Ohio can do, Michigan can do it better and bigger. This sweepstakes gives every Michigander who’s been vaccinated a shot to win cash or college scholarships. It’s also a great way to encourage more Michiganders to get the safe and effective vaccine so you can protect yourself, your family, and help get life back to normal. If we all roll up our sleeves and do our part, we can all win big. Let’s get to work!”

The sweepstakes begins today and ends August 3. Eligibility criteria for each of the drawings can be found at: www.MIShotToWin.com.

Federal Update

Key Legislation Introduced to Expand CCBHC Program

This week, a bipartisan group of Senators led by Sens. Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.) [introduced](#) the Excellence in Mental Health and Addiction Treatment Act of 2021, legislation which would allow for the broad adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

If passed, this bill would:

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program and allocate additional planning grant monies for states to prepare to do so. (Currently, only 10 states are in the demonstration.)
- Authorize \$500 million for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state led CCBHC implementation efforts.
- Establish and fund a technical assistance center for current and prospective CCBHCs within SAMHSA.

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

That's why we're committed to giving every National Council member the option to transform your clinic by becoming a CCBHC and gaining access to sustainable funding. Our [CCBHC Success Center](#) can help your clinic prepare to become a CCBHC, and I urge you to leverage all our resources.

[Urge your legislators to support this important legislation.](#)

Key resources:

- [National Council public statement](#)
- [Senator Stabenow and Senator Blunt joint press release](#)
- [National Council 2021 CCBHC Impact Report](#)
- [National Council's CCBHC Success Center](#)

Education Opportunities

Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Training – New Dates

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 Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- September 9th, 2021
- October 12th, 2021
- November 9th, 2021
- January 18th, 2022
- February 15th, 2022
- March 15th, 2022
- April 13th, 2022
- April 19th, 2022

Agenda:

Log into Zoom: 9:45am
Education: 10:00am – 12:30pm
Lunch Break: 12:30pm – 1:00pm
Education: 1:00pm – 4:30pm

Training Fees: \$130 CMHA Members \$153 Non-Members

Training details and registration information coming soon.

VIRTUAL Pain Management and Mindfulness Training – New Dates

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- October 19th, 2021
- November 12th, 2021
- January 25th, 2022
- March 24th, 2022

Agenda:

Log into Zoom: 12:45 pm
Education: 1:00pm – 3:00pm

- April 27th, 2022

Training Fees: \$53 CMHA Members \$61 Non-Members

Training details and registration information coming soon.

Virtual Self-Determination Conference – Registration Open

Register now for the 2021 Virtual Self-Determination Conference: It Starts With You!

August 25 & 26, 2021
Education Daily from 9:00am – 12:30pm

While there is no fee to attend this conference, registration is required. Registration deadline is 5:00pm on Friday, August 20.

[Click Here to Register](#)

[Click Here to See the Agenda](#)

New! Call for Presentations: CMHA Annual Fall Conference (in person)

We are excited to announce that our Annual Fall Conference will be IN-PERSON (with a virtual component as well). We invite you to share your expertise, research or showcase a successful program with over 800 attendees during our Annual Fall Conference! The CMHA Annual Fall Conference will be held on:

October 25 & 26, 2021
Grand Traverse Resort
Traverse City, Michigan

Presentation Submission Form: [CLICK HERE TO SUBMIT YOUR INFORMATION ELECTRONICALLY](#)

Submit your workshop proposals by **Friday, July 30, 2021**.

Note: Hotel reservation and conference registration are not available at this time.

Family PsychoEducation Basic Facilitator Training

The Family PsychoEducation Basic Facilitator Training will be held virtually over a 4-session period July 29, 30 and August 5 & 6. Training will be offered in a morning and afternoon cohort. This 4-session training will present information distilled from best-practice structures historically defined as “active ingredients” of therapeutic change imbedded in the 3 traditional elements of Family Psychoeducation; Joining, the Educational Workshop and Multi-Family Groups for facilitators. Instruction will begin with an examination of the theoretical and empirical foundations as leading to the development of Family Psychoeducation. More specifically, FPE Model structures will be presented with differential emphasis on FPE’s effect in working with adults and their natural supports with and without a co-occurring disorder. Population-specific content for adults will include information on schizophrenia and bipolar

disorder. Who Should Attend: Social Workers and Clinical Workers who work with adults with schizophrenia or bipolar on a regular basis in a program that accepts Medicaid funding, and who intend to implement FPE group at their agency. This training is appropriate for social work practice levels of beginning and intermediate. For an application, please email awilson@cmham.org

Virtual Motivational Interviewing College Trainings – Registration Open

Registration is 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.

Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), “Motivational Interviewing, Helping People Change” (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession” and Rosengren, D. (2018) “Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition.”

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
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. for Supervisors	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.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

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.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

Date: August 11, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual

practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

Date: August 24, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

Date: August 31, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Crisis intervention team for youth (CIT-Y) virtual train-the-trainer announced

CIT-Y is a law enforcement-based, crisis-response and diversion strategy in which specially-trained law enforcement officers respond to calls involving adolescents experiencing behavioral health crises. The National Center for Youth Opportunity and Justice (NCYOJ) is offering a virtual train-the-trainer course on CIT-Y, running from August 30t through October 22, 2021. Information on the virtual course and registration for the course can be found here: <https://bit.ly/3gV1PwK>

New! Lansing BLOCK HIV/HCV Meeting – DATE CHANGE

Brining local communities together to eliminate coinfection through knowledge and partnerships. This community-based initiative will build connections across local and regional care networks to optimize the identification and treatment of patients with hepatitis C virus (HCV), specifically, in the context of human immunodeficiency virus (HIV)/HCV coinfection.

*At this time, they will not be holding a virtual version but will be taking social distancing and covid precautions. Space is limited for this **free** conference.*

When: Monday, September 27, 2021

Time: 8:00 am – 4:00 pm

Where: Radisson Hotel Lansing at the Capital
111 North Grand Ave,
Lansing, MI 48933

Register: <https://www.exchangecme.com/blocklansing>

Education: Earn 6.5 CME/CE Credits

For more information [click here for flyer](#) or by visiting blockhivhcv.com

New! National Dialogues on Behavioral Health – Virtual Conference 2021: Behavioral health in the 21st century: fast forward after the pandemic

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), the Western Interstate Commission for Higher Education (WICHE) Behavioral Health Program, and the National Association of State Mental Health Program Directors (NASMHPD) announced the 62ND National Dialogues on Behavioral Health: Behavioral health in the 21st century: fast forward after the pandemic.



Once again, the National Dialogues on Behavioral Health conference that is usually convened in New Orleans is going to be a virtual conference. The focus is on the design of the future behavioral health system for specific populations based on our current knowledge base and the lessons learned during the covid pandemic. Topics include: models and programs for persons with serious mental illness, persons with substance use disorders, children and adolescents, and persons who experience system disparities; new models of crisis services; emergent models of physical/behavioral health integration such as CCBHCs and FQHCs; and challenges faced by behavioral health leadership and advocates.

One session each Thursday September 30 – November 4, 2021 Time: 2:00 pm to 4:30 pm ET; Conference rate: only \$100.00 for all six sessions or only \$25.00 for each individual session; For more information and to register for the conference, [go here](#).

New! 2021 Suicide Prevention Summit

Hosted by Mental Health Academy in partnership with the American Counseling Association (ACA) and American Association of Suicidology (AAS). Join the world's largest online suicide prevention conference for mental health professionals.

It's entirely free.

- Join over 40,000 mental health professionals
- Learn best practices in suicide prevention
- Connect with leading mental health experts
- Attend sessions in real-time and/or on-demand

Learn more and [register here](#).

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

Medicare and Telehealth: Coverage and Use During the COVID-19 Pandemic and Options for the Future

A Kaiser Family Foundation [brief](#) presents an analysis of Medicare beneficiaries' utilization of telehealth using CMS survey data from 2020. Many Medicare beneficiaries had little experience with telehealth prior to the pandemic. These findings suggest that while expanded policies appear to increase access to services via telehealth, more work will need to be done to further education around telehealth and ensure its availability to all communities.

Additional findings include:

- Over 1 in 4 (27% or 15 million) of Medicare beneficiaries had a telehealth visit between the summer and fall of 2020
- The majority of Medicare beneficiaries (56%) used telephone only; video was 28%; both video and telephone was 16%
- The share of Medicare beneficiaries who had a telehealth visit using telephone only was higher among:
 - Those age 75 and older (65%)
 - Hispanic beneficiaries (61%)
 - Those living in rural areas (65%)
 - Those enrolled in both Medicare and Medicaid (67%)

State Telehealth Laws and Reimbursement Policies Report, Spring 2021

The Center for Connected Health Policy (CCHP) has released its Spring [report](#). This report has transitioned to online format. Use the [Policy Finder](#) to track up to date information on each state that is easy to navigate and understand or read the [Executive Summary](#) for an overview of the Center's findings. CCHP has also created a policy [infographic](#) which is a 2-page overview of the policy trends.

American Psychiatric Assn (APA) National Public Opinion Survey on Telehealth

The APA completed a national public opinion [poll](#) finding that the expansion of telehealth is welcomed by most Americans. A large portion of the population have used telehealth services; more than half say they would use telehealth for mental health services; and more than 30% say they prefer telehealth. To review the full APA 2021 Public Opinion Poll: Access to Care, [click here](#).

Emergency Broadband Benefit

The [Emergency Broadband Benefit](#) (EBB): Helping Households Connect During the Pandemic, is an [FCC](#)

[program](#) to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. The EBB will provide a monthly discount towards broadband service and a one-time discount to purchase a laptop, desktop computer or tablet. Please share this information with your community served.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC can be [found here](#).

The Great Lakes MHTTC products and educational offerings can be found 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

New! Relias: Lifelong Learning to Improve Care Outcomes

Continuing education is one of the key drivers of improved care delivery and outcomes. It helps clinicians meet license and certification requirements and provides them with opportunities for professional growth. With Relias, healthcare organizations can provide CE and CME at zero cost to clinicians across all specialties—a valuable benefit to attract talent in a landscape of high turnover.

Why do behavioral health organizations choose Relias as their continuing education partner?



- The Relias Platform gives your team access to an expansive library of digital content, including over 5,000+ courses and 100+ libraries, that meets the regulatory needs of 135+ accrediting bodies.
- Our courses leverage adult learning best practice principles and tools that help staff build knowledge and retain skills.
- Our courses are created in-house and informed by an interdisciplinary team of clinicians, national industry leaders, and instructional design experts.

Want to learn more about the Relias Platform and our behavioral health content? Schedule a meeting with our team to get a personalized tour and hear about discounted solutions specific for National Council for Mental Wellbeing members. [Schedule your meeting with Relias here.](#)

New! Abilita: Top Ten Times for a Communications Review

It's never a bad time to review your organization's communications technology expenses, and never a better time to enlist the help of a specialist. That's because there are certain milestones when not having a good handle on spending and inventory can result in the greatest financial risk.

Here are our top 10 scenarios for a Communications technology expense review and inventory update:

- Before a Move
- After an acquisition or merger with another company
- Upon Contract Renewal with Communications Service Providers (before and after)
- After Closing a Site
- When there are changes in Regulatory Charges
- When moving from Premise to Cloud-Based Services
- When Transforming Network Technology
- When a New Person is taking over responsibility for Communications Technology Management
- When changing to a new Data Center Provider
- When Employees Work from Home

For more details and what you might want to consider, download Abilita's Top 10 Times newsletter [here](#). To get started now, contact your Abilita Advisor, Dan Aylward, at daylward@abilita.com for a zero-risk review of your technology systems and services.

