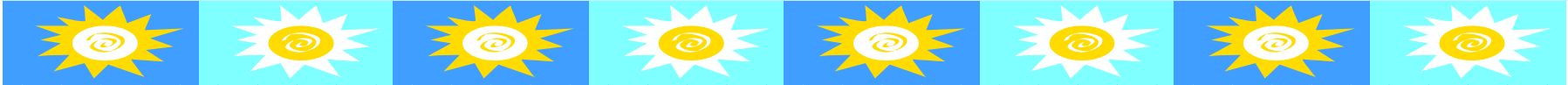


*Northeast Michigan Community Mental Health Authority
April 2021 Meetings*



- ✿ Board Meeting – Thursday, April 8
at 3:00 pm
{Organizational Meeting}
- ✿ Recipient Rights Committee* –
Wednesday, April 21 at 3:15 pm

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

**Board Meeting also available using Zoom:
[https://zoom.us/j/911168583?pwd=SEc3bDZh
UW5FY1lSU1R1NFdXTmNLZz09](https://zoom.us/j/911168583?pwd=SEc3bDZhUW5FY1lSU1R1NFdXTmNLZz09)**

Meeting ID: 911 168 583

Password: 013259

In-Person attendance is an option as well.

*All meetings held at the main office located at 400
Johnson Street in Alpena unless otherwise noted*

** Meeting held in the Administrative Conference
Room/400 Johnson Street/Alpena*

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
April 8, 2021 at 3:00 p.m.
A G E N D A

- I. Call to Order**
- II. Seating of Board Members**
 - Terry Small – Alcona County
 - Pat Przeslawski – Alpena County
 - Eric Lawson – Alpena County
 - Geyer Balog – Montmorency County
- III. Roll Call & Determination of a Quorum**
- IV. Pledge of Allegiance**
- V. Acknowledgement of Conflict of Interest**
- VI. Appointment of Evaluator**
- VII. Report of the Nomination’s Committee(See page 1)**
- VIII. Election of Officers (See page 2 – By-law excerpt)**
- IX. Information and/or Comments from the Public**
- X. Approval of Minutes.....(See pages 3-7)**
- XI. Educational Session – CARF Standards– Strategic Planning Lynne Fredlund**
- XII. Consent Agenda.....(See page 8)**
 - 1. Employee Assistance Center**
 - 2. Blue Horizons Management Agreement**
 - 3. Resolution – Group Home Administrator**
- XIII. April Monitoring Reports**
 - 4. Budgeting 01-004 (See page 9)**
 - 5. Communication and Counsel 01-009 (See pages 10-13)**
- XIV. Board Policies Review and Self-Evaluation**
 - 1. Financial Condition 01-005..... [Review Only]..... (See pages 14)**
 - 2. Communication and Counsel 01-009 [Review Only]..... (See pages 15-16)**
 - 3. Governing Style 02-002..... [Review & Self Evaluate] (See page 17)**
 - 4. Cost of Governance 02-013 [Review & Self Evaluate] (See page 18)**
- XV. Linkage Reports**
 - 1. Northern Michigan Regional Entity**
 - a. Regional Board Meetings**
 - i. March 24, 2021..... (Verbal)**
 - ii. February 24, 2021..... (See pages 19-23)**
 - 2. Board Association**
 - a. Spring Conference June 9 & 10 – NOW VIRTUAL..... (Verbal)**
 - 3. Advisory Council (Verbal)**
- XVI. Operations Report (Available at Meeting)**
- XVII. Chair's Report**
 - 1. Section 222 & Conflict of Interest..... (See pages 24-26)**
 - 2. Strategic Planning Discussion (Verbal)**
- XVIII. Director's Report**
 - 1. Directors Report..... (Verbal Update)**
 - 2. Annual Submission..... (See pages 27-35)**
- XIX. Information and/or Comments from the Public**
- XX. Information and/or Comments for the Good of the Board**
- XXI. New Business**
 - 1. Establishment of Regular Meeting Date**
 - 2. Appointment of Standing Committees (See page 36)**
- XXII. Next Meeting – Thursday, May 13 at 3:00 p.m.**
 - 1. Set May Agenda..... (See page 37)**
 - 2. Evaluation of meeting (All)**
- XXIII. Adjournment**

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

Nominations Committee

March 11, 2021

Terry Larson called the meeting to order at 2:30 p.m. in the Administrative Conference Room.

Present: Terry Larson, Pat Przeslawski, Terry Small

Absent: Geyer Balog

Staff & Guest:

I. Slate of Officers Recommendation

The Committee members provided background information on the processes used in previous years for nominations to our new Board member.

The Committee reviewed the current officers of the Board.

Eric Lawson	--	Chair
Roger Frye	--	Vice Chair
Bonnie Cornelius	--	Secretary
Gary Nowak	--	Past Chair

Recommendation is to present the officers remain the same as their current positions.

Adjournment by the call of the Chair. This meeting adjourned at 2:50 p.m.

Terry Larson, Chair

Diane Hayka
Recorder

Section 1. Officers; Election; Term of Office

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

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

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

**Northeast Michigan Community Mental Health Authority Board
Board Meeting [In-Person, Zoom, Uber Conference]**

March 11, 2021

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: In Person: Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Terry Small
Via Zoom: Bob Adrian
Via Uber Conference: None

Absent: Geyer Balog, Gary Nowak (excused)

Staff & Guests: Lisa Anderson (ZOOM), Carolyn Bruning (Uber), LeeAnn Bushey (ZOOM), Connie Cadarette (ZOOM), Mary Crittenden, Erin Fletcher, Lynne Fredlund (ZOOM), Cacey Harper (ZOOM), Ruth Hewett (ZOOM), Cheryl Kobernik (ZOOM), Chelsea McConnell (ZOOM), Larry Patterson (ZOOM), Nena Sork, Jen Whyte (Uber)

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Pat Przeslawski was appointed as evaluator of this meeting.

V. Acknowledgement of Conflict of Interest

There was no conflict of interest to acknowledge.

VI. Information and/or Comments from the Public

No information or comments were presented.

VII. Approval of Minutes

Moved by Pat Przeslawski, supported by Les Buza, to approve the minutes of the February 11, 2021 meeting as presented. Motion carried.

VIII. Audit Report

Chelsea McConnell from Straley Lamp & Kraenzlein PC presented the audit report to the Board. Ms. McConnell explained the process of the audit. The Auditors issued an "unmodified opinion," the highest-level opinion to the Agency. Chelsea McConnell reviewed the Statement of Revenue, Expenses and Changes in Net Position. She noted the agency did end the year in a good position. She noted the expenses were higher in the salary area due to the direct care wage pass through and also some of the retention payments made to staff. She noted there was an increase in capital assets which impacted the Net Investments. She reported the Board approved the additional assets due to the funding availability.

Chelsea McConnell noted a ratio decrease in this year's numbers, which was due to a timing issue with a receivable to the NMRE last year. She assured Board members the decreases are nothing to be alarmed about. She reported there was also a decrease in the number of days of nonrestricted net assets with a total decrease of 5.5 days. Contributing to this decrease are higher expenses and the additional assets obtained a year-end.

Ms. McConnell reviewed Page 17 of the audit report indicating it is a required letter addressing material weaknesses if there were any identified. There were no deficiencies or material control issues identified during the audit.

Chelsea reviewed the Audit letter with Board members. She noted there was a postponement of effective dates for some of the standards due to COVID, which now will be necessary by September 2021. They will work with us if assistance is needed.

Moved by Roger Frye, supported by Pat Przeslawski, to accept and file the FY20 Audit Report as presented. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Terry Small; Nays: None; Absent: Geyer Balog, Gary Nowak. Motion carried.

IX. Board Member Recognition

Board members were recognized for reaching milestones in service with the Board.

Eric Lawson presented Pat Przeslawski with the certificate from the CMHAM for her 20 years of services. This certificate would have been presented earlier but due to COVID was delayed until it could be presented in person. Eric Lawson presented Terry Larson with his 20-year certificate of service to this Board. After the presentations, Board member recessed briefly to allow for refreshments.

Recess at 3:16 p.m.

Resume at 3:26 p.m.

X. March Monitoring Reports

1. Treatment of Individuals Served 01-002

The satisfaction survey for I/DD individuals is conducted annually. The results of the survey were very positive. The rate of return increased from the previous year. Nena Sork reviewed the results. Areas surveyed went up in all areas. Next year there will be new questions presented as this set of questions have been used for several years.

2. Staff Treatment 01-003

The survey of current staff had not been conducted for several years. The Exit Survey has been reported for several years to the Board. Management Team suggested getting input from staff. The survey was sent out last August with the results tabulated the end of September/first of October. Nena Sork reported this survey will be given again at six months to determine if any improvements were made. Mary Crittenden reported the results of the survey were shared with staff once compiled. Mary reported a team looked at the themes submitted by employees. She noted there were many areas that could be resolved immediately. Eric Lawson inquired as to whether there are any statistics related to the reason responses are not submitted during the survey process. Mary Crittenden noted there were some concerns of staff not assured their responses would remain confidential. She noted the two days of the highest responses were the initial communication of the survey and the reminder day for the survey. Nena Sork reported this was conducted using Survey Monkey. Nena Sork noted many of the goals were already being worked on to improve and this survey only provided justification on the goals already in progress. She reports she has worked diligently to improve communication and since COVID, there are two calls each week where anyone can join to get updates. In addition, she sends out a communication to all staff each Friday.

The Exit survey responses were reviewed. This seems to be in line with results from the previous year's data. Nena Sork reported some quits are due to salary rates. It is difficult to compete with salaries at other competing facilities.

3. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending September 30, 2020 with the audited numbers. She reported there are Medicaid funds which will be returned to the NMRE. In General Funds, we will also be paying the State back \$89,518. This is due to the method the State handled the spend-down last fiscal year. In the past, all spend-down costs were charged against General Funds and during COVID this was not how it was handled.

Connie Cadarette reviewed the variances in the expense portion of the year-end audited report. She noted the expenses ended up in a deficit of \$56,851. She noted there were some items that needed to be booked in this fiscal year, but was due to fixing the error from the previous years.

Connie Cadarette reviewed the Statement of Revenue and Expense report for month ending January 31, 2021. She reported the revenues were projected for less than what is currently being received. Some of the additional dollars are due to the direct care wage pass through. She notes we are lapsing Medicaid and General Fund dollars at this point. The spend-downs are still being covered by the State and not needing to be covered by General Funds. Larry Patterson reviewed the variances in expenses for office supplies, community and employee relations, contracted inpatient, contracted transportation (due to a \$7,000 ambulance charge), property and liability insurance – all of which are mostly attributed to a timing expense.

4. Financial Condition 01-005

Eric Lawson noted the Unrestricted Net Position is at 45 days. Connie Cadarette reported as the budget increases this number at times goes down somewhat.

5. Asset Protection 01-007

The Asset Protection is a monitoring report, which is covered under the Audit report presented earlier in this meeting.

Moved by Bonnie Cornelius, supported by Judy Jones, to accept the March monitoring report as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. Budgeting 01-004

Board members reviewed the Budgeting policy. Eric Lawson reported one area to keep an eye on is defined in #4 of the policy.

2. Board Members Code of Conduct 02-008

This policy is one that is attested to annually and must be signed and returned to Diane Hayka.

XII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meetings

i. Meeting of February 24, 2021

ii. Meeting of January 27, 2021

The minutes from the January 27th meeting were included in the mailing. Letters were sent to the legislators and Nena Sork reported she had received response from Senator Stamas' Office.

b. NMRE Contract Extension

Nena Sork reported the page sent for the extension has been replaced with an extension to include additional language to address the Section 928 issues. The February NMRE meeting had a detailed discussion related to the changes in language.

Moved by Les Buza, supported by Terry Larson, to approved the NMRE Contract extension as presented. Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Terry Small; Nays: None; Absent: Geyer Balog, Gary Nowak. Motion carried.

2. Community Mental Health Association of Michigan (CMHAM)

a. Spring Conference [June 15-16 – Grand Traverse Resort Acme]

The Spring Conference is still scheduled for a Tuesday/Wednesday. Board members were requested to begin thinking about attending this event so they can save time in their calendar. Each board is allotted two room at the event location until each Board has reserved. Additional rooms are then opened up if available.

XIII. Operational Report

Mary Crittenden provided a review of the Operational Report. Access had a busy month with 55 routine, 1 emergent, 2 urgent, 47 crisis and 41 prescreens. She noted there were 10 individuals admitted to the hospital. Overall, 1,026 received services during this month. Nena Sork informed Board members of the virtual options available in our parking lot to have telemedicine appointments when needed.

XIV. Nomination/Board Member Composition Committee Report

Terry Larson reported this group met just prior to the Board meeting and after discussion from the last Board meeting the recommendation will be to keep the current officers in place for the next operating year of the Board.

XV. Chair's Report

Eric Lawson provided a tidbit of Roberts Rules related to debate without a motion on the floor. He notes it is fine to talk about items and provide some debate prior to a motion.

1. CMH PAC Campaign

Usually a campaign is underway to have Board members donate to the CMH PAC fund to assist in lobbying campaigns to represent the interests of the people served. Traditionally the suggested amount is a per diem. Due to COVID, the Board Association is working to add an online portal for this campaign so they are off to a slower start.

XVI. Director's Report

1. Director's Update

Nena Sork provided an update on her recent activities. She attended the February Operations Committee meeting. She participated in the Emergency Managers COVID call on February 22 where they discussed strategies related to COVID. She reported this Agency is working collaboratively with the District Health Department and supplying staff to assist in the scheduling, manning phones, shot clinics with one clerical staff daily and two nurses for the shot clinic days. She attended the NMRE Board meeting. She also participated in a conference meeting with VOYA, the Agency's Deferred Compensation and Pension group. The Department hosted an EGrAMS training with Larry Patterson, Nena Sork, and Diane Hayka attending.

The week of March 1, Nena Sork reported Mary Crittenden, Nicole Kaiser (new group home administrator) and she visited each of the agency-operated group homes. She reported this was the first time they were able to enter the homes in over a year and our maintenance department was not able to make some updates during this time as well. She reported there are many areas to upgrade/replace to bring the homes up to good shape. This will be more than what our maintenance department can handle so it will be necessary to arrange for contractors to provide some of the services.

Nena informed Board members of a favorable budget again this year and noted areas to be improved include technology, staff training, and maintenance areas. She also noted some of the larger wheelchair vans are aging and we will look at replacements. In addition, looking at a new phone system. She noted our current system has outlived our needs and with working from home needs, a new system would be beneficial as most are now cloud-based systems.

She informed Board members of preliminary discussion with management related to a COLA increase for staff. In addition a percentage will be allocated to a deferred compensation account in which each staff is auto-enrolled to pave the way for possible retirement planning for our staff.

Nena reported 58.7% of staff have been vaccinated. All staff wanting the vaccine have been scheduled for their vaccine or have received the vaccine. Some staff have chosen not to get the vaccine.

Seven CMHs, of which Northeast was one, were selected to be part of a learning community through the state. This will be a Cultural Linguistic Learning collaborative and begins March 17th. The

Behavioral Health Home program has six enrollees and there are three more in the process. The Agency has received their first payment for this program.

As a community project, the Agency is working on doing a local blood drive. April 24th will be another Take Back Event [a day where individuals can safely drop off unwanted medications].

Nena Sork reported staff were not able to have a Christmas gathering [due to COVID] or winter carnival [due to no snow], so management is planning a staff picnic for June 21st, the first day of summer. The picnic will be held at the Fletcher Street Office.

XVII. Information and/or Comments from the Public

Bob Adrian thanked Nena Sork and the staff for helping DHD # \$ out with the shot clinics in the region.

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

Pat Przeslawski commented on how early the meetings were falling in recent months.

XIX. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board is Thursday, April 8, 2021 at 3:00 p.m.

1. Set April Agenda

Board members reviewed the April agenda items.

XX. Evaluation of Meeting

Pat Przeslawski noted the meeting started on time. She enjoyed the information presented in the Audit Report and the data for the staff survey. Board members were alert and all participated. She noted it was great to be in person again.

XXI. Adjournment

Moved by Pat Przeslawski, supported by Terry Small, to adjourn the meeting. Motion carried. This meeting adjourned at 4:30 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: March 29, 2021

I. Contracts/Agreements

A. Employee Assistance Center Program

The agency has engaged in a contract with the Employee Assistance Center located in Grand Rapids Michigan for several years. This is a tele-phonetic service available to all employees and their families. The service provides a maximum of 5 telephone counseling sessions per person, per presenting problem, per year. The cost to the agency is a one-time annual fee of \$5.95 per employee, per year. This entity also provides a library of live and recorded monthly webinars on a wide variety of relevant topics such as parenting, elder care, teenagers, burnout and so much more... We recommend approval.

B. Blue Horizons Management Agreement

This is a continuation of the Blue Horizons Management Agreement. The total contract is \$18,216.00, which is the same as last calendar year. The monthly payment will be \$1,518.00 per month. This is the amount the Blue Horizons' Board will pay our Agency to manage the services provided at that home. We recommend approval.

II. Resolution – Group Home Administrator

RESOLUTION

At its regular meeting on April 8, 2021, the Northeast Michigan Community Mental Health Authority Board designated the following individuals as Administrator and Licensee Designee per Rule 400.14103 (1) (g).

Nicole Kaiser is the Administrator and Carolyn Bruning is the Licensee Designee for the following licensed homes:

Brege	License #AS710012893	Pine Park	License #AS600012181
Cambridge	License #AS040010156	Princeton	License #AS040095845
Harrisville	License #AS010010123	Thunder Bay	License #AS600377762
Millcreek	License #AS010010124	Walnut	License #AS040313092

CERTIFICATE

The undersigned certifies that:

1. I am the duly elected Secretary, and
2. The foregoing is a true and exact copy of the excerpts of minutes of a regular Board meeting of the Northeast Michigan Community Mental Health Authority Board held on April 8, 2021.

[To be signed by Secretary, Bonnie Cornelius]

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Fifth Month Ending February 28, 2021
41.70% of year elapsed

	Actual February Year to Date	Budget February Year to Date	Variance February Year to Date	Budget FY21	% of Budget Earned or Used
Revenue					
1 State Grants	24,735.49	43,161.25	\$ (18,426)	103,587.00	23.9%
2 Private Contracts	7,789.00	24,546.65	(16,758)	58,912.00	13.2%
3 Grants from Local Units	137,755.15	235,812.50	(98,057)	565,950.00	24.3%
4 Interest Income	600.56	5,068.75	(4,468)	12,165.00	4.9%
5 Medicaid Revenue	10,688,016.00	11,394,103.20	(706,087)	27,345,847.00	39.1%
6 General Fund Revenue	331,674.95	436,116.30	(104,441)	1,046,679.00	31.7%
7 Healthy Michigan Revenue	577,680.67	781,360.90	(203,680)	1,875,266.00	30.8%
8 3rd Party Revenue	136,532.26	161,395.00	(24,863)	387,346.00	35.2%
9 Behavior Health Home Revenue	1,052.91	0.00	1,053	0.00	0.0%
10 SSI/SSA Revenue	210,623.55	217,313.20	(6,690)	521,552.00	40.4%
11 Other Revenue	38,098.81	18,500.45	19,598	44,401.00	85.8%
12 Total Revenue	12,154,559	13,317,378	(1,162,819)	31,961,705	37.6%
Expense					
13 Salaries	5,222,157.44	5,664,223.55	442,066	13,612,264.00	38.4%
14 Social Security Tax	226,852.99	285,979.55	59,127	686,351.00	33.1%
15 Self Insured Benefits	902,429.59	1,235,806.41	333,377	2,965,936.00	30.4%
16 Life and Disability Insurances	84,725.15	93,861.15	9,136	225,267.00	37.6%
17 Pension	424,298.87	443,716.45	19,418	1,064,919.00	39.8%
18 Unemployment & Workers Comp.	66,547.05	76,769.15	10,222	184,246.00	36.1%
19 Office Supplies & Postage	20,314.85	19,884.05	(431)	47,721.00	42.6%
20 Staff Recruiting & Development	37,654.04	37,710.50	56	90,505.00	41.6%
21 Community Relations/Education	4,962.04	6,059.15	1,097	14,542.00	34.1%
22 Employee Relations/Wellness	11,195.44	21,696.65	10,501	52,072.00	21.5%
23 Program Supplies	188,498.07	256,274.15	67,776	615,058.00	30.6%
24 Contract Inpatient	522,638.41	524,269.15	1,631	1,258,246.00	41.5%
25 Contract Transportation	23,974.34	27,707.45	3,733	66,498.00	36.1%
26 Contract Residential	2,304,787.43	2,221,882.10	(82,905)	5,332,517.00	43.2%
27 Contract Employees & Services	1,388,946.25	1,649,303.79	260,358	3,958,329.00	35.1%
28 Telephone & Connectivity	66,767.12	55,831.30	(10,936)	133,995.00	49.8%
29 Staff Meals & Lodging	1,505.50	12,593.70	11,088	30,225.00	5.0%
30 Mileage and Gasoline	88,393.27	128,826.90	40,434	309,185.00	28.6%
31 Board Travel/Education	1,002.48	5,693.35	4,691	13,664.00	7.3%
32 Professional Fees	11,893.52	27,739.15	15,846	66,574.00	17.9%
33 Property & Liability Insurance	52,403.43	27,215.40	(25,188)	65,317.00	80.2%
34 Utilities	67,108.79	66,352.40	(756)	159,246.00	42.1%
35 Maintenance	62,641.50	65,613.70	2,972	157,473.00	39.8%
36 Rent	103,679.39	104,232.58	553	232,027.00	44.7%
37 Food (net of food stamps)	19,918.79	27,318.00	7,399	65,563.00	30.4%
38 Capital Equipment	10,733.79	23,931.14	13,197	57,435.00	18.7%
39 Client Equipment	4,136.02	6,178.35	2,042	14,828.00	27.9%
40 Miscellaneous Expense	46,128.99	45,399.10	(730)	108,958.00	42.3%
41 Depreciation Expense	134,476.41	155,309.95	20,834	372,744.00	36.1%
42 Total Expense	12,100,771	13,317,378	1,216,607	31,961,705	38.3%
43 Change in Net Position	\$ 53,788	\$ (0)	\$ 53,788	\$ -	-0.6%
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 2,489,661				
46 Healthy Michigan Funds (Over) / Under Spent	408,364				
47 Total NMRE (Over) / Under Spent	\$ 2,898,025				
47 General Funds to Carry Forward to FY21	\$ 20,767				
48 General Funds Lapsing to MDHHS	109,954				
49 General Funds (Over) / Under Spent	\$ 130,721				

POLICY CATEGORY:

Executive Limitations

POLICY TITLE AND NUMBER:

Communication and Counsel to the Board,
Policy # 01-009

REPORT FREQUENCY & DUE DATE:

Annual: April 2021

POLICY STATEMENT:

With respect to providing information and counsel to the board, the Executive Director may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.

- **Interpretation**

The monitoring reports required by board policy and included in the monitoring schedule are to be prepared, delivered and presented clearly to the Board on a timely basis including any necessary data or evidence.

- **Status**

During the last 12 months, monitoring reports have been submitted on a timely basis in accordance with the monitoring schedule. This report will occur at our April meeting. Lead staff from various departments continue to be included in the development and presentation of various reports to more accurately relay information.

2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any board policy has previously been established.

- **Interpretation**

The Director will keep the Board apprised of any significant information or events that bear on the Board's responsibilities.

- **Status**

The Governor vetoed the 298 Pilots; however, MDHHS launched a "system redesign" plan that continues the Integration efforts of Behavioral and Physical Health Care and the Medicaid Health Plans. The system redesign funding was removed from the Governor's budget and it was not replaced in this year's State budget. The five CMHSPs of the NMRE have develop a pilot program with MDHHS to continue our goal of integrating physical and behavioral health care in the Northern 21 counties. We were able to secure funding and began piloting this Behavioral Health Home program on October 1, 2021. We have enrolled eight individuals into the Behavioral Health Home currently.

Sec. 928. Abbreviated

(3) It is the intent of the legislature that the amount of local funds used in subsection (1) be phased out and offset with state general fund/general purpose revenue in equal amounts over a 5-year period. (4) Until the local funds are phased out as described in subsection (3), each PIHP shall not be required to provide local funds, used as part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs, at an amount greater than what each PIHP received from local units of government, either directly or indirectly, during the fiscal year ending September 30, 2018 for this purpose.

The Section 928 boilerplate item that arranged for a planned 20% reduction each year in the local match dollars being sent to the State for Medicaid draw down was discontinued this year by MDHHS. The impact that it has on CMH non-Medicaid funds to make up the "local Medicaid Match" we feel it is not following the line-item process required by the

state constitution and upending local planning to provide non-Medicaid services such as jail, prevention, and other joint community efforts as those funds were budgeted for according to the intent of the legislature. The NeMCMHA Board has been informed of the change in our funding this year and MDHHS intent to withhold our General Funds if we do not continue to fully fund the Medicaid draw down.

3. Fail to advise the board if, in the Executive Director's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the Executive Director.

- **Interpretation**

The Director has the opportunity and responsibility to frankly raise concerns related to the Governance Process, Board Relationships and Board-Staff Relationships and the Board has the duty to consider those concerns.

- **Status**

The Board's commitment to adopt and implement Policy Governance appears to be very strong. Frank open conversation between the Board and Executive Director provides an environment which supports the governance model, allowing the sharing of critical information without placing Board Members in the role expected of the Director or other employees. Board Members adhere to their policies and hold the Executive Director responsible for reporting and compliance with its annual planning goals, policies and expectations. Board members have managed concerns about individuals receiving services and citizens requests discretely and in a manner consistent with the laws of confidentiality and the Health Insurance Privacy and Portability Act. This year is unique with the addition of four new board members joining our NeMCMHA Board. These new members represent three of our four counties and therefore the Executive Director and/or their designee will plan an orientation meeting to educate new members on the Policy Governance Process that our Board operates within.

4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.

- **Interpretation**

Though the Director is the only employee that reports directly to the Board, he/she is expected to assure that the expertise of staff and valued input from other community resources are available for the Board.

- **Status**

Each month key staff participates in reporting to the Board in addition to the Executive Director. Routine reports from the Finance and Accounting Officers and Chief Operations Officer occur monthly along with Quality Improvement reports on at least a quarterly basis. Periodic reports from Human Resources and the Office of Recipient Rights are also made with regularity. Educational presentations from staff concerning programs and services occur throughout the year and occasional presentations from community partners, the NMRE Director, our Compliance Officer and staff of the Community Mental Health Association of Michigan Board is included in the Board's agenda.

5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.

- **Interpretation**

Monitoring reports and other material prepared to assist the Board in its responsibilities should be concise and logical in presentation.

- **Status**

During the past year, the pandemic and having Board meetings being held primarily

virtually has been a challenge to continue to educate the Board in our traditional manner. We have, however, presented through virtual means the environmental scan from the Director of the NMRE, reports on the NeMCMHA Audit, Compliance Plan, Section 928 and Recipient Rights. The Board also completed a thorough review of the By-laws of the Board. Monitoring Reports to the board occur using a perpetual calendar of review. While on occasion some of those presentations required lengthy detailed discussions, most presentations met the tests of this policy issue.

6. Fail to provide a mechanism for official board, officer or committee communications.
 - **Interpretation**

The Director is to assist with and facilitate meetings of the Board and provide whatever support, including clerical, necessary to assure communication among board members and officers.
 - **Status**

I believe this requirement continues to be met for all routine meetings, Recipient Rights Committee meetings and the Executive Committee and all other communications. Communication with Board members assigned to the Northern Michigan Regional Entity continues to be sufficient, in my opinion.
7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.
 - **Interpretation**

The Director is to respond to directives of the whole Board rather than to individual members except when such an individual member or committee is duly authorized by the Board for a specific purpose.
 - **Status**

Over the last year the Board continues to act as an entire body and does not place individual demands on the Executive Director or leadership staff. Board members have handled citizen concerns professionally and confidentially.
8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.
 - **Interpretation**

The Director is to inform the board when issues of noncompliance either actual or anticipated with any Board policy occurs either through communication at the next board meeting or via contacting the Chair directly to inform him/her of the noncompliance.
 - **Status**

Over the last year, there have been no instances of noncompliance.
9. Fail to supply for the consent agenda all items delegated to the Executive Director yet required by law or contract to be board approved, along with the monitoring assurance pertaining thereto.
 - **Interpretation**

The Director is to report to the board all items required by law or contract to be distributed to the board in Agenda prior to the next board meeting. If there is an occasion where contracts or actions need to be addressed or signed prior to the next board meeting, the Director will contact the Chair for guidance and direction.
 - **Status**

The Director has presented a thorough consent agenda for those contract obligations when received by the State or contract providers.

Board Review/Comments

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

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

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

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

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

EXECUTIVE LIMITATIONS

(Manual Section)

FINANCIAL CONDITION

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
April 09, 2020

●1 **POLICY:**

With respect to the actual, ongoing condition of the organization's financial health, the Executive Director may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in Ends policies.

Accordingly, he or she may not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.
2. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any designated reserves other than for established purposes.
4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of equal or greater to the original discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll and debts in a timely manner.
6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
7. Acquire, encumber, or dispose of real property.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNICATION AND COUNSEL TO THE BOARD

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
April 9, 2020

●1 **POLICY:**

With respect to providing information and counsel to the board, the Executive Director may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.
2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any board policy has previously been established.
3. Fail to advise the board if, in the Executive Director's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the Executive Director.
4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.
5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.
6. Fail to provide a mechanism for official board, officer or committee communications.
7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.
8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.

9. Fail to supply for the consent agenda all items delegated to the Executive Director yet required by law or contract to be board-approved, along with the monitoring assurance pertaining thereto.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

GOVERNANCE PROCESS

(Manual Section)

GOVERNING STYLE

(Subject)

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

August 8, 2002
April 9, 2020

●1 **POLICY:**

The board will govern with an emphasis on outward vision encouraging diversity of viewpoints, strategic leadership more than administrative detail, clear and concise roles of board and Executive Director, collectively and proactively focusing on the future.

The board will:

1. Function as a unit, be responsible for governing itself, and initiate its own practices. The board will use the expertise of individual members to enhance the ability of the board as a body.
2. Focus its primary efforts on the intended long-term impact outside the operating organization, and will direct the organization through the development of written board policies.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of governance capability. Continual board development will include orientation of new members in the board's governance process and periodic board discussion of process improvement.
4. Monitor and discuss the board's process and performance at each meeting. Self-monitoring will include comparison of board activity and discipline to policies in the Governance Process and Board-Staff Relationship categories.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

COST OF GOVERNANCE

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

November 7, 2002
April 098, ~~2020~~2021

●1 **POLICY:**

Because poor governance costs more than learning to govern well, the board will invest in its governance capacity.

Accordingly:

1. Board skills, methods and supports will be sufficient to assure governing with excellence.
 - A. Training and retraining will be used liberally to orient new members and candidates for membership, as well as to maintain and increase existing member's skills and understandings.
 - B. Outside monitoring assistance will be arranged so that the board can exercise confident control over organizational performance. This includes but is not limited to fiscal audits.
 - C. Outreach mechanisms will be used as needed to ensure the board's ability to listen to owner viewpoints and values.
2. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior capability.
 - A. Up to \$~~11,883~~13,664 in fiscal year '201 for training including attendance at conferences and workshops.
 - B. Up to \$~~29,455~~28,830 in fiscal year '201 for audit and other third-party monitoring of organizational performance.
 - C. Up to \$~~6,867~~17,208 in fiscal year '201 for surveys, focus groups, opinion analysis, and meeting costs.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – FEBRUARY 24, 2021
GAYLORD BOARDROOM

ATTENDEES:	Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora
VIRTUAL ATTENDEES:	Mary Marois (Traverse City), Karla Sherman (Petoskey), Don Smeltzer (Frankfort), Don Tanner (Benzonia), Nina Zamora (Traverse City)
STAFF:	Branislava Arsenov, Christine Gebhard, Chip Johnston, Karl Kovacs, Eric Kurtz, Diane Pelts, Brandon Rhue, Sara Sircely, Heidi Serven, Nena Sork, Deanna Yockey, Carol Balousek
PUBLIC:	Sue Winter

CALL TO ORDER

Let the record show that Chairman Nowak called the meeting to order at 10:02AM.

ROLL CALL

Let the record show that 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 PAST MINUTES

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

MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE JANUARY 27, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY JOE STONE. ROLL CALL VOTE.

"Yea" Votes: R. Frye, E. Ginop, R. Kamps, G. Klacking, T. Larson, C. Marcus, M. Marois, G. Nowak, J. O'Farrell, R. Schmidt, K. Sherman, D. Smeltzer, J. Stone, D. Tanner, N. Zamora

"Nay" Votes: Nill

MOTION CARRIED.