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; balcat19@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
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@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
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org



WEEKLY Update



June 25, 2021

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](#)**.

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CMH Association and Member Activities

New! DSP coalition applauds Congresswoman Dingell's proposal on DSP compensation

Below is a press release recently issued by the direct support professionals coalition, of which CMHA is a member, in support of a proposal by Michigan Congresswoman Debbie Dingell aimed at strengthening the compensation provided to direct support professionals.

U.S. Rep. Debbie Dingell (D-Dearborn) today introduced legislation to increase funding for the expansion of Medicaid home and community-based services and ensure adequate pay for Direct Care Workers

A coalition of Michigan organizations that work to support better compensation for Direct Care Workers today issued a statement in support of the federal solution. "We are incredibly pleased to see this type of strategy is now on the table at the federal level," said Robert Stein, general counsel for the Michigan Assisted Living Association. "In today's labor market, it's been more challenging than ever to find Direct Care Workers and keep them on the job—particularly when many fast-food and retail establishments pay much better. We continue to support the work of Michigan leaders as they work to make our state's temporary wage increases permanent, and hope that some combination of state and federal legislative action can begin to make a difference for our state's most vulnerable families."

Seeking Nominations: Nick Filonow Award of Excellence for 2021

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

You can download a copy of the nomination form by [CLICKING HERE](#).

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

Virtual Training - 9:00am to 4:00pm

Come and learn what other CMHSPS are doing and share your own ideas. There is no fee for registration. *Online registration is required for attendance.* This year we will have a full roster of speakers and presenters.

[CLICK HERE TO REGISTER FOR ANTI-STIGMA EVENT DAY](#)

Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at mfrancis@cmham.org. Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at mfrancis@cmham.org.

State & National Developments and Resources

New! Opportunity for Direct Support Professionals to participate in MDHHS focus groups to provide guidance on methods to increase COVID vaccination rate among DSPs

CMHA, in partnership with the Bureau of Health & Wellness, within the MDHHS Public Health Administration, is asking for your help in recruiting Direct Support Professionals (DSP) to be part of focus groups designed to provide MDHHS with guidance on how to increase the COVID vaccination rate among DSPs. Below is the MDHHS request.

MDHHS last survey indicated direct care staff have a vaccination rate of approximately 45%. We are aiming to increase the rate of vaccination among DSP employees by 45% (90%). As you are aware, DSP and long term care (LTC) facilities were most hard hit during the pandemic. MDHHS Media Contractor (Brogan & Partner) has subcontracted with a company that specializing in focus groups. We are asking for your organization to help recruit members for the focus group. We are on a strict time line and hope to have the focus groups completed by the last week of June. The results of the focus group will help inform our approach to increase the vaccination rate among Direct Care staff. Below are the parameters for focus group recruitment. We have also attached the recruitment Flyer.

Below are the parameters for recruitment. Let me know if you have questions.
16 to 20 participants (two focus groups)

DSP workers/care givers who are hesitant, i.e., not yet vaccinated but persuadable
A variety of races including several participants from different communities of color.
A variety of ages, especially within the age range of 18 to 35.

Individuals that are interested in participating in the focus group can send an email to the mailbox listed on the flyer.

Typically the focus groups are held virtually after hours but let us know if there is better timing for participation that will aid with recruitment.

Participants will receive \$75 for participating in the group.

Contact Darice Darling DarlingD1@michigan.gov, Director of MDHHS Communications, if you have questions regarding these focus groups.

New! MDHHS and state legislators announce bills to combat opioid crisis

Below are excerpts from a recent news story on legislative efforts to address Michigan's opioid crisis.

A day after celebrating the end of state COVID restrictions, state administration officials were talking about a different epidemic -- opioid-induced overdoses.

The Michigan Department of Health and Human Services (DHHS) hosted a press conference today with Chief Medical Executive Dr. Joneigh KHALDUN and Lt. Gov. Garlin GILCHRIST II to tout a bipartisan bill package designed to tackle one of the state's major health priorities before COVID-19 broke out. Khaldun did mention the COVID-19 pandemic as an exacerbating factor on the opioid overdose issue. Preliminary data for January to June 2020 show 1,340 overdose deaths, which is up from 1,155 in those same months in 2019, an increase of 16%, according to the DHHS.

Similarly, opioid-related overdose deaths increased from 874 in the first half of 2019 to 1,045 in the same period in 2020, an increase of 20%.

Lawmakers mentioned as part of the virtual press event today included Sens. Curt VANDERWALL (R-Ludington) and Winnie BRINKS (D-Grand Rapids) as well as Reps. Mary WHITEFORD (R-Casco Twp.) and Angela WITWER (D-Delta Twp.). According to the DHHS press release, the bills will expand availability of treatment for opioid use disorder in emergency departments and access to naloxone -- which is the life-saving drug that can reverse overdoses -- to community-based organizations.

In other news, the DHHS today launched an interactive data dashboard to highlight current trends in drug overdoses among Michigan residents, and to monitor the use of overdose prevention and substance use disorder treatment services. The new dashboard provides the most current data available on fatal and nonfatal overdoses in Michigan through a variety of data visualizations, including graphs, charts and maps. That dashboard can be found at: <https://bit.ly/3jcS6DD>

New! Self-Advocates of Michigan community conversation: coping with COVID

Below is a recent invitation from the Self-Advocates for Michigan on their community conversation on Coping with COVID: Mental health resources during the COVID-19 Pandemic.

Please join us July 23, 2021 for a Community Conversation Sponsored by the Self- Advocates of Michigan, The conversation will feature Dr. Joneigh Khaldun, Chief Medical Executive, Chief Deputy for Health for a COVID Discussion followed by Erin Wallace, CDP of Bright Leaf Consulting for a discussion on Coping with COVID: Mental health resources during the COVID-19 Pandemic.

Please register for the webinar at <https://www.surveymonkey.com/r/GK9MZDG> . We will be using auto-captioning. If you need additional accommodations, please contact Advisor to the Self-Advocates, Renee Hall @ hallr24@michigan.gov. Session link will be distributed via email in advance of the session.

State Legislative Update

New! View June's Legislative Video on 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 at the State Capitol.

Our June briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the House behavioral health redesign proposal, HBs 4925-4929.

To view the latest video, [CLICK HERE!](#)

New! House Passes FY22 Budget

Late Thursday evening, the Michigan House of Representatives approved a Fiscal Year (FY) 2021-2022 budget, sending it over to the Senate for further action. **The budget was not negotiated with the Michigan Senate but rather was the product of an initial agreement reached with the Executive branch to move a budget proposal forward in the process, ahead of the July 1 statutory deadline. Further negotiations are expected with the Senate, House, and Executive branch in the coming week,** although it remains questionable that a comprehensive budget deal will be reached by the deadline. The Senate is in recess until Wednesday, June 30.

House Bill (HB) 4410, which passed by a vote of 104 to 4, provides \$48 billion (Gross) for state agency operations for Fiscal Year (FY) 2021-2022. Included in HB 4410 is \$31 billion for the Michigan Department of Health and Human Services – an amount higher than originally proposed by the House and closer to the Governor's Executive budget recommendation and the Senate's budget recommendation. HB 4410 also includes a \$270 million supplemental appropriation purposing federal stimulus funding for the current FY 2020-2021.

Specific items of interest:

- Direct Care worker wage increase – House includes \$2/hour.
- CCBHC Implementation funding – House includes \$26.5 million gross.
- Local match draw down – House does NOT include \$10.2 million.
- KB vs Lyon – House does NOT include any funding.
- Specialty Medicaid managed care health plan for foster children – House does NOT include any funding.

- FY21 Supplemental – House includes \$450,000 for CCBHC for staffing costs for a Behavioral Health Policy and Operations office to oversee the Certified Community Behavioral Health Clinics Demonstration program.

Link to documents:

<https://www.legislature.mi.gov/documents/2021-2022/billanalysis/House/pdf/2021-HLA-4410-D3437AB0.pdf>

<https://www.legislature.mi.gov/documents/2021-2022/billengrossed/House/pdf/2021-HEBH-4410.pdf>

HB 4411, which passed by a vote of 105 to 3, provides \$16.7 billion (Gross) in School Aid Fund appropriations for local school districts, public school academies, and intermediate school districts – a significant increase over current year spending. Negotiations around funding for higher education and community colleges are expected to continue as neither budget area was included in the measures approved this evening.

The House also passed House Bill 4421 (S-1), which provides supplemental appropriations for the current fiscal year, purposing over \$4 billion in federal stimulus funding support for K-12 schools.

Separately, by a vote of 95 to 13, the House passed Senate Bill 28 (H-1), which creates a \$10 million GF/GP Post-Acute Auto Injury Provider Relief Fund – a response to concerns around the looming July 1 implementation of the auto no-fault reform provider fee schedule. The bill heads to the Senate for further consideration.

The House is adjourned until Tuesday, June 29 at 1:30 p.m.

Federal Update

Key Legislation Introduced to Expand CCBHC Program

This week, a bipartisan group of Senators led by Sens. Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.) [introduced](#) the Excellence in Mental Health and Addiction Treatment Act of 2021, legislation which would allow for the broad adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

If passed, this bill would:

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program and allocate additional planning grant monies for states to prepare to do so. (Currently, only 10 states are in the demonstration.)
- Authorize \$500 million for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state led CCBHC implementation efforts.
- Establish and fund a technical assistance center for current and prospective CCBHCs within SAMHSA.

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

That's why we're committed to giving every National Council member the option to transform your clinic by becoming a CCBHC and gaining access to sustainable funding. Our [CCBHC Success Center](#) can help your clinic prepare to become a CCBHC, and I urge you to leverage all our resources.

[Urge your legislators to support this important legislation.](#)

Key resources:

- [National Council public statement](#)
- [Senator Stabenow and Senator Blunt joint press release](#)
- [National Council 2021 CCBHC Impact Report](#)
- [National Council's CCBHC Success Center](#)

Education Opportunities

Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Training – New Dates

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 Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- August 19th, 2021
- October 12th, 2021
- November 9th, 2021
- January 18th, 2022
- February 15th, 2022
- March 15th, 2022
- April 13th, 2022
- April 19th, 2022

Agenda:

Log into Zoom: 9:45am
Education: 10:00am – 12:30pm
Lunch Break: 12:30pm – 1:00pm
Education: 1:00pm – 4:30pm

Training Fees: \$130 CMHA Members \$153 Non-Members

Training details and registration information coming soon.

VIRTUAL Pain Management and Mindfulness Training – New Dates

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- October 19th, 2021
- November 12th, 2021
- January 25th, 2022
- March 24th, 2022
- April 27th, 2022

Agenda:

Log into Zoom: 12:45 pm
Education: 1:00pm – 3:00pm

Training Fees: \$53 CMHA Members \$61 Non-Members

Training details and registration information coming soon.

Virtual Self-Determination Conference

Mark your calendars for the 2021 Virtual Self-Determination Conference: It Starts With You!

August 25 & 26, 2021
Education Daily from 9:00am – 12:30pm

While there is no fee to attend this conference, registration will be required. Conference registration information coming soon!

Save the Date: CMHA Annual Fall Conference (in person)

We're looking forward to our first in-person conference! Mark the dates on your calendar!