CORRESPONDENCE

- 1) The minutes from the Community Mental Health Association of Michigan (CMHAM) Directors Forum dated January 27, 2021.
- 2) The minutes from the PIHP CEO meeting dated February 4, 2021.

- 3) A memorandum from Adam Falcone, attorney at Feldesman, Tucker, Leifer, and Fidell to Robert Sheehan, CEO of CMHAM dated December 17, 2020 regarding Service/Encounter Costs for Community Mental Health Service Programs.
- 4) A memorandum from Jeffery Wieferich to PIHP and CMHSP CEOs dated February 10, 2021 regarding HCPCS code H2015.
- 5) Letter template supplied by Chip Johnston to send to Legislators and Stakeholders regarding 928 Local Match requirements.
- 6) The FY22 Executive Budget proposal supplied by CMHAM.
- 7) NMRE Regional Performance Indicator Reports for Quarters 3 and 4 of FY20 and Annual Summary.
- 8) The draft minutes of the NMRE Regional Finance Committee meeting dated February 10, 2021.

Sent via email on February 23, 2021

- 9) Article from Crain's Detroit Business dated February 21, 2021 by Chad Livengood titled, "State of confusion: Michigan's mental health system has many layers for those in need to navigate."

Mr. Kurtz drew attention to the opinion by Mr. Falcone and its impact on the PIHP's calculation of the Medical Loss Ratio; historically some CMHSP admin costs were attributed to the PIHP. Mr. Kurtz explained that the Application for Participation (AFP) required PIHPs to contract with CMHSPs as "Network Providers" vs. subcontractors. MDHHS has not supported the Falcone opinion. If the Department holds firm, the PIHP's MLR may not be favorable.

Mr. Kurtz spoke about the Crain's article sent to the Board on February 21st, presumably in response to the recent issues Detroit Wayne Mental Health; the article revived 298 type discussions. Mr. Stone voiced concern that current system design proposal (led by Macomb) does not factor in the need for both PIHPs and CMHSPs to be united in their efforts. It was noted that the behavioral health side of Medicaid is underrepresented within MDHHS. Mr. Tanner expressed the need to move toward a rural exemption. Mr. Kamps spoke about the directive to create efficiency(ies); he suggested that the narrative be changed to emphasize how efficiency creates or does not create value. Mr. Kamps asserted that cost savings should be used to expand services, not reduce funding. Ms. Gebhard asked Mr. Kurtz where the region stands in terms of putting together a marketing plan to promote regional efforts for integration, etc. Mr. Kurtz recognized that now is a perfect time to implement a media campaign, a goal of which would be to stress the message that the system isn't broken everywhere in the State.

MOTION BY RANDY KAMPS TO CONTACT THE FIRM USED BY THE COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN ABOUT PURSUING A MEDIA/PUBLIC RELATIONS INITIATIVE ON BEHALF OF THE NORTHERN MICHIGAN REGIONAL ENTITY AND ALL ASSOCIATED MONETARY IMPLICATIONS; SECOND BY DON TANNER.

Discussion: Mr. Kovacs voiced that if the Board would like to expedite putting press release or news forward, Northern Lakes and North Country share a highly qualified communications specialist whom they would recommend for use by the region. Ms. Sherman expressed the need to look at any individual or firm in terms of promoting a rural view; the firm used by CMHAM might be urban-based.

ROLL-CALL VOTE.

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

“Nay” Votes: D. Smeltzer

Mr. Kurtz will explore this option as directed and bring some information back to the March meeting.

ANNOUNCEMENTS

Let the record show that there were no announcements made during the meeting on this date.

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 January Board Meeting.

CEOs Report

The NMRE CEO Monthly Report for February 2021 was included in the materials for the meeting on this date.

December 2020 Financial Report

- Traditional Medicaid showed \$49,489,671 in revenue, and \$40,987,247 in expenses, resulting in a net surplus of \$8,502,423. Medicaid ISF was reported as \$6,157,679 based on the Preliminary FSR. Medicaid Savings was reported as \$6,182,146.
- Healthy Michigan Plan showed \$7,173,355 in revenue, and \$5,195,074 in expenses, resulting in a net surplus of \$1,978,280. HMP ISF was reported as \$8,659,840 based on the Preliminary FSR. HMP savings was reported as \$0.
- Net Position* showed net surplus Medicaid and HMP of \$10,480,704; Medicaid and HMP combined ISF based on Preliminary FSR was reported as a \$14,817,519; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$31,480,369.
- Health Home showed \$95,543 in revenue, and \$72,850 in expenses, resulting in a net surplus of \$22,693.
- SUD showed all funding source revenue of \$4,829,548, and \$4,007,277 in expenses, resulting in a net surplus of \$822,271. Total PA2 funds were reported as \$5,963,744.

Mr. Kamps asked the NMRE’s surplus and the potential for lapsing funds back to the State; Ms. Yockey replied that the only funds at risk of being returned are those unspent for the direct care wage increase.

MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR DECEMBER 2020; SECOND BY RANDY KAMPS` . ROLL CALL VOTE.

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

“Nay” Votes: Nill

MOTION CARRIED.

NMRE SUD Oversight Board Report

Let the record show that the meeting planned for March 1, 2021 was cancelled due to a lack of agenda items; the next meeting is scheduled to occur at 10:00AM on May 3, 2021. Mr. Marcus inquired about the impact of reduced block grant funding for FY21. Mr. Kurtz responded that block grant funds had been overallocated block for the past 3-4 years (to include unspent funds from previous years); the adjustment for the current year was intended to bring this back in line. Ongoing issues with the EGrAMS software system used by the State may also be a factor. Ms. Sircely spoke briefly about the Access and Service Analysis being done by the University of Michigan.

Operations Committee

The minutes from February 16, 2021 were included in the meeting materials in draft form. Mr. Kurtz noted that a large portion of the meeting was used to discuss the multitude of reporting requirements for direct care workers.

NEW BUSINESS

Direct Care Wage Extension

The current direct care wage increase is set to expire on February 28, 2021. The latest measure to extend a \$2.25 increase through September 30, 2021 has passed the Michigan Senate but not yet the House (though it is expected).

MOTION MADE BY RANDY KAMPS TO EXTEND A PER HOUR INCREASE OF UP TO TWO DOLLARS AND TWENTY-FIVE CENTS (\$2.25) FOR DIRECT CARE WORKERS THROUGH SEPTEMBER 30, 2021 WHETHER OR NOT SUPPORTED BY THE MICHIGAN LEGILATURE; SECOND BY CHRISTIAN MARCUS. ROLL CALL VOTE.

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

“Nay” Votes: Nill

MOTION CARRIED.

OLD BUSINESS

NMRE ByLaws and Open Meetings Act Compliance

Mr. Kurtz reported that he has not received the “Rules of Engagement” from Steve Burnham to date; this will be shared with the Board when available.

928 Local Match – the Latest

Mr. Johnston shared that he heard from Rep. Jack O’Malley who approached the House Fiscal Agency for comment. Rep. O’Malley was told that the House Fiscal Agency intends to “double-down” next fiscal year and lower the local match contribution to 40%. Rep. O’Malley agreed to keep apprised on the issue. A meeting is being scheduled to include Sen. Sen. Curt Vanderwall and Community Health and Human Services appropriations subcommittee Chair Sen. Rick Outman. Legislative advocacy having an effect. Mr. Nowak thanked Mr. Johnston on behalf of the Board for his leadership on this topic.

PRESENTATION

Opioid Health Home

Branislava Arsenov, NMRE Manager of Access and Health Home Services and Heide Serven, Health Home Coordinator were in attendance to provide an update on the Opioid Health Home (OHH) program.

Health Home Services include:

- Comprehensive Care Management
- Care Coordination and Health Promotion
- Comprehensive Transitional Care
- Patient and Family Support
- Referral to Community and Social Support
- Use of Health Information Technology

The Opioid Health Home is available to Medicaid beneficiaries who live in the NMRE's 21-county region and have been diagnosed with an Opioid Use Disorder. It was noted that individuals with OUD are inherently at risk of developing a chronic health condition, therefore, that requirement was removed from the criteria.

The NMRE currently has 8 Health Home Partners (OHH services providers) with 7 additional Providers interested. Membership is expanding to better serve pregnant women. Current enrollment was provided as 548 individuals; the hope is to reach 1500 by the end of FY21. The impact of COVID on enrollment was recognized.

COMMENTS

Board

- Mr. Stone requested that, in lieu of reviewing the full monthly Financial Report, a cover page be added to summarize the report highlights by CMHSP.
- Mr. Marcus shared that he was not aware the CMHSP CEO's are not voting members of this body. The NMRE's onboarding of a new Board Member (New Board Member Orientation) was discussed.
- Ms. Sherman requested that the Board consider an Annual "State of the State/Annual Report" of the region and the Board. Mr. Nowak suggested using the Presentation portion of the Agenda to provide updates. It was noted that the Board generally holds an annual Strategic Planning Session but none was held in 2020 due to the pandemic.
- Mr. Tanner voiced that he supports input from the CEOs and others during discussions of important topics and views them as valuable resources. Mr. Tanner also commented that the State would be better served to take the \$25M allocated to the CCBHS and add it to the general funds to allow the current system to serve the mild/moderate population.

Staff/CMHSP CEOs

- Mr. Johnston offered himself as a resource regarding the development/structure of the NMRE.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on March 24, 2021.

ADJOURN

MOTION BY ED GINOP TO ADJOURN THE FEBRUARY 24, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY KARLA SHERMAN. MOTION CARRIED.

Let the record show that Mr. Nowak adjourned the meeting at 11:38AM.

Northeast Michigan Community Mental Health Authority

M E M O R A N D U M

To: Northeast Board Members

From: Nena Sork

Date: March 29, 2021

Subject: Mental Health Code Section 222

Annually the Board *must* certify its compliance with Section 222 of the Mental Health Code. That section of the Code (a copy of which is attached) sets certain requirements and limitations for participation by individuals as board members. These requirements and limitations may be summarized as follows:

- At least four members must be primary consumers or family members of primary consumers
- At least two of the above four members must be primary consumers
- No more than four county commissioners
- No more than six public officials, including the above mentioned county commissioners (Please use the definitions on the survey form.)

It is important that Board members understand the use of this information. We are required to disclose to the Department (or essentially anyone who might ask) the composition of our Board and prove that we are in compliance with these provisions. It is the Department's interpretation that those Board members who we "count" as primary or family members be willing to have that information publicly disclosed. Therefore, please have this in mind as you complete this form.

Section 222 also addresses avoidance of conflict of interest. The attached form has been revised to address these items as well. Board members must not be:

- employed by the Department of Community Health or Community Mental Health;
- a party to a contract with Community Mental Health; or
- serve in a policy making position with an Agency under contract with Community Mental Health (except under certain circumstances)

Please complete this form and leave it or return it to Diane Hayka as soon as possible. Thank you.

Attachment: Sec. 222(1)(4)(5)

Printed Name

Signature

Date

Board Composition (please use the definitions immediately below in responding to these 4 questions.)

1. Are you, or have you ever been a “primary consumer” of mental health services?
 Yes No
2. Are you a family member of a primary consumer who is receiving, or has received, mental health services?
 Yes No
3. Are you a county commissioner?
 Yes No
4. Are you a public official?
 Yes No

Please use the following definitions in responding to this inquiry. These are the definitions used in the Mental Health Code.

Primary Consumer:

“Primary Consumer” means an individual who has received or is receiving services from the Department or a community mental health services program or services from the private sector equivalent to those offered by the Department or a community mental health services program.

Family Member:

“Family Member” means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

Public Official

“Public Officials” are individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

Conflict of Interest

1. Are you employed by the Department or Community Mental Health?
 Yes No
2. Are you party to a contract with Northeast Michigan Community Mental Health?
 Yes No
3. Do you serve in a policy-making position with an agency under contract with CMH?
 Yes No
4. Do you serve in other than a policy-making position with an agency with which the Board holds a contract or is considering a contract? [If so, the procedure required by Sec. 222 (5) must be followed regarding disclosure and voting]
 Yes No

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1222 Board; composition; residence of members; exclusions; approval of contract; exception; size of board in excess of § 330.1212; compliance.

Sec. 222. (1) The composition of a community mental health services board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members shall be primary consumers. All board members shall be 18 years of age or older.

(2) Not more than 4 members of a board may be county commissioners, except that if a board represents 5 or more counties, the number of county commissioners who may serve on the board may equal the number of counties represented on the board, and the total of 12 board memberships shall be increased by the number of county commissioners serving on the board that exceeds 4. In addition to an increase in board memberships related to the number of county commissioners serving on a board that represents 5 or more counties, board memberships may also be expanded to more than the total of 12 to ensure that each county is entitled to at least 2 board memberships, which may include county commissioners from that county who are members of the board if the board represents 5 or more counties. Not more than 1/2 of the total board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

(3) A board member shall have his or her primary place of residence in the county he or she represents.

(4) An individual shall not be appointed to and shall not serve on a board if he or she is 1 or more of the following:

(a) Employed by the department or the community mental health services program.

(b) A party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program, except for a party to a contract between a community mental health services program and a regional entity or a separate legal or an administrative entity created by 2 or more community mental health services programs under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, or under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536.

(c) Serving in a policy-making position with an agency under contract with the community mental health services program, except for an individual serving in a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or a regional entity to provide community mental health services.

(5) If a board member is an employee or independent contractor in other than a policy-making position with an agency with which the board is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:

(a) The board member shall promptly disclose his or her interest in the contract to the board.

(b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.

(c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.

(6) Subsection (5) does not apply to a board member who is an employee or independent contractor in other than a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, a separate legal or administrative entity established under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, a combination of municipal corporations joined under 1951 PA 35, MCL 124.1 to 124.13, or a regional entity to provide community mental health services.

(7) In order to meet the requirement under subsection (1) related to the appointment of primary consumers and family members without terminating the appointment of a board member serving on March 28, 1996, the size of a board may exceed the size prescribed in section 212. A board that is different in size than that prescribed in section 212 shall be brought into compliance within 3 years after the appointment of the additional board members.

History: 1974, Act 258, Eff. Aug. 6, 1975;--Am. 1995, Act 290, Eff. Mar. 28, 1996;--Am. 2002, Act 596, Imd. Eff. Dec. 3, 2002;--Am. 2003, Act 278, Imd. Eff. Jan. 8, 2004

Waiting List Information

CMHSP: Mental Health Authority

Contact name and phone Nena Sork; 989-356-2161

As of (Date)

2/23/2021

Time period covered for Added/Removed 02/12/20 - 02/11/21

	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Intensive Interventions/Intensive Community Services				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Clinic Services				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Residential Living				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Community Living				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Narrative:				
How do you assure that service needs are met at an individual level as well as from a program capacity level?				
NeMCMHA has a process which includes all persons placed on a waiting list be reviewed on a weekly basis to determine the need for services, the severity of symptoms, length of time places on waiting list, and change in Medicaid status. Priority is given to those based on highest need and severity. All on waiting list are encouraged to come into crisis walk-in if they are experiencing an increase in symptoms.				

Report on the Requests for Services and Disposition of Requests

CMHSP Point of Entry-Screening		DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
1	Total # of people who telephoned or walked in	52	618	163	309	1142
2	Is Info on row 1 an unduplicated count? (yes/no)	yes	yes	yes	yes	
3	# referred out due to non MH needs (of row 1)	3	38	3	24	68
4	Total # who requested services the CMHSP provides (of row1)	48	576	157	257	1038
5	Of the # in Row 4 - How many people did not meet eligibility through phone or other screen	1	10	2	68	81
6	Of the # in Row 4 - How many people were scheduled for assessment	33	396	112	69	610
7	other--describe	1	4	3	28	36

CMHSP ASSESSMENT

8	Of the # in Row 6 - How many did not receive eligibility determination (dropped out, no show, etc.)	4	37	14	27	82
9	Of the # in Row 6 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 6 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0
11	Of the # in Row 6 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	47	4	19	70
11a	Of the # in row 11 - How many were referred out to other mental health providers	0	26	0	7	33
11b	Of the # in row 11 - How many were not referred out to other mental health providers	0	21	4	12	37
12	Of the # in Row 6 - How many people met the cmhsp eligibility criteria	29	307	101	8	445
13	Of the # in Row 12 - How many met emergency/urgent conditions criteria	0	4	1	0	5
14	Of the # in Row 12 - How many met immediate admission criteria	29	302	98	7	436
15	Of the # in Row 12 - How many were put on a waiting list	0	1	2	1	4
15a	Of the # in row 15 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0
15b	Of the # in row 15 - How many were wait listed for all cmhsp services	0	1	2	1	4
16	Other - explain	0	0	0	0	0

Community Needs Assessment												
Community Data Sets												
CMHSP name: Northeast Michigan CMH												
Contact person/e-mail address: Nena Sork/nsork@nemcmh.org												
1	Population (Census)-- As of September -- by county	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
County 1	Alcona	10942	10787	10635	10578	10454	10349	10461	10263	10413	10362	10495
County 2	Alpena	29598	29352	29234	29091	28988	28803	28929	28076	28730	28360	28447
County 3	Montmorency	9765	9590	9476	9350	9300	9259	9317	9157	9290	9265	9434
County 4	Presque Isle	13376	13198	13129	13062	13004	12841	12955	12685	12854	12738	12380
County 5												
County 6												
	Total CMHSP Population		62927	62474	62081	61746	61252	61662	60181	61287	60725	60756
	Change from Prior Year		0	-453	-393	-335	-494	410	-1481	1106	-562	31
	% change from Prior Year		0.00%	-0.72%	-0.63%	-0.54%	-0.80%	0.0066937	-0.024018	0.0183779	-0.00917	0.0005105
	Cumulative Change since 2009		0	-453	-846	-1181	-1675	-1265	-2746	-1640	-2202	-1718
	% cumulative change since 2009		0.00%	-0.72%	-1.34%	-1.88%	-2.66%	-0.020103	-0.043638	-0.026062	-0.034993	-0.027499
	Source:	US Census Bureau from 2019 Estimates for 2020 information										
	This will provide you numbers for 2020	http://worldpopulationreview.com/us-counties/mi/										
	Use data from previous reports for years before 2019 or reference this website for previous years	https://datacenter.kidscount.org/data/tables/1698-total-population?loc=24&loc=5#detailed/5/3744-3826/false/1729,37,871,870,573,869,36,868,867,133/any/3603										
2	Medicaid Enrollment - Average Enrollment for September:	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
County 1	Alcona	1947	1906	1892	1921	2307	1624	1715	1792	1863	1784	2050
County 2	Alpena	6869	6786	6628	6778	7626	5323	5660	6075	5969	5555	6149
County 3	Montmorency	2395	2331	2215	2148	2536	1625	1616	1787	1779	1824	2049
County 4	Presque Isle	2285	2397	2353	2387	2829	2038	2122	2201	2215	2118	2287
County 5												
County 6												
	Total CMHSP Medicaid Enrollment	13496	13420	13088	13234	15298	10610	11113	11855	11826	11281	12535
	Change from Prior Year		-76	-332	146	2064	-4688	503	742	-29	-545	1254
	% change from Prior Year		-0.005631	-0.024739	0.0111553	0.1559619	-0.306445	0.0474081	0.0667686	-0.002446	-0.046085	0.1111604
	Cumulative Change since 2009		-76	-408	-262	1802	-2886	-2383	-1641	-1670	-2215	-885
	% cumulative change since 2009		-0.005631	-0.030231	-0.019413	0.133521	-0.213841	-0.176571	-0.121592	-0.12374	-0.164123	-0.065946
	Source:	https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html										
3	Number of Children in Foster Care	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	Children Ages 0-17 in Out of Home Care-Abuse or Neglect (Number)	63	75	73	80	93	102	75	68	103	88	
	Children Ages 10-16 in Out of Home Care-Delinquency (DHS Placement)	12	9	15	n/a	n/a	n/a			NA	NA	
	Children Ages 0-5 in Foster Care (Number)	30	35	44	37	n/a	63	42	41	56	NA	NA
	Source:	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI **Some information may not be available for every year.										
	Total CMHSP	105	119	132	117	93	165	117	109	159	88	0
	Change from Prior Year		14	13	-15	-24	72	-48	-8	50	-71	-88
	% change from Prior Year		13.33%	10.92%	-11.36%	-20.51%	77.42%	-0.290909	-0.068376	0.4587156	-0.446541	-1
	Cumulative Change since 2009		14	27	12	-12	60	12	4	54	-31	-132
	% cumulative change since 2009		13.33%	25.71%	11.43%	-11.43%	57.14%	0.1142857	0.0380952	0.5142857	-0.260504	-1
4	Number of Licensed Foster Care Beds in Catchment Area	2012	2013	2014	2015	2016	2017	2018	2019	2020		
	Adults - Enter the Total Number of Bed Capacity							346	416	456		
	Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html										
	Kids - Enter the Total Number of Licensed Facilities								68	210		
	Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html *This data is also provided by MDHHS on the website under "Provided Information".										
5	Prevalence Proxy Data	1990	2008	Change	*or most recent projection							
5-A	Adults with Serious Mental Illness (Kessler Methodology)											
	Trend - Kessler Prevalence Data											
	*Provided by MDHHS in 2012											
5-B	Children at risk for Serious Emotional Disturbance 100% below poverty		2622					1299	1299	1284	1951	NA
	Source	https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner										
5-C	Persons with Developmental Disabilities: Formula Populated	314.635	314.635	312.37	310.405	308.73	306.26	308.31	300.905	306.435	303.625	303.78

COVID-19 Priority Needs and Planned Actions

CMHSP: Northeast Michigan Community Mental Health Authority-NeMCMHA

CMHSPs are asked to identify up to five Priority Issues related to the impact the COVID-19 pandemic. The CMHSP will identify the impact of COVID-19 on each issue, how the CMHSP responded and any concern must identify the areas it intends to address and what action(s) is being planned in that area. The table below provides a format for identifying the top issues.

Priority Issues Related to COVID-19: Please give a brief explanation of the issue, in order of priority, with 1 being highest.

Impact of COVID-19: Identify the impact that COVID-19 has had on the CMHSP service region.

CMHSP's Planned Action and Response: Give a brief overview of the CMHSP's response and planned action to each priority issue related to COVID-19.

Priority Issues Related to COVID-19	Impact of COVID-19	CMHSP's Planned Action and Response
1. Technology to work remotely	NeMCMHA did not have technology setup and available to all staff requiring to perform work remotely.	Quickly obtained tablets, laptops with cameras and microphones, cellphones, TEAMS, Zoom and UBER conference calling capability Developed telecommuting policy.
2. Work Force (Staffing Issues)	Risk of decreased staff retention due to illness, increased stress, and childcare availability. Challenges related to recruiting individuals to provide essential services due to increased COVID-19 exposure risks.	Cross trained all staff to work in our Group Homes and Supported Independence Living Programs. Developed a plan for staffing needs and cross training for individuals in our Self Determination (SD) arrangements and developed additional resources for individuals being supported through SD. Implemented a COVID-19 Rapid Testing procedure for staff who have failed COVID Screening forms and those who were asymptomatic but believed they had been exposed to a COVID positive person.

<p>2. Work Force (Staffing Issues) [Continued]</p>		<p>Installed physical barriers, authorized telecommuting and flexible policies when feasible, increased sanitization, provided education and training, and made PPE available to staff and individuals served.</p> <p>Provided PPE for all staff. This included cloth masks that were handed out to all staff and all consumers living in our agency operated Group Homes</p> <p>Began using TEAMS format to provide supervision and staff meetings while the majority of staff worked remotely.</p> <p>Initiated “Working from Home” phone calls using the UBER conference line. This occurred daily in the beginning and it was intended to keep staff informed and connected to the agency and one another. Attendance was kept so we could monitor those that were not able to attend and we would reach out to them individually in an attempt to encourage and stay engaged with all staff. This call provided the ability for administration to respond to questions, concerns and needs of staff and to keep them informed daily of changes and executive orders. It also gave us the ability to share creative ways staff and programs were finding to deliver services. These phone calls continue today at least two times a week.</p>
<p>3. PPE</p>	<p>PPE shortage in the winter/spring 2020.</p>	<p>Proactively ordered necessary PPE with CDC approved alternative options (homemade gowns and face shields).</p> <p>Contacted a T-shirt company in Detroit to order cloth face masks for staff on April 6th. The company generously donated masks that were available to all staff and people served that did not have a cloth mask when the Governor issued face mask order.</p> <p>Sought PPE support from MDHHS and accepted community donations of reusable face coverings for all staff.</p>

<p>3. PPE [Continued]</p>		<p>This included cloth masks that were handed out to all staff and all consumers living in our agency operated Group Homes.</p> <p>Developed video training for all staff on the proper use and disposal of PPE.</p> <p>Posted a video on our Facebook page and our Website geared towards children and individuals with an intellectual disability explaining the need for PPE and how to use it.</p>
<p>4. Individuals Served Safety</p>	<p>Many individuals served have compromised immune systems and underlying health conditions. Contracting COVID-19 is very unfavorable for this population.</p>	<p>Offered and provided PPE to individuals served.</p> <p>Provide education on COVID-19 safety precautions.</p> <p>Managed individuals served physical and behavioral health needs by providing on going “face-to-face” services in a variety of creative ways. Using confidential outdoor settings for services. Providing visual checks and sessions through windows and glass doors as barriers while talking on cell phones with the person we serve.</p> <p>Reconfigured the office in order to provide injection clinics and walk in crisis services with limited exposure to others and continuously sanitized these new areas. Managed the number of individuals in the waiting room and screened everyone prior to entering building.</p> <p>Offered and provided group home residents COVID-19 vaccine.</p> <p>Offered and provided front line staff COVID-19 vaccine.</p>

5. Telehealth Services	Many individuals served do not have access to the internet or have technology to support telehealth services.	For individuals requesting and/or requiring telehealth but were unequipped to utilize this service delivery, NeMCMHA expanded telehealth services to the agency parking lot. iPads with internet access are taken to individuals served where they are able to remain in their vehicle and connect with staff.
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**Northeast Michigan Community Mental Health Authority Board
COMMITTEE ROSTER**

April 2021 [New]

EXECUTIVE COMMITTEE

_____, Chair
_____, Vice Chair
_____, Secretary
_____, Past Chair

RECIPIENT RIGHTS COMMITTEE

Tom Fredlund
Renee Smart-Sheppler
Lorell Whitscell
Barbara Murphy
Ruth Hewett, Recipient Rights Officer

2020/2021 [Current]

EXECUTIVE COMMITTEE

Eric Lawson, Chair
Roger Frye, Vice Chair
Bonnie Cornelius, Secretary
Gary Nowak, Past Chair

RECIPIENT RIGHTS COMMITTEE

Judy Jones (Board Rep.)
Patricia Przeslawski (Board Rep.)
Tom Fredlund
Renee Smart-Sheppler
Lorell Whitscell
Barbara Murphy
Ruth Hewett, Recipient Rights Officer

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Policy Review

Policy Review & Self-Evaluation

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Board Core Values 02-014

Monitoring Reports

Treatment of Consumers 01-002 [Recipient Rights Log]

Budgeting 01-004

Financial Condition 01-005

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Ownership Linkage

Educational Session

Part I of Strategic Planning - Environmental Scan – Alan Bolter

WEEKLY Update

March 26, 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! Pathways CMH Announces New CEO

The Pathways [Board of Directors](#) unanimously approved Michael St. John as the Chief Executive Officer at the February 10th board meeting. Mr. St. John earned his Bachelor of Social Work from Central Michigan University and his Master of Social Work from Michigan State University. Mr. St. John has been with Pathways since 2012 both as a clinician and a Clinical Program Supervisor.

[Pathways](#) is a four county Community Mental Health Authority serving Alger, Delta, Luce and Marquette Counties. Pathways provides a full array of services to those with Severe Mental Illness or those with Intellectual/Developmental Disabilities.

CMHA wishes Michael the best in his new role at Pathways.

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! ACMH announces #WalkinMyShoes initiative

In honor of Children's Mental Health Awareness Week, the Association for Children's Mental Health (ACMH) is offering a three-part virtual event to support youth/young adults and their families in sharing their voices and stories to spread hope, connection, and mental health awareness.

Strategic Storytelling and Social Media Workshop

April 10, 2021 from 12 - 3 PM on Zoom

ACMH will hold a workshop to teach youth/young adults and families how to strategically share their mental health journey and use social media as a tool to reach others. Participants will learn how they can get involved in our #WalkInMyShoes hashtag event across Facebook, Twitter, Instagram, and TikTok.

[Click here to register!](#)

#WalkInMyShoes Hashtag Event

April 9 through May 7, 2021

ACMH will make space for youth/young adults and their families to create videos that capture what it's like to walk in their shoes or a share a mental health awareness message that's meaningful to them. Everyone is welcome to participate! Please share your videos on Facebook, Twitter, Instagram, and TikTok, use the hashtag #WalkInMyShoes and tag ACMH when you post.

You can also send your submission to us at sreynolds@acmh-mi.org if you would like us to post your creative expression! Be sure to let us know if you would like us to share your name alongside your creation or if you prefer to remain anonymous.

[Click here for examples and tutorials for posting your video on social media!](#)

#WalkInMyShoes Screening

May 7, 2021 at noon on Zoom

ACMH will host a special event showcasing the submissions that we received to shine light on the real experiences of youth/young adults and their families have in their mental health journey.

[Click here to register!](#)

[Click here](#) for more information on ACMH website.

New! NACo provides detailed analysis of ARP

As part of the \$362 billion in federal fiscal recovery aid for state and local governments, \$65.1 billion is provided in direct aid to counties and an additional \$1.5 billion for public land counties. The American Rescue Plan Act also allocates hundreds of billions of dollars for public health and vaccines, assistance for vulnerable populations, education and housing stabilization, economic recovery assistance and direct assistance for families and individuals.

The analysis conducted by the National Association of Counties (NACo) – a longtime partner of CMHA, through NACBHDD - highlights key provisions for county governments including mental health systems. That analysis can be [found here](#).

Video recording available from recent MDHHS AFC Q&A session on COVID response

As most Weekly Update readers know, MDHHS holds weekly information and Q&A sessions for the

state's Adult Foster Care (AFC) homes and Homes for the Aged (HFA) around responses to the COVID pandemic. MDHHS has received approval to share the recorded version of some (and potentially all from here on out) of these sessions. The recording from the most recent Q&A session can be found at: [AFC/HFA Zoom Meeting 3-17-21](#) with the use of the pass code: 3\$M=Gup4

State Legislative Update

New! View March'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 that (or each) month at the State Capitol.

Our March Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the confirmation of Elizabeth Hertel as Director of the Michigan Department of Health and Human Services and the passage of a FY21 COVID Supplemental budget.

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

New! Elizabeth Hertel Appointment Stands Despite Floor Division

On Tuesday, the final day for the Senate to disapprove Elizabeth Hertel as Director of the Department of Health and Human Services (DHHS), the full Senate allowed the appointment of Director Hertel to stand, not without some fireworks however. Senate Republicans gave impassioned floor speeches where they strongly disagreed with the appointment of Director Hertel. Not because they questioned her credentials or experience, most members emphasized their opposition was not personal. However, the main criticisms were that Director Hertel did not disagree with Governor Gretchen Whitmer's restrictions implemented during the early phase of the COVID-19 pandemic and that under her leadership, legislative engagement in the decision-making process (or lack thereof) will not change. Following speeches from Republicans, Senator Curtis Hertel (D-East Lansing) explained he will abstain from voting due to a conflict of interest, as he is married to Director Hertel.

The final vote on the approval of Director Hertel, was an 18 to 16 vote. The Senate did fall short on the necessary votes needed to approve an appointment, which is 19. The Michigan Constitution only provides the Senate the power to reject appointments, so the vote to approve an appointment holds no significance outside of voicing approval and disapproval. Only four Senate Republicans voted in favor of approving Director Hertel, which were Senate Majority Leader Mike Shirkey (R-Clarklake), Senators Jim Stamas (R-Midland), Wayne Schmidt (R-Traverse City) and Ken Horn (R-Frankenmuth). All Senate Democrats voted in favor of approving Director Hertel.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19.

Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

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

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

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

Federal Update

Congress Passed 2021 COVID Relief Legislation

Congress just passed the [American Rescue Plan Act of 2021](#), a \$1.9 trillion COVID-19 relief bill aimed at boosting the availability of vaccinations, providing funding for small businesses and schools and giving relief to families through new stimulus checks, extended unemployment benefits and an expanded child tax credit, among other provisions.