October 25 & 26, 2021
Grand Traverse Resort
Traverse City, Michigan

Hotel and conference registration currently not available.

Family PsychoEducation Basic Facilitator Training

The Family PsychoEducation Basic Facilitator Training will be held virtually over a 4-session period July 29, 30 and August 5 & 6. Training will be offered in a morning and afternoon cohort. This 4-session training will present information distilled from best-practice structures historically defined as “active ingredients” of therapeutic change imbedded in the 3 traditional elements of Family Psychoeducation; Joining, the Educational Workshop and Multi-Family Groups for facilitators. Instruction will begin with an examination of the theoretical and empirical foundations as leading to the development of Family Psychoeducation. More specifically, FPE Model structures will be presented with differential emphasis on FPE's effect in working with adults and their natural supports with and without a co-occurring disorder. Population-specific content for adults will include information on schizophrenia and bipolar disorder. Who Should Attend: Social Workers and Clinical Workers who work with adults with schizophrenia or bipolar on a regular basis in a program that accepts Medicaid funding, and who intend to implement FPE group at their agency. This training is appropriate for social work practice levels of beginning and intermediate. For an application, please email awilson@cmham.org

Virtual Motivational Interviewing College Trainings – Registration Open

Registration is 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.

Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
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. for Supervisors	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.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

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.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

Date: August 11, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

Date: August 24, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting

problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

Date: August 31, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

New! Crisis intervention team for youth (CIT-Y) virtual train-the-trainer announced

CIT-Y is a law enforcement-based, crisis-response and diversion strategy in which specially-trained law enforcement officers respond to calls involving adolescents experiencing behavioral health crises. The National Center for Youth Opportunity and Justice (NCYOJ) is offering a virtual train-the-trainer course on CIT-Y, running from August 30t through October 22, 2021. Information on the virtual course and registration for the course can be found here: <https://bit.ly/3gV1PwK>

New! SAMHSA offers Early Diversion Virtual Learning Community: Supporting Safety through 911 and Crisis Call Line Integration

July 22, 2021, 2:00-3:00 p.m. ET; discussion group 3:00-4:00 p.m. ET

While the majority of communities have a crisis call line, calls for mental health assistance are most often made to 911 call centers, resulting in an over-reliance on law enforcement to respond first. Various strategies have emerged to integrate 911 call centers with crisis lines and to engage crisis care resources as a first resort. In addition, the National Suicide Hot Line Designation Act (2020) established a three-digit phone number (988), directing callers to trained mental health counselors, to address calls regarding suicide and crisis. This law requires all phone providers to implement the 988 call service by July 2022. The earlier that conversations take place between existing 911 call centers and crisis service providers, the more smoothly the transition and coordination of response will be. Presenters will discuss current integration strategies as well as the implications for the implementation of 988 nationwide. This webinar will offer live captioning and American Sign Language interpreting for participants.

Objectives: After attending this webinar, participants will be able to:

- Identify strategies to integrate 911 call centers with crisis lines.
- Explain key provisions of the National Suicide Hot Line Designation Act (2020).
- Describe the implications of implementing the 988 call service.

[Register for Webinar and Discussion Group Now](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

Medicare and Telehealth: Coverage and Use During the COVID-19 Pandemic and Options for the Future

A Kaiser Family Foundation [brief](#) presents an analysis of Medicare beneficiaries' utilization of telehealth using CMS survey data from 2020. Many Medicare beneficiaries had little experience with telehealth prior to the pandemic. These findings suggest that while expanded policies appear to increase access to services via telehealth, more work will need to be done to further education around telehealth and ensure its availability to all communities.

Additional findings include:

- Over 1 in 4 (27% or 15 million) of Medicare beneficiaries had a telehealth visit between the summer and fall of 2020
- The majority of Medicare beneficiaries (56%) used telephone only; video was 28%; both video and telephone was 16%
- The share of Medicare beneficiaries who had a telehealth visit using telephone only was higher among:
 - Those age 75 and older (65%)
 - Hispanic beneficiaries (61%)
 - Those living in rural areas (65%)
 - Those enrolled in both Medicare and Medicaid (67%)

State Telehealth Laws and Reimbursement Policies Report, Spring 2021

The Center for Connected Health Policy (CCHP) has released its Spring [report](#). This report has transitioned to online format. Use the [Policy Finder](#) to track up to date information on each state that is easy to navigate and understand or read the [Executive Summary](#) for an overview of the Center's findings. CCHP has also created a policy [infographic](#) which is a 2-page overview of the policy trends.

American Psychiatric Assn (APA) National Public Opinion Survey on Telehealth

The APA completed a national public opinion [poll](#) finding that the expansion of telehealth is welcomed by most Americans. A large portion of the population have used telehealth services; more than half say they would use telehealth for mental health services; and more than 30% say they prefer telehealth. To review the full APA 2021 Public Opinion Poll: Access to Care, [click here](#).

Emergency Broadband Benefit

The [Emergency Broadband Benefit](#) (EBB): Helping Households Connect During the Pandemic, is an [FCC](#)

[program](#) to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. The EBB will provide a monthly discount towards broadband service and a one-time discount to purchase a laptop, desktop computer or tablet. Please share this information with your community served.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC can be [found here](#).

The Great Lakes MHTTC products and educational offerings can be found 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

New! Relias: working together to ensure success in well-being

Relias is proud to be a National Council for Mental Wellbeing Platinum Partner, working together to ensure the success of behavioral health, substance-use, and healthcare organizations through online education and training.

Throughout our partnership, we've collaborated on initiatives that shed light on Certified Community Behavioral Health Clinics (CCBHCs) and the importance of training when navigating the model of delivery. As advocacy for the expansion of CCBHCs continues, Relias is ready to help future and current



CCBHCs improve their service delivery through improved staff competency and education. Below is a sample of our CCBHC resources:

Webinar: [CCBHC Certification Criteria: Hiring, Training, and Reporting](#)

Crosswalk: [Sample Training Plan for CCBHCs](#)

Infographic: [Helping CCBHCs Train Their Staff](#)

Learn more about how we work with CCBHC organizations and browse our dedicated [CCBHC topic page here](#).

Abilita: Old phone systems being phased out

Are you aware:

- old phone lines connecting legacy systems, fax machines, elevators, fire/security alarms are going away?
- carriers may be gouging you for continuing to use the older technology such as PRI?
- how this will impact your business?

If you don't know already, your plain old telephone service (POTS), copper lines and PRI circuits that plug into your phone system, facsimile machines, elevator lines, fire alarms and security systems are in the process of being phased out.

Instead of cutting services off immediately, your telephone provider may be substantially increasing their monthly rates, surcharges and other fees until you transition to other forms of technology.

This means your telephone invoices may continue to rise, in some cases from a few hundred dollars up to several thousand dollars.

We can help you tackle this: we will first assess the risks and timeline. Then we will identify possible alternative solutions that are more cost effective and provide additional technology benefits.

As the sun sets on this older technology, contact your Abilita Advisor, Dan Aylward daylward@abilita.com (517.853.8130) to get started with a zero-risk review of your services to help you avoid costly surprises.

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; balcat19@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
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@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
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org



WEEKLY Update

June 18, 2021

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](#)**.

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CMH Association and Member Activities

New! Op-ed by CMHA allies supports funding of crisis response systems and law enforcement partnerships

CMHA and a number of allies have been working to obtain state funding in support of the crisis response systems (mobile crisis teams and other response systems) as part of the comprehensive crisis response system that MDHHS and the public mental health system is developing. Recently, two of the allies in this effort, NASW-Michigan and Americans for Prosperity, co-authored a guest editorial supporting this effort and the value of crisis response systems. That editorial can be found at: <https://bit.ly/3gJmjHB>

Seeking Nominations: Nick Filonow Award of Excellence for 2021

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

You can download a copy of the nomination form by [CLICKING HERE](#).

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

Virtual Training - 9:00am to 4:00pm

Come and learn what other CMHSPS are doing and share your own ideas. There is no fee for registration. *Online registration is required for attendance.* This year we will have a full roster of speakers and presenters.

[CLICK HERE TO REGISTER FOR ANTI-STIGMA EVENT DAY](#)

Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at mfrancis@cmham.org. Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at mfrancis@cmham.org.

State & National Developments and Resources

New! Direct Support Professionals – some of those essential workers recognized by Governor’s proclamation

Recently, Governor Gretchen Whitmer issued a proclamation marking June 17 as Essential Worker Appreciation Day.

“I am thankful for all of our essential workers for bravely stepping up throughout the pandemic to keep Michiganders safe and our economy running,” said Gov. Whitmer. “From staffing our hospitals to keeping our grocery store shelves stocked, essential workers selflessly served during the COVID-19 pandemic to protect the well-being of their fellow Michiganders. We all owe them a debt of gratitude.”

The proclamation can be found at: <https://bit.ly/3gLM8Xp>

New! Governor announces: COVID order expires on June 22 removing most social distancing restrictions

On June 17, Governor Gretchen Whitmer announced that the epidemic order, enforced by the Michigan Department of Health and Human Services (MDHHS), that limits the size of gatherings and imposes mask requirements on unvaccinated individuals will end on Tuesday, June 22 – nine days earlier than the July 1 sunset date. Once the order is lifted, restaurants and bars will be able to operate at full capacity, along with other indoor venues like gyms, museums and libraries that have been under capacity restrictions. Masks will no longer be required for unvaccinated individuals in indoor settings. The order lifted by this announcement can be found at: <https://bit.ly/2SbLNFq>

MDHHS is also lifting current restrictions on entry into congregate care and juvenile justice facilities, as well as mandatory testing requirements for juvenile justice facility staff and MDHHS Hospitals and Centers Staff. The order that is lifted by the announcement can be found at: <https://bit.ly/3gKDGaV>

Some aspects of orders will remain in effect to protect vulnerable populations in certain settings including long-term care, corrections, and agriculture.

As of Tuesday, June 15, 60.6 percent of Michigan residents 16 or older have received the first dose of vaccine. In a press release making this announcement, Governor Whitmer stated: “Today is a day that we have all been looking forward to, as we can safely get back to normal day-to-day activities and put this pandemic behind us.”

New! NACo provides ready resource related to federal American Rescue Plan dollars

The National Association of Counties (NACo) – a partner of CMHA and its members through CMHA’s collective membership in the National Association of County Behavioral Health and Developmental Disability Directors – recently developed a reader friendly summary of the funding available to many community sectors through the federal American Rescue Plan (ARP) Act. Of special interest to CMHA members is the section labeled “Health” which contains subsections on a range of topics impacting CMHA members. The NACo resource can be found here: <https://bit.ly/3vKbr1S>

New! Over one-third of Americans live in areas lacking mental health professionals

The Census Bureau reported that 30% of American adults had symptoms consistent with an anxiety or depression diagnosis as of May 24. While the pandemic has exacerbated underlying mental health issues for many Americans, barriers to receiving mental health care have existed for years. A central issue is the lack of mental health care professionals. The report, compiled by USAFACTS can be found here: <https://bit.ly/3xwlKYp>

New! Health Affairs blog: recent federal legislation can dramatically improve substance use prevention

Below are excerpts from a recent Health Affairs blog on federal funding for substance use disorder prevention work.