The legislation, which President Biden will sign this week, also includes billions in new relief to address rising demand for mental health and addiction services, workforce shortages and pandemic-related layoffs and furloughs.

In other words, we heard you loud and clear that more relief was needed. And we made sure Congress heard you, too.

Here are some highlights from this historic legislation:

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants:** Provides \$3 billion for the Substance Abuse Prevention and Treatment block grant and the Community Mental Health Services block grant (\$1.5 billion each).
- **Certified Community Behavioral Health Clinics (CCBHCs):** Provides \$420 million to SAMHSA to fund CCBHC Expansion Grants.
- **Provider Relief Funds:** \$8.5 billion in new money to the Provider Relief Fund for providers in rural areas and those serving rural communities.
- **Other Mental Health/Substance Use Disorder Funding:** Provides more than \$450 million in additional funding for SAMHSA and Health Resources and Services Administration (HRSA) programming including funding for mental health and addiction services, workforce education and training, suicide prevention and public education campaigns.

Education Opportunities

Save the Dates: 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

Call for Presentations will be sent out next week.

Watch www.cmham.org for more details!

Webinar: Building a Crisis Services System for all Michiganders

Webinar: Building a Crisis Services System for all Michiganders

Date: Wednesday, March 24, 2021

Log on Time: 12:45pm

Training: 1:00pm – 3:00pm

Location: Zoom

No Fee to Attend. No Certificate will be Awarded. Registration Required (registration information below).

Presenters: Krista Hausermann, LMSW, CAADC, Strategic Initiative Specialist, MDHHS Behavioral Health and Developmental Disability Administration and Amy Kanouse, MPH, Behavioral Health Program Specialist, Project Manager, COVID-19 Emergency Grants for SMI/SUD Services, Behavioral Health and Developmental Disabilities Administration, Michigan Department of Health and Human Services

Brief Description:

You are invited to a discussion with BHDDA staff Krista Hausermann and Amy Kanouse. Presenters will provide a brief overview of Michigan Psychiatric Care Improvement Crisis Services projects. Participants will engage in a facilitated discussion on designing a crisis service system for all Michiganders, with a focus on target population, metrics, crisis service continuum, mobile crisis, and crisis stabilization units.

Registration:

If you are interested in attending this training, you can register in Zoom at the link below.

Registration deadline: 5:00pm on Tuesday, March 23, 2021. After registering, you will receive a confirmation email containing information about joining the meeting. Questions, email awilson@cmham.org

REGISTER HERE:

[https://us02web.zoom.us/meeting/register/tZYqfu6uqz8tE9AulkBvaFg2_CFEUgzHDhMn](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZYqfu6uqz8tE9AulkBvaFg2_CFEUgzHDhMn)

This webinar is co-sponsored by the SAMHSA funded Great Lakes Mental Health Technology Transfer Center (MHTTC) and facilitated by The Community Mental Health Association of Michigan (CMHA). This offering reflects a collaboration between CMHA and MHTTC for the common vision of bettering the behavioral health care workforce in Michigan, regardless of any specific funding source.



Eye Movement Desensitization and Reprocessing (EMDR) Training

Personal Transformation Institute presents Eye Movement Desensitization and Reprocessing (EMDR)

This virtual 6-day training provides clinicians with an experiential understanding of EMDR under Personal Transformation Institute's S.A.F.E approach: Somatic and Attachment Focused approach to training and therapy.

PTI Basic Trainings Include:

- Engaging Instruction from a PTI Trainer
- Supportive, safe practice
- 10 hours of Consultation
- A training manual written by Deb Kennard, PTI Founder
- Comprehensive post-training online support for 1year
- CEU Credits included

Location of Training: Virtual Training

Dates:

Cohort 1 - May 13-15 & June 10-12, 2021 – Max. 30 Participants

Cohort 2 - July 15-17 & August 12-14, 2021 – Max. 30 Participants

Cost:

\$574.50 per participant.

Who Can Participate: Masters-level clinicians who work in the public mental health systems or as a provider of the system that provides services to ADULTS with Serious Mental Illness.

How to Register:

Contact: Anne Wilson at awilson@cmham.org

Please contact Anne Wilson as soon as possible if you are interested in attending this training. Space is limited for this training. If approved, you will then be sent a website link and code to register and make payment.

Call for Presentations: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

The Annual Substance Use and Co-Occurring Disorder Virtual Conference brought in over 1,000 attendees last year. We would love for you to join us by sharing your expertise, research or showcasing a successful program!

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

Submission Deadline: *Wednesday, April 14, 2021*

What we are looking for: Presentations that fit into the general theme of the conference, specifically, presentations that address: health disparities, health equity, integration of behavioral health (prevention and treatment of mental health and substance use disorders) and physical health, co-occurring disorder, peers and recovery coaching and strength-based services as well as the topics in the attached guidelines document. Please feel free to submit proposals on other topics that you think will address this year's theme.

- Submit this electronic form by **Wednesday, April 14, 2021.**
- We allow for a maximum of 3 presenters during a workshop.
- Workshops are 90 minutes.
- **Presenter Compensation:** Presenters will receive complimentary registration for the full VIRTUAL conference. The conference budget will not provide honorariums for workshop presenters.

[CLICK HERE FOR THE ELECTRONIC SUBMISSION FORM AND MORE INFORMATION ON OUR WEBSITE](#)

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

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom

Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

- April 5, 2021 ([Register Here](#)) (**SOLD OUT**)
- April 26, 2021 ([Register Here](#)) (**9 spots left**)

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 12:00pm
Education: 12:00pm – 3:00pm

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

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

Dates:

- March 30, 2021 (**SOLD OUT**)
- April 6, 2021 ([Register Here](#)) (**34 spots left**)

Agenda:

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

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

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.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE



April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE

Times:

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

Training Fees:

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

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.

Dates: April 15, 2021 | **SOLD OUT**

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.

Dates: April 27, 2021 | **SOLD OUT**

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.

Dates: May 5, 2021 | [CLICK HERE to register](#)

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.

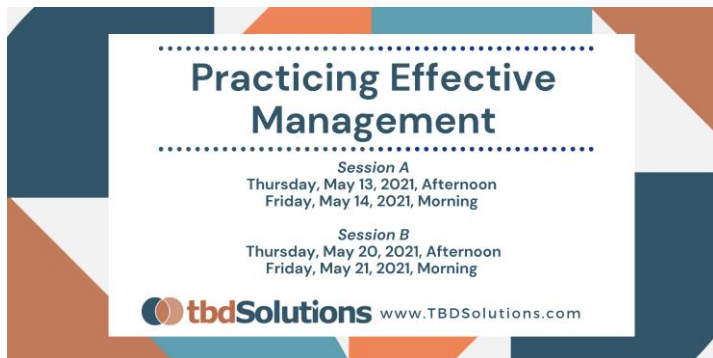
Dates: May 11, 2021 | [CLICK HERE to register](#)

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

Practicing Effective Management Virtual Training



TBD Solutions is hosting its next Practicing Effective Management Training online on May 13, 14, 20, and 21. This virtual training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained more than 300 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, while maintaining a 98% satisfaction rate.

To register please visit: <https://www.eventbrite.com/e/practicing-effective-management-tickets-140075773409>

For questions or additional information, contact Molly at MollyR@TBDSolutions.com

New! MPHI announces virtual health equity and social justice workshop

The Michigan Public Health Institute (MPHI) is hosting a virtual workshop this June focused on health equity and social justice.

Please feel free to share the [Facebook event](#) for the workshop with your network. Attached is a PDF and PNG version of a flyer promoting the event that can be repurposed for sharing on social media or other channels. Find more details about the workshop below.

On June 7-9, and 21, 2021 from 1-5 p.m. EST, MPHI will host Equity in Action: Advancing Justice Together (ADJUST), a Health Equity and Social Justice workshop. These dialogue-based sessions are led by experienced co-facilitators and seek to illuminate how racism, classism, and other types of oppression are root causes of health inequity.

This virtual workshop consists of three consecutive half-day sessions, followed by a fourth day two weeks later. The sessions provide a 16-hour personalized experience, spread over four days, with a small

cohort, breakout sessions, and interactive exercises. The registration fee is \$995 per person. Registration begins April 5, 2021. For additional information visit: <https://www.mphi.org/adjust/>

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.

Early Diversion Virtual Learning Community

SAMHSA's GAINS Center has announced its Early Diversion Virtual Learning Community, a five-part series on enhancing systems responses for people with mental and substance use disorders who are justice-involved or at risk for justice involvement. Open-format discussion groups will allow webinar participants to take a deeper dive into the material and pose questions to the speakers.

PART 2: ADDRESSING THE CRITICAL NEED FOR HOUSING AND STRATEGIES TO OVERCOME BARRIERS TO IMPROVE HOUSING ACCESS

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

Housing is a critical need for individuals experiencing homelessness who are in crisis and at risk for justice involvement. Services alone cannot address the overwhelming disruption homelessness contributes to well-being and health. Barriers to accessing housing include criminalization of homelessness, lack of partnership development, funding issues, and navigating myths and realities related to securing housing. Presenters will address comprehensive strategies to improve housing access, which is key to early diversion.

PRESENTERS

Julia Orlando, Ed.M., M.A., CRC, DRCC, Director, Bergen County Housing, Health and Human Services Center, New Jersey

Letitia N. Robinson, M.S.W., M.P.A., Assistant State Director, Office of Supportive Housing, Georgia Department of Behavioral Health and Developmental Disabilities

[Click here](#) to register for the Part 2 webinar and the discussion group taking place immediately afterward.

PARTS 4-5: TO BE ANNOUNCED

New! New Coverage to Care (C2C) Telehealth Resources Available

In response to the increased use and expanded coverage of telehealth during the COVID-19 pandemic, [From Coverage to Care](#) (C2C) released two new resources to support providers and patients in making the most of virtual care:

- [Telehealth for Providers: What You Need to Know](#) – Providers can learn how and when to use telehealth. Topics include how to set up telehealth services, how to conduct a successful visit, and how to keep up to date on telehealth payment (particularly for Medicare and Medicaid).
- [Telehealth: What to Know for Your Family](#) – Patients can find out the types of care they can receive through telehealth, how to prepare for an appointment, what to expect during a visit, and more. This resource is also available in [Spanish](#).

Providers and partners can download graphics to post on their social media channels and help spread the word about these new resources. All of these resources can be downloaded at go.cms.gov/c2ctelehealth

New! Disparities in Telehealth Use Among California Patients with Limited English Proficiency

This [research article](#) suggests that policy makers and clinicians must focus on limited English proficiency as an important dimension to promote telehealth equity and decrease the digital divides.

FCC Launches Emergency Broadband Benefit Program

The Federal Communications Commission (FCC) has launched an Emergency Broadband Benefit 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 Emergency Broadband Benefit will provide a discount of up to \$50 per month towards broadband service for eligible households and up to \$75 per month for households on Tribal lands. Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute \$10-\$50 toward the purchase price.

Review! Proposed Policy Draft: Asynchronous Telemedicine Services

Please review the [Proposed Policy Draft for Asynchronous Telemedicine Services](#). The purpose of the bulletin is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward technologies, interprofessional telephone/internet/electronic health record consultations and remote patient monitoring services. Please submit comments and state reasons why you support or oppose the change. Comments are due April 15, 2021 to Laura Kilfoyle, kifoyel@michigan.gov.

Medicare Law Requires in Person Visit for Telehealth Coverage

The Consolidated Appropriations Act of 2021, section 123 includes language that requires behavioral health providers to have seen their client in person during the prior six months before a telehealth visit will be covered by Medicare. Further, providers must have in-person visits on a “regular interval” to be determined by the Health and Human Services Department for telehealth visits to be covered by

Medicare. This change, signed into law in the last days of December 2020, has raised confusion in the telemental health provider community. As discussed in the blog by Nathaniel Lacktman, a partner at Foley & Lardner who chairs the Telemedicine and Digital Health Industry team “the in-person exam requirement is at odds with a direction that telehealth policy has moved over the last decade. It disrupts Medicare’s historical approach which is to defer to state laws on professional practice requirements and clinical standards of care.”

Read the full article [HERE](#).

Did you know? [MSA 20-09](#) is a permanent telemedicine policy

This policy was enacted at the start of COVID-19. This policy adds **home** and “other established site considered appropriate by the provider” **as allowable originating sites and will not expire at the end of the Public Health Emergency**. This bulletin addresses the [CMHA Recommendations](#) #6 for Michigan’s emerging Medicaid telemedicine policies.

Audio-only telemedicine behavioral health Medicaid codes are not under current discussion for immediate change. The Federal government has extended the Public Health Emergency (PHE) order through 2021. Additionally, all states will be granted 60 days post PHE to extend services covered under the PHE order. For reference, please see the COVID-19 Encounter Database which note the opened codes during the COVID emergency: [COVID-19 Encounter Code Chart](#) and the BHDDA Database of Telemedicine allowable services post-COVID: [BHDDA Telemedicine Database \(3/2/2021\)](#).

Telehealth Legislation Re-Introduced

This week, Sens. Portman (R-OH) and Whitehouse (D-RI) and Reps. McKinley (R-WV), Budd (R-NC), Cicilline (D-RI), and Trone (D-MD) re-introduced the [Telehealth Response for E-prescribing Addiction Therapy Services \(TREATS\) Act](#). The legislation, first introduced last Congress, seeks to support the expansion of telehealth services for substance use care. The TREATS Act would allow for the prescription of medication-assisted treatment (MAT) without a prior in-person visit, and for Medicare to be billed for audio-only telehealth services. The National Council supports these efforts to expand access to needed substance use services.

Psychotherapy Notes Excluded from Federal "Open Notes Rule?"

A new rule that prohibits “information blocking” for electronic health records takes effect April 5, 2021. Psychotherapists who use electronic health records (EHR) will have to comply with this federal rule requiring that health care providers give patients better access to their electronic health information (EHI). Exceptions to the Open Notes Rule include:

- Psychotherapists may exclude notes of any type that may cause harm to the patient or others should the patient have access. However, the rule specifically states that psychological distress does not meet the definition of harm (Torous, 2020).
- Psychotherapists who keep paper records will not be impacted.
- Any notes designated as “psychotherapy notes” are excluded from the Open Notes Rule as long as they are stored separately. However, if the psychotherapy notes reference content that is considered medical record notes, they cannot be blocked.

- Psychotherapists who used an uncertified EHR such as PsyBooks are not required to follow the Open Notes Rule.

The American Psychological Association further describes the application of the Open Notes Rule to psychologists here: [New federal rule affects psychologists with electronic health records](#).

Read the full article [HERE](#).

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](#).

Catalog of MHTTC resources

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

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

News from Our Preferred Corporate Partners

New! Abilita: You WILL Profit from a Technology Audit

There isn't any doubt that 2020 will be deemed "the year of the pandemic". It doesn't matter what line

of business you are engaged in, or what your position in the organization is (was), your technology and telecom picture has changed. And, it may never be quite the same again.

Organizations' technology teams have been overwhelmed with the urgency of the crisis and have had to deploy new collaboration and connectivity solutions without a lot of thought for the long term. 2021 will be the year of preparing for the new reality in telecom and technology which may include:

- more Work From Home challenges
- more video, less telephony
- more flexibility in services and connectivity

Let's call 2021 the "**Year of the Technology Audit**". Look at where you were, where you are, and where and how to move ahead.

For some ideas on how to do this and what you might want to consider, [read this article titled "2021 - The Year of the Audit"](#). To get started now, contact us 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:

Treandra Bailey, Policy Analyst; publicpolicy@cmham.org
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

March 19, 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! GHS featured in news story: New partnership sends mental health professionals, virtually, alongside officers

Below are excerpts from a recent news story describing the partnership between Genesee Health System and local law enforcement:

Genesee Health System and the Grand Blanc Township Police Department are pleased to announce a new partnership designed to provide the best possible service to individuals who are experiencing a mental health crisis.

Officers and Sergeants in the field now have access to iPads that give direct, virtual access to mental health professionals, via GHS's Behavioral Health Urgent Care department.

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

New! CEI speaks at TV mental health town hall

Below are excerpts from a recent announcement of a mental health series and town hall sponsored by a Lansing-area television station. The town hall featured the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI).

Throughout the month of March, 6 News is dedicating time each day to the topic of "Mental Health".

As the COVID-19 pandemic continues its grip on the world, the need for mental health support is at an all-time high.

We're bringing the conversation about mental health to the palm of your hands. In the video above, hear from a panel of experts, who have difficult conversations, and make it their life's work to advocate for those in need of assistance.

Panelists will include:

- Karen Gallagher, Owner of The Wellness Institute of Michigan
- Sara Lurie, Executive Director Community Mental Health Authority of Ingham, Clinton, Eaton counties

The video of the town hall can be [found here](#).

New! SCCCMH and community partners announce school-based health center

Below are excerpts from the recent announcement of the school-based health center developed through a collaboration involving St. Clair County Community Mental Health.

YALE PUBLIC SCHOOLS STUDENT WELLNESS CENTER

Beginning in November 2020, all students enrolled in Yale Public Schools will have access to medical, behavioral health and other support services through the Student Wellness Center, with no out of pocket costs to families. This school-based health center is a collaborative project of St. Clair County Health Department, St. Clair County Community Mental Health (SCCCMH) and Yale Public Schools; and is staffed by a registered nurse and a licensed professional counselor. This program is funded by SCCCMH through a grant award from SAMHSA.

WHAT IS A SCHOOL-BASED HEALTH CENTER?

A school-based health center brings qualified providers to the school environment so that students can avoid health related school absences, receive support they need to succeed both in school and at home, improved access to health care, improve student health and wellness and improve academic performance.

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 AFC Q&A session on COVID response

As most Weekly Update readers know, MDHHS holds weekly information and Q&A sessions for the state's Adult Foster Care (AFC) homes and Homes for the Aged (HFA) around responses to the COVID pandemic. MDHHS has received approval to share the recorded version of some (and potentially all from here on out) of these sessions. The recording from the most recent Q&A session can be found at: [AFC/HFA Zoom Meeting 3-17-21](#) with the use of the pass code: 3\$M=Gup4

New! MDHHS issues RFP for opioid recovery support services

The Michigan Department of Health and Human Services (MDHHS) has issued a Request for Proposals (RFP) for registered Recovery Community Organizations (RCOs) to provide recovery support services. The purpose of the Recovery Support Services Competitive - 2021 program is to expand recovery support center services or recovery community center services at RCOs for individuals seeking long-term recovery from substance-use disorders. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To be eligible to apply for this funding, applicant agencies must be registered with the Association of Recovery Community Organizations at Faces and Voices of Recovery.

The RFP seeks competitive plans for local projects that will expand services as described above, prioritizing recovery support navigation, recovery outreach education, and recovery activities and events.

Funded applicants will receive ongoing technical assistance from the MDHHS project coordinator which include help with program start-up, reporting requirements and barriers to program implementation. The four-month award period begins June 1, 2021 and ends Sept. 30, 2021. MDHHS expects to award approximately \$600,000, with a maximum of \$150,000 per applicant. Grant applications must be submitted electronically through the EGrAMS program by 3 p.m. on April 9, 2021.

For more information or to apply, visit the [EGrAMS website](#) and select "About EGrAMS" link in the left panel to access the "Competitive Application Instructions" training manual. The complete RFP can be accessed under the 'Current Grants' section under the "Behavioral Hlth and Dev Dis Adm Standard" link and selecting the "RSSC-2021" grant program.

New! Detroit Pistons Virtual Mental Health Event

Detroit Pistons will be hosting a live virtual panel discussion with experts in the field of mental health on Monday, March 22nd. The discussion will be led by a select panel of experts in the field of mental wellness. The panelists will discuss topics that include the pandemic and isolation, social anxiety of re-entering the world, anxiety/depression, loneliness vs solitude.

GUESTS WILL INCLUDE:

Dr. Corey Yeager - Detroit Pistons Team Psychotherapist

JD Dubois - Detroit Pistons Player Development

Early Cureton - Detroit Pistons Legend

Bryan Granger - LPC Henry Ford Behavior Health

Children's Center

DLIVE

Register Here: <https://fevo.me/30YZlzz>

For questions or additional information, contact: Paul Schram 313-377-7628 | pschram@pistons.com

State Legislative Update

View February'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 that (or each) month at the State Capitol. Our February Briefing features CMHA Associate Director, Alan Bolter, provides an overview of the Governor's FY22 executive budget as well as a couple of other key updates. *To view the latest video, [CLICK HERE!](#)*

Governor Signs FY21 COVID Supplemental with Vetoes

Tuesday, March 9 Governor Gretchen Whitmer signed House Bills 4047 and 4048, which provide supplemental funding for the state's COVID-19 relief and recovery plan. The \$3.55 billion spending measure provides funding for, among other things, vaccine distribution, money for schools, and emergency rental assistance. Notably, HB 4047 includes an extension of the wage increase for direct care workers – \$2.25 per hour for the remainder of the fiscal year – as well as \$17 million for substance use disorder block grant, nearly \$16 million for the mental health block grant and \$1.3 million for congregate and home-delivered meals.

While the majority of the funding initiatives will go into effect, Whitmer did line-item veto some items, including:

- \$150 million in General Fund dollars for the Michigan Unemployment Insurance Agency fund
- \$450 million in business property tax and fee relief
- \$86.7 million in non-public school funding
- \$10 million in parental expenses

In her signing letter, Governor Whitmer cited her frustration with the Legislature, as the package took forty-eight days to arrive at her desk and was not the product of a bipartisan negotiation with her and the State Budget Director. Additionally, Whitmer called for the Legislature to appropriate the remaining \$2 billion in federal funding before the legislative spring break scheduled to begin March 29. State Budget Director Dave Massaron issued a letter to the House and Senate appropriations chairs calling for a meeting to address the remaining, unspent federal dollars.

While Governor Whitmer signed the two major funding bills, she vetoed House Bill 4049, which was tie-barred to an \$840.7 million funding provision in HB 4048, and would have allowed local health departments to have the authority to open or close schools and youth sporting events. In her veto letter, Whitmer called the bill “a reckless idea, poorly executed and poorly timed.” While the Governor vetoed HB 4049, she did not veto the funding tied to it that was included in House Bill 4048. It remains unclear whether the legislature's use of the tie-bar in this way was legal and, according to reports, the Governor's legal team continues to review.

Also tie-barred to a \$347.3 million funding provision in House Bill 4047 was Senate Bill 1, which would limit the power of the Michigan Department of Health and Human Services (DHHS) to extend a public health order past 28 days without legislative approval. Consideration of the bill was delayed due to a procedural constraint but was passed out of the House by a vote of 59 to 50 late this afternoon. The Governor is expected to veto the measure.

The House also unsuccessfully attempted to override the Governor's vetoes – an action that requires a 2/3 majority vote to prevail.

Shirkey Given Power To Take Legal Action If Gov Spends Vetoed Money

This week the Senate empowered Senate Majority Leader Mike Shirkey to initiate legal action if the Whitmer administration spends \$1 billion in the recently signed COVID-19 spending bills that were tie-barred to vetoed legislation. The approval of SR 26 ignited a charge from Democrats that Republicans are more interested in obstructing than helping the Governor solve real problems during the pandemic.

Republicans feel they need to defend the authority of the Legislature to make sure dollars are being spent as directed. The Governor's legal team is looking into the legality of the tie-bars in HB 4047 and 4048 and the Senate is taking this as a sign that she's cooking up an argument to spend money they don't believe she can legally spend.

HB 4048 Public Act 3 of 2021 -- attached \$840.7 million in federal Title I money for schools with high percentages of poor students to Rep. Pamela Hornberger's, HB 4049, which shifts Michigan Department of Health and Human Services' (DHHS) power to shut down K-12 in-person instruction and youth sporting events to local health officials.

The second act, HB 4047 shackled \$207 million for COVID-19 testing to Sen. Lana Theis' SB 1, to cap off statewide public health orders at 28 days until and if the Legislature approves an extension.

Whitmer has already vetoed HB 4049 and a veto of SB 1 as expected. Her legal team is looking into whether tie-barring a policy bill to an appropriation is a violation of the subject-title clause of the Constitution, among other things.

The Senate's call for legal action to reduce executive authority over the pandemic is taking place a year after the COVID-19 crisis accumulated into an official pandemic.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19.

Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

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

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

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

Federal Update

Congress Passed 2021 COVID Relief Legislation

Congress just passed the [American Rescue Plan Act of 2021](#), a \$1.9 trillion COVID-19 relief bill aimed at boosting the availability of vaccinations, providing funding for small businesses and schools and giving relief to families through new stimulus checks, extended unemployment benefits and an expanded child tax credit, among other provisions.

The legislation, which President Biden will sign this week, also includes billions in new relief to address rising demand for mental health and addiction services, workforce shortages and pandemic-related layoffs and furloughs.

In other words, we heard you loud and clear that more relief was needed. And we made sure Congress heard you, too.

Here are some highlights from this historic legislation:

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants:** Provides \$3 billion for the Substance Abuse Prevention and Treatment block grant and the Community Mental Health Services block grant (\$1.5 billion each).
- **Certified Community Behavioral Health Clinics (CCBHCs):** Provides \$420 million to SAMHSA to fund CCBHC Expansion Grants.
- **Provider Relief Funds:** \$8.5 billion in new money to the Provider Relief Fund for providers in rural areas and those serving rural communities.
- **Other Mental Health/Substance Use Disorder Funding:** Provides more than \$450 million in additional funding for SAMHSA and Health Resources and Services Administration (HRSA) programming including funding for mental health and addiction services, workforce education and training, suicide prevention and public education campaigns.

Education Opportunities

New! Save the Dates: 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

Call for Presentations will be sent out next week.

Watch www.cmham.org for more details!

Webinar: Building a Crisis Services System for all Michiganders

Webinar: Building a Crisis Services System for all Michiganders

Date: Wednesday, March 24, 2021

Log on Time: 12:45pm

Training: 1:00pm – 3:00pm

Location: Zoom

No Fee to Attend. No Certificate will be Awarded. Registration Required (registration information below).

Presenters: Krista Hausermann, LMSW, CAADC, Strategic Initiative Specialist, MDHHS Behavioral Health and Developmental Disability Administration and Amy Kanouse, MPH, Behavioral Health Program Specialist, Project Manager, COVID-19 Emergency Grants for SMI/SUD Services, Behavioral Health and Developmental Disabilities Administration, Michigan Department of Health and Human Services

Brief Description:

You are invited to a discussion with BHDDA staff Krista Hausermann and Amy Kanouse. Presenters will provide a brief overview of Michigan Psychiatric Care Improvement Crisis Services projects. Participants will engage in a facilitated discussion on designing a crisis service system for all Michiganders, with a focus on target population, metrics, crisis service continuum, mobile crisis, and crisis stabilization units.

Registration:

If you are interested in attending this training, you can register in Zoom at the link below.

Registration deadline: 5:00pm on Tuesday, March 23, 2021. After registering, you will receive a confirmation email containing information about joining the meeting. Questions, email awilson@cmham.org

REGISTER HERE:

https://us02web.zoom.us/join/zoomurl/register/tZYqfu6uqz8tE9AulkBvaFg2_CFEUgzHDhMn

This webinar is co-sponsored by the SAMHSA funded Great Lakes Mental Health Technology Transfer Center (MHTTC) and facilitated by The Community Mental Health Association of Michigan (CMHA). This offering reflects a collaboration between CMHA and MHTTC for the common vision of bettering the behavioral health care workforce in Michigan, regardless of any specific funding source.



New! Eye Movement Desensitization and Reprocessing (EMDR) Training

Personal Transformation Institute presents Eye Movement Desensitization and Reprocessing (EMDR)

This virtual 6-day training provides clinicians with an experiential understanding of EMDR under Personal Transformation Institute's S.A.F.E approach: Somatic and Attachment Focused approach to training and therapy.

PTI Basic Trainings Include:

- Engaging Instruction from a PTI Trainer
- Supportive, safe practice
- 10 hours of Consultation
- A training manual written by Deb Kennard, PTI Founder
- Comprehensive post-training online support for 1year
- CEU Credits included

Location of Training: Virtual Training

Dates:

Cohort 1 - May 13-15 & June 10-12, 2021 – Max. 30 Participants

Cohort 2 - July 15-17 & August 12-14, 2021 – Max. 30 Participants

Cost:

\$574.50 per participant.

Who Can Participate: Masters-level clinicians who work in the public mental health systems or as a provider of the system that provides services to ADULTS with Serious Mental Illness.

How to Register:

Contact: Anne Wilson at awilson@cmham.org

Please contact Anne Wilson as soon as possible if you are interested in attending this training. Space is limited for this training. If approved, you will then be sent a website link and code to register and make payment.

New! Call for Presentations: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

The Annual Substance Use and Co-Occurring Disorder Virtual Conference brought in over 1,000 attendees last year. We would love for you to join us by sharing your expertise, research or showcasing a successful program!

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

Submission Deadline: *Wednesday, April 14, 2021*

What we are looking for: Presentations that fit into the general theme of the conference, specifically, presentations that address: health disparities, health equity, integration of behavioral health (prevention and treatment of mental health and substance use disorders) and physical health, co-occurring disorder, peers and recovery coaching and strength-based services as well as the topics in the attached guidelines document. Please feel free to submit proposals on other topics that you think will address this year's theme.

- Submit this electronic form by **Wednesday, April 14, 2021.**
- We allow for a maximum of 3 presenters during a workshop.
- Workshops are 90 minutes.
- **Presenter Compensation:** Presenters will receive complimentary registration for the full VIRTUAL conference. The conference budget will not provide honorariums for workshop presenters.

[CLICK HERE FOR THE ELECTRONIC SUBMISSION FORM AND MORE INFORMATION ON OUR WEBSITE](#)

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

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom

Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Dates:

- March 22, 2021 *(SOLD OUT)*
- April 5, 2021 [\(Register Here\)](#) *(3 spots left)*
- April 26, 2021 [\(Register Here\)](#) *(15 spots left)*

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 12:00pm
Education: 12:00pm – 3:00pm

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

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

Dates:

- March 30, 2021 *(SOLD OUT)*
- April 6, 2021 [\(Register Here\)](#) *(38 spots left)*

Agenda:

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

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

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.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	CLICK HERE
April 22-23, 2021	M.I. Advanced	CLICK HERE



April 29, 2021	M.I. Supervisory	CLICK HERE
July 26-27, 2021	M.I. Basic	CLICK HERE
July 29-30, 2021	M.I. Advanced	CLICK HERE
Aug. 2-3, 2021	M.I. for Leadership & Organizations	CLICK HERE
Aug. 5, 2021	M.I. Supervisory	CLICK HERE

Times:

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

Training Fees:

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

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.

Dates: April 15, 2021 | **SOLD OUT**

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.

Dates: April 27, 2021 | **SOLD OUT**

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.

Dates: May 5, 2021 | [CLICK HERE to register](#)

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.

Dates: May 11, 2021 | [CLICK HERE to register](#)

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

CMHA and partners offer: Interdisciplinary Partnerships: Community Mental Health & Law Enforcement Collaboration Webinar



In the midst of a global pandemic, the related economic downturn, and a renewed focus on racial justice, mental health, and public safety, the intersection of law enforcement and mental health have come to the fore in public discussion and debate. Our organizations, representing Michigan's law enforcement professionals, prosecuting attorneys, and community mental health (CMH) systems, want to underscore the ideas of continuously examining best practices, as well as taking the opportunity to enhance longstanding partnerships between law enforcement, mental health systems and communities throughout Michigan and to recommend strengthening those partnerships.

When placed on the shoulders of law enforcement, the list of community needs burdens them with an evergrowing list of expectations from the public – expectations beyond the core responsibilities and capacities of any law enforcement professional.

As we look forward to shared strategies that enhance the capacity to respond to a variety of crisis situations, Michigan communities have developed innovative and effective partnerships between local law enforcement agencies and community mental health systems – the public mental health system designed to provide high quality, evidence-based and community-centered mental health services. These partnerships focus the appropriate resources and personnel on the issues at hand in any given crisis call - by applying law enforcement approaches when needed, mental health and human services approaches when needed, and partnering together as needed.

This webinar will explore interdisciplinary partnership and collaboration efforts from three innovative Michigan communities.

When: March 26th, 2021 | 10:30 a.m. – 12:00 p.m.