The recent and ongoing opioid crisis has prompted a surge in much-needed legislative attention and action to bolster our nation’s response to addiction. Congress passed the Comprehensive Addiction Recovery Act (found at: <https://bit.ly/3daHRMz>) in 2016 and the SUPPORT for Patients and Communities Act (found at: <https://bit.ly/3vEviiS>) in 2018 to address opioid misuse, addiction, and overdose deaths through a variety of initiatives in prevention, treatment, harm reduction, and recovery support. The federal government has also provided billions of dollars directly to states through the Substance Abuse and Mental Health Services Administration’s State Opioid Response grant program. More recently, amid considerable increases in substance use during the COVID-19 pandemic, funding to address opioid and other substance use and addiction was included in several COVID-19-relief packages.

New! Lessenberry Link: Should Michigan Privatize Health Care?

Below are excerpts from a recent post by journalist Jack Lessenberry on the latest round of legislative attempts to privatize Michigan’s public mental health system.

For year, private health insurance companies have been pressing state officials to hand Michigan's \$3 billion a year mental health system to them.

Now, it looks like they just might get their wish — and those who are most concerned with the plight of the mentally ill are deeply worried. Michigan Senate Majority Leader Mike Shirkey, a Republican from Jackson County, has been talking about a proposal that would privatize mental health care in the state.

"This is a plan to transfer \$3 billion annually from the public system to insurance companies that are designed to provide profit, not care," he (Tom Watkins, former CEO of Detroit-Wayne Integrated Network) said. "Public systems get maligned, and they do have inefficiencies, but they provide much more accountability."

He is far from alone. Other health care advocates were also upset. Kevin Fischer, executive director of the Michigan chapter of the National Alliance on Mental Illness, or NAMI, told reporters it was nothing more than a "money grab by the (private) health plans."

The full article can be found at: <https://bit.ly/2SDuWf0>

State Legislative Update

View May's Legislative Video on 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 at the State Capitol.

Our May Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget process, highlighting action in both the House and Senate.

To view the latest video, [CLICK HERE!](#)

New! Budget Extension Bill Moves To House

A bill that could ultimately extend the legislative deadline on when the Fiscal Year (FY) 2022 budget must be presented to the Governor passed the Senate unanimously this week, although it's still unclear if it will be needed.

One version of SB 537 changed the deadline to present a budget to the Governor to Sept. 1, but the version the Senate passed kept the deadline at July 1. The initial version postponed a July 1 deadline until 2022. The initial July 1 deadline was supposed to take effect 2020, but due to COVID-19 it was kicked back to 2021.

All sides are still hoping to come to an agreement on the FY '22 budget before July 1, but the days on the calendar are running out. The Senate was only tentatively scheduled to meet next week. As of now, they're not scheduled to come back until Wednesday. They are not scheduled to be in session the week of June 28, but the House is.

Federal Update

New! Key Legislation Introduced to Expand CCBHC Program

This week, a bipartisan group of Senators led by Sens. Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.) [introduced](#) the Excellence in Mental Health and Addiction Treatment Act of 2021, legislation which would allow for the broad adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

If passed, this bill would:

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program and allocate additional planning grant monies for states to prepare to do so. (Currently, only 10 states are in the demonstration.)
- Authorize \$500 million for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state led CCBHC implementation efforts.
- Establish and fund a technical assistance center for current and prospective CCBHCs within SAMHSA.

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

That's why we're committed to giving every National Council member the option to transform your clinic by becoming a CCBHC and gaining access to sustainable funding. Our [CCBHC Success Center](#) can help your clinic prepare to become a CCBHC, and I urge you to leverage all our resources.

[Urge your legislators to support this important legislation.](#)

Key resources:

- [National Council public statement](#)

- [Senator Stabenow and Senator Blunt joint press release](#)
- [National Council 2021 CCBHC Impact Report](#)
- [National Council's CCBHC Success Center](#)

Education Opportunities

Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

New! VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Training – New Dates

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 Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- August 19th, 2021
- October 12th, 2021
- November 9th, 2021
- January 18th, 2022
- February 15th, 2022
- March 15th, 2022
- April 13th, 2022
- April 19th, 2022

Agenda:

Log into Zoom: 9:45am
 Education: 10:00am – 12:30pm
 Lunch Break: 12:30pm – 1:00pm
 Education: 1:00pm – 4:30pm

Training Fees: \$130 CMHA Members \$153 Non-Members

Training details and registration information coming soon.

New! VIRTUAL Pain Management and Mindfulness Training – New Dates

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS 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:

- October 19th, 2021
- November 12th, 2021
- January 25th, 2022
- March 24th, 2022
- April 27th, 2022

Agenda:

Log into Zoom: 12:45 pm
Education: 1:00pm – 3:00pm

Training Fees: \$53 CMHA Members \$61 Non-Members

Training details and registration information coming soon.

New! Virtual Self-Determination Conference

Mark your calendars for the 2021 Virtual Self-Determination Conference: It Starts With You!

August 25 & 26, 2021
Education Daily from 9:00am – 12:30pm

While there is no fee to attend this conference, registration will be required. Conference registration information coming soon!

New! Save the Date: CMHA Annual Fall Conference (in person)

We're looking forward to our first in-person conference! Mark the dates on your calendar!

October 25 & 26, 2021
Grand Traverse Resort
Traverse City, Michigan

Hotel and conference registration currently not available.

New! Family PsychoEducation Basic Facilitator Training

The Family PsychoEducation Basic Facilitator Training will be held virtually over a 4-session period July 29, 30 and August 5 & 6. Training will be offered in a morning and afternoon cohort. This 4-session training will present information distilled from best-practice structures historically defined as "active ingredients" of therapeutic change imbedded in the 3 traditional elements of Family Psychoeducation; Joining, the Educational Workshop and Multi-Family Groups for facilitators. Instruction will begin with an examination of the theoretical and empirical foundations as leading to the development of Family

Psychoeducation. More specifically, FPE Model structures will be presented with differential emphasis on FPE's effect in working with adults and their natural supports with and without a co-occurring disorder. Population-specific content for adults will include information on schizophrenia and bipolar disorder. Who Should Attend: Social Workers and Clinical Workers who work with adults with schizophrenia or bipolar on a regular basis in a program that accepts Medicaid funding, and who intend to implement FPE group at their agency. This training is appropriate for social work practice levels of beginning and intermediate. For an application, please email awilson@cmham.org

Virtual Motivational Interviewing College Trainings – Registration Open

Registration is 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.

Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
<u>July 26-27, 2021</u>	<u>M.I. Basic</u>	<u>CLICK HERE</u>
<u>July 29-30, 2021</u>	<u>M.I. Advanced</u>	<u>CLICK HERE</u>
<u>Aug. 2-3, 2021</u>	<u>M.I. for Leadership & Organizations</u>	<u>CLICK HERE</u>
<u>Aug. 5, 2021</u>	<u>M.I. for Supervisors</u>	<u>CLICK HERE</u>

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.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

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.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

Date: August 11, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer

superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

Date: August 24, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

Date: August 31, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

46th Annual National Association for Rural Mental Health Conference

Emerging from COVID-19: Lessons and Future Directions for Rural Mental Health



As we begin to emerge from the COVID-19 pandemic, NARMH looks forward to engaging the rural mental health community in its 2021 conference: Emerging from COVID-19: Lessons Learned and Future Directions for Rural Mental Health. We are pleased to announce that the conference will be held in a virtual format, and that we have organized a participant-friendly schedule that includes sessions running over a four-week period. This year's conference registration fee will include a one-year individual level membership for new and returning individual level members – a terrific deal for individuals and organizations interested in rural mental health!

Online sessions will be held on October 6, 13, 20 and 27, 2021

- From 1:00 to 4:00 pm EST

- From 12:00 to 3:00 pm CST
- From 11:00 am to 2:00 pm MST
- From 10:00 am to 1:00 pm PST
- From 9:00 am to 12:00 AKST

Keep checking back for details! <https://www.narmh.org/index.php/conferences/>

Managing Mental Health Crisis - Dynamics of Addiction: Substance Use Disorder

Live Virtual Classroom

June 23rd, 2021

10:00 a.m. – 12:00 p.m.

Virtual Session Overview: This two-hour covers the basics of Substance Use Disorder (SUD) and provides participants with knowledge, skills and strategies to manage SUD related situations as an emergency responder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

Class Registration Cost: FREE (Registration for this participant course is covered by funds made available by the Michigan Department of Health & Human Services.) Seats are limited to 48 participants.

Deadline for Registration is June 22nd, 2021.

Registration: <https://attendee.gototraining.com/r/4878798490117263617>

Training ID: 758-390-300

For additional information please contact J. Eric Waddell at jericwaddell@thecardinalgroup2.com

Classroom WISE: Coming this JUNE!!!

A FREE mental health literacy course, video and resource library, and website designed for teachers and school staff. Check out more information and a sneak peek by [clicking here](#).

Recorded Parent Webinars

[Parenting Tips for ADHD: How to Unleash Your Child's Superpowers](#)

[More than Sad: Suicide Prevention for Parents](#)

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

[Part 1: Why Social Connection is Important for Mental Health](#)

[Part 2: Maintaining Meaningful Teacher-Student Connections in the time of COVID-19](#)

[Part 3: Tips for Keeping the "Social" in Social Emotional Learning](#)

[Part 4: Cultivating Belonging in the Era of COVID-19](#)

The Impact of Mental Health on Students & Youth:

[Part 1: Assessing Mental Health in Young People](#)

[Part 2: Virtual Signs of Serious Mental Health Problems](#)

[Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19](#)

[Part 4: How to have Meaningful Conversations with Youth about Mental Health](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

New! Medicare and Telehealth: Coverage and Use During the COVID-19 Pandemic and Options for the Future

A Kaiser Family Foundation [brief](#) presents an analysis of Medicare beneficiaries' utilization of telehealth using CMS survey data from 2020. Many Medicare beneficiaries had little experience with telehealth prior to the pandemic. These findings suggest that while expanded policies appear to increase access to services via telehealth, more work will need to be done to further education around telehealth and ensure its availability to all communities.

Additional findings include:

- Over 1 in 4 (27% or 15 million) of Medicare beneficiaries had a telehealth visit between the summer and fall of 2020
- The majority of Medicare beneficiaries (56%) used telephone only; video was 28%; both video and telephone was 16%
- The share of Medicare beneficiaries who had a telehealth visit using telephone only was higher among:
 - Those age 75 and older (65%)
 - Hispanic beneficiaries (61%)
 - Those living in rural areas (65%)
 - Those enrolled in both Medicare and Medicaid (67%)

State Telehealth Laws and Reimbursement Policies Report, Spring 2021

The Center for Connected Health Policy (CCHP) has released its Spring [report](#). This report has transitioned to online format. Use the [Policy Finder](#) to track up to date information on each state that is easy to navigate and understand or read the [Executive Summary](#) for an overview of the Center's findings. CCHP has also created a policy [infographic](#) which is a 2-page overview of the policy trends.

Upper Midwest Telehealth Resource Center (UMTRC) Podcast

UMTRC [Episode 13](#) discusses legislative changes that have happened in Illinois and Michigan in the past year dealing with telehealth. Deena Dodd, Director of Government Relations and Business Development for the Indiana Rural Health Assn will give a deep dive on introduced legislation. This podcast is focused on Illinois and Michigan legislation, Michigan specific information starts at 7:00 min. into the podcast.

American Psychiatric Assn (APA) National Public Opinion Survey on Telehealth

The APA completed a national public opinion [poll](#) finding that the expansion of telehealth is welcomed by most Americans. A large portion of the population have used telehealth services; more than half say they would use telehealth for mental health services; and more than 30% say they prefer telehealth. To review the full APA 2021 Public Opinion Poll: Access to Care, [click here](#).

Emergency Broadband Benefit

The [Emergency Broadband Benefit](#) (EBB): Helping Households Connect During the Pandemic, is an [FCC program](#) to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. The EBB will provide a monthly discount towards broadband service and a one-time discount to purchase a laptop, desktop computer or tablet. Please share this information with your community served.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC can be [found here](#).

The Great Lakes MHTTC products and educational offerings can be found 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: Old phone systems being phased out

Are you aware:

- old phone lines connecting legacy systems, fax machines, elevators, fire/security alarms are going away?
- carriers may be gouging you for continuing to use the older technology such as PRI?
- how this will impact your business?

If you don't know already, your plain old telephone service (POTS), copper lines and PRI circuits that plug into your phone system, facsimile machines, elevator lines, fire alarms and security systems are in the process of being phased out.

Instead of cutting services off immediately, your telephone provider may be substantially increasing their monthly rates, surcharges and other fees until you transition to other forms of technology.

This means your telephone invoices may continue to rise, in some cases from a few hundred dollars up to several thousand dollars.

We can help you tackle this: we will first assess the risks and timeline. Then we will identify possible alternative solutions that are more cost effective and provide additional technology benefits.

As the sun sets on this older technology, contact your Abilita Advisor, Dan Aylward daylward@abilita.com (517.853.8130) to get started with a zero-risk review of your services to help you avoid costly surprises.

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; balcat19@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
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@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
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org



WEEKLY Update



June 11, 2021

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](#)**.

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CMH Association and Member Activities

New! CMHA and partners work on the intersection of crisis response and law enforcement

For the past several months, CMHA has been working, as part of several behavioral health and justice coalitions, to develop financial and political support, via changes in Michigan statute and appropriations

bills, for crisis response systems including co-responder models aimed at providing the appropriate responses to mental health crises – with bills reflecting this work to be drafted in the coming weeks.

Additionally, CMHA staff (MHTTC funded) are working with the Wayne State University Center for Behavioral Health and Justice on a systemic review of best practices in crisis response – using the work done jointly by CMHA and the Michigan Public Health Institute (MPHI) around inventorying Michigan’s crisis response system. That report can be [found here](#).

New! Youth Suicide Prevention Summit III slides and recording available

Recently, a broad coalition, involving CMHA and a number of school-based mental health associations sponsored the third Youth Suicide Prevention Summit. The slides from and recording of that Summit are found below:

The Youth Suicide Prevention Summit III slide deck can be [found here](#).

The Youth Suicide Prevention Summit III Meeting recording can be [found here](#).

Seeking Nominations: Nick Filonow Award of Excellence for 2021

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

You can download a copy of the nomination form by [CLICKING HERE](#).

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

Virtual Training - 9:00am to 4:00pm

Come and learn what other CMHSPs are doing and share your own ideas. There is no fee for registration. *Online registration is required for attendance.* This year we will have a full roster of speakers and presenters.

[CLICK HERE TO REGISTER FOR ANTI-STIGMA EVENT DAY](#)

Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at mfrancis@cmham.org. Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at mfrancis@cmham.org.

State & National Developments and Resources

New! Risks of loneliness and isolation: how to support those served during the pandemic

Recently the University of Michigan published a set of slides, funded by the National Center on Disability, Independent Living, and Research, that outline the impact of loneliness on persons with disabilities and how to combat that impact. The slides can be [found here](#).

State Legislative Update

View May's Legislative Video on 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 at the State Capitol.

Our May Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget process, highlighting action in both the House and Senate.

To view the latest video, [CLICK HERE!](#)

New! May Revenues Top Forecast By \$1 Billion

Revenues to the state's General and School Aid funds in May topped the Consensus Revenue Estimating Conference forecast for the month by an astonishing \$1 billion as the impact of federal aid through the American Rescue Plan continues to swell available funds, the House Fiscal Agency said today.

For May, revenues to the General Fund were \$752.1 million above the May revenue conference projection, more than double expectations. And for the School Aid Fund, revenues were \$258.7 million above the projection.

Annual payments from the individual income tax accounted for more than 80 percent of the difference with the stock market recovery also driving revenues upward. The tax deadline was moved from April 15 to mid-May this year, but forecasters knew that would change the usual revenue to the state when they met for the Consensus Revenue Estimating Conference. The HFA said annual payments in May were the highest on record for any single month.

For revenues to exceed the forecast in a single month by as much as \$1 billion is unheard of. Even more remarkable is that the forecasting differential occurred in the month of the actual revenue conference, when the forecast is usually at its most accurate.

This means the Governor and the Legislature now have \$4.5 billion more in General and School Aid fund revenues available to spend than expected at the start of the calendar year for the current 2020-21 and upcoming 2021-22 fiscal years.

The \$3.5 billion more they thought they had after the May 21 revenue conference already was historic.

Federal Update

Excellence in Recovery Housing Act Introduced

Last month, Representatives Trone (D-MD), Chu (D-CA), Levin (D-CA) and McKinley (R-WV) introduced the Excellence in Recovery Housing Act (H.R. 2376), which aims to help states improve and expand access to recovery housing. Recovery housing refers to safe, healthy, alcohol and drug-free living environments that support individuals in recovery from addiction. The bill would create a set of guidelines and a grant program for states to implement those best practices.

Peer Support Legislation Reintroduced

Last month, Representatives Chu (D-CA) and Smith (R-NE) reintroduced the [Promoting Effective and Empowering Recovery Services \(PEERS\) in Medicare Act of 2021](#) (H.R. 2767). This legislation would expand access to mental health care by clarifying that peer support specialist services can be reimbursed through Medicare. The legislation was first introduced last Congress.

Education Opportunities

Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

Virtual Motivational Interviewing College Trainings – Registration Open

Registration is 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.

Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
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. for Supervisors	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.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

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.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

SOLD OUT Integrated Dual Disorder Treatment 101

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated and team-based services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Integrated Dual Disorder Treatment (IDDT) was designed following systematic study of high intensity COD treatment needs and alterations of the Assertive Community Treatment (ACT) model. Within this training attendees will understand the components of IDDT, including fidelity and outcome measurement. Specific attention will be paid to the development of stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders using the IDDT model.

Date: July 15, 2021 | **SOLD OUT** [CLICK HERE for more information](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-

2015, more than 180,000 people died from overdoses related to prescription opioids. It is now the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

Date: August 11, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

Date: August 24, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

Date: August 31, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

46th Annual National Association for Rural Mental Health Conference

Emerging from COVID-19: Lessons and Future Directions for Rural Mental Health



As we begin to emerge from the COVID-19 pandemic, NARMH looks forward to engaging the rural mental health community in its 2021 conference: Emerging from COVID-19: Lessons Learned and Future Directions for Rural Mental Health. We are pleased to announce that the conference will be held in a virtual format, and that we have organized a participant-friendly schedule that includes sessions running over a four-week period. This year's conference registration fee will include a one-year individual level membership for new and returning individual level members – a terrific deal for individuals and organizations interested in rural mental health!

Online sessions will be held on October 6, 13, 20 and 27, 2021

- From 1:00 to 4:00 pm EST
- From 12:00 to 3:00 pm CST
- From 11:00 am to 2:00 pm MST
- From 10:00 am to 1:00 pm PST
- From 9:00 am to 12:00 AKST

Keep checking back for details! <https://www.narmh.org/index.php/conferences/>

Managing Mental Health Crisis - Dynamics of Addiction: Substance Use Disorder

Live Virtual Classroom

June 23rd, 2021

10:00 a.m. – 12:00 p.m.

Virtual Session Overview: This two-hour covers the basics of Substance Use Disorder (SUD) and provides participants with knowledge, skills and strategies to manage SUD related situations as an emergency responder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

Class Registration Cost: FREE (Registration for this participant course is covered by funds made available by the Michigan Department of Health & Human Services.) Seats are limited to 48 participants. Deadline for Registration is June 22nd, 2021.

Registration: <https://attendee.gototraining.com/r/4878798490117263617>
Training ID: 758-390-300

For additional information please contact J. Eric Waddell at jericwaddell@thecardinalgroup2.com

Classroom WISE: Coming this JUNE!!!

A FREE mental health literacy course, video and resource library, and website designed for teachers and school staff. Check out more information and a sneak peek by [clicking here](#).

Recorded Parent Webinars

[Parenting Tips for ADHD: How to Unleash Your Child's Superpowers](#)

[More than Sad: Suicide Prevention for Parents](#)

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

[Part 1: Why Social Connection is Important for Mental Health](#)

[Part 2: Maintaining Meaningful Teacher-Student Connections in the time of COVID-19](#)

[Part 3: Tips for Keeping the "Social" in Social Emotional Learning](#)

[Part 4: Cultivating Belonging in the Era of COVID-19](#)

The Impact of Mental Health on Students & Youth:

[Part 1: Assessing Mental Health in Young People](#)

[Part 2: Virtual Signs of Serious Mental Health Problems](#)

[Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19](#)

[Part 4: How to have Meaningful Conversations with Youth about Mental Health](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

New! State Telehealth Laws and Reimbursement Policies Report, Spring 2021

The Center for Connected Health Policy (CCHP) has released its Spring [report](#). This report has transitioned to online format. Use the [Policy Finder](#) to track up to date information on each state that is easy to navigate and understand or read the [Executive Summary](#) for an overview of the Center's findings. CCHP has also created a policy [infographic](#) which is a 2-page overview of the policy trends.

New! Upper Midwest Telehealth Resource Center (UMTRC) Podcast

UMTRC [Episode 13](#) discusses legislative changes that have happened in Illinois and Michigan in the past year dealing with telehealth. Deena Dodd, Director of Government Relations and Business Development

for the Indiana Rural Health Assn will give a deep dive on introduced legislation. This podcast is focused on Illinois and Michigan legislation, Michigan specific information starts at 7:00 min. into the podcast.

New! American Psychiatric Assn (APA) National Public Opinion Survey on Telehealth

The APA completed a national public opinion [poll](#) finding that the expansion of telehealth is welcomed by most Americans. A large portion of the population have used telehealth services; more than half say they would use telehealth for mental health services; and more than 30% say they prefer telehealth. To review the full APA 2021 Public Opinion Poll: Access to Care, [click here](#).

GAO Reports on Telehealth COVID-19 Flexibility Findings

The [United States Government Accountability Office](#) (GAO) released [testimony](#) May 19th regarding their ongoing assessment of COVID-19 flexibilities within the Medicare and Medicaid programs, as required under federal pandemic response oversight provisions included the CARES Act. Please [click here](#) to review the summarized findings.

Emergency Broadband Benefit

The [Emergency Broadband Benefit](#) (EBB): Helping Households Connect During the Pandemic, is an [FCC program](#) to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. The EBB will provide a monthly discount towards broadband service and a one-time discount to purchase a laptop, desktop computer or tablet. Please share this information with your community served.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC can be [found here](#).



The Great Lakes MHTTC products and educational offerings can be found 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.