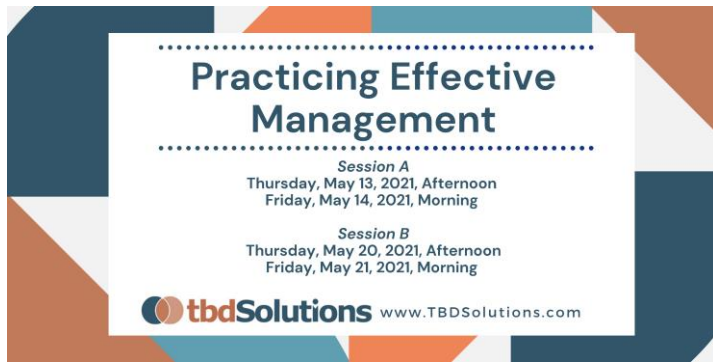
Webinar Registration Cost: FREE (Registration for this webinar is made available by the Michigan Department of Health & Human Services.)

Registration: Registration URL: <https://attendee.gotowebinar.com/register/3156763167938164236>

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



New! Practicing Effective Management Virtual Training



TBD Solutions is hosting its next Practicing Effective Management Training online on May 13, 14, 20, and 21. This virtual training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained more than 300 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, while maintaining a 98% satisfaction rate.

To register please visit: <https://www.eventbrite.com/e/practicing-effective-management-tickets-140075773409>

For questions or additional information, contact Molly at MollyR@TBDSolutions.com

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! Early Diversion Virtual Learning Community Please

SAMHSA's GAINS Center has announced its Early Diversion Virtual Learning Community, a five-part series on enhancing systems responses for people with mental and substance use disorders who are justice-involved or at risk for justice involvement. Open-format discussion groups will allow webinar participants to take a deeper dive into the material and pose questions to the speakers.

PART 1: STRATEGIES FOR ADDRESSING TREATMENT ENGAGEMENT CHALLENGES WITH CERTAIN INDIVIDUALS

March 25, 2021, 2:00-3:00 p.m. ET; discussion group 3:00-4:00 p.m. ET

Many communities face challenges engaging certain individuals in treatment. These individuals cycle through homelessness, incarceration, and crisis services. The question arises, are we speaking of individuals who are resistant to services or services that are resistant to these individuals? While there is no “one size fits all” approach, there are specific strategies, services, and practices that communities have developed to address the support needs of individuals who have difficulty engaging in services. These strategies include care coordination, targeted case management, data-driven responses, motivational interviewing, peer-based responses, and trauma-informed services. Presenters will address multi-faceted approaches to improve individual outcomes and system response.

PRESENTERS

Steve Miccio, CEO, People USA, Poughkeepsie, New York

Mark Giuliano, M.S.W., Director of Community Support, Department of Community Mental Health, Westchester County, New York

[Click here](#) to register for the Part 1 webinar and the discussion group taking place immediately afterward.

PART 2: ADDRESSING THE CRITICAL NEED FOR HOUSING AND STRATEGIES TO OVERCOME BARRIERS TO IMPROVE HOUSING ACCESS

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

Housing is a critical need for individuals experiencing homelessness who are in crisis and at risk for justice involvement. Services alone cannot address the overwhelming disruption homelessness contributes to well-being and health. Barriers to accessing housing include criminalization of homelessness, lack of partnership development, funding issues, and navigating myths and realities related to securing housing. Presenters will address comprehensive strategies to improve housing access, which is key to early diversion.

PRESENTERS

Julia Orlando, Ed.M., M.A., CRC, DRCC, Director, Bergen County Housing, Health and Human Services Center, New Jersey

Letitia N. Robinson, M.S.W., M.P.A., Assistant State Director, Office of Supportive Housing, Georgia Department of Behavioral Health and Developmental Disabilities

[Click here](#) to register for the Part 2 webinar and the discussion group taking place immediately afterward.

PARTS 4-5: TO BE ANNOUNCED

New! FCC Launches Emergency Broadband Benefit Program

The Federal Communications Commission (FCC) has launched an Emergency Broadband Benefit 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 Emergency Broadband Benefit will provide a discount of up to \$50 per month towards broadband service for

eligible households and up to \$75 per month for households on Tribal lands. Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute \$10-\$50 toward the purchase price.

Review! Proposed Policy Draft: Asynchronous Telemedicine Services

Please review the [Proposed Policy Draft for Asynchronous Telemedicine Services](#). The purpose of the bulletin is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward technologies, interprofessional telephone/internet/electronic health record consultations and remote patient monitoring services. Please submit comments and state reasons why you support or oppose the change. Comments are due April 15, 2021 to Laura Kilfoyle, kifoyel@michigan.gov.

Medicare Law Requires in Person Visit for Telehealth Coverage

The Consolidated Appropriations Act of 2021, section 123 includes language that requires behavioral health providers to have seen their client in person during the prior six months before a telehealth visit will be covered by Medicare. Further, providers must have in-person visits on a “regular interval” to be determined by the Health and Human Services Department for telehealth visits to be covered by Medicare. This change, signed into law in the last days of December 2020, has raised confusion in the telemental health provider community. As discussed in the blog by Nathaniel Lacktman, a partner at Foley & Lardner who chairs the Telemedicine and Digital Health Industry team “the in-person exam requirement is at odds with a direction that telehealth policy has moved over the last decade. It disrupts Medicare’s historical approach which is to defer to state laws on professional practice requirements and clinical standards of care.”

Read the full article [HERE](#).

Did you know? MSA 20-09 is a permanent telemedicine policy

This policy was enacted at the start of COVID-19. This policy adds **home** and “other established site considered appropriate by the provider” **as allowable originating sites and will not expire at the end of the Public Health Emergency**. This bulletin addresses the [CMHA Recommendations](#) #6 for Michigan’s emerging Medicaid telemedicine policies.

Audio-only telemedicine behavioral health Medicaid codes are not under current discussion for immediate change. The Federal government has extended the Public Health Emergency (PHE) order through 2021. Additionally, all states will be granted 60 days post PHE to extend services covered under the PHE order. For reference, please see the COVID-19 Encounter Database which note the opened codes during the COVID emergency: [COVID-19 Encounter Code Chart](#) and the BHDDA Database of Telemedicine allowable services post-COVID: [BHDDA Telemedicine Database \(3/2/2021\)](#).

Telehealth Legislation Re-Introduced

This week, Sens. Portman (R-OH) and Whitehouse (D-RI) and Reps. McKinley (R-WV), Budd (R-NC),

Cicilline (D-RI), and Trone (D-MD) re-introduced the [Telehealth Response for E-prescribing Addiction Therapy Services \(TREATS\) Act](#). The legislation, first introduced last Congress, seeks to support the expansion of telehealth services for substance use care. The TREATS Act would allow for the prescription of medication-assisted treatment (MAT) without a prior in-person visit, and for Medicare to be billed for audio-only telehealth services. The National Council supports these efforts to expand access to needed substance use services.

Psychotherapy Notes Excluded from Federal "Open Notes Rule?"

A new rule that prohibits "information blocking" for electronic health records takes effect April 5, 2021. Psychotherapists who use electronic health records (EHR) will have to comply with this federal rule requiring that health care providers give patients better access to their electronic health information (EHI). Exceptions to the Open Notes Rule include:

- Psychotherapists may exclude notes of any type that may cause harm to the patient or others should the patient have access. However, the rule specifically states that psychological distress does not meet the definition of harm (Torous, 2020).
- Psychotherapists who keep paper records will not be impacted.
- Any notes designated as "psychotherapy notes" are excluded from the Open Notes Rule as long as they are stored separately. However, if the psychotherapy notes reference content that is considered medical record notes, they cannot be blocked.
- Psychotherapists who used an uncertified EHR such as PsyBooks are not required to follow the Open Notes Rule.

The American Psychological Association further describes the application of the Open Notes Rule to psychologists here: [New federal rule affects psychologists with electronic health records](#).

Read the full article [HERE](#).

Behavioral Health Provider Experiences with Telehealth during COVID-19

[The Behavior Health Workforce Research](#) Center at the Institute for Healthcare Policy and Innovation, University of Michigan recently completed key informant interviews and published a brief that highlights key findings and federal policy implications. Read the [IHPI Brief here](#).

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](#).

Catalog of MHTTC resources

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

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

News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

President: Joe Stone; Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; 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:

Treandra Bailey, Policy Analyst; publicpolicy@cmham.org
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

March 12, 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! Detroit Wayne mental health building crisis center near Boston-Edison neighborhood

Below is a recent article on the development of a crisis center by the Detroit Wayne Integrated Health Network:

After several years of planning, DWIHN plans to open in fall 2022 a two-story psychiatric and substance use crisis center for a cost of between \$10 million to \$15 million, which includes building renovations, furniture and equipment costs, Doeh said.

DWIHN's board, which authorized renovations to begin on the building, still must grant final approval for an expected bank loan to fund the project, he said. The network's annual budget was \$835 million in 2020. Funding comes from state Medicaid and Health Michigan (87 percent), federal grants (2 percent) and other state grants and contracts.

Crain's subscribers can find the [full story here](#).

New! Media picks up on CMHA guest editorial on the need to address psychiatric inpatient access

In follow-up to the discussion, in social, print, and broadcast media, of the difficulty faced, by one Michigan family, in gaining access to inpatient psychiatric care, CMHA issued an editorial on the subject. The editorial, designed to provide the context for the issue and to call for continued action to address the issue, was picked by a number of media outlets. Those outlets included the Morning Sun, the Oakland Press, and Newsbreak.

Below are excerpts from the editorial:

The Gross family were victims of an ever-growing problem in Michigan -- there are not enough psychiatric beds, and where there are beds -- the needs of the potential patient are beyond what hospitals can handle. Health care providers are increasingly struggling to provide adequate inpatient services -- short term, intensive treatments -- for those in psychiatric crisis. Stacking onto these issues, hospitals are also frequently under-resourced, especially during the coronavirus pandemic, and they do not always have psychiatric staff available onsite to help keep people safe.

Hopefully, the attention this unfortunate and tragic ordeal received will shed light on the scope of the problem, to ultimately reduce inpatient denials and for the State to investigate and resolve patterns of inpatient admission difficulties, which should lead to better access for

individuals experiencing acute psychiatric distress. Families should not have to cry out in crisis to get the resources they need.

The full editorial can be found at any of these sites:

- The Morning Sun: https://www.themorningsun.com/opinion/column-ensuring-access-to-psychiatric-help/article_789875fc-6560-5112-8ea2-70e943cd4762.html
- The Oakland Press: https://www.theoaklandpress.com/opinion/column-ensuring-access-to-psychiatric-help/article_4c8ed2cc-7dc5-11eb-ae52-87ae4dfe5df1.html
- Newsbreak: <https://www.newsbreak.com/news/2177122862551/column-ensuring-access-to-psychiatric-help>

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! MDHHS offers free online infection control courses for direct care workers

The Michigan Department of Health and Human Services (MDHHS) offers the following free online infection control courses for direct care workers, including Home Help individual and agency caregivers:

- Infection Control for Direct Care Workers: A one-hour, interactive class that gives an overview of infection control, including sources of infection, the chain of infection, standard and universal precautions, and how to use personal protective equipment (PPE).
- Infection Control Refresher for Direct Care Workers: A one-hour class that gives a brief overview of infection control procedures and detailed demonstrations on the proper use of PPE.

The full description of these offerings and the link to them can be [found here](#).

New! Video recording available from recent MDHHS AFC Q&A session on COVID response

As most Weekly Update readers know, MDHHS holds weekly information and Q&A sessions for the state's Adult Foster Care (AFC) homes and Homes for the Aged (HFA) around responses to the COVID pandemic. MDHHS has received approval to share the recorded version of some (and potentially all

from here on out) of these sessions. The recording from today's Q&A session (March 10) can be found at: [AFC HFA Zoom Q&A March 10th 2021](#) with the use of the **Passcode: @.4k^Dac**

New! Bioethics for Breakfast: Mental Health Care Access: Making the Dollars and “Common Sense” Case for Parity

Malkia Newman, Anti-Stigma Team Supervisor at CNS Healthcare, and Dr. Debra A. Pinals of MDHHS and the University of Michigan presented at the Feb. 25 [Bioethics for Breakfast](#) session, offering perspectives and insight on the topic “Mental Health Care Access: Making the Dollars and “Common Sense” Case for Parity.” Bioethics for Breakfast is generously sponsored by Hall, Render, Killian, Heath & Lyman.

A summary of the discussion that occurred in this session can be [found here](#).
The video of the session can be [found here](#).

New! Slides from recent national conference (NACBHDD): Diversifying the Behavioral Health Workforce

The Behavioral Health Workforce Research Center, at the University of Michigan recently provided a workshop at the NACBHDD Legislative and Policy Conference. Because of the breadth and depth of the information provided by the Center, CMHA is providing access, to Weekly Update readers, to the slides used in that presentation. The slides can be [found here](#).

New! The Most Common Ways The COVID-19 Pandemic Has Affected Mental Health

Below are excerpts from a recent news story on the mental health impact of the COVID pandemic. This story is one of the best that CMHA has seen in succinctly and accurately portraying these impacts.

So many of us have been grappling with changes to our mental health over the last year. People who have lived with mental health conditions their whole lives are finding that they're changing in ways they weren't expecting. Others who didn't feel their emotional well-being was at risk are finding themselves seeking therapy, perhaps for the first time. Mental health professionals are scrambling to keep up with the demand for their expertise.

The mental toll of this health crisis cannot be underestimated. It also manifests in different ways. While I may be dealing with trauma, someone else is navigating other hard issues — perhaps even more than one.

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

New! Congress persons seek investigation into effects of school closures on kids with disabilities

Below are excerpts from a recent news story on the call for an examination of the impact of pandemic-caused school closures on children and adolescents with disabilities.

Nearly a year after schools nationwide shuttered due to the coronavirus pandemic, some members of Congress are calling for an investigation into the impact of the closures on students with disabilities.

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

State Legislative Update

View February'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 that (or each) month at the State Capitol. Our February Briefing features CMHA Associate Director, Alan Bolter, provides an overview of the Governor's FY22 executive budget as well as a couple of other key updates. *To view the latest video, [CLICK HERE!](#)*

New! Governor Signs FY21 COVID Supplemental with Vetoes

Tuesday, March 9 Governor Gretchen Whitmer signed House Bills 4047 and 4048, which provide supplemental funding for the state's COVID-19 relief and recovery plan. The \$3.55 billion spending measure provides funding for, among other things, vaccine distribution, money for schools, and emergency rental assistance. Notably, HB 4047 includes an extension of the wage increase for direct care workers – \$2.25 per hour for the remainder of the fiscal year – as well as \$17 million for substance use disorder block grant, nearly \$16 million for the mental health block grant and \$1.3 million for congregate and home-delivered meals.

While the majority of the funding initiatives will go into effect, Whitmer did line-item veto some items, including:

- \$150 million in General Fund dollars for the Michigan Unemployment Insurance Agency fund
- \$450 million in business property tax and fee relief
- \$86.7 million in non-public school funding
- \$10 million in parental expenses

In her [signing letter](#), Governor Whitmer cited her frustration with the Legislature, as the package took forty-eight days to arrive at her desk and was not the product of a bipartisan negotiation with her and the State Budget Director. Additionally, Whitmer called for the Legislature to appropriate the remaining \$2 billion in federal funding before the legislative spring break scheduled to begin March 29. State Budget Director Dave Massaron [issued a letter](#) to the House and Senate appropriations chairs calling for a meeting to address the remaining, unspent federal dollars.

While Governor Whitmer signed the two major funding bills, she vetoed House Bill 4049, which was tie-barred to an \$840.7 million funding provision in HB 4048, and would have allowed local health

departments to have the authority to open or close schools and youth sporting events. In her veto letter, Whitmer called the bill “a reckless idea, poorly executed and poorly timed.” While the Governor vetoed HB 4049, she did not veto the funding tied to it that was included in House Bill 4048. It remains unclear whether the legislature’s use of the tie-bar in this way was legal and, according to reports, the Governor’s legal team continues to review.

Also tie-barred to a \$347.3 million funding provision in House Bill 4047 was Senate Bill 1, which would limit the power of the Michigan Department of Health and Human Services (DHHS) to extend a public health order past 28 days without legislative approval. Consideration of the bill was delayed due to a procedural constraint but was passed out of the House by a vote of 59 to 50 late this afternoon. The Governor is expected to veto the measure.

The House also unsuccessfully attempted to override the Governor’s vetoes – an action that requires a 2/3 majority vote to prevail.

New! Shirkey Given Power To Take Legal Action If Gov Spends Vetoed Money

This week the Senate empowered Senate Majority Leader Mike Shirkey to initiate legal action if the Whitmer administration spends \$1 billion in the recently signed COVID-19 spending bills that were tie-barred to vetoed legislation. The approval of SR 26 ignited a charge from Democrats that Republicans are more interested in obstructing than helping the Governor solve real problems during the pandemic.