New! Great Lakes MHTTC announces Building Wellbeing leadership learning collaborative

Building Staff Well-being: A Leadership Learning Collaborative

12:00pm - June 22, 2021 thru 1:00pm - August 3, 2021 | Timezone: US/Central

Hosted By: Great Lakes MHTTC

Leaders today are faced with a difficult task of leading their “business” while continuing to care for their staffs’ emotional well-being. This six-part learning collaborative will apply NIATx, an evidence-based implementation model, with other organizational tools to help leaders cultivate well-being practices within their organizations. Leaders will be able to zero in on the current temperature of staff well-being while learning how to redirect and support to reduce burnout and compassion fatigue.

This experiential multi-session learning collaborative will focus on building well-being within your organization through six unique sessions. Each session will identify areas of growth and offer suggestions on how to implement well-being strategies.

LEARNING OBJECTIVES

- Define well-being, burnout, empathy/compassion fatigue.
- Assess your current individual and collective wellbeing within your organization.
- Create your own call to well-being within your mission, vision, and values.
- Develop your well-being goal(s) and apply NIATx tools & strategies to implement change with your team.
- Develop a plan for well-being sustainability.

PRESENTER: Mat Roosa was a founding member of NIATx and has been a NIATx coach for a wide range of projects. He works as a consultant in quality improvement, organizational development and planning, and implementing evidence-based practices. Mat also serves as a local government planner in behavioral health in New York State. His experience includes direct clinical practice in mental health and substance use services, teaching at the undergraduate and graduate levels, and human service agency administration.

Certificates of attendance will be available to all who attend all sessions in full.

[Register for this learning community here.](#)

News from Our Preferred Corporate Partners

Abilita: Old phone systems being phased out

Are you aware:

- old phone lines connecting legacy systems, fax machines, elevators, fire/security alarms are going away?
- carriers may be gouging you for continuing to use the older technology such as PRI?
- how this will impact your business?

If you don't know already, your plain old telephone service (POTS), copper lines and PRI circuits that plug into your phone system, facsimile machines, elevator lines, fire alarms and security systems are in the process of being phased out.

Instead of cutting services off immediately, your telephone provider may be substantially increasing their monthly rates, surcharges and other fees until you transition to other forms of technology.

This means your telephone invoices may continue to rise, in some cases from a few hundred dollars up to several thousand dollars.

We can help you tackle this: we will first assess the risks and timeline. Then we will identify possible alternative solutions that are more cost effective and provide additional technology benefits.

As the sun sets on this older technology, contact your Abilita Advisor, Dan Aylward daylward@abilita.com (517.853.8130) to get started with a zero-risk review of your services to help you avoid costly surprises.

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; balcat19@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
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@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
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org



WEEKLY Update



June 4, 2021

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](#)**.

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CMH Association New! and Member Activities

New! CMHA in the news: Michigan Child Trauma Soared During Pandemic



Below are excerpts from a recent news story featuring the views of CMHA staff on childhood trauma resulting from the pandemic:

As more folks are vaccinated and reopening continues, mental-health experts say it's important to acknowledge and treat the trauma many children and teens experienced during the pandemic.

Kids were concerned about a deadly, contagious disease during a time of political turmoil, and were separated from friends or family without the stabilizing influence of schools, said Bob Sheehan - CEO of the Community Mental Health Association of Michigan.

The full print and audio story can be [found here](#).

New! Recording of June 1 interdisciplinary partnerships dialogue – between mental health and law enforcement – is released

The 2nd edition (June 1) of the series of webinars on the innovative interdisciplinary partnerships – between mental health and law enforcement - sponsored by the Michigan Diversion Council, CMHA, and other members of the Diversion Council has recently been released. That webinar is available here.

The link for the webinar is [available here](#).

The link for the previous webinar is [available here](#).

New! Seeking Nominations: Nick Filonow Award of Excellence for 2021

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM. All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

Request a copy of the nomination application by emailing Chris Ward at cward@cmham.org.

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

Virtual Training - 9:00am to 4:00pm

Come and learn what other CMHSPS are doing and share your own ideas. There is no fee for registration. *Online registration is required for attendance.* This year we will have a full roster of speakers and presenters.

[CLICK HERE TO REGISTER FOR ANTI-STIGMA EVENT DAY](#)

Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at mfrancis@cmham.org. Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at mfrancis@cmham.org.

State & National Developments and Resources

New! Podcast to focus on mental health concerns of young adults

Mental health issues experienced by young adults will be the topic of a 10-episode podcast from Michigan State University's Science Gallery Detroit and WDET-FM public radio.

The first episode of the latest Science of Grief podcast recently aired on WDET radio. The series makes space for young adults to share stories, science, and solutions for those who are exploring their grief and mental health. Science Gallery Detroit is a collaborative initiative presented by Michigan State University and Science Gallery International. This podcast can be [found here](#).

State Legislative Update

View May's Legislative Video on 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 at the State Capitol.

Our May Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget process, highlighting action in both the House and Senate.

To view the latest video, [CLICK HERE!](#)

Behavioral Health Package Introduced In The House

A group of bipartisan lawmakers in the House introduced legislation to change the state's behavioral health system by replacing the state's 10 Prepaid Inpatient Health Plans (PIHPs) with a single administrative services organization.

House Bills 4925, 4926, 4927, 4928 and 4929 were referred to the House Health Policy Committee earlier this week. This bill package would replace the state's 10 public PIHPs with a single public or nonprofit administrative services organization and empower the Department of Health and Human Services (DHHS) to develop, implement and oversee the core functions of the system. According to Representative Mary Whiteford (R-Casco Township), these bills will eliminate the managed care administrative structure and boost accountability by adding public oversight.

The House Health Policy Committee did take up testimony on the package this week and expects to have future hearings.

Governor Whitmer and GOP Legislative Leaders Reach Agreement on Pandemic Orders and Budget

On Thursday, May 20, it was announced that Governor Gretchen Whitmer and Republican leaders in the Michigan State House and Senate had reached an agreement that would allow legislative leaders to have input on any future pandemic orders, and in return, legislative leadership will allow the administration to join the conversations around the state budget process, which will also include the allocation of federal funds.

Lansing insiders hope the agreement, which comes after more than a year of tension and divisive rhetoric, will spur leaders to craft a final budget agreement for FY 22, and an agreement on supplemental spending for the current fiscal year in a timely, bi-partisan fashion.

Federal Update

Excellence in Recovery Housing Act Introduced

Last month, Representatives Trone (D-MD), Chu (D-CA), Levin (D-CA) and McKinley (R-WV) introduced the Excellence in Recovery Housing Act (H.R. 2376), which aims to help states improve and expand access to recovery housing. Recovery housing refers to safe, healthy, alcohol and drug-free living environments that support individuals in recovery from addiction. The bill would create a set of guidelines and a grant program for states to implement those best practices.

Peer Support Legislation Reintroduced

Last month, Representatives Chu (D-CA) and Smith (R-NE) reintroduced the [Promoting Effective and Empowering Recovery Services \(PEERS\) in Medicare Act of 2021](#) (H.R. 2767). This legislation would expand access to mental health care by clarifying that peer support specialist services can be reimbursed through Medicare. The legislation was first introduced last Congress.

Education Opportunities

Registration Ends 6/9/21: CMHA VIRTUAL Annual Summer Conference: June 14-17, 2021



CMHA Virtual Annual Summer Conference "Be the Change...Shaping our Future Together"

June 14 - 17, 2021

Virtual Education Daily from 9:00am – 12:30pm EST

[**CLICK HERE TO REGISTER!**](#)

Conference Registration Deadline:
5:00pm on Wednesday, June 9, 2021.

Live Conference Rates:

Member: \$210 per attendee

Non-Member: \$252 per attendee

Recording Only (No CEs) Conference Fees: Recording Only—No Continuing Education Credits: For those who do NOT need CEs, take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 60 days to view the recordings. You can view as many sessions as you like.

Member: \$50 per attendee

Non-Member: \$70 per attendee

Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

Virtual Motivational Interviewing College Trainings – Registration Open

Registration is 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.

Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), “Motivational Interviewing, Helping People Change” (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession” and Rosengren, D. (2018) “Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition.”

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
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. for Supervisors	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.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

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.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Integrated Dual Disorder Treatment 101

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated and team-based services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Integrated Dual Disorder Treatment (IDDT) was designed following systematic study of high intensity COD treatment needs and alterations of the Assertive Community Treatment (ACT) model. Within this training attendees will understand the components of IDDT, including fidelity and outcome measurement. Specific attention will be paid to the development of stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders using the IDDT model.

Date: July 15, 2021 | [CLICK HERE to Register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

Date: August 11, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

Date: August 24, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

Date: August 31, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

New! 46th Annual National Association for Rural Mental Health Conference



Emerging from COVID-19: Lessons and Future Directions for Rural Mental Health

As we begin to emerge from the COVID-19 pandemic, NARMH looks forward to engaging the rural mental health community in its 2021 conference: Emerging from COVID-19: Lessons Learned and Future Directions for Rural Mental Health. We are pleased to announce that the conference will be held in a virtual format, and that we have organized a participant-friendly schedule that includes sessions running over a four-week period. This year's conference registration fee will include a one-year individual level membership for new and returning individual level members – a terrific deal for individuals and organizations interested in rural mental health!

Online sessions will be held on October 6, 13, 20 and 27, 2021

- From 1:00 to 4:00 pm EST
- From 12:00 to 3:00 pm CST
- From 11:00 am to 2:00 pm MST
- From 10:00 am to 1:00 pm PST
- From 9:00 am to 12:00 AKST

Keep checking back for details! <https://www.narmh.org/index.php/conferences/>

New! Managing Mental Health Crisis - Dynamics of Addiction: Substance Use Disorder

Live Virtual Classroom

June 23rd, 2021

10:00 a.m. – 12:00 p.m.

Virtual Session Overview: This two-hour covers the basics of Substance Use Disorder (SUD) and provides participants with knowledge, skills and strategies to manage SUD related situations as an emergency responder. The content presented in this course is a culmination of information from a partnership of mental health and law enforcement professionals. Development and funding for this course is courtesy of The Michigan Department of Health and Human Services.

Class Registration Cost: FREE (Registration for this participant course is covered by funds made available by the Michigan Department of Health & Human Services.) Seats are limited to 48 participants. Deadline for Registration is June 22nd, 2021.

Registration: <https://attendee.gototraining.com/r/4878798490117263617>

Training ID: 758-390-300

For additional information please contact J. Eric Waddell at jericwaddell@thecardinalgroup2.com

Classroom WISE: Coming this JUNE!!!

A FREE mental health literacy course, video and resource library, and website designed for teachers and school staff. Check out more information and a sneak peek by [clicking here](#).

Recorded Parent Webinars

[Parenting Tips for ADHD: How to Unleash Your Child's Superpowers](#)

[More than Sad: Suicide Prevention for Parents](#)

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

[Part 1: Why Social Connection is Important for Mental Health](#)

[Part 2: Maintaining Meaningful Teacher-Student Connections in the time of COVID-19](#)

[Part 3: Tips for Keeping the "Social" in Social Emotional Learning](#)

[Part 4: Cultivating Belonging in the Era of COVID-19](#)

The Impact of Mental Health on Students & Youth:

[Part 1: Assessing Mental Health in Young People](#)

[Part 2: Virtual Signs of Serious Mental Health Problems](#)

[Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19](#)

[Part 4: How to have Meaningful Conversations with Youth about Mental Health](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

New! GAO Reports on Telehealth COVID-19 Flexibility Findings

The [United States Government Accountability Office](#) (GAO) released [testimony](#) May 19th regarding their ongoing assessment of COVID-19 flexibilities within the Medicare and Medicaid programs, as required under federal pandemic response oversight provisions included the CARES Act. Please [click here](#) to review the summarized findings.

CONNECT for Health Act

The *Creating Opportunities Now for Necessary and Effective Care Technologies* (CONNECT) for Health

Act of 2021 was recently introduced by Senator Brian Schatz (D-HI). The CONNECT Act was drafted to take into consideration some of the temporary telehealth policy changes installed in response to COVID-19 and some of the issues that have arisen in the past year. For more information, take a look at the Center for Connected Health Policy (CCHP) [CONNECT Act fact sheet](#) or read the bill's [summary](#).

Medicaid Medical Directors Network Report

Have you reviewed the Medicaid Medical Directors Network: [Perspectives on Telehealth Modernization?](#) This report is informed by an environmental scan (see Appendix on P10) and discussions facilitated by the Medicaid Medical Directors Network. The report dives into three topic areas: Equity, Quality and Payment.

Emergency Broadband Benefit

The [Emergency Broadband Benefit](#) (EBB): Helping Households Connect During the Pandemic, is an [FCC program](#) to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. The EBB will provide a monthly discount towards broadband service and a one-time discount to purchase a laptop, desktop computer or tablet. Please share this information with your community served.

Monthly Telehealth Regional Tracker

Check out FAIR Health's Monthly Telehealth Regional [Monthly Telehealth Regional Tracker](#) and [Midwest infographic](#). This tool shows that in the Midwest, the volume of claims fell ~15% from January to February 2021. Another change noted was the disappearance of COVID-19 from the top five telehealth diagnoses. Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. Within that category, there was one change of note in February 2021: Post-traumatic stress disorder, previously absent from the list of top five mental health diagnoses nationally and in every region, became the fifth most common mental health diagnosis in the Midwest, displacing bipolar disorder.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC can be [found here](#).



The Great Lakes MHTTC products and educational offerings can be found 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.

New! Great Lakes MHTTC announces new technical assistance offerings

The Great Lakes ATTC, MHTTC, and PTTC have a great lineup of trainings and technical assistance available to you in June. Next week, you won't want to miss:

Mon., June 7: [Stimulants 101 Training](#): 12–3pm CST. Includes 3 NAADAC CEs!

Tues., June 8: [Fentanyl Test Strips](#): A Grass Roots Harm Reduction Strategy. 9–10:00am CST

Tues., June 8: [Spotlight on Scott County, IN](#): How a Small Community Made a Big Impact. 11–12:30pm CST

Other featured trainings this month include the [Building Well-being Leadership Collaborative](#) and [Pregnant and Parenting Women with SUDS: Understanding and Making a Difference](#) (offered on two dates). [Navigating Ethics in an Ever-Changing World](#) is also offered on two dates and includes CEs. Scroll down to view the complete June calendar—we'll also be sending weekly email calendar updates this month to keep you fully informed of our events.

New! Center of Excellence on LGBTQ+ Behavioral Health Equity

The Great Lakes MHTTC and CMHA are pleased to share information about the newly formed [Center of Excellence on LGBTQ+ Behavioral Health Equity](#). Visit the site to find out about upcoming webinars and resources to support the behavioral health needs of the LGBTQ+ community.

[Center of Excellence on LGBTQ+ Behavioral Health Equity](#) (CoE LGBTQ+ BHE), funded by [SAMHSA](#), seeks to provide behavioral health practitioners with important information on supporting the lesbian, gay, bisexual, transgender, questioning, and queer (LGBTQ+) community.

Research shows that LGBTQ+ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual and cisgender peers.

The CoE LGBTQ+ BHE's mission is to bring information and resources to the behavioral health field to enhance culturally responsive care and decrease disparities for this population. [Learn more about the CoE LGBTQ+BHE here.](#) [Sign up for twice-monthly webinars here.](#)

News from Our Preferred Corporate Partners

Abilita: Old phone systems being phased out

Are you aware:

- old phone lines connecting legacy systems, fax machines, elevators, fire/security alarms are going away?
- carriers may be gouging you for continuing to use the older technology such as PRI?
- how this will impact your business?

If you don't know already, your plain old telephone service (POTS), copper lines and PRI circuits that plug into your phone system, facsimile machines, elevator lines, fire alarms and security systems are in the process of being phased out.

Instead of cutting services off immediately, your telephone provider may be substantially increasing their monthly rates, surcharges and other fees until you transition to other forms of technology.

This means your telephone invoices may continue to rise, in some cases from a few hundred dollars up to several thousand dollars.

We can help you tackle this: we will first assess the risks and timeline. Then we will identify possible alternative solutions that are more cost effective and provide additional technology benefits.

As the sun sets on this older technology, contact your Abilita Advisor, Dan Aylward daylward@abilita.com (517.853.8130) to get started with a zero-risk review of your services to help you avoid costly surprises.

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; balcat19@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
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@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
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org



WEEKLY Update

May 28, 2021

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](#)**.

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CMH Association New! and Member Activities

New! Livingston CMH guest editorial: Your mental health is important: Helping our children through COVID-19

Below are excerpts from a recent guest editorial by the Livingston CMH CEO on the impact of COVID-19 on children and families:

It has been no secret that the COVID-19 pandemic has had a tremendous impact on everyone's mental health. Our day to day experience of the world stopped abruptly as we knew it. The consequences of this pandemic are continuing to have a significant impact on everyone, but children and youth face unique challenges.

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

New! HealthWest develops video: voices of community partners

Below are excerpts from a recent announcement from HealthWest's CEO on a recently developed video featuring the views of HealthWest's community partners.

We decided to ask some community partners if they would take a few minutes to thank our staff. In 10 days we received enough videos to put together a 30 minute thank you which we shared yesterday. I'm very proud of this video and I can tell you it was really a shot in the arm for my staff. In addition to local providers/ community partners we also got responses from several elected officials including Senator Stabenow, Senator Peters, And Governor Whitmer. Clearly, I am proud of it so wanted to share. ... as I watched it again the theme of what a CCBHC is and the role of a CMH is really described.

The video can be [found here](#).

New! CMHA Associate Director cited as one of the best association lobbyists

Alan Bolter, CMHA's Associate Director and the lead for all of CMHA's government relations efforts, was featured in this year's MIRS survey of Michigan's most effective lobbyists. MIRS is one of the leading Michigan Capitol news services.

Below are excerpts from the summary of this year's MIRS survey. Note that Alan is in good company, with a very strong and effective group of association lobbyists. Congratulations, Alan.

Brian CALLEY, president of SBAM, Dan PAPINEAU and Jim HOLCOMB of the Michigan Chamber and Peter SPADAFORÉ of the Michigan Association of Superintendents & Administrators each received 3%

Receiving 2% of the vote were: **Alan BOLTER, Community Mental Health Association of Michigan**; Adam CARLSON and Chris MITCHELL of the Michigan Health & Hospital Association; Brad WARD, of the Michigan REALTORS; Dominick PALLONE, and Christine SHEARER, of the Michigan Association of Health Plans; Ed NOYOLA, County Road Association of Michigan; Justin WINSLOW and John MCNAMARA Michigan Restaurant and Lodging Association.

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

Virtual Training - 9:00am to 4:00pm

Come and learn what other CMHSPS are doing and share your own ideas. There is no fee for registration. *Online registration is required for attendance.* This year we will have a full roster of speakers and presenters.

[CLICK HERE TO REGISTER FOR ANTI-STIGMA EVENT DAY](#)

Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at mfrancis@cmham.org. Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at mfrancis@cmham.org.

State & National Developments and Resources

New! Michigan Psychiatric Care Improvement Project (MPCIP) May 2021 update

The Michigan Psychiatric Care Improvement Project (MPCIP), the MDHHS-led omnibus effort designed to continue the advances of Michigan's public mental health system across a wide range of settings and treatment modalities. The most recent report on the work of that project can be [found here](#).

New! Detroit News Editorial underscores issues with Senate “Gearing Toward Integration” proposal

Below are excerpts from a recent guest editorial, written by former Detroit Wayne Integrated Health Network (DWIHN)) that recently appeared in the Detroit News.

Once again there is a battle over care and service versus profits taking place in Lansing.

Michigan’s “health plans” — insurance companies — want to get their hands on more than \$3 billion of taxpayer money currently used to serve at least 300,000 people with serious mental illness, developmental disabilities, substance use disorders and children with emotional challenges in Michigan. They currently receive care under the public mental health system.

There ought to be great pause by the Michigan Legislature, the leadership of the Department of Health and Human Services and the governor about this money grab.

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

New! National Group seeking self-advocates and caregivers to guide development of guide for serving young adults with IDD

Below are excerpts from a recent request, by Got Transition and Family Voices, for self-advocates and caregivers to guide their development of a guide for serving young adults with intellectual and developmental disabilities.

Got Transition, in partnership with Family Voices, is putting together a tip sheet for primary care providers (PCPs) to use when caring for young adults with intellectual and developmental disabilities and their caregivers during pandemic and emergency situations. We would like your guidance around what you think would be helpful information for primary care providers to be aware of and offer to better support young adults and their caregivers.

We are looking for self-advocates (18 - 35) and/or their caregivers to participate in a 45 to 60 minute interview. In appreciation of your time and expertise, we will be offering \$100 total per interview. Information used from the interviews will not include your name or identifying information.

If you are interested in participating, please complete following intake form, <https://www.surveymonkey.com/r/QW97GS9> by **6/4/21** and we will be in contact with you for next steps. If you have any questions, please contact Allysa Ware, anware@familyvoices.org

New! Michigan DD Council seeking comments on 5-year state plan

The Michigan Developmental Disabilities Council (MDDC) has drafted its 2022-2026 Five-Year State Plan. Goals and objectives are identified to improve the availability and quality of services and supports, to assure equal rights and opportunities, and to further community integration and inclusion for

individuals with developmental disabilities and their families. The State Plan provides the basic framework for how Council funds will be used and what activities the Council will be involved in.

To access the plan for review go [click here](#).

To provide feedback or comments on the plan [click here](#).

We will be accepting comments online until Saturday, July 10 at 12:00pm.

As an accommodation, arrangements can be made for you to view a hard copy of the plan in-person in the DD Council office by appointment only. In-person appointments must be completed by Friday, June 25, 2021. If you would like schedule an appointment please contact: Tedra Jackson at jacksont7@michigan.gov.

New! Video recording available from May 26 MDHHS webinar: Important Updates on AFCs and HFAs COVID-19 Emergency Response

MDHHS has recently released the recording from the May 12 presentation, by MDHHS, around the Important Updates on AFCs and HFAs COVID-19 Emergency Response. That video can be [found here](#).

Access Passcode: 2pvT8&%c

New! Kennedy Forum calls for expansion of effort to strengthen health care workforce

The Kennedy Forum – the nation’s leader in advocating for health insurance parity (in which mental healthcare would be covered, by health insurance, in the same way that physical healthcare is covered) – is advocating for an expansion in the call by the Congressional Mental Health Caucus and allies for a strengthening of the nation’s public health workforce.

[Congresswoman Napolitano and 18 other members wrote](#) to Secretary Becerra urging HHS to ensure that MH/SUD is integrated into the \$7.6 billion to expand the public health workforce. As the saying could easily be tweaked: "There's no public health without mental health."