Republicans feel they need to defend the authority of the Legislature to make sure dollars are being spent as directed. The Governor's legal team is looking into the legality of the tie-bars in HB 4047 and 4048 and the Senate is taking this as a sign that she's cooking up an argument to spend money they don't believe she can legally spend.

HB 4048 Public Act 3 of 2021 -- attached \$840.7 million in federal Title I money for schools with high percentages of poor students to Rep. Pamela Hornberger’s, HB 4049, which shifts Michigan Department of Health and Human Services' (DHHS) power to shut down K-12 in-person instruction and youth sporting events to local health officials.

The second act, HB 4047 shackled \$207 million for COVID-19 testing to Sen. Lana Theis’ SB 1, to cap off statewide public health orders at 28 days until and if the Legislature approves an extension.

Whitmer has already vetoed HB 4049 and a veto of SB 1 as expected. Her legal team is looking into whether tie-barring a policy bill to an appropriation is a violation of the subject-title clause of the Constitution, among other things.

The Senate's call for legal action to reduce executive authority over the pandemic is taking place a year after the COVID-19 crisis accumulated into an official pandemic.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19.

Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

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

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

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

Federal Update

New! Congress Passed 2021 COVID Relief Legislation

Congress just passed the [American Rescue Plan Act of 2021](#), a \$1.9 trillion COVID-19 relief bill aimed at boosting the availability of vaccinations, providing funding for small businesses and schools and giving relief to families through new stimulus checks, extended unemployment benefits and an expanded child tax credit, among other provisions.

The legislation, which President Biden will sign this week, also includes billions in new relief to address rising demand for mental health and addiction services, workforce shortages and pandemic-related layoffs and furloughs.

In other words, we heard you loud and clear that more relief was needed. And we made sure Congress heard you, too.

Here are some highlights from this historic legislation:

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants:** Provides \$3 billion for the Substance Abuse Prevention and Treatment block grant and the Community Mental Health Services block grant (\$1.5 billion each).
- **Certified Community Behavioral Health Clinics (CCBHCs):** Provides \$420 million to SAMHSA to fund CCBHC Expansion Grants.
- **Provider Relief Funds:** \$8.5 billion in new money to the Provider Relief Fund for providers in rural areas and those serving rural communities.
- **Other Mental Health/Substance Use Disorder Funding:** Provides more than \$450 million in additional funding for SAMHSA and Health Resources and Services Administration (HRSA) programming including funding for mental health and addiction services, workforce education and training, suicide prevention and public education campaigns.

Education Opportunities

New! Webinar: Building a Crisis Services System for all Michiganders

Webinar: Building a Crisis Services System for all Michiganders

Date: Wednesday, March 24, 2021

Log on Time: 12:45pm

Training: 1:00pm – 3:00pm

Location: Zoom

No Fee to Attend. No Certificate will be Awarded. Registration Required (registration information below).

Presenters: Krista Hausermann, LMSW, CAADC, Strategic Initiative Specialist, MDHHS Behavioral Health and Developmental Disability Administration and Amy Kanouse, MPH, Behavioral Health Program Specialist, Project Manager, COVID-19 Emergency Grants for SMI/SUD Services, Behavioral Health and Developmental Disabilities Administration, Michigan Department of Health and Human Services

Brief Description:

You are invited to a discussion with BHDDA staff Krista Hausermann and Amy Kanouse. Presenters will provide a brief overview of Michigan Psychiatric Care Improvement Crisis Services projects. Participants will engage in a facilitated discussion on designing a crisis service system for all Michiganders, with a focus on target population, metrics, crisis service continuum, mobile crisis, and crisis stabilization units.

Registration:

If you are interested in attending this training, you can register in Zoom at the link below.

Registration deadline: 5:00pm on Tuesday, March 23, 2021. After registering, you will receive a confirmation email containing information about joining the meeting. Questions, email awilson@cmham.org

REGISTER HERE: https://us02web.zoom.us/join/register/tZYqfu6uqz8tE9AulkBvaFg2_CFEUgzHDhMn

This webinar is co-sponsored by the SAMHSA funded Great Lakes Mental Health Technology Transfer Center (MHTTC) and facilitated by The Community Mental Health Association of Michigan (CMHA). This offering reflects a collaboration between CMHA and MHTTC for the common vision of bettering the behavioral health care workforce in Michigan, regardless of any specific funding source.



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

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

Dates:

- March 22, 2021 *(SOLD OUT)*
- April 5, 2021 ([Register Here](#)) *(3 spots left)*
- April 26, 2021 ([Register Here](#)) *(15 spots left)*

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 12:00pm
Education: 12:00pm – 3:00pm

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

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open

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

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

Dates:

- March 30, 2021 *(SOLD OUT)*
- April 6, 2021 ([Register Here](#)) *(38 spots left)*

Agenda:

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

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

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.

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

Times:

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

Training Fees:

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

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.

Dates: April 15, 2021 | **SOLD OUT**

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.

Dates: April 27, 2021 | **SOLD OUT**

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.

Dates: May 5, 2021 | [CLICK HERE to register](#)

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.

Dates: May 11, 2021 | [CLICK HERE to register](#)

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! National Council's Annual Conference

CMHA, as a proud and longtime member off the National Council for Behavioral Health, and would like to invite you to join us at NatCon21 live from May 3-5 and on-demand for the remainder of the month. If the COVID-19 pandemic has taught us anything, it's that we can expect the unexpected. With this in mind – and with attendee health and safety a top priority – National Council has decided to bring the NatCon experience to you virtually this year. By bringing NatCon21 to your digital doorstep, it will easier than ever to attend the biggest event in mental health and addictions care! Everything you need will be just a few clicks away.

As a NatCon21 attendee, you will get to:

- *Learn at your own pace* – take advantage of our live and on-demand [sessions](#).
- *Challenge your thinking* – hear from hundreds of [leaders](#) in health care and beyond.
- *Raise your voice* – contribute to timely discussions on topics that matter to you.
- *Invest in yourself* – earn [CEs and CMEs](#) from the comfort of your couch.
- *Maximize your impact* – discover new tools in our virtual [Solutions Pavilion](#).
- *Expand your network* – [connect](#) with 6,000+ health care colleagues online.

Register Today!

- To register, please visit our online registration website, [online here](#).
- This year, due to the pandemic and the virtual nature of the conference, we have discounted registration rates 30% from traditional NatCon pricing. You will not need to enter a code to receive this automatic discount!
- Prior to registering, reference National Council's membership map page, which can be found by selecting your state [online here](#). Your organization name as listed on the MI membership page is how you should search for your organization during the registration process. This will ensure that you will get the membership rate and the 30% discount.

Registering 3 or more attendees? Receive a \$50 discount on your third and subsequent registrations!

This year our group registration site will allow one of your team members to register all your organization's attendees and check out with one combined invoice.

To access the group registration:

- Select the blue "Register a Group" button on the [attendee registration site](#).
- Enter your information as the main contact for the group, and begin to register your attendees
- Once you have registered two individuals at the full conference rate, a \$50 discounted full conference rate will appear for your subsequent attendees. You will need to select the discounted rate as you continue to register your third and additional attendees.

[Learn more](#) about our program. We hope to see you in May!

New! Regional Meeting Series "BLOCK HIV/HCV" at the Lansing Radisson Hotel



This community-based initiative is designed to leverage the insights and experience of local and national HCV, HIV, and policy experts in the setting of small-group, peer-to-peer education. The BLOCK HIV/HCV initiative will provide community-based infectious disease specialists and other HIV treaters with foundational information and practical resources needed to prepare local stakeholders—both clinical and nonclinical—to collaborate in efforts to eliminate HCV within their communities. The purpose of this series of live, regional, multidisciplinary educational interventions is to build connections across local and regional care networks to optimize the identification and treatment of patients with HCV, specifically in the context of HIV/HCV coinfection.

During this course we will discuss how the existing HIV-treatment infrastructures can facilitate treatment of HCV among co-infected patients, identify barriers to HCV elimination relative to local/regional circumstances, share success stories and best-practices from established care models in other geographic and therapeutic areas, build linkage-to-care networks within local/regional systems and begin the establishment of a roadmap specific to regional needs and resources for HCV elimination in HIV/HCV co-infected patients.

*This activity is intended for a multidisciplinary audience including community-based infectious disease specialists and other human immunodeficiency virus (HIV) treaters, gastroenterology/hepatology clinicians, **mental health specialists, substance abuse specialists, correctional health care professionals, public policy/public health officials, hepatitis C virus (HCV) and HIV advocacy groups, payers, and clinical office staff who are engaged in the care of patients with HIV and/or HCV.***

When: Monday, May 03, 2021 | 8:00 a.m. - 4:00 p.m.

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

Register Here: <https://www.exchangecme.com/blocklansing20>

For more information on the BLOCK HIV/HCV initiative, please visit: www.blockhivhcv.com

CMHA and partners offer: Interdisciplinary Partnerships: Community Mental Health & Law Enforcement Collaboration Webinar



In the midst of a global pandemic, the related economic downturn, and a renewed focus on racial justice, mental health, and public safety, the intersection of law enforcement and mental health have come to the fore in public discussion and debate. Our organizations, representing Michigan's law enforcement professionals, prosecuting attorneys, and community mental health (CMH) systems, want to underscore the ideas of continuously examining best practices, as well as taking the opportunity to enhance longstanding partnerships between law enforcement, mental health systems and communities throughout Michigan and to recommend strengthening those partnerships.

When placed on the shoulders of law enforcement, the list of community needs burdens them with an evergrowing list of expectations from the public – expectations beyond the core responsibilities and capacities of any law enforcement professional.

As we look forward to shared strategies that enhance the capacity to respond to a variety of crisis situations, Michigan communities have developed innovative and effective partnerships between local law enforcement agencies and community mental health systems – the public mental health system designed to provide high quality, evidence-based and community-centered mental health services. These partnerships focus the appropriate resources and personnel on the issues at hand in any given crisis call - by applying law enforcement approaches when needed, mental health and human services approaches when needed, and partnering together as needed.

This webinar will explore interdisciplinary partnership and collaboration efforts from three innovative Michigan communities.

When: March 26th, 2021 | 10:30 a.m. – 12:00 p.m.

Webinar Registration Cost: FREE (Registration for this webinar is made available by the Michigan Department of Health & Human Services.)

Registration: Registration URL: <https://attendee.gotowebinar.com/register/3156763167938164236>

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

Special Olympics “Strong Minds” Virtual Event

Competition provides a natural opportunity to develop active strategies for maintaining emotional wellness under stress, such as: thinking positive thoughts, releasing stress and connecting with others. During this webinar we will be discussing the Strong Minds program which is a discipline of Special Olympics Healthy Athletes. Strong Minds focuses on developing adaptive coping skills for individuals with intellectual disabilities. We will also be discussing in greater detail what exactly a Strong Minds event teaches Special Olympics participants, how participants and volunteers benefit from the program, and ways attendees can get involved.

When: Thursday, March 18th

Time: 12:00 – 1:00pm

RSVP: <https://forms.gle/xxkvUsCmx7ZdQQKG6>

Questions? Contact Kellie Murphy at kellie.murphy@somi.org

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! Please Review! Proposed Policy Draft: Asynchronous Telemedicine Services

Please review the [Proposed Policy Draft for Asynchronous Telemedicine Services](#). The purpose of the bulletin is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward technologies, interprofessional telephone/internet/electronic health record consultations and remote patient monitoring services. Please submit comments and state reasons why you support or oppose the change. Comments are due April 15, 2021 to Laura Kilfoyle, kifoyel@michigan.gov.

New! Medicare Law Requires in Person Visit for Telehealth Coverage

The Consolidated Appropriations Act of 2021, section 123 includes language that requires behavioral health providers to have seen their client in person during the prior six months before a telehealth visit will be covered by Medicare. Further, providers must have in-person visits on a “regular interval” to be determined by the Health and Human Services Department for telehealth visits to be covered by Medicare. This change, signed into law in the last days of December 2020, has raised confusion in the telemental health provider community. As discussed in the blog by Nathaniel Lacktman, a partner at Foley & Lardner who chairs the Telemedicine and Digital Health Industry team “the in-person exam

requirement is at odds with a direction that telehealth policy has moved over the last decade. It disrupts Medicare’s historical approach which is to defer to state laws on professional practice requirements and clinical standards of care.”

Read the full article [HERE](#).

Did you know? [MSA 20-09](#) is a permanent telemedicine policy

This policy was enacted at the start of COVID-19. This policy adds **home** and “other established site considered appropriate by the provider” **as allowable originating sites and will not expire at the end of the Public Health Emergency**. This bulletin addresses the [CMHA Recommendations](#) #6 for Michigan’s emerging Medicaid telemedicine policies.

Audio-only telemedicine behavioral health Medicaid codes are not under current discussion for immediate change. The Federal government has extended the Public Health Emergency (PHE) order through 2021. Additionally, all states will be granted 60 days post PHE to extend services covered under the PHE order. For reference, please see the COVID-19 Encounter Database which note the opened codes during the COVID emergency: [COVID-19 Encounter Code Chart](#) and the BHDDA Database of Telemedicine allowable services post-COVID: [BHDDA Telemedicine Database \(3/2/2021\)](#).

New! Telehealth Legislation Re-Introduced

This week, Sens. Portman (R-OH) and Whitehouse (D-RI) and Reps. McKinley (R-WV), Budd (R-NC), Cicilline (D-RI), and Trone (D-MD) re-introduced the [Telehealth Response for E-prescribing Addiction Therapy Services \(TREATS\) Act](#). The legislation, first introduced last Congress, seeks to support the expansion of telehealth services for substance use care. The TREATS Act would allow for the prescription of medication-assisted treatment (MAT) without a prior in-person visit, and for Medicare to be billed for audio-only telehealth services. The National Council supports these efforts to expand access to needed substance use services.

Psychotherapy Notes Excluded from Federal "Open Notes Rule?"

A new rule that prohibits “information blocking” for electronic health records takes effect April 5, 2021. Psychotherapists who use electronic health records (EHR) will have to comply with this federal rule requiring that health care providers give patients better access to their electronic health information (EHI). Exceptions to the Open Notes Rule include:

- Psychotherapists may exclude notes of any type that may cause harm to the patient or others should the patient have access. However, the rule specifically states that psychological distress does not meet the definition of harm (Torous, 2020).
- Psychotherapists who keep paper records will not be impacted.
- Any notes designated as “psychotherapy notes” are excluded from the Open Notes Rule as long as they are stored separately. However, if the psychotherapy notes reference content that is considered medical record notes, they cannot be blocked.
- Psychotherapists who used an uncertified EHR such as PsyBooks are not required to follow the Open Notes Rule.

The American Psychological Association further describes the application of the Open Notes Rule to psychologists here: [New federal rule affects psychologists with electronic health records](#).

Read the full article [HERE](#).

Behavioral Health Provider Experiences with Telehealth during COVID-19

[The Behavior Health Workforce Research](#) Center at the Institute for Healthcare Policy and Innovation, University of Michigan recently completed key informant interviews and published a brief that highlights key findings and federal policy implications. Read the [IHPI Brief here](#).

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](#).

Catalog of MHTTC resources

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

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

MHTTC announces series on National School Mental Health Curriculum

The National School Mental Health Curriculum was the result of a partnership between the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health

(NCSMH) to identify priority training topics, develop training content and gather related resources for inclusion in the training curriculum.

The national Mental Health Technology Transfer Center (MHTTC) Network, one of the groups that provides the backbone support for that curriculum, has developed and is hosting is 8-part training series using the National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools. Each session will include a pre-session video, live panel session, and post-session regional breakout.

Information on this free series, which starts on February 9 and runs through March 25, can be [found here](#).

MHTTC upcoming webinar series: healing school communities in the context of racial violence: where do we go from here?

About the Learning Series: Healing School Communities in the Context of Racial Violence: Where do we go from here? is a two-part learning series intended for students, families, educators and school mental health professionals who are navigating the ongoing impact of racial violence in all forms on student mental health. More information at: <https://mhttcnetwork.org/centers/global-mhttc/healing-school-communities-context-racial-violence-where-do-we-go-here>

News from Our Preferred Corporate Partners

Abilita: Are you ready for E-911?

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

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

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

President: Joe Stone; Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; 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:

Treandra Bailey, Policy Analyst; publicpolicy@cmham.org
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