The Kennedy Forum is welcoming those who would support this effort and recently tweeted about this letter. The tweet can be [found here](#).

New! Health Affairs blog post: policies to improve implementation and sustainability of behavioral health integration

Below are excerpts from a recent blog post from Health Affairs on steps that can be taken to foster the sustainability of behavioral healthcare integration in primary care settings.

Despite the potential of BHI to improve outcomes, its implementation has faced significant operational and financial impediments. In this blog post, we describe these barriers and propose a number of potential policy solutions that may address these challenges.

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

New! No vacancy: How a shortage of mental health beds keeps kids trapped inside ERs

Below are excerpts from recent story on the lack of access for children and adolescents to inpatient psychiatric care across the country. The conditions and dynamics described in this article mirror those in Michigan.

What's known as emergency room boarding has been up between 200% and 400% in Massachusetts throughout the pandemic. The Baker administration says the rate of increase has varied each month since last June, but each month the numbers are significantly higher compared to the same month of the prior year.

"We've been doing this a long time, and this is really unlike anything we've ever seen before," says Lisa Lambert, executive director of the Parent/Professional Advocacy League. "And it doesn't show any signs of abating."

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

State Legislative Update

View May's Legislative Video on 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 at the State Capitol.

Our May Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget process, highlighting action in both the House and Senate.

To view the latest video, [CLICK HERE!](#)

Behavioral Health Package Introduced In The House

A group of bipartisan lawmakers in the House introduced legislation to change the state's behavioral health system by replacing the state's 10 Prepaid Inpatient Health Plans (PIHPs) with a single administrative services organization.

House Bills 4925, 4926, 4927, 4928 and 4929 were referred to the House Health Policy Committee earlier this week. This bill package would replace the state's 10 public PIHPs with a single public or nonprofit administrative services organization and empower the Department of Health and Human Services (DHHS) to develop, implement and oversee the core functions of the system. According to Representative Mary Whiteford (R-Casco Township), these bills will eliminate the managed care administrative structure and boost accountability by adding public oversight.

Representative Whiteford did not state a timeline for when the bills will be taken up in the House Health Policy Committee.

New! Governor Whitmer and GOP Legislative Leaders Reach Agreement on Pandemic Orders and Budget

On Thursday, May 20, it was announced that Governor Gretchen Whitmer and Republican leaders in the Michigan State House and Senate had reached an agreement that would allow legislative leaders to have input on any future pandemic orders, and in return, legislative leadership will allow the administration to join the conversations around the state budget process, which will also include the allocation of federal funds.

Lansing insiders hope the agreement, which comes after more than a year of tension and divisive rhetoric, will spur leaders to craft a final budget agreement for FY 22, and an agreement on supplemental spending for the current fiscal year in a timely, bi-partisan fashion.

Federal Update

Excellence in Recovery Housing Act Introduced

Last month, Representatives Trone (D-MD), Chu (D-CA), Levin (D-CA) and McKinley (R-WV) introduced the Excellence in Recovery Housing Act (H.R. 2376), which aims to help states improve and expand access to recovery housing. Recovery housing refers to safe, healthy, alcohol and drug-free living environments that support individuals in recovery from addiction. The bill would create a set of guidelines and a grant program for states to implement those best practices.

Peer Support Legislation Reintroduced

Last month, Representatives Chu (D-CA) and Smith (R-NE) reintroduced the [Promoting Effective and Empowering Recovery Services \(PEERS\) in Medicare Act of 2021](#) (H.R. 2767). This legislation would expand access to mental health care by clarifying that peer support specialist services can be reimbursed through Medicare. The legislation was first introduced last Congress.

Education Opportunities

Registration Ends 6/9/21: CMHA VIRTUAL Annual Summer Conference: June 14-17, 2021



CMHA Virtual Annual Summer Conference
"Be the Change...Shaping our Future Together"

June 14 - 17, 2021
Virtual Education Daily from 9:00am – 12:30pm EST

[CLICK HERE TO REGISTER!](#)

Conference Registration Deadline:
5:00pm on Wednesday, June 9, 2021.

Live Conference Rates:

Member: \$210 per attendee
Non-Member: \$252 per attendee

Recording Only (No CEs) Conference Fees: Recording Only—No Continuing Education Credits: For those who do NOT need CEs, take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 60 days to view the recordings. You can view as many sessions as you like.

Member: \$50 per attendee
Non-Member: \$70 per attendee

Sponsorship Opportunities for CMHA VIRTUAL Annual Summer Conference

The Community Mental Health Association of Michigan is pleased to announce **sponsorship opportunities** for the 2021 Annual Summer conference taking place each morning June 14-17, 2021. As a conference sponsor, you will gain visibility throughout the day to promote your company's brand, products, and services directly to the 500 CMHA conference attendees. The virtual platform has a dedicated Sponsors Hall, which will allow participants to enter and view sponsor's logos with a direct link to their website. Only a limited number of each sponsorship opportunities are available. For more information email Monique Francis at mfrancis@cmham.org.

DEADLINE: Wednesday, June 2, 2021

Conference Attendance is NOT included. You must register separately to attend the conference.

[CLICK HERE TO SIGN UP FOR CONFERENCE SPONSORSHIP!](#)

Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference
Health Equity: Transforming to Meet the Challenge



Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

Virtual Motivational Interviewing College Trainings – Registration Open

Registration is 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.

Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
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. for Supervisors	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.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

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.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Integrated Dual Disorder Treatment 101

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated and team-based services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Integrated Dual Disorder Treatment (IDDT) was designed following systematic study of high intensity COD treatment needs and alterations of the Assertive Community Treatment (ACT) model. Within this training attendees will understand the components of IDDT, including fidelity and outcome measurement. Specific attention will be paid to the development of stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders using the IDDT model.

Date: July 15, 2021 | [CLICK HERE to Register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now

the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

Date: August 11, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

Date: August 24, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

Date: August 31, 2021 | [CLICK HERE to register](#)

Times: Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

\$30 Registration fee includes electronic training materials and CEs

Diversion Council announces next in Interdisciplinary Partnership Series

The MDHHS Mental Health Diversion Council, in partnership with MCOLES, MSA, CMHA, MACP and PAAM, is proud to announce the 2nd webinar in our Interdisciplinary Partnership Series on:

Tuesday, June 1st, 2021 - 10:00 am to 12:00 pm

Moderated by Chief Robert Stevenson (MACP), panelists from Calhoun, Muskegon and Washtenaw will discuss strategies that they have implemented to improve partnership and collaboration between first responders and mental health professionals.

Register now by [clicking here](#).

Additional training opportunities can be found here: [Managing Mental Health Crisis](#).

Classroom WISE: Coming this JUNE!!!

A FREE mental health literacy course, video and resource library, and website designed for teachers and school staff. Check out more information and a sneak peek by [clicking here](#).

Recorded Parent Webinars

[Parenting Tips for ADHD: How to Unleash Your Child's Superpowers](#)
[More than Sad: Suicide Prevention for Parents](#)

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

[Part 1: Why Social Connection is Important for Mental Health](#)
[Part 2: Maintaining Meaningful Teacher-Student Connections in the time of COVID-19](#)
[Part 3: Tips for Keeping the "Social" in Social Emotional Learning](#)
[Part 4: Cultivating Belonging in the Era of COVID-19](#)

The Impact of Mental Health on Students & Youth:

[Part 1: Assessing Mental Health in Young People](#)
[Part 2: Virtual Signs of Serious Mental Health Problems](#)
[Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19](#)
[Part 4: How to have Meaningful Conversations with Youth about Mental Health](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

New! CONNECT for Health Act

The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health

Act of 2021 was recently introduced by Senator Brian Schatz (D-HI). The CONNECT Act was drafted to take into consideration some of the temporary telehealth policy changes installed in response to COVID-19 and some of the issues that have arisen in the past year. For more information, take a look at the Center for Connected Health Policy (CCHP) [CONNECT Act fact sheet](#) or read the bill's [summary](#).

New! Medicaid Medical Directors Network Report

Have you reviewed the Medicaid Medical Directors Network: [Perspectives on Telehealth Modernization?](#) This report is informed by an environmental scan (see Appendix on P10) and discussions facilitated by the Medicaid Medical Directors Network. The report dives into three topic areas: Equity, Quality and Payment.

New! Emergency Broadband Benefit

The [Emergency Broadband Benefit](#) (EBB): Helping Households Connect During the Pandemic, is an [FCC program](#) to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. The EBB will provide a monthly discount towards broadband service and a one-time discount to purchase a laptop, desktop computer or tablet. Please share this information with your community served.

Monthly Telehealth Regional Tracker

Check out FAIR Health's Monthly Telehealth Regional [Monthly Telehealth Regional Tracker](#) and [Midwest infographic](#). This tool shows that in the Midwest, the volume of claims fell ~15% from January to February 2021. Another change noted was the disappearance of COVID-19 from the top five telehealth diagnoses. Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. Within that category, there was one change of note in February 2021: Post-traumatic stress disorder, previously absent from the list of top five mental health diagnoses nationally and in every region, became the fifth most common mental health diagnosis in the Midwest, displacing bipolar disorder.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



CMHA's partnership with SAMHSA funded Great Lakes MHTTC

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC can be [found here](#).

The Great Lakes MHTTC products and educational offerings can be found 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.

May is Mental Health Awareness Month

This year, we continue to see the impact of COVID-19 on mental health and well-being. The *Kaiser Family Foundation* reports that during the pandemic, 4 in 10 adults report increased anxiety and depression. [Rates of anxiety, depression, and thoughts of suicide have also increased significantly among young people.](#)

As SAMHSA reports in the brief, [Double Jeopardy Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.](#), communities of color are also experiencing higher rates of anxiety or depressive disorders, compounded by limited access to culturally appropriate services.

The Great Lakes ATTC, MHTTC, and PTTC offer a variety of trainings this month to support your vital work with vulnerable populations in the COVID-19 environment. Please scroll down to our events calendars. We hope you will join us for upcoming trainings.

News from Our Preferred Corporate Partners

New! Abilita: Old phone systems being phased out

Are you aware:

- old phone lines connecting legacy systems, fax machines, elevators, fire/security alarms are going away?
- carriers may be gouging you for continuing to use the older technology such as PRI?
- how this will impact your business?

If you don't know already, your plain old telephone service (POTS), copper lines and PRI circuits that plug into your phone system, facsimile machines, elevator lines, fire alarms and security systems are in the process of being phased out.

Instead of cutting services off immediately, your telephone provider may be substantially increasing their monthly rates, surcharges and other fees until you transition to other forms of technology.

This means your telephone invoices may continue to rise, in some cases from a few hundred dollars up to several thousand dollars.

We can help you tackle this: we will first assess the risks and timeline. Then we will identify possible alternative solutions that are more cost effective and provide additional technology benefits.

As the sun sets on this older technology, contact your Abilita Advisor, Dan Aylward daylward@abilita.com (517.853.8130) to get started with a zero-risk review of your services to help you avoid costly surprises.

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; balcat19@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
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; jhammond@cmham.org
Regina MacDonald, Accounting Assistant, (517) 237-3146; rmacdonald@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
Robert Sheehan, CEO, (517) 237-3142 rsheehan@cmham.org
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; msholtz@cmham.org
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; astagg@cmham.org
Christina Ward, Director of Education & Training, (517) 237-3143; cward@cmham.org
Anne Wilson, Training and Meeting Planner, (517) 237-3153; awilson@cmham.org